Victorian Hospital Admission Policy

Effective 1 July 2015
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hdsshelpdesk@health.vic.gov.au

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Introduction

The Victorian Hospital Admission Policy provides guidelines to enable hospitals to distinguish between admitted and non-admitted patient episodes for the purpose of data reporting. Care provided in an emergency department is not considered part of admitted care. **In order to be reported to the Victorian Admitted Episodes Dataset (VAED) patient episodes of care must meet one of the Criteria for Admission outlined in this document.** Patients not meeting one of these criteria are non-admitted patients and no data for these encounters are to be reported to the department for inclusion in the VAED. This document applies to public and private hospitals, and all health services registered under the *Health Service (Private Hospitals and Day Procedure Centres) Regulations 2013.*

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 of Health and will be the subject of regular audits.

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

This document is effective for episodes admitted on and from 1 July 2015 and replaces the Victorian Hospital Admission Policy effective 1 July 2014.

**Changes from 2014-15 Victorian Hospital Admission Policy**

The following revisions to the Victorian Hospital Admission Policy are in place from 1 July 2015:

- Transfer of the following codes from the AAPL to the NAQAL:
  
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3120500</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of other site</td>
</tr>
<tr>
<td>3123000</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of eyelid</td>
</tr>
<tr>
<td>3123001</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of nose</td>
</tr>
<tr>
<td>3123002</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of ear</td>
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<tr>
<td>3123003</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of lip</td>
</tr>
<tr>
<td>3123004</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of finger</td>
</tr>
<tr>
<td>3123005</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of genitals</td>
</tr>
<tr>
<td>3123500</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of other site of head</td>
</tr>
<tr>
<td>3123501</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of neck</td>
</tr>
<tr>
<td>3123502</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of hand</td>
</tr>
<tr>
<td>3123503</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of leg</td>
</tr>
<tr>
<td>3123504</td>
<td>Excision of lesion(s) of skin and subcutaneous tissue of foot</td>
</tr>
</tbody>
</table>

- Addition of new 9th edition ACHI codes to the procedure code lists and deletion of inactivated codes from the lists.

- Clarification provided in the Fact Sheets that transfer from hospital based care to HITH does not justify a change of qualification status for newborns.
Scope
The scope of the policy is restricted to hospital activity that is reported to the department for inclusion in the VAED (including HITH and Medihotel).

Hospital Admission
The 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 care or treatment. An admission may be formal or statistical.

Formal admission: The administrative process by which a hospital records the commencement of treatment and/or care and/or accommodation of a patient.

Statistical admission: 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 one hospital stay.
(http://meteor.aihw.gov.au/content/index.phtml/itemId/327206)

Admitted Patient
There are eight Criteria for Admission:

K  Posthumous Organ Procurement
N  Qualified newborn
U  Unqualified newborn
O  Patient expected to require hospitalisation for minimum of one night
B  Day-only Automatically Admitted Procedures
E  Day-only Extended Medical Treatment
C  Day-only Not Automatically Qualified Procedures
S  Secondary family member

Six of these are used for admitted patients, being N, U, O, B, E and C, and 2 are used for required reporting to VAED, being K and S. Supporting information, including examples, are provided in the Fact Sheet available at http://www.health.vic.gov.au/hdss/vaed/index.htm

An admitted patient is defined as a patient who:

- meets at least one of the 6 Criteria for Admission that define admitted patients and,
- who undergoes the hospital admission process in order to receive treatment or care.

This treatment and/or care can occur in a traditional hospital setting, or in other settings under specified programs such as Hospital in the Home and Medi-Hotel but cannot occur within a designated emergency department or urgent care centre.

Non-admitted (emergency or outpatient) services provided to a patient who is subsequently classified as an admitted patient shall not 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 the patient departed from the Emergency Department rather than the time at which it was decided to transfer the patient.
Non-Admitted Patient

Unless they meet one of the 2 criteria that mandate reporting to the VAED, non-admitted patient episodes 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 who meet none of the Criteria for Admission;
- patients who are treated entirely in a designated emergency department or urgent care centre (including newborns);
- patients presenting for pre-admission work-up/testing, including attendance at a pre-admission clinic;
- patients attending on a same day basis for a procedure on the Not Automatically Qualified for Admission List, without other patient specific justification for admission documented by the treating medical practitioner in the medical record;
- patients attending an outpatient clinic;
- 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);
- patients who receive all their care in a residential facility;
- patients whose care is not being delivered under the supervision of a clinician.

General Guidelines

1. The Criteria for Admission (CFA) 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.

2. The appropriate criterion for admission is determined at the point of admission and does not change even if the patient's circumstances change. See Victorian Hospital Admission Policy Fact Sheet for more information.

3. 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 policy is comprehensive – there are no other criteria for admission.

4. Under these criteria, the fact that a procedure is undertaken in a procedure room does not justify admission. Similarly, the fact that the hospital is an exclusive provider of a service does not justify admission of the patient.
Procedure code lists

Each Australian Classification of Health Interventions (ACHI) code is allocated to one or the other of the lists described below; together, the AAPL and the NAQAL cover all ACHI codes. The lists are used in the definition of same day patients being reported under CFA B and C – see details later in this document.

Automatically Admitted Procedure List (AAPL)

The Automatically Admitted Procedure List contains a list of 9th edition ACHI codes relating to a range of procedural and surgical interventions. Patients receiving at least one of the interventions listed on the AAPL are eligible to be admitted.

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

Not Automatically Qualified for Admission List (NAQAL)

The NAQAL contains a list of 9th edition ACHI codes that relate to a range of procedures. Patients who only receive a procedure or procedures on this list will be either:

- treated on a non-admitted basis
- admitted under CFA E, N, U, or O, or reported as K, if the patient’s episode of care meets the relevant criteria
- reported as CFA C where there are special circumstances relating to that patient that justify the care being provided on an admitted basis, and these circumstances are documented in the patient record by the treating clinician. The fact that the hospital is an exclusive provider of a service listed on the NAQAL does not in itself justify admission of the patient.
Criteria for Admission

K: Posthumous Organ Procurement
A person who is has been declared brain dead but from whom human tissue is being procured in this episode for the purpose of transplantation.

These episodes are required to be reported to the VAED although the activity is not regarded as care or treatment of an admitted patient.

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:

- Admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for the provision of special care in designated Neonatal Intensive Care Units (NICUs) and designated Special Care Nurseries (SCNs),
- Is the second or subsequent live born of a multiple birth, or
- Remains in hospital after their mother is separated from hospital, or is admitted to hospital without their mother.

NB: these criteria are determined by the Commonwealth Department of Health and Ageing via the Australian Institute of Health and Welfare (AIHW) and can be referenced on the AIHW METeOR website.

U: Unqualified Newborn
The patient is nine days old or less at the time of admission but does not meet any of the criterion for N.

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

Public hospitals are expected to admit all unqualified newborns.

O: Patient expected to require hospitalisation for minimum of one night
The patient is expected to require overnight or multi-day hospitalisation. CFA O should be used where there is an expectation that the patient will require ongoing admitted care.

CFA O includes patients who present to an emergency department, are transferred to a ward or intensive care unit, but die within a few hours, where the treatment plan initially included an expectation that they would require hospitalisation for a minimum of one night.

CFA O excludes:

- patients who present to, and die within the emergency department within a few hours, despite resuscitative treatment. Even though their treatment plan initially included an expectation that they would require hospitalisation for a minimum of one night, these patients receive all of their care in the ED and are therefore non-admitted patients
- patients who present to an emergency department and are transferred from the ED or the SSOU to another hospital where the intention is that they will require hospitalisation for a minimum of one night (these are non-admitted patients)
- 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.
B: Day-only Automatically Admitted Procedures

In order to meet CFA 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.

CFA B admissions must be reported to the VAED with either a procedure code from the Automatically Admitted Procedure List or the treatment cancellation diagnosis code (Z53x Persons encountering health services for specific procedures, not carried out).


A patient receiving an Automatically Admitted Procedure, but expected to require treatment on an overnight or multi-day stay basis, should be admitted as CFA O.

E: Day-only Extended Medical Treatment

Criteria for Admission E should be used where either:

1. a patient receives a minimum of four hours of continuous active management consisting of;
   - regular observations (which may include diagnostic or investigative procedures); OR
   - continuous monitoring; OR

2. a patient is transferred from the emergency department to a Short Stay Unit, or an equivalent, and has a clearly documented clinical management plan or pathway while in the unit.

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.

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.

A Short Stay Unit, or equivalent, must have the following characteristics:

- designated and designed for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the emergency department;
- designed for short term stays no longer than 24 hours;
- physically separated from the emergency department acute assessment area;
- have a static number of beds with oxygen, suction and patient ablation facilities; and
- not operate as a temporary emergency department overflow area, nor be used to keep patients solely awaiting an inpatient bed or discharge, nor awaiting treatment in the emergency department.

Hospitals are encouraged to develop local policies or guidelines regarding the documentation required to establish that a patient has met the above criterion for admission to a Short Stay Unit. These guidelines should be consistent with established clinical pathways, protocols or accepted clinical practice.
CFA E excludes:

- patients who receive their entire care within a designated emergency department or urgent care centre (these are non-admitted patients)
- patients who are transferred from the ED to the Short Stay Unit to await transport
- patients who are transferred from the ED to the Short Stay Unit but have no documented treatment plan
- patients who are transferred from the ED to the Short Stay Unit but have no evidence of treatment being administered.

**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 reported to the VAED.

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
- have their specific special circumstances documented in the medical record by the treating doctor to provide evidence that the admission is justified.

The fact that the hospital is an exclusive provider of a service does not, in itself, justify admission of the patient. Audits of medical records may be conducted for the purpose of ensuring that documentation is provided that justifies the treatment of such patients, and is specific to the individual patient, in an admitted patient setting.

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


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 CFA O.

**S: Secondary Family Member**

A patient qualifies for Criterion for Admission S if:

- they do not meet any other CFA but are accompanying a patient who is admitted AND
- the location is an Early Parenting Centre.

These facilities are reporting these patients for statistical purposes only. CFA S is not linked to WIES funding.
Appendix: Reporting admitted patient data

Victorian Admitted Episodes Dataset (VAED) Manual

Refer to the current VAED Manual for concept definitions (Section 2), data item descriptions and reporting guides (Section 3) and business rules (Section 4) for reporting admitted patient data consistent with this Victorian Hospital Admission Policy.


VAED Concept Definitions:

Section 2 of the VAED Manual contains definitions for many concepts that are relevant to this Victorian Hospital Admission Policy. This includes:

- 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
- Posthumous Organ Procurement
- Qualification
- Same Day Patient
- Separation
- Transfer

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, in preparation for their planned treatment or to treat the condition which caused the original planned treatment to be cancelled, even if the level of care/treatment would not fulfil the original criteria for admission, the episode should be classified as 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 of the admission is appropriate when:

- Patient admitted on day of surgery but surgery cancelled due to lack of available beds. Patient sent home without treatment. Admission should be cancelled, and not reported to the VAED.
- Patient admitted on day of surgery but surgery 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, and not reported to the VAED.
- 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 of the admission is not appropriate when:

- Patient admitted on day of surgery but the surgery was cancelled as the patient had a fever and a 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.
- A child is admitted to receive an imaging investigation under general anaesthetic. Play therapy is successfully undertaken to eliminate the need for a general anaesthetic. The child then has the imaging procedure completed without anaesthetic. Although the anaesthetic (the procedure which justified admission under Criterion for Admission B Day-only Automatically Admitted Procedures) has been cancelled the child has received alternative care and can be reported under CFA B as an admitted patient.
- Patient transferred from the ED to a ward with a documented intention that they would require observation and/or treatment for at least one night. After a short period of observation and/or treatment on the ward, the specialist makes a decision that the patient can be sent home. This patient should be admitted under CFA O

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

Other 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 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.

Hospital in the Home

Hospital in the Home 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), or a substitute location, by HITH staff providing admitted services to the patient.

When a patient is admitted to Hospital in the Home 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 Hospital in the Home component.
Parentcraft and Early Parenting Centres

‘Parentcraft’ describes the type of care provided by Early Parenting Centres and Mother Baby Units. 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 hospital.

In regard to ‘parentcraft’ care and treatment, only those family members who satisfy the minimum criteria in an Early Parenting Centre may be reported. Whilst mother, father, baby and siblings may attend the hospital, normally only one member of the family should be reported. In some instances, reporting of two or more family members may be justified where they are affected by separate problems; or where problems affect more than one member.