

Acute Health Services

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

<u>Reporting Requirements</u>	2
<u>Return of Forms</u>	2
<u>Correction of Forms</u>	2
<u>Definitions</u>	3
<u>Instructions for Completing Form S4</u>	6
<u>Hospital, Agency</u>	6
<u>Agency Code</u>	6
<u>Month, Year</u>	6
<u>Total Separations</u>	6
<u>Total Patient Days</u>	7
<u>Sub-Acute Hospital in the Home Separations</u>	7
<u>Sub-Acute Hospital in the Home Patient Days</u>	8
<u>Sub-Acute Available Beds for the Period</u>	8
<u>Signature of Chief Executive Officer and Date</u>	8

Output Group 111	Acute Health Services
Form S4	Monthly Return—Sub-Acute Admitted Patients by Streams of Care

Reporting Requirements

Form 305/S4 is used for reporting data on sub-acute admitted patient services. The form reports on the same patients as Form 111/S1 but by different categories. Form 305/S4 provides information on the streams of care provided to the patient, including rehabilitation, geriatric evaluation and management, geriatric respite and post-acute.

The amalgamation of all sub-acute services into Acute Health Division means that 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.
- palliative care services. This program has remained with Aged Care and the admitted episodes for this service are reported on Form 113/S1 Aged Care Admitted Patients return.
- data on patients in residential care.

Note: Separations include both *formal* and *statistical* separations.

The streams of care should be recorded for both types of separations according to the category of 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.

Return of Forms

Hospitals are to send electronic data to the Department *within seven working days* following the end of each month.

Hospitals in the metropolitan regions are to send an export file to the Department using one of the following methods:

- email at the address *aimsmail@aims.dhs.vic.au*
- diskette: send to AIMS Collection Officer, Management Information Unit, Acute Health Division, 4/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

Rural hospitals are to submit electronic data to their Regional Office.

Printouts of the original signed forms must be retained by the hospital and be 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. The AIMS Agency

Output Group 111	Acute Health Services
Form S4	Monthly Return—Sub-Acute Admitted Patients by Streams of Care

Module transmits all data for the current financial year, that is, from 1 July onwards; therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Definitions

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 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 VIMD, '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.

Geriatric Evaluation & 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.

The GEM client group 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*.

Output Group 111	Acute Health Services
Form S4	Monthly Return—Sub-Acute Admitted Patients by Streams of Care

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* and which provide 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.

Post Acute

Post-acute beds have been allocated to enable the transfer of patients with extended health care needs from acute beds into more clinically appropriate services. The post-acute client group will include people with complex, multiple or chronic health care needs requiring treatment and stabilisation of those conditions and/or review for future treatment options.

Post-acute care will encompass convalescent care, in an appropriate environment, to allow people time to recover from an acute episode before returning to the community, and post-acute care to provide time for a comprehensive assessment of future resource needs for older people awaiting possible placement in residential care.

Post-acute, will, in some cases, include patients with extended lengths of stay, including those beyond 35 days. These patients should remain as post-acute with no statistical transfer to be reported or patient contribution to be made.

Patients admitted to this program are recorded in PRS/2 as Care Type 9 *Geriatric Evaluation and Management Program* with an Admission Type Z *Post-Acute Care*.

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.

Output Group 111	Acute Health Services
Form S4	Monthly Return—Sub-Acute Admitted Patients by Streams of Care

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.

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*.

Output Group 111	Acute Health Services
Form S4	Monthly Return—Sub-Acute Admitted Patients by Streams of Care

Instructions for Completing Form S4

Hospital, Agency

The registered name of the metropolitan health service or public hospital, and the hospital site/campus that is submitting the return.

Agency Code

The AIMS identification number of the agency submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year of the return being prepared.

Total Separations

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.

Geriatric Evaluation & Management Program (Item 1 and 8)

Separations and patient days for admitted patients receiving care in geriatric evaluation and management beds, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 1 (Item 2 and 9)

Separations and patient days for admitted patients receiving designated level 1 rehabilitation care, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 2 (Item 3 and 10)

Separations and patient days for admitted patients receiving designated level 2 rehabilitation care, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 3 (Item 4 and 11)

Separations and patient days for admitted patients receiving designated level 3 rehabilitation care, accrued during the month for which the return is prepared.

Post Acute (Item 5 and 12)

Separations and patient days for admitted patients receiving post-acute care in allocated post acute beds, accrued during the month for which the return is prepared.

Geriatric Respite—Planned and Unplanned (Item 6 and 13)

Separations and patient days for admitted patients receiving geriatric respite care, accrued during the month for which the return is prepared.

Output Group 111	Acute Health Services
Form S4	Monthly Return—Sub-Acute Admitted Patients by Streams of Care

Total

Item 7:

The sum of separations listed in items 1 to 6, accrued during the month for which the return is prepared.

Item 14:

The sum of patient days listed in items 8 to 13, accrued during the month for which the return is prepared.

Total Patient Days

The number of patient days accrued during the month for which the return is prepared including those patients not yet separated. 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.

Information on completion of patient day data (items 9 to 16 inclusive) is described under ‘Separations’.

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. 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.

Geriatric Evaluation & Management Program (Item 15 and 19)

Separations and patient days for admitted patients receiving geriatric evaluation and management care through a designated sub-acute ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 2 (Item 16 and 20)

Separations and patient days for admitted patients receiving designated level 2 rehabilitation care through a designated sub-acute ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 3 (Item 17 and 21)

Separations and patient days for admitted patients receiving designated level 3 rehabilitation care through a designated sub-acute ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Output Group 111	Acute Health Services
Form S4	Monthly Return—Sub-Acute Admitted Patients by Streams of Care

Total

Item 18:

The sum of ‘hospital in the home’ separations listed in items 15 to 17 inclusive, accrued during the month for which the return is prepared.

Item 22:

The sum of ‘hospital in the home’ patient days listed in items 19 to 21 inclusive, accrued during the month for which the return is prepared.

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 8 to 14.

Information on completion of patient day data (items 19 to 22 inclusive) is described under ‘hospital in the home’ separations.

Sub-Acute Average Available Beds for the Period

An average over each day in the period, including weekends and public holidays, of available beds funded under the sub-acute program of Acute Health Services. 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 and palliative 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).

Signature of Chief Executive Officer and Date

The hospital’s chief executive officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.