OPERATIONAL DIRECTIVE

Subject: ACUTE CARE CERTIFICATION

A. PURPOSE

This directive defines the requirements for the completion of Acute Care Certificates (ACCs) by public hospitals in WA.

B. BACKGROUND

In April 2007 the Commonwealth Government repealed Section 3B of the Health Insurance Act 1973. This section underpinned the requirement to complete ACCs for long stay inpatients. In repealing Section 3B, the Commonwealth stipulated that delineation of care type (acute, maintenance, etc) was an issue to be resolved between hospitals and insurers. The Commonwealth version of the acute care certificate (the former ‘3B’ certificate) was withdrawn.

The requirement to accurately designate ‘care type’ under national data reporting obligations remains. In addition, the provisions for designating a patient as ‘Nursing Home Type’, after day 35 of continuous hospitalisation, are still in place.

To ensure consistency across WA public hospitals, the Department of Health has, since 2008, produced its own standardised ACC form.

C. REPORTING REQUIREMENTS

Hospitals must ensure that an ACC is provided for any patient (e.g. Public, Private Insured, Private Uninsured, Veterans’ Affairs, Overseas Visitor and Student) who remains in hospital after day 35, due to the need for ongoing acute care (this includes ‘Hospital in the Home’ (HITH) patients).

An ACC is not required for patients who, after day 35, remain in hospital for:

- accommodation and nursing care as an end in itself (maintenance care) or
- subacute care (rehabilitation, palliative care, psychogeriatric care, GEM).

Patients who, after day 35, remain in hospital for maintenance care only, are deemed nursing home type patients (NHTP). Such patients are reclassified from acute to maintenance care. The hospital may raise the applicable NHTP charges.

Public and Veterans’ Affairs patients who, after day 35, remain in hospital for sub-acute care (e.g. rehabilitation, palliative care etc.) do not require an ACC.

Private patients (including Overseas Visitors & Students) who after day 35, remain in hospital for sub-acute care (e.g. rehabilitation, palliative care, etc), may require at the discretion of their insurer, provision of an ACC.
Some scenarios are provided in the attachments to assist in understanding the ACC requirement, along with a sample copy of the ACC.

Electronic copies of the ACC will be available via TOPAS and HCARe. The HCN generated version has been amended. The WA Health standardised ACC will be generated from the new billing system Patient Billing Revenue & Collection (PBRC).

It is recommended that all ACCs are filed in the patient’s medical record and copies stored centrally within the Health Corporate Network for future reference. The availability of ACCs will ensure the State’s compliance with various contractual obligations and assist with any inquiries from private health insurers.

Professor Bryant Stokes
A/DIRECTOR GENERAL
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ATTACHMENT A

Some notes/scenarios to assist in understanding the ACC requirement

The admission date is counted as Day 0 and the separation date is counted in the total number of inpatient days.

1. A patient was admitted on 1 August 2006 as an acute patient and discharged on 6 September 2006. In this situation, 1 August 2006 should be counted as Day 0. The LOS and total number of acute days for the episode is 36 days. Therefore an ACC should be issued to cover the 36th day (6 September 2006).

2. Continuous episodes in different hospitals – Patient Day Continuity. The count towards 35 days of inpatient care is continuous across multiple admissions at one or more hospitals. Continuity ends only when the break between hospitalisations exceeds 7 days.

3. If continuous hospitalisation occurs in different hospitals, the date of the original admission should be recorded on the ACC form. Counting from the 36th day onwards, a certificate is required for each 30-day period or part thereof. The following table illustrates the ACC requirements for a continuous hospitalisation over 3 episodes in 2 hospitals.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Admission date</th>
<th>Separation date</th>
<th>Acute days</th>
<th>Cumulative acute days</th>
<th>ACC requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1 Aug 2006</td>
<td>15 Aug 2006</td>
<td>14</td>
<td>14</td>
<td>No ACC required</td>
</tr>
<tr>
<td>B</td>
<td>20 Aug 2006</td>
<td>27 Sep 2006</td>
<td>38</td>
<td>52</td>
<td>ACC is required for the period 11 Sep 2006 to 27 Sep 2006</td>
</tr>
</tbody>
</table>

Even where continuity is maintained, the actual days outside of hospital (either leave days or break days) are excluded from the day count. In the example above, continuity of patient day counting is maintained, since the break (15 August - 20 August) does not exceed 7 days. The count continues, excluding the break days.

For the purposes of acute care certification:
Admission / re-admission dates are never counted; separation dates are always counted. In the example above, 15 August is day 14. The count continues with 21 August as day 15. Day 35, in the example above, is September 10. An ACC is required to cover day 36 (September 11) and onwards.

If no ACC is provided, the patient’s care type should be re-classified to maintenance care before midnight on day 35 (September 10 in the example above). The patient becomes NHTP and the hospital may raise the applicable NHTP charges.
ATTACHMENT B - FOR INFORMATION ONLY

Patient Name:

Hospital

NURSING HOME TYPE / ACUTE CARE CERTIFICATION

STEP 1 - Complete this BOX if Patient is Nursing Home Type (NHT)

☐ Requires NURSING HOME TYPE CARE (Please mark with "X")

If you have marked the Nursing Home Type Care box do not complete the Acute Care Certificate below

Effective Date:

Doctor's Name: ____________________________  Doctor's Signature: _________________________

Consultant: ___  Registrar: ___  Intern: ___

STEP 2 - If (NHT) completed, return to ward clerk.

STEP 3 - If not (NHT), complete the Acute Care Certificate below.

ACUTE CARE CERTIFICATE

(Issued under the National Health Care Agreement 1000 and the Private Health Insurance Act 2007)

Section 1 - Particulars of Patient and Hospital

(To be completed by Hospital, Doctor or Patient)

Account Number: ____________________________ Patient Number: ____________________________

Address: ____________________________

Post Code: ____________________________

Date of Birth: ____________________________

Word: ____________________________

Admit Date: ____________________________

Pin Class Type: ____________________________

Fund: ____________________________

Membership Number: ____________________________

Hospital of Original Admission: ____________________________

Date of Original Admission: ____________________________

(Note being the date from which the patient has been continuously a patient in this or any other hospital(s), without a break of more than seven days.)

Section 2 - Patient Authorisation

(To be completed by Patient, Parent or Guardian)

I, ____________________________, authorise ____________________________ to release all information relevant to the

condition(s) described in Section 3 below.

Signature: ____________________________ Relationship: ____________________________

Date: ___/___/___

(If you are not the patient)

Section 3 - Certification of Patient's Medical Condition

(To be completed by Doctor)

Notes: A separate certificate is required for each 30 day period

I certify the above patient requires, or will require acute care for at least the period commencing ___/___/___ (no later than 14 days after signing the certificate) and ending ___/___/___ (no later than 30 days from commencement).

Please state (1) The condition(s) requiring Acute Care:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(2) Details of Hospital Treatment required and provided (e.g. medication or treatment not available in a

nursing home, nature and frequency of rehabilitation treatment received, date and nature of surgery or

acute medical episodes or complications, prognosis and opinion of probable duration of continuing need

for Acute care):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Section 4 - Certification

(To be completed by Doctor)

Doctor's Name: ____________________________  Doctor's Signature: ____________________________

Date: ___/___/___  (please PRINT)  Telephone Number / Pager: ____________________________

STEP 4 - Return completed Acute Care Certificate to Ward Clerk.

This information is available in alternative formats on request for a person with a
disability.