

# Queensland Hospital Admitted Patient Data Collection (QHAPDC): Admission and Separation date and time

Information relating to the admission and separation for an admitted patient is crucial in understanding when the hospital or facility providing care accepts responsibility for the care and treatment of a patient and when that responsibility ends.

## Admission

Admission is the process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment. An admission may be formal or statistical.<sup>1</sup>

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 one hospital stay.

For example, a patient presenting at hospital for admission for a planned operation is considered to be a formal admission, whereas an already admitted patient who is being treated for an acute condition and has been clinically assessed as being able to commence the rehabilitation phase of their hospital stay will be statistically discharged from an acute care type and statistically re-admitted as a rehabilitation patient with a rehabilitation care type.

For more information about care type, please see Hospital service-care type (QHAPDC)<sup>2</sup>.

The two essential data elements relating to the concept of admission are:

- Admission date (Episode of admitted patient care-admission date<sup>3</sup>): Date on which an admitted patient commences an episode of care
- Admission time (Episode of admitted patient care-admission time<sup>4</sup>): Time at which an admitted patient commences an episode of care.

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<sup>1</sup>Queensland Health Data Dictionary, accessed 1 November 2021, [https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE\\_DETAIL::DE:NO::P7\\_SEQ\\_ID:44298&cs=1272964B06AF15128C8DFFA7AD013AAD9](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:44298&cs=1272964B06AF15128C8DFFA7AD013AAD9)

<sup>2</sup>Queensland Health Data Dictionary, accessed 1 November 2021, [https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE\\_DETAIL::DE:NO::P7\\_SEQ\\_ID:45728&cs=125AF90D8A3DF5400CF969FF606E96010](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:45728&cs=125AF90D8A3DF5400CF969FF606E96010)

<sup>3</sup>Queensland Health Data Dictionary, accessed 1 November 2021, [https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE\\_DETAIL::DE:NO::P7\\_SEQ\\_ID:42028&cs=1991CA0F6D9B1B5908D2F3FF60E0A3361](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:42028&cs=1991CA0F6D9B1B5908D2F3FF60E0A3361)

<sup>4</sup>Queensland Health Data Dictionary, accessed 1 November 2021, [https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE\\_DETAIL::DE:NO::P7\\_SEQ\\_ID:42029&cs=11F048CA8EE96A02E094344FF41ACCB2E](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:42029&cs=11F048CA8EE96A02E094344FF41ACCB2E)

## Separation

Separation (i.e. discharge) is the process by which an episode of care for an admitted patient ceases. A separation may be formal or statistical. An episode of care may cease because the patient's treatment is complete, the patient no longer requires care, has deceased, is transferred to another hospital/care facility or the patient leaves the hospital against medical advice<sup>5</sup>.

Formal separation is the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient. Whereas a statistical separation is the administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay (as included in the above Admission scenario).

For both a formal and statistical separation, the two essential data elements are:

- Separation date (Episode of admitted patient care-separation date<sup>6</sup>): Date on which an admitted patient completes an episode of care
- Separation time (Episode of admitted patient care-separation time<sup>7</sup>): Time at which an admitted patient completes an episode of care.

## Importance of correct Admission and Separation data

The correct capture of date/time components for admission and separation allows for the calculation of the length of stay for an episode of care, impacts funding, identifies when care started and ended and allows for analysis of the data by time, day of the week, month, season and year.

## Admission and Separation Scenarios

Below are scenarios that illustrate the capture/recording of correct admission and separation data.

### Scenario 1

A patient presents at the hospital on the 1<sup>st</sup> March 2018 at 9 am (09:00 hrs) for a same-day chemotherapy episode of care.

- 09:00 A patient presents at Admission desk for admission and treatment. The patient is asked to wait in the waiting room.
- 09:10 The patient is called to the Admission desk for admission processes to be completed. At this time, the hospital staff confirm that the intended procedure will be undertaken.
- 09:15 Admission processes are complete and patient waits in the waiting room for clinical staff.
- 09:20 Clinical staff meet patient and go with patient to treatment area.
- 09:30 Chemotherapy treatment commences.
- 12:00 Chemotherapy treatment is completed, the patient being observed by clinical staff.

<sup>5</sup> Queensland Health Data Dictionary, accessed 1 November 2021, [https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE\\_DETAIL::DE:NO::P7\\_SEQ\\_ID:42068&cs=17209A227D4F297DB0C8FA02EA8972E62](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:42068&cs=17209A227D4F297DB0C8FA02EA8972E62)

<sup>6</sup> Queensland Health Data Dictionary, accessed 1 November 2021, [https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE\\_DETAIL::DE:NO::P7\\_SEQ\\_ID:42069&cs=16D71D68896115058B55AE3C527B41135](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:42069&cs=16D71D68896115058B55AE3C527B41135)

<sup>7</sup> Queensland Health Data Dictionary, accessed 1 November 2021, [https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE\\_DETAIL::DE:NO::P7\\_SEQ\\_ID:42070&cs=1FA9E12F024A4276161D0EE52244C64B0](https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::DE:NO::P7_SEQ_ID:42070&cs=1FA9E12F024A4276161D0EE52244C64B0)

14:00 Post treatment observation of patient completed and the patient is able to leave treatment area.

14:15 The patient leaves the hospital after speaking with the staff at the Admission desk to let them know they have finished their treatment and are going home.

The hospital accepted responsibility for the care of the patient at 09:10. Therefore, the admission date and time are 01/03/2018 09:10.

The patient completed their treatment, other care and was no longer the responsibility of the hospital at 14:15 hrs. Therefore, the discharge date and time are 01/03/2018 14:15.

## Scenario 2

A patient is admitted to hospital for rehabilitation care (admitted 09:00 hrs on the 1<sup>st</sup> March 2018).

During the episode of care, the patient falls and sustains a fractured hip (11:00 hrs 7<sup>th</sup> March 2018). The treating clinicians make the clinical decision that the patient's injury is to be acutely treated by an orthopaedic surgeon and the patient is booked for an operation (8<sup>th</sup> March 2018). Responsibility for care of the patient is transferred to the orthopaedic surgeon at 14:00 hrs 7<sup>th</sup> March 2018.

Five days after the patient has the operation to repair the fractured hip, the treating clinicians clinically agree (10:00 hrs 13<sup>th</sup> March 2018) that the patient meets the criteria for rehabilitation care and that the patient is able to return to the Rehabilitation Unit.

The patient completes their rehabilitation care 10 days later and is discharged home (09:00 hrs 23<sup>rd</sup> March 2018).

09:00 1 <sup>st</sup> March 2018	Formal admission for rehabilitation care
14:00 7 <sup>th</sup> March 2018	Statistical separation from rehabilitation episode of care
14:01 7 <sup>th</sup> March 2018	Statistical admission for acute care
10:00 13 <sup>th</sup> March 2018	Statistical separation from acute care episode of care
10:01 13 <sup>th</sup> March 2018	Statistical admission for rehabilitation care
09:00 23 <sup>rd</sup> March 2018	Formal separation.

## Scenario 3

A palliative care patient is admitted to hospital (07:00 hrs 1<sup>st</sup> March 2018) for end of life care. The patient died two days after being admitted (3<sup>rd</sup> March 2018) at 23:00 hrs. The patient remains in the ward until end of life care has been provided, the family have visited and religious rights have been performed.

The deceased patient is moved to the hospital mortuary at 08:00 hrs on the 4<sup>th</sup> March 2018.

07:00 1 <sup>st</sup> March 2018	Formal admission for palliative care
23:00 3 <sup>rd</sup> March 2018	Formal separation.