
TITLE: **ADMISSION POLICY FOR WA HOSPITALS****DISTRIBUTION:** **ALL PUBLIC HOSPITALS IN WESTERN AUSTRALIA**

1. Purpose

The purpose of this bulletin is to outline the guidelines for the admission of patients to hospitals in Western Australia.

2. Background

Accurate hospital activity data are essential in a casemix environment. To ensure consistent hospital information, all hospital staff who authorise admissions to Western Australian hospitals should use the same criteria for admissions. Hospital staff who record patient information, should be aware of the rules and guidelines for the admission of patients. Admission guidelines were first implemented in July 1997 and have been updated in response to comment and experience. These guidelines apply from 1 July 2002 and will be used when auditing hospital admitted patient activity from that date.

The difference between admitted and non-admitted patients is an important one. Admitted patients include both overnight and same-day patients and may include different types of episodes of patient care such as acute care, rehabilitation, palliative care, psychogeriatric care, geriatric evaluation & management and maintenance care.

The definitions of the different types of care are included in this policy document.

3. Admitted Patients

An admitted patient is a patient who undergoes a hospital's formal admission process and may be either an overnight-stay patient or a same-day patient. Before the admission process begins, certain criteria must be met for either overnight or same-day admissions.

3.1 Overnight Adult Patient

An overnight-stay adult patient is one who following a clinical decision, receives hospital treatment for a **minimum of one night**. For purposes of admission, an adult patient is one whose age at the time of the admission to hospital is greater than or equal to 16 years.

The list of criteria is based on the Adult Acute Care Admission Criteria which is used in the United States of America and has been modified and used in some States in Australia.

3.1.1 Admission Criteria for Adult Overnight-stay Patient

One or more of the following 16 criteria will usually be present for an acute adult admission to be an overnight-stay patient. The criteria are separated into severity of illness and intensity of service factors.

3.1.2 Severity of Illness

1. Sudden onset of unconsciousness
2. Abnormally high or low pulse
3. Abnormally high or low blood pressure
4. Acute loss of sight or hearing
5. Acute loss or ability to move major body part
6. Persistent fever
7. Active bleeding
8. Severe electrolyte or blood gas abnormality
9. Electrocardiogram abnormality
10. Wound dehiscence or evisceration
11. Incapacitating pain

3.1.3 Intensity of Service

One or more of the intensity of service criteria are required to be administered or used on the day of admission, i.e within 24 hours unless otherwise specified:

12. Parenteral medications and/or fluid replacement
13. Surgery or procedure scheduled within 24 hours
14. Equipment/facilities only available in an acute care setting
15. Vital sign monitoring
16. Intermittent or continuous use of a respirator

The need to meet one or more of the severity of illness criteria is determined only from information available at the time the patient presented to the hospital and in the period before the decision to admit the patient is made.

3.2 Overnight Paediatric Patient

An overnight paediatric patient is one who following a clinical decision, receives hospital treatment for **a minimum of one night**.

Paediatric patients are those who are less than 16 years of age when they are admitted to hospital.

The list of admission criteria for overnight paediatric patients is based on the Paediatric Appropriateness Evaluative Protocol.

3.2.1 Admission Criteria for Overnight Paediatric Patients

One or more of the following 20 criteria usually should be present for paediatric patients who are admitted. The criteria are separated into severity of illness and intensity of service factors. The list of criteria is based on the Paediatric Appropriateness Evaluative Protocol.

3.2.2 Severity of Illness

1. Sudden alteration to conscious state (coma, disorientation, confusion or unresponsiveness)
2. Acute or progressive incapacity
3. Acute loss of sight or hearing
4. Acute loss of ability to move a major body part
5. Persistent fever, rectal temperature >38.3 C, or other temperature >37.8 C
6. Active bleeding
7. Wound dehiscence, evisceration, or treatment
8. Severe plasma electrolyte/acid-base/blood pH abnormality or low Hb or PCV
9. Pulse rate outside specified range for age
10. Blood pressure above upper limit for age
11. Conditions not responsive to Out Patients or Accident & Emergency Department management
12. Child abuse and non compliance with essential treatment recommendations
13. Failure to thrive

3.2.3 Intensity of Service

14. Surgery or procedure scheduled within 24 hours
15. Use of equipment etc. only available in an acute care hospital
16. Treatment in an ICU, and/or intermittent or continuous use of a ventilator
17. Vital signs monitoring every 4 hours or more often, under Medical Officer's orders
18. Parenteral medications and/or fluid replacement, at least 8 hourly
19. Chemotherapeutic agents requiring continuous observations
20. Down transfer following major specialist surgery

The need to meet one or more of the severity of illness criteria is determined only from information available at the time the patient presented to the hospital and in the period before the decision to admit the patient is made.

3.3 Overnight Mental Health Patient

3.3.1 Admission Criteria for Overnight-stay Mental Health Patient

An overnight-stay mental health adult or paediatric patient is one who following a clinical decision, receives treatment for a minimum of one night for a mental health condition.

The criteria listed above for both adult and paediatric patients may not always be present in patients who require admission to hospital for a mental health condition. Additional social factors may be assessed. For example, the treating psychiatrist or medical officer may make the decision to admit a patient if the patient is considered to be at risk of causing harm to themselves or others. The reason for admission should be documented in the medical record.

3.4 Exceptional Patients

The admitting criteria may not always be present in the following care types:

- Paediatric care
- Obstetric care
- Rehabilitation
- Mental Health Patient Care
- Nursing Home Type Care

In addition patients living in rural or remote areas may not always meet any one of the listed criteria for adult or paediatric patients. The treating clinician may decide that optimal patient management requires an overnight-stay even in circumstances where none of the criteria are present. Examples may include :

- *‘Admission to monitor suspected premature labour. Labour not confirmed. Patient remained in hospital overnight and discharged in the morning.’*
- *Confusion. Admitted for assessment of underlying cause.*

If special circumstances influence the clinician’s decision to admit a patient, the reasons should be documented in the patient’s medical record.

The hospital’s admission protocols aim to meet both the patient’s need to be provided with high quality care in a professional and compassionate manner, as well as management needs for efficient use of limited hospital resources
(See also Operational Instruction OP 0980/97)

3.5 Different Types of Admitted Overnight-Stay Patients

3.5.1 Newborn Babies

Liveborn newborn babies are admitted patients.

They are further defined as either qualified or unqualified.

Stillborn babies are not admitted patients.

(Refer also to Technical Bulletin 14/4 - Neonatal Care Information Reporting).

3.5.2 Contracted Services Admitted Patients

A contracted services patient is an admitted patient whose treatment and/or care is provided under specific arrangement between two hospitals. Contracted services patients may be admitted as either overnight or same-day patients. The admission process is undertaken at both the destination hospital, CONTRACTED HOSPITAL (the hospital providing the contracted service), and the originating hospital, CONTRACTING HOSPITAL (the hospital requesting the service). (Refer also to Technical Bulletin 18/3 – Reporting Contracted Patients).

The destination hospital will record the patient type as a contracted services patient type. (See *HMDS Data Reference Manual July 2002, Health Information Centre.*)

Note: For funding purposes only the contracting hospital should report the activity however, both contracting and contracted hospitals should report the activity to the HMDS.

3.5.3 Admission for Organ Donation

There are different circumstances in which organs are donated. Patients may enter hospital to donate an organ or tissues (for example kidney or bone marrow.) They will be classified as admitted patients with the episode of care 'acute' when the organ is removed and the patient is discharged from hospital.

In different circumstances an admitted patient who receives treatment for what is usually an unexpected morbid condition or fatal injury may be subsequently pronounced brain dead. The deceased may become an organ donor in the same or a different hospital. The deceased patient should undergo statistical discharge and a change in episode of care from for example 'acute' to 'organ procurement'.

Patients who have been classified as brain dead in one hospital may be transferred to another hospital for the donation of an organ or organs. The episode of care in the hospital to which donor is transferred will be 'organ procurement.' **The donor (deceased) is a registered not admitted patient.**

Individuals registered by hospitals are not included in patient counts. The donor of an organ/s may have received care in the same or another hospital until time of death. After death the care is provided to a registered not an admitted patient. The registration enables the hospital to track the number of individuals who are in the hospital but they are not included in admitted patient counts. (Boarders also are registered not admitted patients).

Note: The National Coding Centre Standard 0030 should be used for the recording of the different circumstances and different codes used. Circumstance may involve:

- a live donor;
- an organ donation following brain death; or
- patients resuscitated and ventilated for possible organ donation.

Patients receiving the transplanted organ are admitted patients.

HMDS rules should be followed for posthumous organ donors.

3.5.4 Episodes of Care for Admitted Patients

Admissions may consist of one or more different types of episodes of care. These types of care include acute, rehabilitation, palliation, psychogeriatric, geriatric evaluation and management and maintenance care. Posthumous organ procurement and boarder are other episodes which can be recorded for patients who are registered. See the definitions of types of care, in part five. The criteria listed for acute overnight-stay patients may not be present for sub-acute and non-acute patients. (See Technical Bulletin 26/4 – Reporting Different Episodes of Care).

The treating clinician is responsible for the designation of Episode of Care and should decide if the care during the episode is Acute, Rehabilitation, Palliation, Geriatric Evaluation & Management, Psychogeriatric or Maintenance Care.

3.5.5 Rehabilitation Patients who require an Acute Procedure

The episode of care for a patient who is admitted for rehabilitative treatment is recorded as rehabilitation. If the patient is scheduled for a procedure during the same hospital stay, the patient goes on leave from the rehabilitation episode and is assigned an episode of acute care. Two DRGs will be assigned that is, one for the rehabilitation period (before and/or after the acute admission) and one for the acute period.

Note : Those hospitals whose computer systems do not allow a patient who is on leave from rehabilitation to be an acute patient in the same hospital, will need to reclassify the patient as undergoing episodes of care change from rehabilitation to acute back to rehabilitation. There will be two DRGs assigned, one for the rehabilitation episode and one for the acute episode.

3.5.6 Patients who are Transferred

Patients who are to be transferred to another hospital should only be admitted to the first hospital if:

- they meet admission criteria; or
- their condition requires stabilisation, which is not possible in a non-admitted patient setting; or
- their condition requires extensive active monitoring or investigation which is recorded; and
- the treating medical officer authorises the admission.

The treating clinician should decide if the formal admission process should be undertaken.

All admissions require a discharge summary completed by the doctor responsible for care. The MR1 Form (Emergency Department Notes) is not a substitute for a discharge summary.

(See Technical Bulletin 50/0 - Transferred Patients)

3.5.7 Patients who Refuse Admission

There are instances when an admission has been arranged by a referring clinician, however when the patient presents to the hospital, he or she has a change of mind and refuses admission. If the clerical procedures have been completed but the patient refuses to be admitted the admission should be cancelled. Any time spent by the clinician counselling or encouraging the patient to be admitted should be recorded as an occasion of non-admitted service.

3.5.8 Recurrent Patients

Patients who are discharged and readmitted on the same day or the day following discharge, for the same or related condition, should have one admission only. One discharge summary is required. The time from discharge to readmission is considered leave time.

Examples of related conditions are chest infection/pneumonia, renal colic/renal calculi, chest pain/pleurisy.

If a different condition is treated, for example a patient with pneumonia is discharged and after being home for 2 hours falls and consequently fractures a leg, and is then readmitted to the same hospital but under the care of a different clinician/clinical specialty, the admission is considered a new admission not a recurrent admission.

Note 1: The National Hospital Quality Management Program has determined that readmission rates to the same hospital within 28 days following discharge should be monitored.

Note 2: The Health Insurance Act determines that the admission of a patient who is readmitted to a hospital as a private patient within 7 days of discharge is classed as the same admission and the days out of hospital are considered 'leave days'.

- The formal admission processes should only be undertaken for those patients who meet the criteria of an admitted patient unless the patient qualifies as exceptional as per Section 3.4 of this document.
- All the other patients which hospitals may treat are considered non-admitted patients and do not undergo the formal admission process.
- The treating Clinician makes the decision whether the patient is to be admitted. For patients who are admitted, one of the criteria from the lists for Adult or Paediatric patients will usually be present

3.6 Admitted Same-Day Patient (Intended Same-day and Unbooked Same-day)

A same-day patient may be either a booked or an emergency patient.

3.6.1 Admission for Intended Same-day Patient

An intended same-day patient is a patient who has undergone the hospital's admission procedures and for whom it is planned that the admission, treatment and discharge will occur on the same date.

The same-day booked patient must meet the minimum criteria for admission as defined by the Commonwealth before being classified as a same-day patient. The set criteria state that:

- the patient should receive a same-day surgical or diagnostic service as defined in bands 1a, 1b, 2, 3 and 4 but excluding uncertified type C Professional Attention Procedures within the Health Insurance Basic Table as defined in the National Health Act 1953 (Cwlth); or
- the patient receives a type C Professional Attention Procedure as specified in the National Health Act.

The Same Day Procedures Manual March 1999 Edition should be consulted for the complete list of procedures which are within the bands and the full list of Type C Professional Attention Procedures. Find the Commonwealth's list of day only procedures at:

[http://www.health.gov.au/private health/providers/dayonly/daymbs_nov2001.htm](http://www.health.gov.au/private%20health/providers/dayonly/daymbs_nov2001.htm)

A brief description of some of the procedures which are included within the bands and those which are considered type C are listed below.

Band 1

A categorisation of Day Only patients which includes haemodialysis, peritoneal dialysis, chemotherapy, gastrointestinal endoscopy, certain minor surgical items and non surgical procedures that do not normally require anaesthetic.

Band 2

A categorisation of Day Only Patients (other than band 1) which includes procedures (other than band 1) carried out under local anaesthetic with no sedation.

Band 3

A categorisation of Day Only Patients which includes procedures (other than band 1) carried out under general or regional anaesthesia or intravenous sedation. The actual time in theatre is less than one hour or more.

Band 4

A categorisation of Day Only Procedures (other than band 1) carried out under general or regional anaesthesia or intravenous sedation. The actual time in theatre is one hour or more.

Non Band Specific Type B Day Procedures

Examples of procedures within this band include:

- Oocyte retrieval by any means
- Intrathecal or epidural infusion of a therapeutic substance
- Dressing of wounds under general anaesthesia
- Removal of cysts, ulcer or scars > 10 lesions
- Laparoscopy

Type C Exclusion List

The Type C Exclusion list is a list of procedures which usually do not require hospital admission. (The Health Funds do not pay hospital fees for private patients when treatment for these types of procedures takes place, unless the doctor certifies that there were special circumstances which made the admission necessary).

Documentation is required in the medical record for the reason or special circumstances which required the admission for a procedure from the Type C exclusion list.

It includes many diagnostic procedures and investigations such as electroencephalography, electrocardiography, cystometography, some nuclear medicine nonimaging tests, cardiotocography (not during the course of confinement).

Note: See Same Day Procedures Manual, March 1999 Edition, Commonwealth of Australia for the complete list.

Pre-admission education, investigation, assessment and discharge planning documentation should be undertaken for intended day cases to ensure the length of the hospital stay is not extended. This may not always be possible in remote areas.

Note: There are two exceptions to the rule for admission of patients with conditions on the exclusion list. Mental Health patients who receive same-day electroconvulsive therapy and group therapy patients are admitted although these procedures appear on the Commonwealth Exclusion List.

3.6.2 Two Same-day Procedures in Different Departments

Some patients may be treated in two or more departments/units of a hospital on the same day. The admission process should be undertaken once only. For example if a person is admitted to the pain clinic for an injection into a nerve and then goes to the dialysis department for scheduled dialysis the admission is counted as one episode of care with one DRG allocated to the admission.

3.6.3 Unbooked Same-day Patients Admitted via an Emergency Department

As well as same-day booked patients, same-day patients also include those patients who are admitted from the Emergency Department. They may be admitted into a holding or observation ward and subsequently discharged on the same date. All other patients treated in the emergency department are non-admitted patients.

Patients who are admitted to a holding ward must meet admission criteria. If the criteria met is 'vital sign monitoring' the patient should be monitored and observations recorded for at least 4 hours. Any patient who receives less than 4 hours of observation is an emergency department presentation only.

3.6.4 Emergency Presentation or Outpatient Occasion of Service While an Admitted Patient

Non-admitted patient (emergency or outpatient) services provided to a patient during or immediately prior to admission, shall be regarded as part of the admitted episode. Any emergency presentation or out patient occasion of service should be recorded and identified as part of the patient's episode of care. For example, if an admitted patient attends an outpatient clinic which had been booked prior to the admitted care the service is part of the admitted patient care.

Boundary Between Day Only Admitted & Non-Admitted Patients

In general the day only patient receives care which involves more prolonged monitoring and evaluation, a more complex procedure or more prolonged post-procedural recovery period than a non-admitted patient. The non-admitted patient receives simpler or less prolonged treatment.

The classification into day-only patient or non-admitted patient does not depend on the length of time in the Emergency Department of the hospital or on whether or not the patient actually occupies a bed.

4. Patients who are not Admitted

An understanding of the definitions of patients who are not admitted may assist in the recognition of patients who are admitted. Patients described in this section do not undergo the hospital's formal admission process. (This section is intended to highlight the differentiation.)

4.1 Non-admitted Patients

There are three categories of non-admitted patients (see Technical Bulletin 19/4 – Scheduled Non-Admitted Patient Services Information Reporting).

These are :

- patients who are treated in an **emergency department**. They may be treated or observed by a medical officer but are not admitted to a holding ward. These patients will present with the types of conditions which could be treated in a doctors surgery or which may require more extensive treatment than that available in a doctor's surgery, but do not require treatment as an admitted patient.
- patients treated in the **outpatients department** who are not also admitted patients.
Note: A visit to an outpatient clinic by an admitted patient in the same hospital is considered part of the admitted patient treatment.
- other patients which include patients treated by hospital employees not on the hospital site and **community** and outreach services provided by the hospital.

4.2 Boarders

A boarder is a person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care. Boarders are not admitted patients and may include patients who are in transit from one hospital to another.

The patients who are in transit may include those going to a larger hospital for a type of treatment which is unavailable in the hospital offering the accommodation, while awaiting transportation. This group also includes those returning to homes located in remote areas. Hospitals may register boarders as non-admitted patients. (Refer also to Technical Bulletin 16/3 - Boarders).

Note: Babies transferred from one hospital to another before they are nine days old are either qualified or unqualified neonates. They are not boarders.

4.3 Cancelled Procedures

Patients who have a procedure cancelled are not admitted patients unless the illness which caused the cancellation requires treatment and meets admission criteria. If an admission is warranted the condition which caused the cancellation is the principal diagnosis not the condition requiring the procedure. (See Technical Bulletin 43/0 - WA Coding Standards).

4.4 Dead on Arrival

Patients who are dead on arrival at the hospital and who are given no active resuscitation or treatment do not qualify for admission.

4.5 Posthumous Organ Donors

Patients who have been certified brain dead are registered patients for an organ procurement episode of care. They do not meet the criteria of admitted patients.

5. Definitions

5.1 Acute Care Episode for Admitted Patients

An episode of acute care for an admitted patient is one in which the clinical intent is to do one or more of the following:

- manage labour (obstetric);
- cure illness or provide definitive treatment;
- perform surgery;
- relieve symptoms of illness or injury;
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal functions; and/or
- perform diagnostic or therapeutic procedures.

5.2 Admission

An admission is the process by which an admitted patient commences an episode of care. An admission may be formal or statistical.

5.3 Admitted Patient

An admitted patient is a patient who undergoes a hospital's formal admission process and either meets the minimum requirement to be a same-day patient or, following a clinical decision, receives hospital treatment for a minimum of one night.

5.4 Domiciliary Care

Domiciliary care is medical, nursing or professional paramedical care or treatment to patients in their own homes or in (non-health) residential institutions. Domestic or housekeeping assistance is not considered domiciliary care.

5.5 Episodes of Care

Episodes of care are defined as phases of treatment. Overnight-stay patients can have different episodes of care during their hospital stay. When the episode of care changes a statistical process is undertaken to record the change of episode and the date on which it occurs. (Refer also to Technical Bulletin 26/4 – Reporting Different Episodes of Care). The types of different episodes are acute, rehabilitation, palliation, psychogeriatric, maintenance care, newborn, organ procurement and boarder.

5.6 Geriatric Evaluation and Management

Geriatric evaluation and management is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient. This may also include younger adults with clinical conditions generally associated with old age.

This care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames. Geriatric evaluation and management includes care provided:

- in a geriatric evaluation and management unit;

- in a designated geriatric evaluation and management program; or
- under the principal clinical management of a geriatric evaluation and management physician or, in the opinion of the treating doctor, when the principal clinical intent of care is geriatric evaluation and management.

5.7 Interhospital Contracted Services Patient

A contracted services patient may be an admitted patient, (either overnight-stay or same-day) or a non-admitted patient.

Treatment or care is provided under specific arrangements between the different hospitals, either public or private or between health authorities and public or private hospitals.

A specific arrangement made between the two parties should apply, whereby one facility provides specific services to the other.

The arrangement for the provision of specific services must include an agreement that the destination hospital (providing the contracted service) will be remunerated by the originating hospital (requesting the service), unless the service falls under the special statewide services group as referred to in Technical Bulletin 18/3 – Reporting Contracted Patients.

5.8 Hospital in The Home Care

Hospital in the Home care is defined as the provision of care to hospital admitted patients in a place of residence as a substitute for hospital accommodation. The hospital in the home care can be all or part of an acute episode. Certain criteria must be met for inclusion in a Hospital in the Home program (see Technical Bulletin 0/0 – Hospital in the Home Program).

5.9 Maintenance Care

Non-acute patient care includes care provided to those who:

- are Nursing Home Type Patients (NHTPs), ie. when a person has been in hospital for a continuous period of more than 35 days and does not have a current acute care certificate; or
- are not NHTPs and would not normally require hospital treatment but there are factors in the home environment (physical, social or psychological) which make it inappropriate for the person to be discharged to home in the short term; or
- are not NHTPs but are in receipt of respite care where the sole reason for admitting the person to hospital is that the care that is usually provided in another environment e.g. at home, in a nursing home, by a relative or with a guardian is unavailable in the short term; or
- are treated in psychiatric units and who have a stable but severe level of functional impairment and inability to function independently without extensive care and support and for whom the principal function is the

provision of care over an indefinite period. This includes psychogeriatric patients admitted for respite care.

5.10 Non-admitted Care

Non-admitted care is direct care provided, within the emergency department or other designated clinic within a hospital, to individuals who have not undergone the hospital's formal admission process. (Refer also to Technical Bulletin 23/3 - Emergency Department Patient Services Information Reporting; and Technical Bulletin 19/4 - Scheduled Non Admitted Patient Services Information Reporting).

Non-admitted care also includes other types of care provided in the community by community health services, district nursing services or other outreach services.

5.11 Nursing Home Type Patient (NHTP)

A nursing home type patient is an eligible admitted patient who has been in hospital for a continuous period of over 35 days and who does not have a current acute care certificate.

A nursing home type patient is defined in section 3 of the Commonwealth *Health Insurance Act 1973*. After 35 days of continuous hospitalisation a patient must be classified as a NHT patient unless a medical practitioner under section 3(B) (1) states that the patient is in need of:

- acute care; or
- professional attention for an acute phase of the condition ; or
- active rehabilitation; or
- continued management, for medical reasons as an admitted patient.

5.12 Observation or Holding Ward

An observation or holding ward is an area of the hospital, often in close proximity to the emergency department, where patients may receive treatment, monitoring or evaluation. The observation or holding ward is used when the treating medical officer decides that appropriate treatment of the patient involves close evaluation of signs and symptoms over a period of hours before a decision is made about formally admitting the patient to a specific ward for continuing treatment or monitoring.

5.13 Overnight-Stay Patient

An overnight-stay patient is one who, following a clinical decision, receives hospital treatment for a minimum of one night. An overnight-stay patient undergoes a hospital's formal admission process.

5.14 Palliation

An episode of palliation occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable, or where the person chooses not to pursue curative treatment.

Palliation provides relief of suffering and enhancement of quality of life for such a person. Interventions such as radiotherapy, chemotherapy, and surgery are considered

part of the palliative episode if they are undertaken specifically to provide symptomatic relief.

Palliation includes episodes:

- in a palliative care unit;
- in a designated palliative care program;
- under the clinical management of a palliative care physician; or
- where in the opinion of the treating doctor the principal clinical intent of the care is palliation.

5.15 Psychogeriatric Care

Psychogeriatric Care is defined as an episode of care:

- provided for an elderly person with either an age-related organic brain impairment with significant behavioural disturbance or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric disturbance or behavioural disturbance, and
- for whom the primary treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour or quality of life
- which is evidenced by:
 - multidisciplinary assessment and/or management of complex medical psychiatric and functional conditions and regular reassessments working towards negotiated goals within an indicative time frame.

5.16 Post Acute Care

Post acute care is hospital-organised therapy or nursing care provided following an episode of acute illness with the principal intent of reducing the length of hospital stay and restoring function. It is time limited.

5.17 Registered Patient

Individuals registered by hospitals are not included in patient counts. The donor of an organ/s may have received care in the same or another hospital until time of death. After death the care is provided to a registered not an admitted patient. The registration enables the hospital to track the number of individuals who are in the hospital but they are not included in admitted patient counts. (Boarders also are registered not admitted patients).

5.18 Rehabilitation

An episode of rehabilitative care occurs when a person with a disability is participating in a multidisciplinary program aimed at improvement in functional capacity, retraining in lost skills and/or change in psychosocial adaptation. This care may be undertaken:

- in a designated rehabilitation unit;
- under a rehabilitation program;
- under the care of a rehabilitation physician; or
- where the clinical intent of the treatment is rehabilitation.

5.19 Respite Care Patient

Respite care patients are those with chronic conditions who are usually managed at home but who, due to factors in the home environment (physical, social or psychological), require hospital admission. The care given is for functional maintenance only. The episode of care recorded for these patients will be maintenance care.

5.20 Same-day Patient

A same-day patient is one who undergoes the hospital's formal admission process, is admitted, treated (according to set minimum criteria) and discharged on the same date.

5.21 Stillbirth

A still birth is a foetal death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or a birthweight of 400gms or more. The death is indicated by the fact that after such separation, the foetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

6. EXAMPLE OF SAME-DAY PROCEDURES LIST (From Same-Day Procedures Manual)

Therapeutic Procedures

Dialysis (both haemodialysis and peritoneal)

Blood Transfusion (includes collection from donor, administration of blood or marrow already collected)

Chemotherapy

Surgical operation

Keloid and skin lesions

Multiple injections of hydrocortisone

Oesophagoscopy

Gastrosopy

Panendoscopy

} with or without biopsy, removal of foreign body,
sclerosing injection, balloon dilation of stricture

Injection of sclerosant to pilonidal sinus

Sigmoidoscopy

Colonoscopy

} with or without removal of lesion or polyp

Gynaecological examination under anaesthesia

Colposcopically directed CO₂ laser therapy

Hydrotubation of fallopian tubes

Stab Cystoscopy

Lumbar Puncture

Injection primary branch trigeminal nerve

Ear Toilet under operating microscope

Diathermy septum, turbinates or pharynx

Cryotherapy to nose

Removal of tarsal cyst

Cauterisation of angioma

Transoesophageal echocardiographic examination

Oocyte retrieval

Transfer of embryos of both ova and sperm

Therapeutic haemapheresis

Donor haemapheresis

Removal of ligature of cervix

Chorionic Villus of Sampling

Amniocentesis

Administration of anaesthetic with digital subtraction angiography

Procedure requiring anaesthetic under 10 years

Inthratecal or epidural infusion

Paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves injection
of anaesthetic agent

Stellate ganglion injection

Skin & subcutaneous tissue or mucous membrane repair of recent wound

Dressing of recent wounds under general anaesthesia

Bone marrow biopsy

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