

# *Section 2- Concept Definitions*



# Contents

<b>Section 2- Concept Definitions .....</b>	<b>2-1</b>
Introduction.....	2-5
Data Items (Alphabetical Order) .....	2-6
<i>Admitted Patient</i> .....	2-6
<i>Campus</i> .....	2-7
<i>Emergency Department Presentation</i> .....	2-8
<i>Hospital</i> .....	2-9
<i>Medical Assessment and Planning Unit</i> .....	2-10
<i>Medicare Eligibility Status – Eligible Person</i> .....	2-11
<i>Medicare Eligibility Status – Ineligible Person</i> .....	2-14
<i>Metropolitan Health Service</i> .....	2-15
<i>Nature of Main Injury</i> .....	2-16
<i>Non-Admitted Patient</i> .....	2-17
<i>Patient</i> .....	2-18
<i>Principal Diagnosis</i> .....	2-19
<i>Procedure</i> .....	2-20
<i>Short Stay Observation Unit</i> .....	2-21



# Introduction

This section provides concept definitions relating to data items collect by VEMD.

Detailed specifications for reporting data to VEMD are provided in Section 3 and 5 of this manual.

The definitions contained in this section are based, wherever possible, on the *National Health Data Dictionary*.<sup>1</sup>

1. Australian Institute of Health and Welfare 2001. *National Health Data Dictionary*. Version 10. AIHW Catalogue no. HWI30. Canberra: Australian Institute of Health and Welfare.

# *Data Items (Alphabetical Order)*

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## **Admitted Patient**

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*Definition*            An admitted patient is a person who has been assessed by the treating clinician as meeting at least one of the minimum criteria for admission and who undergoes the hospital's formal or statistical admission process as either a same-day, overnight or multi-day stay patient.

*Guide for Use*        The term admitted patient is synonymous with the term inpatient, as used in hospitals.

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 hospital's, including staff at the Admission Office, Health Information Services and Hospital Information Systems Department, 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.

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# Campus

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*Definition* A physically distinct site owned or occupied by a metropolitan health service/hospital, where treatment and/or care is regularly provided to patients.

*Guide for Use* For the purposes of reporting to the VEMD:  
A **single campus hospital** provides emergency and admitted patient services at one location, through a combination of emergency, overnight stay beds and day stay facilities, or day stay facilities.

A **multi-campus hospital** has two or more locations providing emergency and admitted services, where the locations:

- Are separated by land (other than public road) not owned, leased or used by that hospital.
- Has the same management at the metropolitan health service/hospital level.
- Each has overnight stay facilities. A separate location (see first dot point) providing day only services, such as satellite dialysis unit, is considered to be part of a campus.
- Are not private homes. Private homes, where Hospital in the Home services are provided, are considered to be part of a campus.

The Department holds that, as a general principle, VEMD reporting should identify activity at each campus. Any multi-campus hospital not currently reporting on this basis, or intending to change from a single to multi-campus or vice versa, should discuss this with DHS.

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# Emergency Department Presentation

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## *Definition*

The presentation of a patient at an Emergency Department occurs following the arrival of the patient at the department and is the earliest occasion of being:

- registered clerically; or
- triaged

(National Health Data Dictionary, V10.0; pg 304)

## *Guide for Use*

A presentation occurs once the patient has been provided with a service by a treating medical officer or nurse.

The act of receiving treatment in the Emergency Department is logically preceded by some form of triage event – either formally or informally. For instance, a patient may be so critically ill that they by-pass the formal triage process to receive resuscitative intervention. However, the act of prioritising access to care according to the level of need has still occurred.

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# Hospital

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*Definition* A health care facility established under Commonwealth, State or Territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients.  
(National Health Data Dictionary, V10.0; pg 206)

*Guide for Use* A hospital may be located at one physical site or may be a multi-campus hospital.

For the purposes of these definitions, 'hospital;' includes satellite units managed and staffed by the hospital and private homes used for service provision under the Hospital in the Home program.

The definition includes public hospitals, denominational hospitals, metropolitan health services, and privately operated public hospitals as defined in the *Health Services Act 1988*, as amended.

The definition includes private hospitals and day procedures registered under the *Victorian Health Services Act 1988*, as amended. Private hospitals are required to maintain separate registrations for each site.

Nursing homes and hostels, which are now approved under the *Aged Care Act 1997* (Commonwealth) are excluded from the definition, as are supported residential services registered under the *Health Services Act 1988*, as amended.

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# Medical Assessment and Planning Unit

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<i>Definition</i>	A Medical Assessment and Planning Unit (MAPU) is a designated ward of a hospital, registered with DHS, which concentrates admissions for general medical conditions in one geographical area to streamline the care planning processes. Patients' planned length of stay in the Medical Assessment and Planning Unit may be up to 48 hours prior to transfer to another ward, or discharge home if appropriate.
<i>Context</i>	Institutional health care: MAPU patients are admitted patients. Therefore, these patients are included in Departure Status code 2 - Admission/Return to ward (includes HITH & MAPU; Excludes SOU)
<i>Guide for Use</i>	For further details and registration information contact the Emergency Demand Co-ordination Group, DHS (See Contact Details 1-12). The guidelines for registration are currently being defined.
<i>Comments</i>	The concept of Medical Assessment and Planning Units has gathered momentum within the Victorian health system of recent times and MAPU's have been developed under the auspice of the Division of Medicine, in some hospitals. The primary function of a MAPU is to receive medical admissions and provide an area of focus for effective planning of investigations and care, and engagement between the patient and all health care disciplines, prior to transfer to the appropriate medical ward or home if appropriate.

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## Medicare Eligibility Status – Eligible Person

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- Definition*                      The patient's eligibility Medicare as specified under the *Commonwealth Health Insurance Act 1973*. Persons eligible for Medicare include:
- A person who resides in Australia and whose stay in Australia is not subject to any limitation as to time imposed by law.
  - Persons visiting Australia who are ordinarily resident in Finland, Italy, Malta, the Netherlands, New Zealand, the Republic of Ireland, Sweden or the United Kingdom as they are covered by reciprocal health care agreements (RHCA). However, persons from Malta and Italy are covered from six months only.
  - A person or a class of persons declared eligible by the Commonwealth Minister of Health and Aged Care.

*Guide for Use*                      This category does not include a foreign diplomat or family (except where eligibility is expressed granted to such persons by the terms of a reciprocal health care agreement).

An asylum seeker who has a valid temporary entry visa and is an applicant for a protection visa and has either work rights or a spouse, parent or child who is a permanent Australian resident, is eligible to apply for a Medicare card and is therefore an eligible person once they have their Medicare card.

### **Categories of Eligibility**

A person eligible to receive Medicare benefits will be one of the following:

- Australian Resident
- Eligible Overseas Representative
- Person declared eligible by the Minister
- From a country with which Australia has a Reciprocal Health Care Agreement.

### **Australian Resident**

A person who resides in Australia and fulfils one of the following criteria:

- Is an Australian Citizen.
- Holds an entry point permit not being a temporary entry permit.
- Holds a return endorsement or resident return visa.
- Has been granted refugee status.
- Is the holder of a valid temporary entry permit with an application for permanent residency, and has a spouse, parent or child who is the holder of a permanent entry permit, or has authorisation to work.

### **Eligible Overseas Representatives**

A member of diplomatic or consular staff or a member of their family, of a diplomatic mission of a country with which Australia has a Reciprocal Health Care Agreement (RHCA) except New Zealand.

Eligible overseas representatives have full Medicare eligibility and are not limited to immediately necessary medical treatment. Such persons are issued with a Medicare care endorsed 'Visitor RHCA'.

### **Persons Declared Eligible by the Minister**

The Commonwealth Minister for Health and Aged Care also has a discretionary power to make persons eligible for Medicare. Such persons are eligible for, and generally will hold, a Medicare card.

### **Reciprocal Health Care Agreement (RHCA)**

Agreements negotiated by Australian authorities with other countries which enables visitors to Australia, who are ordinarily *resident* (check passport visa to verify resident country) in a country with which Australia has a RHCA, to access *immediately necessary* treatment. This agreement provides for admitted patient care, but only as a public patient, for such medical treatment as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to an Australian resident.

The RHCA countries at June 2001 are:

- Finland
- Italy (Note 1)
- Malta (Note 1)
- Netherlands
- New Zealand (Note 2)
- Republic of Ireland
- Sweden
- United Kingdom

Note:

1. Persons from Italy and Malta are limited to the first six months of their visits only except where a continuing course of treatment starts before and extends over the six-month limit.
2. New Zealand diplomats and their families are not included in the Australian/New Zealand RHCA and are therefore not eligible persons.
3. Students holding student visas from a country with which Australia has a RHCA are not eligible but should register with the Overseas Student Health Cover administered by Medibank Private.

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# Medicare Eligibility Status – Ineligible Person

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## *Definition*

The patient's ineligibility for Medicare as specified under the Commonwealth *Health Act 1973*.

Persons ineligible for Medicare include:

- Those who do not fit into one of the categories of eligibility.
- A visitor to Australia from a country with which Australia has a Reciprocal Health Care Agreement who elects to be treated as a private patient.
- A foreign diplomat, or a member of their family, or a country with which Australia does not have a Reciprocal Health Care Agreement.

## *Guide for Use*

### **Types of Ineligible Patient:**

#### Exempt Patient

- An ineligible, non-Australian resident specifically referred to Australia for hospital services not available in the patient's own country and for whom the Secretary of the Department has determined that no fee be charged; or
- A person who has been declared a safe haven resident and whose treatment is provided or arranged by a designated hospital.

#### Non-Exempt Patient

An eligible patient not exempted from fees by the Secretary of the Department of Human Services.

Under current legislation non-exempt ineligible patients cannot be categorised as Nursing Home Type. However, where a non-exempt ineligible patient would otherwise have been classified as a Nursing Home Type patient, they are deemed to be Non-Acute ineligible.

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# Metropolitan Health Service

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*Definition* Metropolitan health service is a term used in the *Health Services Act 1988* to refer to a public hospital, which is listed in Schedule 5 of the Act. A metropolitan health service may consist of a number of campuses.

The metropolitan health services replaced health care networks on 1 July 2000. On that day each health care network was transformed into a single new metropolitan health service, or was disaggregated and its various components were vested in new metropolitan health services.

*Guide for Use* Refer to:  
<http://www.dhs.vic.gov.au/ahs/related/hossites.htm>

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## Nature of Main Injury

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<i>Definition</i>	<p>The nature of the injury chiefly responsible for the attendance of the person at the health care facility.</p> <p>(National Health Data Dictionary, V10.0; pg 156)</p>
<i>Guide for Use</i>	<p>Injury diagnosis is necessary for purposes including epidemiological research, casemix studies and planning. This data item together with the Body Region data item indicates the diagnosis for the attendance.</p> <p>Select the code (refer Data Definitions 3-78), which best characterises the nature of the injury chiefly responsible for the Emergency Department attendance, on the basis of the information available at the time it is recorded.</p> <p>If two or more categories are judged to be equally appropriate, select the code listed first in the list.</p> <p>A major injury, if present, should always be coded rather than and in preference to a minor injury.</p> <p>As a general rule: any injury which, on its own, would be unlikely to have led to the Emergency Department attendance may be regarded as a 'minor' injury.</p>

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## Non-Admitted Patient

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*Definition* A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient:

- Emergency Department patient,
- outpatient, and
- other non-admitted patient (treated by hospital employees off the hospital site - includes community/outreach services).

(National Health Data Dictionary, V10.0; pg 255)

*Guide for Use* The term non-admitted patient is synonymous with the term ambulatory, as used by hospitals.

Records for non-admitted patients should not be transmitted to the Victorian Admitted Episode Dataset (VAED). However records for non-admitted patients treated in the emergency department should be transmitted to the VEMD.

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# Patient

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## *Definition*

A patient is a person for whom a hospital accepts responsibility for treatment and/or care.

There are two categories of patient: admitted patient and non-admitted patient.

Boarders are not patients.

(National Health Data Dictionary, V10.0; pg 257)

## *Guide for Use*

Refer to:

- 'Admitted Patients'
- 'Non-Admitted Patients'

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# Principal Diagnosis

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*Definition*            The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility).  
  
(National Health Data Dictionary, V10.0; pg 168)

*Guide for Use*        The principal diagnosis is one of the most valuable health data elements. It is used for epidemiological research, casemix studies and planning purposes.  
  
The principal diagnosis must be determined in accordance with the Australian Coding Standards. It is derived from and must be substantiated by clinical documentation.

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# Procedure

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## *Definition*

A clinical intervention that:

- Is surgical in nature; and/or
- Carries a procedural risk; and/or
- Carries an anaesthetic risk; and/or
- Requires specialised training; and/or
- Requires special facilities or equipment only available in an acute care setting.

(National Health Data Dictionary, V10.0; pg 362)

## *Guide for Use*

The order of codes should be determined using the following hierarchy, in accordance with the ICD-10-AM Australian Coding Standards (modified for use in the VEMD):

- Procedure performed for treatment of the principal diagnosis
- Procedure performed for treatment of an additional diagnosis
- Diagnostic/exploratory procedure related to the principal diagnosis.
- Diagnostic/exploratory procedure related to an additional diagnosis.

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# Short Stay Observation Unit

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<i>Definition</i>	A Short Stay Observation Unit (SOU) is a designated unit within a hospital, registered with DHS, that is specifically staffed and equipped to provide observation, care and treatment for emergency patients who have an expected length of stay of between 4 and 24 hours.
<i>Context</i>	Institutional health care: SOU patients are admitted patients.
<i>Guide for Use</i>	For further details and registration information contact the Emergency Demand Co-ordination Group, DHS (see Contact Details). The guidelines for registration are currently being defined. Hospitals must register with DHS in order to report Departure Status code 3- Admission to short stay observation unit. Edits will identify any non-designated reporting of this code.
<i>Comments</i>	<p>The concept of short stay observation units has gathered momentum within the Victorian health system of recent times and SOUs have been developed in conjunction with Emergency Departments. An SOU may be in, adjacent to, or remote from the emergency department. The primary function of an SOU is an extension of emergency care and enables observation, care and treatment of non-elective patients for less than 48 hours. The concept of an SOU excludes elective surgical and radiological procedures.</p> <p>In order to understand the potential value of SOUs within the Victorian health context, and capitalise on the opportunities that these units may offer for improving patient care practices, it will be necessary to measure and analyse a variety of performance measures. The data required to derive the vast majority of these performance measures are captured through the VAED and the VEMD. However, at this point in time there is no opportunity to differentiate between patients who are managed within an SOU and those that are not.</p> <p>In addition, the data is required to enable the exclusion of these patients from calculations of emergency patients who wait &gt; 12 hour for an inpatient bed.</p>

