



Issue 36 — 22 May 2002

Attention: Health Information Managers - For Action
VAED Submission Officers - For Action
VAED Software Suppliers - For Action

The Health Data Standards and Systems Unit has produced Issue 36 of the Health Data Standards & Systems (HDSS) Bulletin in electronic format only. The Bulletin has been posted onto our website at <http://hdss.health.vic.gov.au/bulletin/36-22502.htm> and can be viewed as both a browseable and downloadable file. To view the subject index for every edition of the bulletin, please refer to <http://hdss.health.vic.gov.au/bulletin/index.htm>.

Bulletin 36 provides information regarding:

- Interim Care Program

Please download the document from our web site. If you do not have Internet access, please contact the HDSS Help Desk to obtain a hard copy of this Bulletin. It is essential that this document be distributed to relevant staff in your organisation.

Yours faithfully,

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Victorian Admitted Episodes Dataset (VAED)

36.1 Interim Care

General

- Patients may be eligible for Interim Care but, until they can occupy a specified Interim Care bed, their Care Type does not change. For reporting purposes, consider Interim Care as the *bed*, rather than the patient.
- To be in an Interim Care bed, the patient must be medically stable. A patient who is not medically stable would be in another Care Type, ie, 4 *Acute* or 9 *GEM*.
- Interim Care is not strictly considered to be a “sub-acute” service, but is managed through the sub-acute area. However, the two Care Types for Interim Care do require the transmission of an S2 Sub-Acute Record.

Reporting Patients “Remaining In” on 30.6.2002

On 1.7.2002, for each patient in an Interim Care bed who was admitted on or before 30.6.2002, the hospital needs to:

- Statistically separate from Care Type 1 *NHT* or 9 *GEM*
- Statistically admit to Care Type F *Interim Care NHT* or E *Interim Care*

Unless the patient becomes eligible for NHT care on 1.7.2001, the expected combination of codes will be:

Care Type 1 <i>NHT</i>	will become	Care Type F <i>Interim Care NHT</i>
<i>Previous episode:</i>		

Separation Type	will be	F Change to Interim Care NHT
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New episode:

Admission Source	will be	1 Change from NHT
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Care Type 9 <i>GEM</i>	will become	Care Type E <i>Interim Care</i>
<i>Previous episode:</i>		

Separation Type	will be	E Change to Interim Care
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New episode:

Admission Source	will be	9 Change from GEM
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New Admissions to the Interim Care Program on/after 1.7.2002

	Non-Nursing Home Type	Nursing Home Type
Care Type	E <i>Interim Care</i>	F <i>Interim Care - NHT</i>
Admission Type	Statistical admission – <i>S Not applicable: statistical admission</i> Direct admission to Interim Care – As appropriate to the episode but will normally be: X <i>Other planned admission</i>	
Admission Source	Statistical admission – Previous Care Type Direct admission to Interim Care – As appropriate to the episode	
Program Funding Source	6 <i>Acute Health Services</i>	
Accommodation Type	As appropriate to each day: 1 <i>Overnight accommodation: shared room</i> 4 <i>HITH</i>	
Account Class	As appropriate to the episode: MP <i>Eligible</i> ME <i>Ineligible: hospital exempt</i> MA <i>RHCA</i> VX <i>DVA</i>	As appropriate to the episode: MN <i>Public NHT – without NH5</i> M5 <i>Public NHT – with NH5</i> VN <i>DVA NHT – without NH5</i> V5 <i>DVA NHT – with NH5</i>
Contract Role	See table below on <i>Contracting Episodes</i>	
Criterion for Admission	O <i>Patient expected to require hospitalisation for minimum of one night</i>	
Principal Diagnosis	As appropriate to patient's needs: Z75.11 <i>Person awaiting admission to residential aged care facility</i> Z75.12 <i>Person awaiting admission to psychiatric facility/unit</i>	
S2 Sub-Acute Record	Valid Barthel Index Score on Admission Valid Barthel Index Score on Separation (see note below on <i>Barthel Scores on Statistical Admission/Separation</i>)	

Examples of patient movement through Care Types

<p>SCENARIO: Patient A is Care Type 4 <i>Acute</i></p> <ul style="list-style-type: none"> • Patient medically stable • Decision made patient needs a residential care bed 	<ul style="list-style-type: none"> • Had 35 days <i>total</i> hospitalisation • No 3B certificate • But no Interim Care bed available 	<ul style="list-style-type: none"> • When Interim Care bed becomes available
<p>ACTION:</p>	<ul style="list-style-type: none"> • Statistically separate to Care Type 1 <i>NHT</i> 	<ul style="list-style-type: none"> • Statistically separate to Care Type F <i>Interim Care NHT</i>

<p>SCENARIO: Patient B is Care Type 4 <i>Acute</i></p> <ul style="list-style-type: none"> • Patient medically stable • Decision made patient needs a residential care bed 	<ul style="list-style-type: none"> • Not yet had 35 days <i>total</i> hospitalisation • Interim Care bed is available 	<ul style="list-style-type: none"> • When had 35 days <i>total</i> hospitalisation • No 3B certificate
<p>ACTION:</p>	<ul style="list-style-type: none"> • Statistically separate to Care Type E <i>Interim Care</i> • No 3B certificate required 	<ul style="list-style-type: none"> • Statistically separate to Care Type F <i>Interim Care NHT</i>

<p>SCENARIO: Patient C is Care Type 4 <i>Acute</i></p> <ul style="list-style-type: none"> • Patient had > 35 days <i>total</i> hospitalisation • 3B certificate signed for 30 days 	<ul style="list-style-type: none"> • On (eg) Day 10 of currency of 3B certificate, patient deemed medically stable • Decision made patient needs a residential care bed • Interim Care bed is available 	
<p>ACTION:</p>	<ul style="list-style-type: none"> • Revise 3B certificate to end on (eg) Day 10 • Statistically separate to Care Type F <i>Interim Care NHT</i> 	

Barthel Scores at Statistical Separation/Admission

When any statistical separation and admission occurs, this is not usually of *clinical* relevance. In particular for Interim Care patients, there is normally no clinical reason for repeating the Barthel assessment at the time of statistical separation/admission.

DHS requires a Barthel assessment to be made:

- When the patient is first recorded as Interim Care.
- When the patient is finally separated from Interim Care (eg, to go to a residential care facility or to start a non-Interim Care episode).

DHS does *not* require a Barthel assessment to be made:

- When reporting an S2 record because this Interim Care episode has started *statistically* after an episode for which a Separation Barthel had been reported – the Separation Barthel of that previous episode can be repeated as this episode's Admission Barthel.
- When reporting an S2 record because this Interim Care episode is ending *statistically* before another Interim Care episode - the Admission Barthel of this episode can be repeated as this episode's Separation Barthel.

Interim Care provided "in the home"

With certain exceptions, Interim Care can be provided "in the home". For Interim Care, "the home" is more likely to be a hostel, lodge, or similar service, rather than in a private house.

Exceptions to providing Interim Care in the home:

- Brokered services cannot be provided "in the home"
- DVA (currently) are funding only ward-based services

For the days when Interim Care is provided "in the home", use Accommodation Type 4 *Hospital in the Home*.

Hard copy reporting for 2001-2002 re Interim Care

Because both the Care Types for Interim Care require an S2 Record, hard copy reporting of Interim Care episodes will no longer be required for any episode separated *after* 30.6.2002.

Contracted (Brokered) Interim Care

DHS may approve a health service to provide a *brokered* Interim Care service in other hospitals or in non-hospital facilities such as supported residential services, hostels, etc.

Where an Interim Care period of care continues (that is, there is no change in Care Type) but the hospital contracts *part* of the time to another hospital or to a non-hospital:

- Report a *single* episode of care to PRS/2.

When reporting Interim Care episodes contracted to another facility, use the following table for guidance:

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

When the contracting arrangements are with more than one facility, use the following notes for guidance:

If the Interim Care is provided by **more than one hospital**:

- Report *Contract Type* as 2, 3, 4 or 5 as best fits the circumstances.
- Hospital A (contracting hospital): Report *Contract Spoke ID* for the hospital providing the greatest number of days in the episode.
- Hospital B (contracted hospital): Report *Contract Spoke ID* for the hospital that contracts with your hospital.

If the Interim Care is provided by **one hospital and one non-hospital**:

- Report *Contract Type* as 2, 3, 4 or 5 as best fits the circumstances.
- Hospital A (contracting hospital): Report *Contract Spoke ID* for the hospital (rather than 8880 representing the non-hospital).
- Hospital B (contracted hospital): Report *Contract Spoke ID* for the hospital that contracts with your hospital. (Non-hospitals do not report to VAED.)

If the Interim Care is provided by **one or more hospitals and one or more non-hospitals**:

- Report *Contract Type* as 2, 3, 4 or 5 as best fits the circumstances.
- Hospital A (contracting hospital): Report *Contract Spoke ID for a hospital* (rather than 8880 representing a non-hospital); select the hospital providing the greatest number of days in the episode.
- Hospital B (contracted hospital): Report *Contract Spoke ID* for the hospital that contracts with your hospital. Note that this may not be the hospital from which the patient came to your hospital: you will need to ascertain which hospital is contracting your hospital to provide the Interim Care.

When the contracting arrangements are with **more than one facility**, use the following notes for guidance in selecting the Contract Spoke ID:

Hospital(s) providing Interim Care:	<i>Contract Spoke ID to be reported by:</i>	
	Contracting hospital: <i>Hospital A:</i>	First/subsequent Contracted facility: <i>Hospital B:</i>
One other hospital only	Code for Contracted hospital	Code for Contracting hospital (Hospital A)
More than one other hospital (no non-hospitals)	Code for Contracted hospital providing most days	Each Hospital: Code for Contracting hospital (Hospital A)
One non-hospital only	8880 Contracted non-hospital	Non-hospital: NA
More than one non-hospital (no hospitals)	8880 Contracted non-hospital	Non-hospitals: NA
One other hospital and one non-hospital	Code for Contracted hospital	Hospital: Code for Contracting hospital (Hospital A) Non-hospital: NA
One other hospital and more than one non-hospital	Code for Contracted hospital	Hospital: Code for Contracting hospital (Hospital A) Non-hospitals: NA
More than one other hospital and one non-hospital	Code for Contracted hospital providing most days	Hospital: Code for Contracting hospital (Hospital A) Non-hospital: NA
More than one other hospital and more than one non-hospital	Code for Contracted hospital providing most days	Each Hospital: Code for Contracting hospital (Hospital A) Non-hospitals: NA

Billing for Patient Contribution - NHT

The health service approved to provide the brokered Interim Care service is responsible for billing the patient for any patient contribution while a NHT patient (*if* the hospital decides to collect such contributions).

HDSS Bulletin by Dataset

This table of previously released HDSS Bulletins identifies the dataset to which they relate.

Previous Bulletins are on the website at <http://hdss.health.vic.gov.au/bulletin/index.htm>.

If you are unable to access the website, please contact the HDSS Helpdesk to request any previously released HDSS Bulletins.

HDSS Bulletin No:	Date released:	Dataset:			
		VAED / PRS/2	VEMD	ESIS	Other info
Bulletin 1	01 July 1999	✓	✓	✓	
Bulletin 2	15 July 1999	✓			
Bulletin 3	02 August 1999	✓	✓	✓	
Bulletin 4	09 September 1999		✓	✓	
Bulletin 5	08 October 1999	✓	✓	✓	
Bulletin 6	13 October 1999	✓			
Bulletin 7	09 November 1999	✓	✓		✓
Bulletin 8	24 December 1999	✓	✓	✓	✓
Bulletin 9	10 March 2000	✓	✓		✓
Bulletin 10	26 April 2000	✓			
Bulletin 11	16 May 2000	✓			
Bulletin 12	28 June 2000	✓	✓		
Bulletin 13	19 July 2000	✓			
Bulletin 14	20 July 2000	✓			
Bulletin 15	08 August 2000	✓	✓		✓
Bulletin 16	25 September 2000	✓	✓		
Bulletin 17	29 September 2000			✓	
Bulletin 18	18 October 2000			✓	
Bulletin 19	27 October 2000	✓	✓	✓	
Bulletin 20	05 April 2001	✓		✓	✓
Bulletin 21	27 April 2001	✓			✓
Bulletin 22	22 May 2001	✓		✓	
Bulletin 23	18 June 2001	✓		✓	
Bulletin 24	30 July 2001	✓	✓	✓	✓
Bulletin 25	03 September 2001		✓		
Bulletin 26	05 September 2001	✓			✓
Bulletin 27	07 September 2001	✓			
Bulletin 28	14 September 2001			✓	
Bulletin 29	01 November 2001	✓	✓		

HDSS Bulletin No:	Date released:	Dataset:			
		VAED / PRS/2	VEMD	ESIS	Other info
Bulletin 30	09 January 2002	✓			✓
Bulletin 31	18 February 2002	✓	✓	✓	
Bulletin 32	14 March 2002	✓	✓	✓	✓
Bulletin 33	03 April 2002	✓	✓	✓	✓
Bulletin 34	19 April 2002	✓			
Bulletin 35	26 April 2002	✓			
Bulletin 36	22 May 2002	✓			

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 <http://hdss.health.vic.gov.au/bulletin/index.htm>

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