

Victorian Hospital Admission Policy

Effective 1 July 2010

Published by the Victorian Government Department of Health
Melbourne, Victoria

© Copyright State of Victoria 2010

This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

This document may also be downloaded from the Department of Health web site at:
<http://www.health.vic.gov.au/hdss/>

Introduction

The Department of Health Hospital Admission Policy provides guidelines to enable hospitals to distinguish between admitted and non-admitted patients. Patients meeting the criteria for admission are to be reported to the Victorian Admitted Episodes Dataset (VAED). Patients not meeting these criteria are non-admitted patients and no data for these encounters are to be reported to the VAED. The scope of the policy is restricted to hospital activity (including Hospital In The Home and Medihotel programs) and does not cover non-hospital activity that occurs on hospital grounds.

This document applies to public and private hospitals, and all health services registered under the *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2002*.

This document should be read in conjunction with the Victorian Admitted Episodes Dataset (VAED) Manual for the current year, which defines concepts, data fields and business rules relevant for reporting to the dataset.

Adherence to this policy will be routinely monitored by the Department and will be the subject of regular audits.

Admission policy in Victoria encompasses admission, separation and leave concepts contained in the *National Healthcare Agreement*, the *Mental Health Act 1986*, and the current editions of the *National Health Data Dictionary (NHDD)*, the *Victorian Admitted Episodes Dataset (VAED) Manual*, and the *ECT Manual*.

In accordance with precedent established in the 2006 and 2008 versions of the Admission Policy, information already available in the VAED Manual is not reiterated in this document. Instead, where relevant, a reference to the manual is provided.

This document should also be read in conjunction with the Hospital Admission Policy Factsheets available at www.health.vic.gov.au/hdss.

This document takes priority over all other documents outlining Admission Policy related concepts and issues.

This document replaces DHS Hospital Admission Policy Effective 1 September 2008.

Changes from the 2008 Admission Policy

Significant changes have been made to Criteria for Admission Type B, Type C, and Type E:

- Criteria for Admission B is now based on the Automatically Admitted Procedures List.
- Criteria for Admission C is now based on the Not Automatically Qualified for Admission List.
- Criteria for Admission E definition has been changed in regard to observation frequency.

Automatically Admitted Procedure List

The Automatically Admitted Procedure List contains a list of Australian Classification of Health Interventions (ACHI) codes relating to a range of procedural and surgical interventions. Patients receiving at least one of the interventions listed on the Automatically Admitted Procedure List should be admitted.

Patients due to receive a procedure on the Automatically Admitted Procedure List, who are intended to be treated on a day-only basis should be admitted under Criterion for Admission B *Day-only automatically admitted procedure*. Patients who are intended to be treated on an overnight or multi-day basis should be admitted as Criterion for Admission O *Expected to require admission for minimum of one night*.

Not Automatically Qualified for Admission List

The Not Automatically Qualified for Admission List contains a list of ACHI codes that relate to a range of procedures. Patients receiving procedures on this list will be treated:

- on a non-admitted basis if the patient cannot be admitted as Criteria for Admission B, E, N, U or O; or
- as Criterion for Admission C where there are special circumstances (documented in the patient record).

Together, the Automatically Admitted Procedure List and Not Automatically Qualified for Admission List, cover all ACHI codes.

Scope

Hospital Activity

The scope of the policy is restricted to hospital activity (including HITH) and does not cover non-hospital activity that occurs on hospital grounds.

Admitted Patient

An admitted patient is defined as a patient who meets at least one of the Criteria for Admission. Admission can occur in a traditional hospital setting, or in other settings under specified programs such as *Hospital In The Home*.

Apart from Criterion for Admission S (*Secondary family member*), all Criteria for Admission can be applied in all service locations within a hospital.

Non-Admitted Patient

A non-admitted patient is defined as a patient who does not meet one of the *Criteria for Admission*. Patients who do not meet any of the admission criteria must not be reported to the VAED, regardless of how the person is recorded on the service's software system, and regardless of any private billing arrangements.

Non-Admitted patients include, but are not limited to:

- patients presenting for pre-admission work-up/testing, including attendance at a pre-admission clinic;
- patients attending for a procedure on the Not Automatically Qualified for Admission List, without other justification for admission documented by the treating medical practitioner in the medical record;
- patients attending an outpatient clinic;
- patients treated in an Emergency Department who do not qualify for any of the Criteria for Admission;
- babies who are still-born, or show no sign of life at birth (refer to the definition of *Live Birth* in Section 2 of the VAED Manual).
- patients attending clinics (such as lactation or baby settling clinics) (Early Parenting Centres, listed under *Parentcraft* in Section 2 of the VAED Manual, report this activity for statistical purposes only).

Criteria for Admission

The Criteria for Admission reflect the intended level of treatment that the patient is to receive. The decision to admit is based on Criteria so the decision should not precede consideration of the Criteria. The criterion under which each patient is admitted does not have an impact on casemix funding.

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.

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 after at least one of the admission criteria is met.

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

The Criterion for Admission is determined at the point of admission and does not change even if the patient's circumstances change.

There are seven Criteria for Admission. These are outlined below. Supporting information, including examples, are provided in Factsheets available at www.health.vic.gov.au/hdss.

Type N: Qualified Newborn

The patient is nine days old or less at the time of admission and meets at least one of the following criteria:

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

Type U: Unqualified Newborn

The patient is nine days old or less at the time of admission but does not meet any of the criteria for Type N.

Unqualified newborns who are still in the hospital when they turn 10 days old become boarders, and because boarders are not reported to the VAED they must be separated.

Type O: Patient expected to require hospitalisation for minimum of one night

The patient is expected to require overnight or multi-day hospitalisation. Type O should be used where there is an expectation that the patient will require ongoing admitted care.

Type O includes:

- Patients who present to the Emergency Department, but die within a few hours, despite intensive resuscitative treatment but whose treatment plan initially included an expectation that they would require hospitalisation for a minimum of one night.
- Patients who are transferred to another hospital where the intention is that they will require hospitalisation for a minimum of one night, having received active treatment and stabilisation at the original hospital.

Type O excludes:

- Patients whose treatment is expected to be concluded on the same day.
- Patients whose care is provided over more than one date (for example, a patient presenting at 11pm and departing at 2am), but for whom the intention is not for ongoing overnight care.

Type B: Day-only Automatically Admitted Procedures

In order to meet Criterion for Admission B, it must be the intention that the patient will:

- receive at least one procedure listed on the Automatically Admitted Procedure List; AND
- receive treatment on a day-only basis.

A patient who is not intended to receive an Automatically Admitted Procedure cannot meet Criterion for Admission Type B.

The Automatically Admitted Procedure List is available at www.health.vic.gov.au/hdss.

Where a patient is expected to require treatment on an overnight or multi-day stay basis while receiving an Automatically Admitted Procedure, they should be admitted as Criterion for Admission Type O.

Same day IV therapy is included as a Type B procedure, but non therapeutic IV administration is excluded (for example, administration of contrast for radiological procedures). Placement of an IV cannula alone, or injection via an IV cannula, does not warrant admission.

Type E: Day-only Extended Medical Treatment

Criteria for Admission E should be used where patients receive a minimum of four hours of continuous active management consisting of:

- regular observations (which may include diagnostic or investigative procedures); OR
- continuous monitoring.

When determining a patient's eligibility for admission as Criteria for Admission E, the following factors could be taken into account:

Regular observations may include:

- Observations of vital or neurological signs provided on a repeated and periodic basis during the patient's treatment.
- Provision of repeated and periodic diagnostic or investigative procedures, or provision of treatment.

Hospitals are encouraged to develop local policies or guidelines as to what constitutes regular observations. These guidelines should be consistent with established clinical pathways, protocols or accepted clinical practice.

Continuous monitoring could include:

- Continual monitoring via ECG or similar technologies. (Note: continual blood pressure and/or pulse monitoring is not considered a sufficient level of continual monitoring for these purposes).
- Continuous active supervision or treatment by clinical staff.

Type E excludes:

- Patient has been provided with clinical intervention/s for their condition and requires time to rest prior to discharge home.
- Patient has a length of stay of more than four hours, primarily consisting of waiting for results of diagnostic tests.
- Patient has been present at the hospital for more than four hours, but has not been engaged in treatment or diagnosis.

Non-admitted (emergency or outpatient) services provided to a patient who is subsequently classified as an admitted patient shall be regarded as part of the admitted episode.

When a patient is transferred from the Emergency Department to a ward (including short stay units), the Admission Time is the time treatment was started in the Emergency Department rather than the time it was decided to transfer the patient. Any intervention provided after treatment commences should be recorded and identified as part of the admitted patient's episode of care.

Type C: Day-only Not Automatically Qualified Procedures

The Not Automatically Qualified for Admission List identifies procedures that *would normally be undertaken on a non-admitted basis* and therefore *not* normally accepted as admissions in their own right.

In order to meet Criterion for Admission C, a patient must:

- receive a procedure on the Not Automatically Qualified for Admission List; AND
- be intended to be treated on a day-only basis; AND
- the treating doctor must provide evidence that the patient's special circumstances justify admission for the purpose of having this procedure. This evidence must be documented in the patient's medical record.

Audits of medical records may be conducted for the purpose of ensuring that treatment of such patients in an admitted patient setting is warranted.

A patient who does not undergo a procedure listed on the Not Automatically Qualified for Admission List cannot meet Criterion for Admission C.

The Not Automatically Qualified for Admission List is available at www.health.vic.gov.au/hdss.

A patient who is intended to receive a procedure on the Not Automatically Qualified for Admission List as part of an overnight or multi-day stay should be admitted as Criteria for Admission O.

Type S: Secondary Family Member

A person who does not meet any of the Criteria for Admission but is accompanying a patient who is admitted. Only Early Parenting Centres can report this category.

Appendix 1: Other considerations

Data Definitions

Refer to the VAED Manual for concept definitions of Admission, Separation, Hospital Stay and other related items, data item descriptions, reporting guides, and business rules relating to admitted patients.

Change To Planned Treatment

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

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 (*Patient 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. 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 three days. The Criterion for Admission is B (*Day-only Automatically Admitted Procedure*) as this was the intention 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 (*Patient expected to require hospitalisation for 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. Whether such episodes are reported to the VAED will depend on the circumstances:

- If the patient received care or treatment by clinical staff, even if the level of care/treatment would not fulfil the original criteria for admission, the episode should be admitted with the original criteria for admission reported. Audits of medical records may be conducted where the patient's care does not match the original criteria of admission.

Cancellation is appropriate when:

- 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.
- If the patient did not receive any care beyond that provided by the admitting staff (such as blood pressure monitoring), prior to the cancellation of the intended procedure. The episode should be cancelled, and not reported to the VAED.
- If the patient did not receive any care beyond a simple review by clinical staff prior to the cancellation of the intended procedure. The episode should be cancelled, and not reported to the VAED.

Cancellation is not appropriate when:

- 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 several 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 with the Criterion of Admission as originally intended.

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

Hospital in the Home (HITH)

HITH patients must fulfil the same Criteria for Admission as any other admitted patients.

Hospital in the Home can only be reported to the VAED when the patient has been visited in their home (or other residential service not providing admitted care) by clinical staff providing admitted services to the patient.

When a patient is admitted to HITH either prior to their in-hospital stay or is transferred from in-hospital based care, this is considered continuous care. The criterion for admission that applies to the hospital component of their stay is also valid for the HITH component. There is no requirement to code the HITH episode separately.

Parentcraft and Early Parenting Centres

'Parentcraft' describes the type of care provided by Early Parenting Centres. Parentcraft does not meet admission criteria but is reported to the VAED by Early Parenting Centres for statistical purposes and is not WIES funded. Parentcraft cannot be reported by any other hospitals.

In regard to 'parentcraft' care and treatment, only those family members who satisfy the minimum criteria in an Early Parenting Centre 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.

Appendix 2: Related Information

Victorian Admitted Episodes Dataset (VAED) Manual

Please refer to the current VAED Manual for the following information related to Admission Policy. The VAED Manual should be read in conjunction with Admission Policy.

VAED Concept Definitions (Section 2):

- Admission
- Admitted Patient
- Boarder
- Care Type
- Contracted Care
- Criteria for Admission
- Episode of Admitted Patient Care
- Hospital in the Home
- Hospital Stay
- Leave – Contract
- Leave With Permission
- Leave Without Permission
- Live Birth
- Medi-Hotel
- Neonate
- Newborn
- Non-Admitted Patient
- Overnight or Multi-day Stay Patient
- Qualification
- Same Day Patient
- Separation
- Transfer

VAED Business Rules (Section 4):

Once a patient meets a Criterion for Admission and can be reported to the VAED, Business Rules govern the way changes in patient care or location are reported. Section 4 of the VAED Manual describes the business rules for patient reporting, and the sections below have particular relevance to admission policy.

- **Contracted Care Reporting:** Depending on the contracting arrangements, patients may or may not be reported to the VAED.
- **Leave Reporting:** Patients going on leave or leaving the hospital to attend another hospital or campus may be required to be placed on leave, rather than being separated.
- **Medi-Hotel Reporting:** Overnight stays in a Medi-Hotel are only reported to the VAED if inpatient services are provided the day before and the day after the stay in the Medi-Hotel.
- **Newborn Reporting:** The reporting requirements for newborns can vary from those applicable to other patients.
- **Reporting History of Code Changes:** In some circumstances, new episodes may be created when the type of care changes. Other changes are reported via Status Segments rather than new episodes.
- **Transfer Reporting:** Patients transferred to other hospitals or campuses, with no plan for the patient to return, should be reported as discharged by transfer. Where there is a plan for the patient to return, the patient may be placed on leave or separated, depending on the number of days out of the hospital.