

Sub-Acute Services

*Form S4: Monthly Return—Sub-Acute Admitted
Patients by Streams of Care*

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Reporting Requirements

Form 305/S4 is used for reporting separations and patient days on admitted patient services purchased by the Sub-Acute Program. Separations and patient days for these patients are also reported on Form 111/S1 but by different categories. Form 305/S4 collects information on the streams of care provided to a patient, including rehabilitation, geriatric evaluation and management, palliative care, geriatric respite and interim care.

All hospitals providing this range of services are required to complete Form 305/S4.

Data reported on Form 305/S4 must *exclude*:

- nursing home type episodes of care. These episodes are reported on Form 111/S1.
- data on patients in residential care. These episodes are reported on the S5 returns.

Return of Forms

Hospitals are to submit data to the Department via the AIMS OnLine Entry System *within seven working days* following the end of each month.

Printouts of the original signed forms are to be retained by the hospital and made available to officers of the Department upon request.

Correction of Forms

Where an error is detected for any data item previously submitted to the Department, then a correction must be submitted. A correction can be made at any time during the reporting year.

Definitions

Definitions for completing the S4 form are below. See also the *Concept Definitions* section of the PRS/2 Manual for global definitions relating to acute hospital inpatient episodes.

Separations

A separation is the process whereby a same day patient or an overnight or multi-day stay patient completes an episode of care. A separation may be either *formal* or *statistical*.

Formal: The administrative process by which a hospital records the completion of treatment and/or care and accommodation of a patient. This will be because:

- the patient is discharged to private accommodation or other residence;
- the patient is transferred to other health care accommodation (unless there is an intention to return to this campus within seven days for continuation of the same treatment, in which case the patient should be placed on leave);
- the patient dies;
- the patient leaves against medical advice; or

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- the patient fails to return from [normal] leave *within seven days* and is therefore discharged, effective from the first day of leave. (This limit does *not* apply to contract leave.)

Statistical: The administrative process by which a hospital records the completion of treatment and/or care and accommodation following a change of Care Type occurring within the one hospital stay. For example, transfer from acute to Nursing Home Type care or transfer from acute to rehabilitation in a designated rehabilitation program.

Record the total of both statistical and formal separations occurring during the month for which the return is prepared, in the various categories listed. All separations are to be recorded, both for admitted patients in hospital based accommodation and admitted patients in home based accommodation under the 'hospital in the home' program.

The streams of care should be recorded for both types of separations according to the category at separation. If the patient changes streams during the course of admission, this change in stream of care is also associated with a change in episode of care and hence a statistical separation/statistical readmission.

Patient Days

A *patient day* means a day or part of a day that a patient is admitted to receive hospital treatment. The patient day is the unit of measurement for the length of stay of an episode of care. The term *patient day* is synonymous with the term *bed day* as used in hospitals.

Record the number of patient days accrued during the month for which the return is prepared including those patients not yet separated, in the various categories listed. All patient days are to be recorded, both for admitted patients in hospital based accommodation and admitted patients in home based accommodation under the 'hospital in the home' program.

Includes contract leave days.

Note: Patient days are to be reported in whole days.

Sub-Acute Hospital in the Home Program

Admitted patients receiving home-based care and treatment. Sub-acute 'hospital in the home' services are provided to people living in the community, in their own homes or in residential facilities such as hostels or other forms of supported accommodation (excluding nursing homes or other health care facility). Sub-acute 'hospital in the home' might include services such as rehabilitation. The use of sub-acute 'hospital in the home' is voluntary for the patient. For a single patient, the service might be a combination of hospital and home-based care or replace hospital care completely.

A public hospital must be *designated* in its *Health Service Agreement* to provide sub-acute 'hospital in the home' services.

The sub-acute 'hospital in the home' program is directed to *public* patients only. Sub-acute 'hospital in the home' episodes are included in funding formula, and patients receiving care

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must meet one of the minimum criteria for admission, with the care provided representing a substitute for hospital based care.

Services eligible for funding under other programs, such as the Home and Community Care (HACC) program, are excluded.

In the VAED, 'hospital in the home' is indicated by the patient's *Accommodation Status*. Moving between ward accommodation and 'hospital in the home' accommodation is indicated by starting a new *Status Segment* within the *same* episode, and does not represent a statistical separation.

Sub-Acute Hospital in the Home Separations

The total number of separations from a sub-acute 'hospital in the home' program occurring during the month for which the return is prepared, in the various categories listed. Only report a separation when the patient is on the 'hospital in the home' program at the time of discharge.

All separations, both formal and statistical, are to be recorded. This section forms a sub-set of the total separations listed in items 1 to 8.

Sub-Acute Hospital in the Home Patient Days

The number of 'hospital in the home' patient days accrued by patients during the month for which the return is prepared, including those patients not yet separated. Include only those days spent at home under the 'hospital in the home' program as patient days. This section forms a sub-set of the total patient days listed in items 9 to 16.

Sub-Acute Average Available Beds

An average over each day in the period, including weekends and public holidays, of available beds funded under the sub-acute program. Calculate as follows:

$$\text{Average Available Beds for the Period} = \frac{\text{Sum of available beds on each day of the period}}{\text{Number of days in the period}}$$

The number of available beds on each day is defined as:

- Occupied beds at midnight
- + unoccupied but staffed beds at midnight

Note:

- 1 Exclude residential care beds.
- 2 No adjustment should be made for contracted services (that is, a purchasing hospital should *not* add in beds purchased at a contracted hospital, *nor* should a contracted hospital delete beds sold to a purchasing hospital).

Geriatric Evaluation and Management Program

A geriatric evaluation and management (GEM) program is sub-acute care of chronic or complex conditions associated with aging, cognitive dysfunction, chronic illness or disability. These conditions require admission for review, treatment and management by a geriatrician and multi-disciplinary team for a defined episode of care.

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The GEM client groups are usually older people with complex, chronic or multiple health care conditions requiring treatment and stabilisation of those conditions and/or medical review for future treatment options or service planning.

The GEM program excludes nursing home type/non-acute patients and patients awaiting placement in residential care. If a GEM patient is in hospital for more than 35 days with a maximum break of seven consecutive days, an Acute Care Certificate is needed if the GEM episode is to continue.

Patients admitted to this program are recorded in PRS/2 as Care Type 9 *Geriatric Evaluation and Management Program*.

Designated Rehabilitation Program

Rehabilitation is defined as the process of restoring a disabled person to his/her fullest physical, mental and social capability through the combined and coordinated use of medical, physical, educational and vocational measures so as to achieve optimum functional independence.

The rehabilitation program excludes nursing home type/non-acute patients.

The Department defines three levels of rehabilitation program:

Level 1

For use by programs that have been designated under the criteria set out in the document *Designation for Rehabilitation Programs, November 1993*. Level 1 rehabilitation provides super specialty rehabilitation programs for patients in the spinal cord, head injury and amputee sub-program areas, directly following the acute episode where the injury was the principal diagnosis.

Level 2

General rehabilitation programs that have been designated under the criteria set out in the document *Designation for Rehabilitation Programs, November 1993*.

Level 3

Transitional designation for use by programs that have not fully met the criteria for designation as a rehabilitation program but geographical or other considerations require interim designation to be provided conditional on improvements being achieved or the transfer of services to other facilities.

Interim Care

In the financial year 2001–02, one of the strategies to improve patient ‘flow’, which was negotiated with five auspice services in the Melbourne metropolitan area, was the provision of interim care. The five auspices are Northern Health, Eastern Health, Southern Health, Melbourne Health and St Vincent’s Health. These health services piloted the program, as part of an evaluation. In 2002/03, Peninsula Health and Western Health also offer interim care. The results of the evaluation will be available shortly.

Patients using interim care services have more complex care needs, which impact substantially on their ability to function independently and they

- have completed their acute and/or sub-acute episode of care
- have been assessed and recommended by the Aged Care Assessment Services for residential care
- are suitable for immediate placement in a residential care facility if a place were available
- are unlikely to improve during a period of extended convalescence.

The three main objectives for interim care are:

- to provide an appropriate level of care to patients, who are waiting to move to residential or similar care
- to maintain the patients' functional abilities while in interim care
- to work actively with families, carers, service providers and the patients themselves to find appropriate accommodation for patients.

Palliative Care

Palliative care is defined as end stage management and symptom control provided with palliative care physician support, linked to community palliative care services and to an acute facility. Palliative care is a comprehensive program providing coordinated medical, nursing and allied health support to address physical, spiritual and psychosocial needs.

The palliative care client group are people of any age who have been diagnosed as having a terminal illness; have a progressively deteriorating condition; and have a life expectancy of six months or less, or have difficulty coping with the prospect of a shortened life expectancy.

The palliative care program excludes Nursing Home Type/Non-Acute patients.

Palliative care patients are recorded as Care Type 8 *Palliative Care Program* in the PRS/2 system.

Geriatric Respite—Planned and Unplanned

Geriatric respite is admission for care and support of a person in a stable, pre-assessed condition requiring accommodation, clinical and nursing care to provide relief for carers.

Geriatric respite includes both planned and unplanned respite:

- Planned geriatric respite care is provided for a planned or booked admission of a person in order to provide relief for carers.
- Unplanned respite provides accommodation and care when an emergency or crisis has occurred, including an episode of ill health for the carer.

In both cases, the patient does not require assessment or clinical care over and above that which would normally have been provided in the usual place of residence.

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The program excludes nursing home type/non-acute patients and patients awaiting placement in residential care. Geriatric respite is not available to residents of residential care facilities.

On admission, geriatric respite care patients are recorded in PRS/2 as Care Type 4 *Other Care (Acute)* and Admission Type G *Geriatric Respite Admission*.