

DHS Hospital Admission Policy
Effective 1 September 2008

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Introduction

This document replaces DHS Hospital Admission Policy 2003-04, providing administrative guidelines for complying with hospital admission policy in Victoria. The DHS 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 admitted to hospital and 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 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 to reporting to the dataset.

Audits of patient records and data quality exercises will be conducted to monitor adherence to this policy.

Admission policy in Victoria encompasses admission, separation and leave concepts contained in the *Australian Health Care Agreement (AHCA) 2003-2008*, the *ECT Manual*, the *Mental Health Act 1986*, the *National Health Data Dictionary (NHDD) Version 13* and relevant updates, the *Commonwealth Day Only Procedure Manual 1999* and relevant updates, and the *Victorian Admitted Episodes Dataset (VAED) Manual, current edition*.

The information presented in this document will be incorporated into the *Victorian Admitted Episodes Dataset (VAED) Manual, 18th Edition*.

Changes from the 2003-04 Admission Policy?

There are no substantial changes from the 2003-04 policy. The aim of this document is to make the policy easier to understand and to remove areas that were often misinterpreted. In summary, the changes are:

- Information already available in the VAED Manual has been removed and reference to the manual inserted. For example, *Leave* and some definitions have been removed.
- Examples of treatment that may be admitted have been removed as they have, in some cases, allowed for misinterpretations of the policy.
- The content of the policy has been rearranged, with the Criteria described under the appropriate VAED Admission Criterion code.
- Qualified newborns: a definition of 'admitted without their mother' has been included. That is, the mother must be unable to provide adequate care for the baby in order to apply under this category. The admitted status of the mother is irrelevant.

Common misconceptions clarified

Some paragraphs in the 2003-04 Admission Policy were misconstrued, and it became 'myth' that admission for some treatments was permissible. This policy aims to clarify the following:

- **Patients attending clinics** (for example mother/baby clinics dealing with lactation or baby settling) do not meet criteria for admission. The Department will no longer accept the reporting of attendances at clinics. Please refer to p39 of the Policy and Funding Guidelines for details of additional funding under the Maternity Services Grant.
- **Type E *Extended Medical Care***: This criterion is designed to cover treatments that require intensive resources and does not automatically apply to patients as soon as their stay has exceeded four hours. No change has been made, but the criterion under this category should be reviewed carefully before it is applied.

Scope

Hospital Activity

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

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*). All services provided to a patient during an admitted episode should be reported as part of the admitted episode.

Non-Admitted Patient

A patient who does not meet one of the *Criteria for Admission*. Patients who do not meet 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 Type C procedure, without the administration of general or IV anaesthetic, or 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, and who did not receive a Type B procedure, and who did not receive a general, regional or intravenous anaesthetic, and were not treated for at least four hours with at least half hourly observations of vital or neurological signs;
- 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 mother/baby units or clinics (Early Parenting Centres, listed under *Parentcraft*, 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, with the exception of Extended Medical Treatment which is allocated retrospectively after the decision to admit is made. 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 an operating suite does not, in itself, justify admission.

The codes are hierarchical and therefore the first applicable code in the list should be applied for the admission.

For example:

In the hierarchy, Type B *Day Only Bands 1A, 1B, 2, 3 and 4* is higher than O *Overnight*, so an elderly patient with multiple co-morbidities who is admitted for a Type B procedure but is expected to stay at least one night would be reported using Criterion for Admission B as it is higher on the list.

A patient **must** fall into one of the categories below to be reported to the VAED as an admitted patient.

The Criteria for Admission are listed here in hierarchical order, as follows:

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

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

- Receive a procedure listed as a Type B procedure in the Commonwealth Day Only Procedure Manual; OR
- Receive a general, regional or intravenous anaesthetic (which has not been provided as part of a service for which another Criterion for Admission applies).

A patient not undergoing a Type B procedure nor receiving a general, regional or intravenous anaesthetic does not meet Criterion for Admission B.

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

For the purpose of VAED reporting, there is no significance in separate identification of the various Bands, nor a requirement to do so. They are listed in the title 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 procedure but stays overnight, the relevant section of the 'Private Patient Hospital Claim Form' must be completed.

C: Type C Professional Attention Procedures

The exclusion list of procedures (the 'Type C Exclusion List') identifies services that *would normally be undertaken on a non-admitted basis* and therefore not normally accepted as admissions.

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

- Receive a procedure listed as a Type C Exclusion List procedure in the Commonwealth Day Only Procedure Manual; AND
- The treating doctor must provide evidence that the patient's medical condition or other special circumstances justify admission. 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 **cannot** meet Criterion for Admission C.

N: Qualified Newborn

The patient is nine days old or less at the time of admission and the newborn 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 the purpose of provision of that care; OR
- The newborn is, on that day, admitted to or remains in hospital without their mother. That is, the mother must be unable to provide adequate care for the baby before this criterion can be applied. The admitted status of the mother is irrelevant.

A newborn day is reported as unqualified if the newborn does not meet any of the criteria described above.

U: Unqualified Newborn

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

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. Unqualified newborns who are 10 days old or more on admission must not be reported to the VAED.

E: Extended Medical Treatment

Non-surgical same day admissions are 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).

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 admitted from the Emergency Department the Admission Time is the time treatment was started in the Emergency Department rather than the time it was decided to admit the patient. Any intervention provided after treatment commences should be recorded and identified as part of the admitted patient's episode of care.

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 continuous observation for at least four hours.
- Acute head injury receiving 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.

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

The patient is admitted with the expectation, at the time of admission, that the patient requires overnight or multi-day hospitalisation.

Includes:

- Critically ill patients and patients with traumatic injuries who present to the Emergency Department, but die within a few hours, despite intensive resuscitative treatment.
- Critically ill patients and patients with traumatic injuries who need resource intensive emergency stabilisation for a short period, prior to transfer to another hospital.

Excludes:

- Patients whose treatment is expected to be concluded on the same day.
- Non-critically ill patients who are transferred on the day of presentation without, or with minimal, stabilisation.
- Patients who do not receive at least four hours of active management, and this includes patients who present during the night or early hours of the morning, e.g. a patient presenting at 11pm and departing at 1am and not meeting another Criterion for Admission is therefore non-admitted.
- Emergency Department patients who receive at least four hours of active management but are not expected to stay one night or more (refer to Criterion E).

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 (see list under *Parentcraft*) can report this category.

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 Bands 1A, 1B, 2, 3, and 4*) 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 episode of care could be justified as extended medical treatment 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 and not reported to the VAED.

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.

Hospital in the Home (HITH)

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.

Parentcraft

'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.

At the time of publication of this policy, Early Parenting Centres are Tweddle Child and Family Health Centre, O'Connell Family Centre, and Queen Elizabeth Centre.

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.

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.

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

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.

Commonwealth Day Only Procedures Manual

The Australian Health Care Agreement between the Commonwealth and Victoria uses the National Data Dictionary definition of an 'admitted patient'. For a day-only patient to be reported as an 'admitted' patient, they must receive a Type B procedure or a Type C with the appropriate certification, unless the patient qualifies for admission under Criterion for Admission E *Extended Medical Treatment*. As the Department of Human Services Victoria is bound by this definition it has been integrated into the Criterion for Admission for day patients.

The Commonwealth provides a manual which defines procedures that are normally performed in an admitted setting and therefore meet Criterion for Admission (Type B procedures) and those that do not normally require admission (Type C procedures). The Manual lists procedures using MBS item numbers. Hospitals should use the ACHI codes in order to find the appropriate MBS item number. In many cases the codes will map directly, but the descriptions should always be used in preference to the code numbers. If the MBS item number appears on the Type B list then the patient may be reported to the VAED.

The Day Only Procedures Manual is available at this website:

[http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-privatehealth-providers-dayonly-dayonly_1999.htm/\\$FILE/dayonly_1999.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-privatehealth-providers-dayonly-dayonly_1999.htm/$FILE/dayonly_1999.pdf)

Schedule 3 of the Day Only Procedures Manual contains the complete lists of Type B and Type C MBS item numbers. Hospitals are advised to check for updates of this document.

<http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/all/search/BFAB0DB9B5F18813CA25714F00181B92>

A list of all MBS codes and their descriptors, and a searchable database, can be found at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

Notifications of updates are published in Private Hospital Insurance Branch Circulars. Circulars are available at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-phicirculars2007-index1>