



**Issue 27 —7 September 2001**

Attention: Health Information Managers - For Action  
Interim Care Program Managers - For Action

The Health Data Standards and Systems Unit has produced Issue 27 of the Health Data Standards and Systems (HDSS) Bulletin in hard copy and electronic format. The Bulletin has been posted onto our website at [www.dhs.vic.gov.au/ahs/hdss/bulletin.htm](http://www.dhs.vic.gov.au/ahs/hdss/bulletin.htm) and can be viewed as both a browseable and downloadable file. To view the complete subject index for every edition of the HDSS Bulletin, please refer to [www.dhs.vic.gov.au/ahs/hdss/bulindex.htm](http://www.dhs.vic.gov.au/ahs/hdss/bulindex.htm)

Individuals who have previously provided us with their email address will also receive an emailed copy of the Bulletin.

Bulletin 27 provides the final guidelines for reporting Interim Care Program episodes to the Victorian Admitted Episodes Dataset (VAED). Thank you to the hospital Health Information Managers who provided input and assisted with the development of these guidelines.

It is essential that this document be distributed to relevant staff in your organisation.

Yours faithfully,

MARK GILL  
MANAGER, HEALTH DATA STANDARDS AND SYSTEMS  
ACUTE HEALTH

## 27 VAED reporting requirements for the Interim Care Program

### ***Admissions to the Interim Care Program***

DHS considers the Interim Care Program to be a new Care Type, however due to the timing of this change, it is not possible to make revisions to hospital systems and PRS/2 at this time.

- Interim Care patients are those with Care Types 1 or 9 and Admission Type Z.
- Geriatric Evaluation and Management (GEM) patients are those with Care Type 9 and Admission Type other than Z.
- Nursing Home Type (NHT) patients are those with Care Type 1 and Admission Type other than Z.

The following table should be used for guidance when reporting admissions to Interim Care.

	<b>Non-Nursing Home Type</b>	<b>Nursing Home Type</b>
<b>Care Type</b>	9 <i>Geriatric Evaluation &amp; Management Program</i>	1 <i>NHT / Non-Acute</i>
<b>Admission Type</b>	Z <i>Admission to Interim Care Program</i>	
<b>Admission Source</b>	PRS/2 Care Type code different to previous episode—Statistical PRS/2 Care Type code same as previous episode—Z <i>Other formal admission source</i> Direct admission to Interim Care—Other Admission Source as appropriate	
<b>Program Funding Source</b>	6 <i>Acute Health Services</i>	6 <i>Acute Health Services</i>
<b>Accommodation Type</b>	1 <i>Overnight accommodation: shared room</i>	1 <i>Overnight accommodation: shared room</i>
<b>Account Class</b>	MP <i>Public/Medicare Patient</i>	MN <i>Public NHT- without NH5, or</i> M5 <i>Public NHT – with NH5</i>
<b>Contract Role</b>	See table <i>Contracting Episodes</i> below	
<b>Criterion for Admission</b>	O <i>Patient expected to require hospitalisation for minimum of one night</i>	
<b>Principal Diagnosis</b>	Z75.1 <i>Person awaiting admission to adequate facility elsewhere</i>	
<b>S2 Sub-Acute Record</b>	Valid Barthel Index Score on Admission Valid Barthel Index Score on Separation	Sub-Acute record not required for NHT patients. See note <i>Additional hard copy reporting</i> below.

## ***Statistical transfers to Interim Care***

Patients with Care Types **other than** 1 *Nursing Home Type* (NHT) and 9 *Geriatric Evaluation and Management* (GEM) who require Interim Care need to be statistically transferred to Care Type 9. This is in line with VAED reporting convention.

Patients who become NHT during an Interim Care admission should be statistically transferred from Care Type 9 to Care Type 1.

## ***GEM patients requiring Interim Care***

As both the GEM and Interim Care Programs use Care Type 9, a statistical transfer between these two service types is not possible.

There are no restraints preventing hospitals from moving GEM patients to Interim Care, however the patient record will need to identify the respective lengths of stay in GEM and Interim Care–non NHT. In the event that a GEM patient becomes an Interim Care patient, hospitals should report a formal separation from GEM using:

- Separation Type K *Other formal separation*, and
- Intention to Readmit 1 *Readmission planned to this hospital within 28 days and booking arranged*.

Follow the admission instructions in the table above.

## ***NHT patients requiring Interim Care***

If appropriate, NHT patients may be transferred into the Interim Care Program. The patients may remain NHT whilst in Interim Care.

As Care Type 1 is reported for all Nursing Home Type patients, a statistical transfer between NHT and Interim Care-NHT is not possible.

There are no restraints preventing hospitals from moving NHT patients to Interim Care-NHT, however the patient record will need to identify the respective lengths of stay in NHT and Interim Care–NHT. In the event that a NHT patient becomes Interim Care-NHT, hospitals should report a formal separation from NHT (Care Type 1) using:

- Separation Type K *Other formal separation* and
- Intention to Readmit 1 *Readmission planned to this hospital within 28 days and booking arranged*.

Follow the admission instructions in the table above.

## ***Winter Emergency Demand Strategy (WEDS) patients remaining in on 30 June 2001***

WEDS concluded on 30 June 2001. WEDS patients remaining in the hospital at this time should be **formally** separated on 1 July 2001 using:

- Separation Type K *Other formal separation* and
- Intention to Readmit 1 *Readmission planned to this hospital within 28 days and booking arranged.*

The readmission should be also formal according to the admission instructions above.

### **Change to contracting arrangements**

It is expected that many contracted services provided under WEDS will not continue through Interim Care, as the Interim Care Program agreement is with the Health Service (consisting of a number of hospital campuses) rather than with a single hospital. In the event of changing contract arrangements for patients remaining-in the service-providing facility on 30 June 2001, the separation at the contracting hospital (non service-providing facility) on 1 July 2001 should be reported as:

- Separation Type T—*Separation and transfer to other acute hospital/extended care/rehab/geriatric centre,* and
- Transfer Destination—Campus code for the service-providing hospital

The Sub-Acute Unit, DHS can provide a print out of previous WEDS patients for individual hospitals to enable verification of records for patients who are now in Interim Care. Similarly, a print out of all current Interim Care patients can be sent out on request. Please contact Leanne Butler, Sub-Acute Unit, ph 9616 8320.

### ***Additional hard copy reporting***

A key objective for Interim Care at the Health Service level is to improve patient 'flow' from acute and sub-acute through the system. There are equally important patient level objectives, which include maintenance of the patient's functional abilities whilst in Interim Care. The maintenance of the patients' functional status will be viewed as an outcome of Interim Care and will form part of the evaluation of the program. A routine measure of patient functional status is the Barthel Index. This is reported for all sub-acute patients reported to the VAED. In order to measure functional status for all Interim Care patients, DHS requires the completion of a report detailing Barthel Index scores of Interim Care-NHT patients.

Once a month the Sub-Acute Unit will distribute a report detailing Interim Care NHT episodes to hospitals that have reported Interim Care-NHT episodes during the preceding month. For each admitted episode listed, the hospital should provide the appropriate Barthel Index scores. Reports should be returned to the Sub-Acute Unit, DHS. Hospital Health Information Managers, in conjunction with Interim Care Program Managers should determine the most appropriate method to collect these data in their own facility. The

Sub-Acute Unit will contact Interim Care Program Managers to discuss the collection of this item at each facility.

### ***Contracting episodes***

Use the following table for guidance when reporting Interim Care episodes contracted to another facility.

	Contract with other hospital		Contract with non-hospital facility
	Contracting Hospital	Contracted Hospital	
<b>Funding Arrangement</b>	1 <i>Contract</i>		1 <i>Contract</i>
<b>Contract Type</b>	2, 3, 4, or 5		1 <i>Contract Type B</i>
<b>Contract Role</b>	<i>A Hospital A</i>	<i>B Hospital B</i>	<i>B Hospital B</i>
<b>Contract Spoke ID</b>	Campus Code which identifies the other hospital to the contract		8880 <i>Interim Care Program</i>

### **Contract/Spoke Identifier**

- **Contract with service other than public or private hospital:** Use Contract/Spoke ID code 8880 for episodes contracted to facilities *other than public or private hospitals*. These may include supported residential services, hostels etc. Contract/Spoke ID 8880 can only be reported with Contract Type 1.
- **Contract with other public or private hospital:** Report the four character Campus Code that identifies the other party to the contracted service arrangement.

### ***Future reporting arrangements***

DHS intend to conduct a review of aged care and sub-acute reporting prior to the next financial year. Outcomes of this review will be reported.

### ***Need help?***

Contact Basia Sudbury of the Sub-Acute Unit, DHS on 9616 7948.

## HDSS Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Acute Health Division manages three Victorian hospital data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS).

The *Health Data Standards and Systems Bulletin*, produced on an ad hoc basis by HDSS, provides:

- Answers to common questions recently directed to the HDSS Help Desk,
- Directives for implementation of revisions to data collection specifications (VAED, VEMD, ESIS), including notification of amendments to specified data collection reference tables,
- Feedback on selected data quality studies undertaken, and
- Information on upcoming events.

**HDSS Bulletin Web Site**                      [www.dhs.vic.gov.au/ahs/hdss/bulletin.htm](http://www.dhs.vic.gov.au/ahs/hdss/bulletin.htm)

### HDSS Help Desk

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**VEMD:**            [submit.vemd@dhs.vic.gov.au](mailto:submit.vemd@dhs.vic.gov.au)  
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