

***Section 2—
Concept and Derived Item
Definitions***

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Introduction

This section provides the concepts underlying the VEMD and definitions of items derived from the data collected.

The definitions contained in this section are based, wherever possible, on the *National Health Data Dictionary, (Version 11.0)*.

Data Items (Alphabetical Order)

Admitted Patient

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 (refer definition, Page 2-9) 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 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 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.

Age

Definition The patient's age on Arrival Date to the Emergency Department.

Guide for Use Age is calculated as:

- Arrival Date minus Date of Birth

Campus

Definition A physically distinct site owned or occupied by a 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.

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 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.

Criteria For Admission

Definition

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

- The patient is to receive a Same-day Surgical and Diagnostic Services as specified in Band 1A, 1B, 2, 3 and 4 as specified in the *Day Only Procedures Manual*.² **OR,**
- The patient is to receive a Type C Professional Attention Procedure as specified in the *Day Only Procedures Manual*.² In this case the medical record must contain documentation from the medical practitioner, which justifies the 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). **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) Is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient; or
- (ii) Is admitted to a facility approved by the Commonwealth Minister for the purpose of provision of intensive or special care; or
- (iii) Is 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 above.

or

- The patient, following a clinical decision, is expected to require overnight or multi-day hospitalisation.

²Commonwealth Department of Health and Aged Care 1999. *Day Only Procedures Manual, 4th Edition*. Canberra.

www.health.gov.au/privatehealth/providers/dayonly/daymbs_nov2001.htm

and

www.health.gov.au/privatehealth/providers/dayonly/index.htm

The Criteria for Admission must be considered when determining if a patient in the Emergency Department should also be admitted as an inpatient.

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 non-admitted care 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.

For further information on how to use Criteria for Admission, refer to the PRS/2 User Manual, Twelfth Edition, 1 July 2002

- Section 2 'Newborn'.
- Section 3 'Criterion for Admission'.

Diagnosis

Definition A Diagnosis is a decision reached, after patient assessment, of the nature and identity of the disease or condition of a patient.

Guide for Use When determining the patient's diagnosis consideration should be given not only to the a physical examination but also to the history of the present illness, based on a description of symptoms and signs, a past medical history, a family medical history and a social history.

Emergency Department

Definition

A dedicated area in a hospital that is organised and administered to provide emergency care (including reception, triage, initial assessment and management) to people who perceive the need for, or are in need of, acute or urgent care, including hospital admission: staffed on a 24 hour basis by hospital medical staff (includes staff who are on shift or on-call).

Guide for Use

Where the range of care is limited (for example, to specialties such as women's health, paediatrics) pre-hospital and other policies should be in place to ensure appropriate presentation.

Emergency Department Presentation

Definition Emergency Department Presentation is the reporting unit of the VEMD. An Emergency Department Presentation should be reported for every patient who is triaged to one of the VEMD triage categories.

Arrival Time indicates the commencement of an Emergency Department Presentation, which concludes when the patient physically leaves the Emergency Department (Departure Time).

Guide for Use Some form of triage event, either formally or informally, logically precedes the act of receiving treatment in the Emergency Department. 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.

An Emergency Department Presentation should be reported even if the patient leaves the ED before the treatment has commenced or if the registration was commenced but not completed.

If a patient attends the ED for the treatment of two or more conditions concurrently, only one episode should be reported to the VEMD.

For example: a patient attends the ED with foreign body of the eye and otitis media. Even though the two complaints are independent and may be treated as such by the clinicians, the patient has only presented at the ED once.

Up to three diagnoses and thirty procedure codes can be recorded in the VEMD, this allows sites to differentiate between different complaints and the applicable treatment.

Emergency Medical Unit (EMU)

Definition

An Emergency Medical Unit (EMU) is a designated area of a hospital, registered as such with DHS, which provides streamlined admission and assessment processing for short-term medical emergencies.

In general, EMU patients are patients with short-term medical illnesses who have an early discharge plan in place and who have an estimated recovery time within 48 hours with discharge home.

Guide for Use

The concept of Emergency Medical Units has gathered momentum within the Victorian health System of recent times as has Medical Assessment and Planning Units.

These models of care focus on streamlining the assessment and planning processes for medical patients.

EMUs tend to be located close to emergency departments to facilitate joint ED/inpatient management of patients. In comparison Medical Assessment and Planning Units (MAPUs) are not necessarily located near emergency departments and are managed solely by inpatient services.

Hospital

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.

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 procedure centres 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.

Length of Stay (LOS)

Definition The Length of Stay is the total time for each Emergency Department presentation.

Guide for Use The LOS is calculated as:
Departure Date/Time minus Arrival Date/Time

Length of Treatment

Definition The Length of Treatment is the time elapsed between when treatment was commenced and the patient was separated from the Emergency Department. It represents the time during which a patient receives treatment in the Emergency Department.

Guide for Use The Length of Treatment is calculated as:
Departure Date/Time minus First Seen by Doctor Date/Time
OR
Departure Date/Time minus First Seen by Nurse Date/Time

Where both First Seen by Doctor Date/Time and First Seen by Nurse Date/Time are present the calculation is uses the earliest contact with the patient.

Medical Assessment and Planning Unit

<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. A patient's 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 moving from the Emergency Department to a MAPU would be reported under 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).
<i>Comments</i>	The concept of Medical Assessment and Planning Units has gathered momentum within the Victorian health system of recent times and MAPUs 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.

Medicare Eligibility Status – Eligible Person

Definition

The patient's eligibility for 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 expressly 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 2002 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.

Medicare Eligibility Status – Ineligible Person

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.

Metropolitan Health Service

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.health.vic.gov.au/hospitals/index.htm>

Non-Admitted Patient

- 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).

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

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

Patient

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.

Guide for Use

Refer to:

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

Short Stay Observation Unit

Definition 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.

Context Institutional health care: SOU patients are admitted patients.

Guide for Use For further details and registration information contact the Emergency Demand Co-ordination Group, DHS (see Contact Details).

Hospitals must first register with DHS to be eligible to report Departure Status code of '3-Admission to short stay observation unit'. Edits will identify any non-designated reporting of this code.

Comments 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.

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.

In addition, the data is required to enable the exclusion of these patients from calculations of emergency patients who wait more than 12 hours for an inpatient bed.

Statistical Local Area (SLA)

Definition The Statistical Local Area (SLA) of the patient’s usual residence.

Guide for Use DHS utilises a file to validate both the Postcode and Locality and using both of these fields derives a SLA using a lookup table.

In most cases the lookup will find a single match, however in some cases up to 5 SLA codes may be identified for a given Postcode and Locality combination.

Each SLA code combination is given a probability of more than zero and less than or equal to one hundred. The sum of the five (or less) codes for each combination must equal 100.

In cases where more than one SLA code is identified, an algorithm is performed to determine which code is to be allocated to this particular VEMD episode.

An example of how the algorithm is utilised is shown in below:

Patient Postcode: 3190 Patient Suburb: Highett

SLA File Structure

Postcode	Suburb	SLA-1	SLA-2	SLA-3	SLA-4	SLA-5
3190	Highett	3411[75%]	3412[15%]	3413[10%]		
3588	Sale	4231 100%]				
3550	Bendigo	4333[50%]	4334[50%]			
3170	Mulgrave	4222[25%]	4223[25%]	4224[25%]	4225[25%]	

- Select a random number between one and one hundred
- Step through the valid SLA codes adding the probability of each subsequent code until the total equals or exceeds the random number previously selected.
- Select and allocated the SLA code.

So for the example above:

- Random Number = 93
- [3411] 75 + [3412] 15 = 90)+ [3413] 10 = 100
- SLA = 3413

Time To Treatment

Definition Time to Treatment is the time elapsed between Arrival Time and the Time Treatment Commenced.

Guide for Use Time to Treatment is calculated as:

- Treatment Date/Time minus Arrival Date/Time