

DHS Hospital Admission Policy 2003-04

Incorporating Admission Criteria, Leave and
Separation Issues

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Introduction

This document replaces circular 15/1998 – providing administrative guidelines for complying with hospital admission policy in Victoria. Admission policy in Victoria encompasses admission, separation and leave concepts contained in the *Australian Health Care Agreement (AHCA) 1998-2003*, the *ECT Manual*, the *Mental Health Act 1986*, the *National Health Data Dictionary (NHDD) Version 12*, the *Commonwealth Day Only Procedure Manual*, (May 2003), and the *Victorian Admitted Episodes Dataset (VAED) Manual, 12th Edition*.

The information presented in this document will be incorporated into the *Victorian Admitted Episodes Dataset (VAED) Manual, 13th Edition*.

During 2003-04 further work will be undertaken in regards to Admission policy. Any queries, comments or suggestions should be directed to Catherine Perry at Catherine.Perry@dhs.vic.gov.au or 03 9616 6928.

Concept Definitions

Admission

An admission is a process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight [or multi-day] care or treatment. An admission may be formal or statistical.

A **formal admission** is the administrative process by which a hospital records the commencement of treatment and/or care and/or accommodation of a patient.

A **statistical admission** is the administrative process by which a hospital records the commencement of a new episode of care, with a new care type, for a patient within the one hospital stay.

Admitted Patient

A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in traditional hospital setting and/or in the person's home (under specified programs such as Hospital In The Home or Rehabilitation In The Home).

The patient may be admitted if one or more of the following apply:

- The patient's condition requires clinical management and/or facilities not available in their usual residential environment.
- The patient requires observation in order to be assessed or diagnosed.
- The patient requires at least daily assessment of their medication needs.
- The patient requires a procedure/s that cannot be performed in a stand-alone facility, such as a doctor's room without specialised support facilities and/or expertise available (eg, cardiac catheterisation).
- There is a legal requirement for admission (eg, under child protection legislation).
- The patient is aged nine days or less.

The items in the above list may not be sufficient to meet the Criteria for Admission (see page 6).

Care Type

An episode is not defined by the patient's arrival at, and departure from the hospital but rather by the start and completion of a 'type of care'. There are a number of types of care that a hospital can provide for admitted patients. An overnight or multi-day stay patient may receive more than one type of care during the period of hospitalisation: the period of hospitalisation is then broken into Episodes of Care, one for each type of care (Care Type). The Episode of Care ends when the Care Type changes or the patient separates from hospital.

Criteria for Admission

Minimum criteria, one of which must be met before a patient can be admitted:

- The patient, following a clinical decision, is expected to require overnight or multi-day hospitalisation.
or
- The patient is to receive a Same-day Surgical and Diagnostic Service as specified in Bands 1A, 1B, 2, 3 and 4 of the *Day Only Procedures Manual* and updates¹.
or
- The patient is to receive a Type C Professional Attention Procedure as specified in the *Day Only Procedures Manual*¹ and updates. Accompanying documentation must be provided by the treating medical practitioner which justifies an admission on the grounds of the medical condition of the patient or other special circumstances that relate to the patient (for example, remote location, no-one at home to care for the patient). Patients undergoing these procedures would not normally be admitted.
or
- The patient is nine days old or less at the time of admission (newborn). All newborn days are further divided into categories of qualified and unqualified for the Australian Health Care Agreement and health insurance benefit purposes.

A newborn day is qualified if the newborn meets at least one of the following criteria:

- (i) The newborn is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient; or
- (ii) The newborn is, on that day, admitted to a facility approved by the Commonwealth Minister for the purpose of provision of intensive or special care; or
- (iii) The newborn is, on that day, admitted to or remains in hospital without their mother.

A newborn day is unqualified if the newborn does not meet any of the criteria described in points (i) to (iii).

¹ *Day Only Procedures Manual 1999* and *Day Only Procedures Manual Supplement 1 May 2003* documents are available at: http://www.health.gov.au/privatehealth/providers/dayonly/daymbs_nov2001.htm

Episode of Care

The period of admitted patient care between admission and separation.

Hospital Stay

The period of time between a formal admission and a formal separation.

Leave - Contract

A period spent as an admitted patient at a contracted (service provider) hospital, during an episode where the patient is also admitted to the contracting (purchasing) hospital.

[Normal] Leave

[Normal] leave occurs when an overnight or multi-day patient leaves the hospital temporarily with the approval of the hospital and/or treating medical practitioner, with the intention that the patient will return within seven days to continue the current treatment.

Separation

The process by which an episode of care for an admitted patient ceases.

A separation may be formal or statistical.

Formal separation: the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.

Statistical separation: the administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay.

Reporting Guidelines Admitted Patient

The term admitted patient encompasses the term inpatient, as used in hospitals, but may also encompass other encounters with a hospital that may not traditionally have been termed inpatient encounters.

To be admitted, a patient must meet at least one of the minimum criteria for admission (see *Criteria for Admission*).

The decision to admit a patient rather than to treat them as a non-admitted patient (Outpatient or Emergency Department patient) should be made by a medical practitioner and cannot be delegated to administrative staff or automated. Thus Resident and Senior Medical Staff, Nursing Staff and personnel involved in the admission procedure within hospitals, including staff of the Admission Office, Health Information Service and Hospital Information Systems Departments, need to be fully acquainted with the application of this concept.

For statistical purposes, patients are counted as either same-day or overnight/multi-day stay patients retrospectively: it does not depend on the intention at admission.

Care Type

Admitted patient episodes must be assigned a Care Type from the hierarchy within the data item. In particular, all patients admitted under the Mental Health Act 1986, or who are under the care of an Area Mental Health Service (including all episodes for ECT), must be assigned a Care Type of 5 *Approved Mental Health Service or Psychogeriatric Program*.

Criteria for Admission

The Criteria for Admission reflect the **intended** level of treatment that the patient is to receive. The criterion under which each patient is admitted does not have an impact on casemix funding.

If the care to be provided to a patient does not meet any of the criteria for admission, then the patient should not be admitted and the episode not reported to the VAED. Hospitals are responsible for ensuring that appropriate procedures and records are maintained to facilitate accurate reporting, and to justify the admission. The list of criteria for admission in the definition is complete – there are no other criteria for admission.

For example:

- Care provided to a patient in a non-admitted hospital setting over an extended period of time does not in itself constitute (conversion to) an admission. A patient in a non-admitted care setting may only be admitted once at least one of the admission criteria is met.

Under these criteria, the fact that a procedure is undertaken in an operating suite does not, in itself, justify admission.

Change To Planned Treatment

Where a patient's condition requires a different course from that planned at admission, the hospital must retain on the VAED the original Criterion for Admission.

For example:

- A newborn who changes Qualification Status must retain their original Criterion for Admission code (N or U).
- A patient is admitted with a ruptured abdominal aortic aneurysm at 9:00am, and dies at 11:30am on the same day. The Criteria for Admission is O (expected to require hospitalisation for a minimum of one night), because at the time of admission the expectation is that the patient would receive care for more than one day. The fact that the patient died before this could occur does not alter the reported Criterion for Admission.
- A patient is admitted as a planned same day patient for a colonoscopy. However, during the colonoscopy the patient sustains a perforation to the bowel, which results in a laparoscopic repair of the bowel and a length of stay of 3 days. The Criterion for Admission is B (Day Only Bands 1A, 1B, 2, 3, and 4) as this was the intent at admission.
- A patient is admitted to a rural hospital at 4pm with 45% burns. After stabilisation, the patient is airlifted to a tertiary burns unit in Melbourne at 7pm on the same day. The Criterion for Admission is O (expected to require hospitalisation for a minimum of one night), as the patient is expected to require many days of treatment. The fact that this is to occur in more than one facility is immaterial.

Cancelled Treatment

There will be occasions where a patient who is admitted, subsequently has their planned treatment cancelled:

- If the episode of care could be justified as extended medical treatment (refer to page 6) and supporting documentation is provided, it can be reported to the VAED. Even though this assessment needs to be made, the original Criterion for Admission should not be changed.
- If the episode of care could not be justified as extended medical treatment, the admission should be cancelled.

For example:

- Patient admitted on day of surgery, which was cancelled due to lack of available beds. Patient sent home without treatment. Admission should be cancelled.
- Patient admitted on day of surgery, which was cancelled as patient had a slight upper respiratory viral infection. Patient sent home without further investigation, to return to have the procedure when the virus is resolved. Admission should be cancelled.
- Patient admitted on day of surgery, which was cancelled as patient had a fever and cough. Patient underwent an x-ray, blood tests and was observed for five hours. Diagnosis of mild pneumonia, patient sent home, to return to have the procedure when pneumonia resolved. This episode should be reported to the VAED.

The level of same-day admissions involving cancelled procedures is continually monitored.

Parentcraft

'Parentcraft' describes the type of care provided by Early Parenting Centres but similar care may be provided by other hospitals. In regard to 'parentcraft' care and treatment, only those family members who satisfy the minimum criteria may be admitted. Whilst mother, father, baby and siblings may attend the hospital, normally only one member of the family should be admitted. In some instances, admission of two or more family members may be justified where they are affected by separate problems; or where problems affect more than one member, such as breastfeeding difficulties, where care and treatment of a level that meets the Criteria for Admission are required for both mother and baby.

Day Only Bands 1A, 1B, 2, 3 and 4

It is expected that the majority of Type B procedures will (and should) occur in an admitted patient setting and be reported to the VAED accordingly. For example, patients should always be admitted for each episode involving renal dialysis, or for any procedure that requires intravenous sedation and/or anaesthetic, such as ECT and cardiac catheterisation.

Procedures that *are* listed in the Day Only Procedures Manual as a Type B procedure (and therefore meet the Criterion for Admission B), that may occur often in an emergency department and/or outpatient setting include, but are not limited to:

- Drainage: haematoma, abscess, carbuncle
- Excision of sinus
- Intravenous therapy (including transfusions, infusions, sedation, anaesthetic)
- Lumbar puncture
- Removal of foreign bodies with surgical exploration
- Repair of wound: skin and subcutaneous tissue or mucous membrane greater than 7cms
- Tendon repair

For the purpose of VAED reporting, there is no significance in, nor requirement to, separately identify the various bands. They are included in the definition for the purpose of highlighting the consistency with the classification of private patients by hospitals for health insurance claim purposes.

When a private patient is admitted for a Type B intervention but stays overnight, the relevant section of the 'Private Patient Hospital Claim Form' must be completed. As advised in Circular 6/1998, the Commonwealth has phased out the use of form 1830, which was formerly used for certification purposes.

Type C Professional Attention Procedures

Type C Exclusion List

The exclusion list of procedures (the 'Type C Exclusion List') identifies services that *would normally be undertaken on a non-admitted basis* (including Outpatient and Emergency Department attendances) and not normally accepted as same day admissions. However, if the patient's medical condition or other special circumstances justify admission, they can be admitted. This list overrides the general criteria listed under the definition of the bands.

For example:

- Patient attending hospital for an abdominal CT, to investigate possible malignancy. This would usually occur on a non-admitted basis, however this patient is documented as being autistic, resulting in the need for a light anaesthetic.

Extended Medical Treatment – Emergency, and Non-Emergency

It is acknowledged that the non-surgical component of same day admissions is not well addressed in the Day Only Procedures Manual. In order to establish some consistency in data collection between hospitals, admission should be based on:

- The appropriateness to admit the patient as determined and documented by a medical practitioner;

and

- Continuous active management for at least four hours (at least half hourly observations of vital or neurological signs).

The following examples of patient treatments provide guidance to the application of these criteria.

The patient would be considered to have received continuous active management for at least four hours in the following situations:

- Acute asthma: to ensure stabilisation prior to discharge the patient receives Ventolin and requires continuous observation for at least four hours.
- Acute head injury requiring at least four hours of neurological observations on a continuous basis.
- An infant with gastroenteritis who is treated with oral re-hydration and receives at least four hours of continuous observation to manage their condition.

*The patient would **not** be considered to have received continuous active management for at least four hours in the following situations:*

- A patient with a migraine who is given analgesia and left to rest quietly for four hours.
- Passive waiting for test results or waiting for review by medical staff.

Type C Certification

Whilst the Type C Exclusion List identifies services that would not normally be accepted as same day admissions, there will be occasions when patient admission for the provision of Type C services is warranted on the grounds of the medical condition or other special circumstances that relate to the patient. These details must be documented as follows:

For privately insured patients:

- The attending medical practitioner should complete the relevant section of the 'Private Patient Hospital Claim Form'.

For patients other than privately insured patients:

- Documented justification of the admission for Type C procedures on clinical grounds must be included in the medical record. Audits of medical records may be conducted for the purpose of ensuring reporting of Type C services as admitted episodes is warranted.

Common examples of episodes that would only be admitted where the treating medical practitioner assesses this as justified, and completes documentation of the medical condition, treatment and extenuating circumstances are:

- Patients attending a lactation or lymphoedema clinic,
- Patients undergoing (only):
 - Aspiration or catheterisation of bladder
 - Burns dressings
 - Diagnostic tests: angiography, MRIs and CT scans (with or without contrast)
 - Flushing or loading of ambulatory drug device or implanted pump or reservoir
 - Regional or field nerve blocks

Hospital Stay

A hospital stay usually encompasses one episode.

More than one episode can make up a hospital stay where:

- The episodes occur at one hospital/hospital campus, and
- Where the first episode has a statistical Separation Mode, and the subsequent episode(s) has a statistical Admission Source.

In practice, it refers to the time elapsing between a patient entering the hospital and leaving the hospital, excluding leave (normal and contract) periods.

Leave - Contract

Contract leave days are reported only by the contracting (purchasing) hospital, and are treated as patient days and included in the length of stay at that hospital. There is no limit to the duration of contract leave. Patients commencing a period of contract leave are not separated.

[Normal] Leave

No patient day charges are raised, nor patient days counted, while the patient is on [normal] leave.

Examples where leave should be recorded are:

- Patient presents to hospital for induction of labour, sent home, to return when in established labour. Patient returns the next morning. Patient should only have one episode for this period. If the induction meets Criteria for Admission, the patient should be placed on leave whilst at home, as she is expected to return within seven days for continuing care.
- Rehabilitation patient leaves on the 24 December to return the 26 December, so that they can spend Christmas in the care of their family.

Persons going on [normal] leave are not separated unless the patient fails to return within seven days. If so, the patient should be formally separated, effective from the date of leaving the hospital. If the patient later returns to the hospital, a new episode is started and the patient is formally admitted.

Unless the patient is on contract or normal leave, an overnight or multi-day stay patient in one hospital campus cannot concurrently be a patient in another hospital campus. Such a patient must be separated from one hospital campus and admitted to the other hospital campus on each occasion of transfer.

Where it is intended that a patient with a same day episode return to the hospital within seven days for a regular Type B procedure (for example dialysis, chemotherapy, plasmapheresis, ECT), the patient should be separated and re-admitted.

Where it is intended that a patient return to the hospital at regular intervals of not more than seven days for a series of non-Type B procedures, the patient is:

- A multi-day patient on [normal] leave between treatments; and
- Not a same day patient, even if the patient does not stay overnight in the hospital.

In such cases, documentation to justify for the admission must be provided (that is, why it is not non-admitted care).

Where it is intended that a patient undergo a Type B procedure as part of a multi-day stay, then treat as listed above.

A period of absence starting and ending on the same date is not counted as [normal] leave but the patient must be recorded as absent in his/her medical record. The patient may be recorded as absent in the hospital's computer system; however, the system must not report a day's leave to PRS/2 nor deduct a patient day in other reporting.

Where a Hospital in the Home patient does not receive any admitted type services on a particular date, this day should be recorded as a [normal] leave day.

Newborns are not permitted to go on [normal] leave; they should be separated.

Where a patient is separated, then deteriorates and returns to the hospital and is subsequently re-admitted, this should be recorded as two separate episodes, even where both episodes occur on the same day.

Leave Without Permission

Where a patient absconds or leaves against medical advice, as it is still the intention of the medical practitioner that the patient return within seven days to continue the current treatment, follow normal leave guidelines and reporting.

Separation

Separation may be either formal or statistical.

Formal: Where the patient meets one of the following criteria:

- Is discharged to private accommodation or other residence (no intention to return to this campus within seven days for continuation of the same treatment).
- 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).
- Is discharged following a Type B procedure (even if the patient is returning within 7 days for another treatment).
- Dies.
- Leaves against medical advice, and does not return for continuing treatment within seven days.
- Fails to return from [normal] leave within seven days. The patient is separated effective from the first day of leave. (This limit does not apply to contract leave.)

Statistical: Where a hospital records the completion of treatment and/or care and accommodation following a change of Care Type (transfer between Care Types) occurring within the one hospital stay (for example, transfer from Acute to Nursing Home Type care or transfer from Acute to Rehabilitation care in a designated rehabilitation program).

It is expected that where two episodes are created by a statistical separation, the Admission Time of the second episode will be one minute after the Separation Time of the first episode.