

# Section 2 – Concepts and derived items

Victorian Admitted Episodes Dataset (VAED) manual  
28<sup>th</sup> edition 2018-19

Version: 1.0

To receive this publication in an accessible format, please phone 03 9096 8595, using the National Relay Service 13 36 77 if required, or email

[HDSS.helpdesk@dhhs.vic.gov.au](mailto:HDSS.helpdesk@dhhs.vic.gov.au)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, June 2018

Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems>

# Contents

- Introduction.....1**
- Concepts .....1**
- Acute care.....1
- Admission .....2
- Admitted Patient .....2
- Age .....3
- Boarder .....3
- Campus .....4
- Cardiac/Coronary Care Unit .....4
- Care Plans .....5
- Care Type .....5
- Contracted Care .....6
- DRG Classification.....7
- Episode of Admitted Patient Care .....7
- Geriatric Evaluation and Management Program (GEM).....8
- Home Birthing Program .....8
- Hospital.....9
- Hospital in the Home .....9
- Hospital Stay.....10
- Hub and Spoke.....10
- Intensive Care Unit .....11
- Leave - Contract .....11
- Leave with Permission.....11
- Leave without Permission.....12
- Length of Stay.....12
- Live Birth.....12
- Maintenance Care .....12
- Medicare Eligibility Status.....13
- Medi-Hotel .....13
- Mother and baby mental health unit .....14
- Neonate .....14
- Newborn .....15
- Nursing Home Type/Non-Acute Care.....16
- Overnight or Multi-day Stay Patient.....17
- Palliative Care.....17
- Patient.....17
- Patient Day .....17
- Phase of Care.....18
- Posthumous Organ Procurement.....19

Principal Diagnosis .....	19
Procedure .....	20
Qualification (Newborn) .....	20
Rehabilitation Care .....	21
Same Day Patient.....	21
Separation .....	22
Subacute Care.....	23
Time of Death .....	23
Transfer .....	24
Transition Care .....	24
<b>Derived items list.....</b>	<b>24</b>

# Introduction

This section lists concept definitions relating to data items reported to the VAED, and in some cases provides a guide for their use. There is also a reference to VAED data items derived from data reported.

Detailed specifications for reporting data to the VAED are provided in Sections 3, 4 and 5 of this manual.

## Concepts

### Acute care

<b>Definition</b>	<p>Acute Care is (admitted patient) care in which the clinical intent or treatment goal is to:</p> <ul style="list-style-type: none"><li>• Manage labour (obstetric);</li><li>• Cure illness or provide definitive treatment of injury;</li><li>• Perform surgery;</li><li>• Relieve symptoms of illness or injury (excluding palliative care);</li><li>• Reduce severity of an illness or injury;</li><li>• Protect against exacerbation and/or complication of an illness and/or injury; which could threaten life or normal function; and/or</li><li>• Perform diagnostic or therapeutic procedures.</li></ul>
<b>Guide for use</b>	<p>Acute Care is always provided in Care Type 4 Other care (Acute) including Qualified newborn.</p> <p>Acute Care may be provided in Care Types 0 Alcohol and Drug Program, 5x Approved Mental Health Service or Psychogeriatric Program and U Unqualified Newborn.</p> <p>Refer to:</p> <p>Section 2: <a href="#">Admitted Patient</a>, <a href="#">Episode of Admitted Patient Care</a>, <a href="#">Nursing Home Type/Non-Acute</a>, and <a href="#">Sub-Acute Care</a>.</p> <p>Section 3: Care Type and Qualification Status.</p>

## Admission

**Definition** An admission is a process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision that a patient requires same-day or overnight [or multi-day] care or treatment. An admission may be formal or statistical.

A **formal admission** is the administrative process by which a hospital records the commencement of treatment and/or care and/or accommodation of a patient.

A **statistical admission** is 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 the one hospital stay.

**Guide for use** Refer to: Section 2: [Admitted Patient](#), [Criteria for Admission](#), [Episode of admitted patient care](#), [Hospital Stay](#), [Overnight or Multi-day Stay Patient](#), and [Same Day Patient](#).

## Admitted Patient

**Definition** 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).

The patient may be admitted if one or more of the following apply:

- The patient's condition requires clinical management and/or facilities not available in their usual residential environment.
- The patient requires observation in order to be assessed or diagnosed.
- The patient requires at least daily assessment of their medication needs.
- The patient requires a procedure/s that cannot be performed in a stand-alone facility, such as a doctor's room without specialised support facilities and/or expertise available (for example cardiac catheterisation).
- There is a legal requirement for admission (for example under child protection legislation).
- The patient is aged nine days or less.

The items in the above list, in isolation, may not be sufficient to meet the Criteria for Admission.

**Guide for use** In order to be reported to the VAED, a patient must meet at least one of the Criteria for Admission.

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.

Refer to: Section 2: [Admission](#), [Criteria for Admission](#), [Episode of Admitted Patient Care](#), [Hospital Stay](#), [Newborn](#), [Non-Admitted Patient](#), [Patient](#).

## Age

**Definition** The patient's age at the time of admission

**Guide for use** Age is calculated as:  
Admission Date minus Date of Birth.  
Age is:

- Used in analysis of utilisation and in epidemiological studies.
- Used in various definitions, including newborn and neonate.
- One of the variables used in the DRG Classification.

Refer to:

Section 3: Admission Date and Date of Birth.

Section 4: Business Rules (tabular) Admission Type and Age, and Age and Qualification Status.

## Boarder

**Definition** A person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.

**Guide for use** A boarder thus defined is not admitted to the hospital. However, the hospital, for its own purposes, may wish to record boarders in its in-house system; if so, the system must be able to identify boarders and exclude them from submissions to the VAED.

Babies in hospital at age 9 days or less cannot be boarders. They are admitted patients with each day of stay deemed to be either a qualified or unqualified day.

An unqualified newborn remaining in hospital and not receiving clinical care when they turn ten days old becomes a boarder and should be separated.

Refer to:

Section 2: [Criteria for Admission, Newborn](#), and [Patient](#).

Section 4: Boarder

## Campus

<b>Definition</b>	A physically distinct site owned or occupied by a public health service/hospital, where treatment and/or care is regularly provided to patients.
<b>Guide for use</b>	<p>For the purposes of reporting to the VAED:</p> <p>A <b>single campus hospital</b> provides admitted patient services at one location, through a combination of overnight stay beds and day stay facilities, or day stay facilities only.</p> <p>Unless designated otherwise by the department, a <b>multi-campus hospital</b> has two or more locations providing admitted patient services, where the locations:</p> <ul style="list-style-type: none"><li>• are separated by land (other than public road) not owned, leased or used by that hospital</li><li>• have the same management at the public health service/hospital level</li><li>• each has overnight stay facilities. A separate location (see first dot point) providing day only services, such as a satellite dialysis unit, is considered to be part of a campus</li><li>• are not private homes. Private homes where hospital services are provided are considered to be part of a campus.</li></ul> <p>The department holds that, as a general principle, VAED reporting should identify activity at each campus. Patient activity must be reported under the campus code at which it occurred. Any multi-campus hospital not currently reporting on this basis, or intending to change from single to multi-campus or vice versa, should discuss this with the department.</p> <p>Refer to:</p> <p>Section 2: <a href="#">Hospital</a>, and <a href="#">Transfer</a>.</p> <p>Section 3: Campus Code.</p>

## Cardiac/Coronary Care Unit

<b>Definition</b>	<p>A Cardiac/Coronary Care Unit (CCU) is defined as a designated ward of a hospital which is specifically staffed and equipped to provide observation, care and treatment to patients with acute cardiac problems, such as acute myocardial infarction and unstable angina, and who may have undergone interventional procedures from which recovery is possible.</p> <p>The CCU provides special facilities and utilises the expertise and skills of medical, nursing and other staff trained and experienced in the management of these conditions.</p> <p>(Ministerial Review of Coronary Care Services in Victoria – December 1996).</p>
-------------------	--

## Care Plans

### Definition

Care planning incorporates the following concepts:

*Interdisciplinary care:* Assessment and/or treatment services provided jointly by a team that consists of a number of health care professionals who are members of different disciplines dedicated to the ongoing and integrated care of one patient, set of patients or clinical condition. It also requires access to other disciplines for consultation and referral as required and a mechanism for ongoing interdisciplinary review.

*Multidisciplinary care:* Assessment and/or treatment services provided by a group of health care professionals who are members of different disciplines working together to deliver comprehensive patient care.

### Guide for use

The definition of Multi-disciplinary/interdisciplinary Care Plan varies according to Care Type:

- Rehabilitation, Geriatric Evaluation and Management and Psychogeriatric care:  
A management plan which includes negotiated goals and indicative time frames which are evaluated by periodic assessment;
- Palliative care:  
A management plan covering the physical, psychological, emotional and spiritual needs of the patient

Refer to: Section 3: Care Plan Documented Date

Section 4: Business Rules (tabular):Care Type: Geriatric Evaluation and Management, and Designated Rehabilitation Programs (6) and Designated Paediatric Rehabilitation Program (P)

Section 5: Diagnosis Record

## Care Type

### Definition

An episode is not defined by the patient's arrival at, and departure from, the hospital but rather by the start and completion of a 'type of care'.

There are various types of care that a hospital can provide for admitted patients. A multi-day stay patient may receive more than one type of care during the period of hospitalisation: the period of hospitalisation is then broken into Episodes of Care, one for each type of care (Care Type).

The Episode of Care ends when the Care Type changes or the patient separates from hospital.

Admitted patient episodes must be assigned a Care Type from the hierarchy within that data item.

Only one Care Type can apply per day of a hospital stay. If a change occurs twice in one day, only the Care Type applicable as of midnight should be reported.

Refer to:

Section 2: [Episode of Admitted Patient Care](#), and [Hospital Stay](#).

Section 3: Care Type.

Section 4: Business Rules (non-tabular) Reporting History of Code Changes and Episode of Care.

## Contracted Care

### Definition

Contracted hospital care is provided to a patient under an agreement between a purchaser of hospital care (contracting hospital or external purchaser) and a provider of an admitted or non-admitted service (contracted hospital/facility).

A contract agreement can be formal or informal, written or verbal.

To be in scope, contracted care must involve all of the following:

- a purchaser, which can be a public or private hospital, or a health authority (Department of Health or a Health Region) or another external purchaser
- a contracted hospital/facility, which can be a public or private hospital or day procedure centre, residential aged care facility or supported accommodation
- the contractor making full payment to the contracted hospital for the contracted service
- the patient being physically present for the provision of the contracted service

Services provided to a patient in a separate facility during their episode of care where the patient is directly responsible for payment of this additional service are not considered contracted services for the purposes of VAED reporting

Pathology or other investigations performed at another location on specimens gathered at the contracting hospital would not be considered contracted services for the purposes of VAED reporting.

Accurate recording of contracted care in both public and private hospitals is essential because:

- Funding arrangements require that the DRG assigned to a patient accurately reflect the total treatment provided, even where part of the treatment was provided under contract.
- Funding arrangements require that potential double payments are identified and avoided; the case payment will apply only to the contracting hospital and not the contracted hospital/facility.
- Unidentified duplication in the reporting of separations, patient days and procedures must be avoided to enable accurate analyses as required for funding, casemix, resource use and epidemiological purposes.
- Under the Australian Health Care Agreement, details of contracted public patients attending private hospitals are required to be reported to the Department of Health and Ageing.

### Adult Retrieval Victoria

Adult Retrieval Victoria (ARV) provides services to coordinate the transfer of patients requiring critical care where services are not available in the originating hospital. Patients may be transferred from a public hospital which does not have critical care facilities, or from a public hospital which has critical care facilities but is unable to accept the patient for other reasons.

For public hospitals without critical care services, ARV is financially responsible for the patient. These patients will be separated from the hospital and transferred to the receiving public hospital (if they were admitted before transfer).

For public hospitals with critical care services, the public hospital will be financially responsible for the patient. The patient activity should be reported as contracted care in order for the public hospital to receive funding for the patient.

The patient should be reported by both the public and private hospitals, according to the business rules details in Section 4 Contracted Care.

Refer to: Section 2: [Hub and Spoke](#), [Leave – Contract](#).

Section 3: Contract Leave Days Financial Year-To-Date, Contract Leave Days Month-To-Date, Contract Leave Days Total, Contract Role, Contract/Spoke Identifier, Contract Type, Funding Arrangement and Procedure Codes.

Section 4: Business Rules (non-tabular) Contracted Care.

## DRG Classification

**Definition** The Diagnosis Related Group (DRG) classification system clusters patients into groups that are clinically meaningful and resource-use homogenous.

The concept of clinical coherence requires that patient characteristics included in the definition of each DRG relate to a common organ system or aetiology (disease cause), and that a specific medical specialty should typically provide care to the patients in that DRG.

A single Diagnosis Related Group (DRG) can be derived for an episode of care, based on documentation in the patient's medical record. A DRG is assigned by computer software (Grouper) using codes for:

- principal diagnosis
- procedures undertaken
- presence or absence of other diagnosis codes for co-morbidities and complications, and
- other variables such as age, sex and discharge status, mental health legal status and, for neonates, admission weight.

Refer to the HDSS website for the DRG version used by the department for each financial year, available at: <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications/admitted-care-classifications>

## Episode of Admitted Patient Care

**Definition** The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type. Patient activity must be reported under the Campus Code at which it occurred.

Refer to:

Section 2: [Admission](#), [Admitted Patient](#), [Care Type](#), [Newborn](#), and [Separation](#)

Section 3: Care Type

Section 4: Business Rules (non-tabular) Episode of Care

## Geriatric Evaluation and Management Program (GEM)

**Definition** The GEM Program involves the sub-acute care of chronic or complex conditions associated with ageing, cognitive dysfunction, chronic illness or disability. These conditions require patients to be admitted for review, treatment and management by a geriatrician and multi-disciplinary team for a defined episode of care.

The GEM client group is usually older people with complex, chronic or multiple health care conditions requiring treatment and stabilisation of those conditions and/or medical review for future treatment options or service planning.

**Guide for use** The GEM Care Type is only reported to the VAED for patients admitted to a designated GEM Program.

Refer to: Section 2: Episode of Admitted Patient Care and Sub-Acute Care

Section 3: Care Type

Section 5: Sub-Acute Record

## Home Birthing Program

**Definition** A Home Birthing Program (HBP) provides antenatal care to a pregnant woman at any stage during her pregnancy, confinement, and up to 6 weeks after the baby's birth. Care is also provided under the HBP to the woman's baby during the birth and through the neonatal period (4 weeks after birth). Antenatal and postnatal care is provided by a HBP at the hospital/campus and/or in the woman's home.

The delivery will usually occur in the woman's home, under the care of a HBP midwife. The delivery episode is considered to be a planned maternity episode, and to meet a Criterion for Admission, and as an admitted episode, must be reported to the VAED. The birth episode for the baby is also reported to the VAED.

**Guide for use** The HBP Program Identifier is only reported to the VAED for admitted care provided to a woman and/or her baby under an approved HBP.

Refer to:

Section 3: Program Identifier

## 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.

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.

Definition:

Public hospitals, denominational hospitals, public health services, and privately operated (public) hospitals as defined in the Health Services Act 1988, as amended.

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.

Refer to: Section 2: [Campus](#) and [Transfer](#) Section 3: Campus Code

Campus code table: <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/>

## Hospital in the Home

### Definition

Provision of care to hospital admitted patients in their place of residence as a substitute for traditional hospital accommodation. Place of residence may be permanent or temporary.

### Guide for use

Place of residence includes residential facilities such as nursing homes, hostels or other forms of supported accommodation. Medi-hotels are excluded.

The use of HITH is voluntary for the patient. For a patient, the service might be a combination of hospital and home-based care or replace hospital care completely.

Public hospitals should provide HITH services in line with the Victorian HITH guidelines: <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/hospital-in-the-home>

Currently, HITH is available to public, private, DVA, TAC and WorkCover patients. However, a public hospital should seek approval from a patient's insurer before admitting private patients to HITH.

For the Hospital in the Home program, movement between ward accommodation and 'Hospital in the Home' accommodation is reported in the Status Segments within the same episode.

Patients receiving care under this program must meet one of the criteria for admission, as HITH represents a substitute for admitted patient care provided in a traditional hospital setting.

Where a Hospital in the Home patient does not receive any admitted type services on a particular date, this day should be recorded as a leave with permission day.

Refer to: Section 3: Accommodation Type

## Hospital Stay

<b>Definition</b>	The period of time between a formal admission and a formal separation.
<b>Guide for use</b>	<p>A hospital stay usually comprises one episode of care.</p> <p>A hospital stay may comprise more than one episode of care where:</p> <ul style="list-style-type: none"><li>• The episodes occur at one hospital campus; and</li><li>• Where the first episode has a statistical Separation Mode and the subsequent episode(s) has a statistical Admission Source.</li></ul> <p>In practice, hospital stay refers to the time elapsing between a patient entering the hospital campus and leaving the hospital campus, excluding leave (normal and contract) periods.</p> <p>Refer to:</p> <p>Section 2: <a href="#">Admission</a>, <a href="#">Admitted Patient</a>, <a href="#">Care Type</a>, <a href="#">Episode of admitted patient care</a>, and <a href="#">Separation</a>.</p> <p>Section 3: Admission Source and Separation Mode.</p>

## Hub and Spoke

<b>Definition</b>	<p>A model of service delivery where highly specialised services are maintained at one or two locations (hubs), while high volume or lower complexity same day services will be provided by staff from the hub in distant locations, called spokes. The hub supplies the staff and pays the spoke only for the hire of facilities.</p> <p>This arrangement allows maintenance of centres of excellence in hub locations, while improving access to high quality specialist services throughout the metropolitan area in spoke locations.</p> <p>Services particularly suited to hub and spoke arrangements include specialist paediatric, obstetric, radiotherapy, ophthalmology and ECT services.</p> <p>Hub and Spoke service delivery is reported under a specific funding arrangement and not as contracted care.</p> <p>Refer to:</p> <p>Section 3: Contract/Spoke Identifier and Funding Arrangement.</p> <p>Section 4: Business Rules (non-tabular) Hub and Spoke.</p>
-------------------	---

## Intensive Care Unit

**Definition** An intensive care unit (ICU) is a designated ward of a hospital that is specially staffed and equipped to provide observation, care and treatment to patients with actual or potential life-threatening illnesses, injuries or complications, from which recovery is possible.

The ICU provides special expertise and facilities for the support of vital functions and utilises the skills of medical, nursing and other staff trained and experienced in the management of these problems.

**Guide for use** There are different types of ICU, listed below:

- Adult intensive care
- Paediatric intensive care
- Neonatal intensive care

Beds classified as high dependency unit-type (HDU) within an ICU, administratively and/or physically, are included.

ICUs do not include Special Care Nurseries, Coronary Care Units, Intensive Nursing Units or Stepdown Units.

Refer to:

Section 3: Duration of Stay in ICU and Account Class

## Leave - Contract

**Definition** A period spent as an admitted patient at a contracted (service provider) hospital, during an episode where the patient is also admitted to the contracting (purchasing) hospital.

Refer to:

Section 2: [Contracted Care](#), [Length of Stay](#) and [Patient Day](#)

Section 3: Contract Leave Days Financial Year-To-Date, Contract Leave Days Month-To-Date, and Contract Leave Days Total.

Section 4: Business Rules (non-tabular) Contracted Care, Leave.

## Leave with Permission

**Definition** Leave with permission occurs when an overnight or multi-day patient leaves the hospital temporarily with the approval of the hospital and/or treating medical practitioner, with the intention that the patient will return within seven days to continue the current treatment.

Newborns are only permitted to go on Leave with Permission during a period of accommodation in HITH.

Leave with permission excludes:

- Contract Leave
- Patient transferred to another campus of this or any other health service for treatment

Refer to:

Section 3: Leave with Permission Days Financial Year-To-Date, Leave with Permission Days Month-To-Date, Leave with Permission Days Total, Separation Date.

Section 4: Leave and Length of Stay

## Leave without Permission

**Definition** Where a patient absconds or leaves against medical advice.

As it is still the intention of the medical practitioner that the patient return within seven days to continue the current treatment; follow *Leave with Permission* guidelines and reporting.

Refer to: Section 2: [Leave with Permission](#) and [Separation](#)

Section 3: Leave without Permission Days and Separation Date.

Section 4: Business Rules (non-tabular) Leave and Length of Stay.

## Length of Stay

**Definition** The length of stay of an admitted patient is measured in patient days. A same day patient should be allocated a length of stay of one patient day. The length of stay of an overnight or multi-day stay patient is calculated by subtracting the Admission Date from the Separation Date and deducting total leave with and without permission days.

Refer to:

Section 2: [Leave – Contract](#), [Leave with Permission](#) and [Leave without Permission](#)

Section 3: Admission Date, Patient Days Financial Year-To-Date, Patient Days Month-To-Date, Patient Days Total, and Separation Date.

Section 4: Business Rules (non-tabular) Leave and Length of Stay.

## Live Birth

**Definition** A live birth is defined by the World Health Organization to be the complete expulsion or extraction from the mother of a baby, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born.

**Guide for use** Only live births are reported to VAED. Foetal deaths are not reported to VAED.

Refer to: Section 2: [Newborn](#), and [Qualification \(Newborn\)](#).

Section 4: Business Rules (non-tabular) Newborn Reporting.

## Maintenance Care

**Definition** Maintenance care is non-acute care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of an individual with a disability or severe level of functional impairment.

**Guide for use** Use only if the health service is approved to provide Maintenance Care services.

Refer to: Section 3: Care Type, Accommodation Type

Section 5: Palliative Record

## Medicare Eligibility Status

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

**Guide for use** An eligible person includes a person who resides in Australia and is:

- An Australian citizen
- A permanent resident
- A New Zealand citizen
- A temporary resident who has applied for a permanent visa and who has either
  - An authority to work in Australia or
  - can prove relationship to an Australian citizen (other requirements may apply)

Other persons who are eligible for Medicare in certain circumstances include:

Visitors to Australia from a country that has a Reciprocal Health Care Agreement

In practice, the primary method for ascertaining Medicare eligibility is sighting the patient's Medicare card.

### Newborns

A newborn will usually take the Medicare eligibility status of the mother. However, the eligibility status of the father will be applied to the newborn if the baby is not eligible solely by virtue of the eligibility status of the mother. For example, if the mother of a newborn is an ineligible person but the father is eligible for Medicare, then the newborn will be eligible for Medicare.

For further information regarding eligibility to Medicare refer to:

<http://www.humanservices.gov.au/customer/enablers/medicare/medicare-card/eligibility-for-medicare-card>

Refer to: Section 3: Account Class, Medicare Number, and Medicare Suffix.

## Medi-Hotel

**Definition** Provision of a non-ward residential service maintained and/or paid for by the hospital for the purpose of accommodating patients, as a substitute for traditional hospital ward accommodation.

**Guide for use** Non-ward accommodation provided by the hospital, excluding the Hospital In The Home (HITH) program. Unlike HITH, no clinical services are provided. Thus a significant decline in medical condition would always necessitate return from Medi-Hotel to the hospital's Emergency Department or a ward.

The Medi-Hotel facility may or may not be on hospital property. Where it is on hospital property, this may be co-located in the same building as traditional wards.

Patients may reside in a Medi-Hotel overnight, but during the day receive care/services/treatment that resembles traditional admitted care (same day or multi-day).

Patients may be accommodated in a Medi-Hotel when receiving outpatient care but this activity should not be reported to the VAED.

A public hospital must be registered in its Health Service Agreement and/or Statement of Priorities to provide a Medi-Hotel service. The use of a Medi-Hotel is voluntary for the patient.

Section 3: Accommodation Type

Section 4: Business Rules (non-tabular) Medi-Hotel Reporting

## Mother and baby mental health unit

<b>Definition</b>	Mother and baby units provide residential multidisciplinary care for women experiencing serious mental health illness in the perinatal period.
<b>Guide for use</b>	<p>Mental Health Branch have provided the following advice regarding the mother as the consumer and as such the admitted person.</p> <p><b>Mother admitted to unit with baby less than 10 days old</b> - admitted episodes reported to the VAED for both mother (care type 5*) and baby (care type U Unqualified newborn)</p> <p>Babies in hospital at 9 days or less cannot be boarders. Any unqualified newborn remaining in the unit and not receiving clinical care when they turn ten days old becomes a boarder and should be separated.</p> <p><b>Mother admitted to unit with baby 10 days or older</b> - admitted episode reported to the VAED for the mother</p> <p>In order for an admitted episode for the baby to be reported to the VAED, the baby's care would have to meet a criterion for admission. If the baby is not receiving clinical care, the baby is a boarder and should not be reported to the VAED. If the baby's clinical care meets the criteria for admission, the care type would need to reflect the type of care being delivered. This is likely to be care type 4 (Acute). Babies should not be admitted for acute care for routine daily care such as feeding, changing and bathing.</p> <p>Refer to: Section 2: <a href="#">Boarder</a> Section 3: Care Type</p>

## Neonate

<b>Definition</b>	A live birth who is less than 28 days old
<b>Guide for use</b>	<p>DRG software allocates neonates to MDC 15 if the patient's age at admission is less than 28 (completed) days, or if the age is less than one year and the Admission Weight is less than 2500gms.</p> <p>The formula for calculating age is Admission Date minus Date of Birth.</p> <p><b>When is a baby a neonate?</b></p> <p>Is baby born on the 1st of the month a <i>neonate</i> on the 28th of the month? <math>28-1=27</math> therefore baby <i>is</i> a neonate</p> <p>Is baby born on the 1st of the month a neonate on the 30th of the month? <math>30-1=29</math> therefore baby <i>is not</i> a neonate</p> <p>Refer to: Section 2: <a href="#">Age</a>, <a href="#">Live Birth</a>, <a href="#">Qualification (Newborn)</a>, and <a href="#">Newborn</a> Section 3: Admission Date, Admission Weight, and Date Of Birth Section 4: Business Rules (non-tabular) Newborn Reporting</p>

## Newborn

**Definition** A live-born baby (live birth) who is nine days old or less, at the time of admission

**Guide for use** The formula for calculating age is Admission Date minus Date of Birth.

### **When is a baby a newborn?**

Is a baby born on the 1st of the month a *newborn* on the 10th of the month?  
 $10-1=9$  therefore baby is a newborn

Is a baby born on the 1st of the month a *newborn* on the 11th of the month?  
 $11-1=10$  therefore baby is not a newborn

Excludes:

In episodes for posthumous organ procurement (Care Type 10) where donor is under 10 days of age.

Refer to: Section 2: [Admitted Patient](#), [Age](#), [Criteria for Admission](#), [Episode of Admitted Patient Care](#), [Live Birth](#), [Neonate](#), [Qualification \(Newborn\)](#), and [Sub-Acute Care](#).

Section 3: Account Class, Account Class on Separation, Admission Source, Admission Type, Care Type, Criteria for Admission, and Qualification Status.

Section 4: Business Rules (non-tabular) Newborn Reporting.

## Nursing Home Type/Non-Acute Care

**Definition**                    **Nursing Home Type**  
After 35 days of continuous hospitalisation, the patient is classified as a NHT patient unless a medical practitioner (or their delegate in the case of public patients in public hospitals) certifies that the patient is in need of acute care (or Rehabilitation, Palliative Care or Geriatric Evaluation and Management).  
  
A patient cannot be designated NHT before 35 days of continuous hospitalisation (with a maximum break of seven consecutive days) even if an Aged Care Client Record (ACCR) has been signed.

**Guide for use**                Following 35 days of continuous hospitalisation a patient becomes NHT/Non-Acute unless the patient continues to receive acute or subacute care.

### **In public hospitals – acute/subacute care certification required**

For public patients, a medical practitioner or their delegate must provide certification that the patient requires acute or subacute care after 35 days of continuous hospitalisation.

For private and compensable patients, a medical practitioner must provide certification that the patient requires acute or subacute care after 35 days of continuous hospitalisation. Check with the insurer for specific requirements.

### **DVA patients – acute care certificate required**

The Department of Veterans' Affairs provides an Acute Care Certificate at the following web address: [http://www.dva.gov.au/providers/hospitals-day-procedure-centres-and-mental-health-private-hospitals#critical\\_accute](http://www.dva.gov.au/providers/hospitals-day-procedure-centres-and-mental-health-private-hospitals#critical_accute)

### **Note:**

- In Victorian public hospitals a patient receiving any admitted care type other than Maintenance Care (MC) will become NHT/Non-Acute (Care Type 1) if they receive 35 days of continuous hospitalisation and do not have certification allowing the present type of care to continue.
- The decision for a patient to continue to receive acute or subacute care following 35 days of continuous hospitalisation is a clinical one, which must be clearly documented. The documentation may be subject to audit by the department.
- The 35 days can be accrued across hospitals when a patient is transferred. Continuity is not broken by normal leave or when a patient is out of hospital for no more than seven consecutive days.
- If a NHT patient is out of any hospital (other than for contracted services) for more than seven consecutive days, the 35 day count begins again.

Refer to:

Section 2: [Acute Care](#), [Episode of Admitted Patient Care](#), [Maintenance Care](#), [Subacute](#)

Section 3: Care Type

## Overnight or Multi-day Stay Patient

**Definition** A patient who is admitted to and separated from the hospital on different dates.

**Guide for use** The category of overnight or multi-day stay is determined retrospectively; that is, it is not based on the intention to admit for one night or more.

Therefore, a booked same day patient who is subsequently required to stay in hospital for one night or more is an overnight patient; a patient who dies, is transferred to another hospital or leaves of their own accord on their first day in the hospital is a same day patient, even if the intention at admission was that they remain in hospital at least overnight.

Refer to: Section 2: [Admitted Patient](#), [Leave - Contract](#), [Leave with Permission](#), [Leave without Permission](#), [Length of Stay](#), [Separation](#)

Section 3: Admission Date and Separation Date

Section 4: Leave

## Palliative Care

**Definition** Care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and grief and bereavement support service for the patient and their carers/family.

Refer to Section 2: Episode of Admitted Patient Care.

Section 3: Care Type

Section 4: Business Rules (non-tabular) Palliative Care Reporting

Section 5: Palliative Record

## 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.**

Refer to Section 2: [Admitted Patient](#), [Boarder](#) and [Non-admitted Patient](#)

## Patient Day

**Definition** A day or part of a day that a patient is admitted to receive hospital treatment. The patient day is the unit of measurement for the length of stay of an episode of care.

The term 'patient day' is synonymous with the term 'bed day' as used in hospitals.

Refer to:

Section 2: Length of Stay

Section 3: Admission Date, Patient Days Financial Year-To-Date, Patient Days Month-To-Date, Patient Days Total, and Separation Date.

Section 4: Business Rules (non-tabular) - Contracted Care and Length Of Stay.

Section 5: Status Segments

## Phase of Care

<b>Definition</b>	<p>The stage of a Palliative Care patient's illness.</p> <p>Palliative Care phases are not sequential and a patient may move back and forth between phases.</p> <p>Palliative Care phases provide a clinical indication of the type of care required and have been shown within longitudinal prospective studies to correlate strongly with survival.</p>
<b>Guide for use</b>	<p>The Phase of Care is recorded at the start of the episode, The palliative care provider then reviews the patient daily and records phase changes if and when they occur during the episode, using the following codes:</p>

### **Phase 1: Stable**

All patients not classified as unstable, deteriorating or terminal.

- The patient's symptoms are adequately controlled by established management. Further interventions to maintain symptom control and quality of life have been planned.
- The situation of the family/carers is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.

### **Phase 2: Unstable**

- The patient experiences the development of a new unexpected problem or a rapid increase in the severity of existing problems, either of which requires an urgent change in management or emergency treatment.
- The family/carers experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.

### **Phase 3: Deteriorating**

- The patient experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment.
- The family/carers experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the person. This requires a planned support program and counselling as necessary.

### **Phase 4: Terminal**

Death is likely in a matter of days and no acute intervention is planned or required. Typical features of a person in this phase may include the following:

- profoundly weak
- essentially bed bound
- drowsy for extended periods
- disoriented for time and has a severely limited attention span
- increasingly disinterested in food and drink
- finding it difficult to swallow medication

This requires the use of frequent, usually daily, interventions aimed at physical, emotional and spiritual issues.

The family/carers recognise that death is imminent and care is focussed on emotional and spiritual issues as a prelude to bereavement.

Refer to: Section 3: Phase of Care at admission/phase change; Final Phase of Care, Phase of Care Change Date, Final Phase of Care Start Date, Section 4: Business Rules (not-tabular):Palliative Care Reporting, Section 5: Palliative Record

## Posthumous Organ Procurement

**Definition** Posthumous organ procurement is an activity undertaken by hospitals in which human tissue is procured for the purpose of transplantation from a donor who has been declared brain dead.

**Guide for use** Episodes in which posthumous organ procurement is conducted are registered by the hospital, and reported to the VAED, although they are not regarded as care or treatment of an admitted patient and are not eligible for WIES funding. Diagnosis and procedure codes for activity undertaken to facilitate posthumous organ procurement, including mechanical ventilation and tissue procurement, are recorded in accordance with the relevant ICD-10-AM Australian Coding Standards.

Declaration of brain death is made in accordance with relevant state/territory legislation.

### **Organ procured from admitted patient who dies in this hospital**

The patient's admitted episode ends at the time of death.

A new episode is created to report the posthumous organ procurement.

The two episodes are **not** linked.

### **For the posthumous organ procurement episode**

Report Admission Time as after the donor's certified time of death.

Report Separation Time after all activity related to the organ procurement has ceased.

Refer to Section 4: Care Type: Organ Procurement – Posthumous (10)

## Principal Diagnosis

**Definition** The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code.

**Guide for use** The principal diagnosis must be determined in accordance with the relevant ICD-10-AM Australian Coding Standards for the financial year of the separation. It is derived from and must be substantiated by clinical documentation.

Refer to: Section 2: [DRG Classification](#), Section 3: Diagnosis Codes

## Procedure

<b>Definition</b>	<p>A clinical intervention that:</p> <ul style="list-style-type: none"><li>• is surgical in nature; and/or</li><li>• carries a procedural risk; and/or</li><li>• carries an anaesthetic risk; and/or</li><li>• requires specialised training; and/or</li><li>• requires special facilities or equipment only available in an acute care setting</li></ul>
<b>Guide for use</b>	<p>The order of codes should be determined using the following hierarchy, in accordance with the ICD-10-AM/ACHI Australian Coding Standards for the financial year of the separation:</p> <ul style="list-style-type: none"><li>• procedure performed for treatment of the principal diagnosis</li><li>• procedure performed for treatment of an additional diagnosis</li><li>• diagnostic/exploratory procedure related to the principal diagnosis</li><li>• diagnostic/exploratory procedure related to an additional diagnosis</li></ul> <p>Refer to Section 2: <a href="#">DRG Classification</a> Section 3: Procedure Codes</p>

## Qualification (Newborn)

<b>Definition</b>	<p>All newborn days are divided into categories of qualified and unqualified for the Australian Health Care Agreement and health insurance benefit purposes.</p>
<b>Guide for use</b>	<p>A newborn day is qualified if the newborn meets at least one of the following criteria on that day:</p> <ul style="list-style-type: none"><li>• 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), or</li><li>• Is the second or subsequent live born of a multiple birth, or</li><li>• Remains in hospital after their mother is separated from hospital, or is admitted to hospital without their mother.</li></ul> <p>A newborn day is unqualified if the newborn does not meet any of the criteria for Qualified Newborn, on that day.</p> <p>If the Unqualified Newborn remains in the hospital when they turn 10 days of age, and is <b>not receiving clinical care</b>, they must be separated. At this time the baby becomes a boarder and the episode being reported to VAED is ended.</p> <p>Refer to Section 2: <a href="#">Newborn</a> Section 3: Qualification Status Section 4: Business Rules (non-tabular) - Newborn Reporting</p>

## Rehabilitation Care

**Definition** Care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by periodic assessment using a recognised functional assessment measure.

The department's Rehabilitation Program excludes Nursing Home Type/Non-Acute patients and Geriatric Evaluation and Management patients.

**Paediatric** - Care in a public hospital in a designated Paediatric Rehabilitation Program/Unit.

Paediatric rehabilitation is for use by designated specialty programs providing rehabilitation to persons generally less than 18 years of age.

Refer to Section 2: [Episode of Admitted Patient Care](#), and [Sub-Acute Care](#)  
Section 3: Care Type and Impairment  
Section 5: Sub-Acute Record

## Same Day Patient

**Definition** A patient who is admitted and separated on the same date

**Guide for use** A same day patient may be either a booked or an emergency patient.

The category of 'same day' is determined retrospectively; that is, it is not based on the intention to admit and separate on the same date. Therefore, patients who die, transfer to another hospital or leave of their own accord on their first day in the hospital are included. Booked same day patients who are subsequently required to stay in hospital for one night or more are excluded.

Refer to Section 2: Admitted Patient, Criteria for Admission, Length of Stay and Separation

Section 3: Admission Date, Criteria for Admission and Separation Date

Section 4: Business Rules (non-tabular) Length of Stay

## Separation

### Definition

The process by which an episode of care for an admitted patient ceases.

A patient is separated at the time the hospital ceases to be responsible for the patient's care and the patient is discharged from hospital accommodation. Hospital waiting areas, transit lounges and discharge lounges are not considered hospital accommodation unless the patient is receiving care or treatment in these areas.

A separation may be formal or statistical.

**Formal separation:** the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.

**Statistical separation:** the administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay.

### Guide for use

#### Formal:

Where the patient meets one of the following criteria:

- is discharged to private accommodation or other residence (no intention to return to this campus within seven days for continuation of the same treatment)
- is transferred to another hospital campus of the same service
- is transferred to other health care accommodation
- is discharged following a procedure from the Automatically Admitted Procedure List (even if the patient is returning within 7 days for another treatment)
- dies
- leaves against medical advice, and does not return for continuing treatment within seven days
- fails to return from leave within seven days. The patient is separated effective from the first day of leave. (This limit does not apply to contract leave.)

Where a patient is separated, then deteriorates and returns to the hospital and is subsequently re-admitted, this should be recorded as two separate episodes, even where both episodes occur on the same day.

#### Statistical:

Where a hospital records the completion of treatment and/or care and accommodation following a change of Care Type (transfer between Care Types) occurring within the one hospital stay (for example, transfer from Acute to Nursing Home Type care or transfer from Acute to Rehabilitation care in a designated rehabilitation program).

Where two episodes are created by a statistical separation, the Admission Time of the second episode must be one minute after the Separation Time of the first episode.

Refer to:

Section 2: [Episode of Admitted Patient Care](#), [Hospital Stay](#), [Leave with Permission](#), [Leave with Permission, Overnight or Multi-day Stay Patient](#), and [Same Day Patient](#)  
Section 3: [Separation Mode](#).

## Subacute Care

**Definition** Subacute care is time limited, goal-orientated, individualised, interdisciplinary care that aims to help people who are disabled, frail, chronically ill or recovering from traumatic injury to regain and/or maintain optimal function to allow as many people as possible to maximise their independence and return to (or remain in) their usual place of residence. It is available to people of all ages on an admitted or ambulatory basis and may follow an admitted episode, ambulatory care or directly from the community.

Sub-acute patients generally require:

- assessment and/or oversight of their care plan by a specialist medical consultant
- therapy services in accordance with individual need as identified in their care plan (for example, physiotherapy and occupational therapy)

All admitted patients with episodes in the following Care Types are considered sub-acute:

- Designated Rehabilitation Programs
- Geriatric Evaluation and Management Program
- Palliative Care

Refer to Section 2: [Acute Care, Admitted Patient, Episode of Admitted Patient Care, Geriatric Evaluation and Management Program \(GEM\)](#), Rehabilitation Care  
Section 3: Care Type

## Time of Death

**Definition** For the purposes of reporting to the VAED, time of death is the time recorded by the clinician (or clinicians) as when respiration ceased or when the patient was declared brain-stem dead.

The process of establishing that death has occurred ('verifying death') is not restricted to registered medical practitioners. Other health professionals with relevant training such as registered nurses, midwives or paramedics are able to undertake this activity.

Circulation of oxygenated blood may be continued after this time by artificial/mechanical means for organ procurement purposes, without affecting the time of death.

**Guide for use** The time of death is recorded as the Separation Time and is also the time at which the various counts must cease: Duration of Mechanical Ventilation in ICU, of Non-invasive Ventilation (NIV), of Stay in Cardiac/Coronary Care Unit, and of Stay in Intensive Care Unit.

Refer to Section 2: Organ Procurement - Posthumous

Section 3: Duration of Mechanical Ventilation in ICU, Duration of Non-invasive Ventilation (NIV), Duration of Stay in Cardiac/Coronary Care Unit, Duration of Stay in Intensive Care Unit, and Separation Time

## Transfer

**Definition** Transfer refers to patients moving between two different hospitals or hospital campuses where:

They were assessed or received care and treatment in the first hospital; and  
It is intended that the patient receive admitted care in the second hospital.

Refer to:

Section 2: [Campus](#), [Criteria for Admission](#), and [Hospital](#)

Section 3: Admission Source, Separation Mode, Transfer Destination, Transfer Source

Section 4: Business Rules (non-tabular) - Transfer Reporting

## Transition Care

**Definition** Transition Care is a jointly funded program between the Department of Health and Human Services and the Department of Health and Ageing which targets:

'older people at the conclusion of a hospital episode who require more time and support in a non-hospital environment to complete their restorative process, optimise their functional capacity and finalise and access their longer term care arrangements'

Services provided include:

- Those that further improve functioning thereby improving the person's capacity for independent living;
- Those that actively maintain the individual's functioning while assisting them and their family/carers make appropriate long-term care arrangements.

Services may be provided in a bed-based environment or at the person's home.

Eligible people will be separated from hospital.

Transition Care is not 'admitted care' so is not reported to the VAED.

Refer to:

Section 3: Admission Source, Separation Mode and Separation Referral

## Derived items list

The VAED contains most of the information included in the health service VAED submission file, and data items derived from the submission (some information submitted in the V5 record such as patient name is not stored in the VAED).

Of the derived items, some are derived at the time of processing (such as birth indicator, and length of stay), whilst others are derived when the extracts are provided to the department (such as age in days, age in years, and same-day separation flag).