Queensland Government
Queensland Health

2009 - 2010

MONTHLY ACTIVITY COLLECTION MANUAL

PUBLIC FACILITIES

Manual for Completing Monthly Activity Reports for the Data Collections Unit.

DOCUMENT INFORMATION

ISSUE: Version 8

PUBLISHED BY:
Data Collections Unit
Health Statistics Centre
Queensland Health
GPO Box 48
Brisbane Q 4001
Ph (07) 3234 1886
Fax (07) 3234 0279

APPROVED BY: .....
John Harrington
Manager
Data Collections Unit

DATE: July 2009

DISTRIBUTED TO: All contacts for the Monthly Activity Collection in public facilities.

RELEASE HISTORY:

Date	Release	Pages	Details
Jul 1996	Version 1 Release A	All	Initial release of public hospital manual as an uncontrolled document (ie, no manual number).
Jul 1997	Version 1 Release B	All	Update of initial release to reflect changes to forms etc. Uncontrolled document.
Oct 1998	Version 2 Release A	All	Release of controlled document.
Jan 1999	Version 2 Release B	All	Update of controlled document to reflect changes to forms etc.
Jul 2000	Version 2 Release C	All	Update of controlled document to reflect changes to forms etc.
Jul 2001	Version 2 Release D	All	Update of controlled document to reflect changes to business rules for PH1 extracts and facilities within the scope of the collection.
Jul 2002	Version 2 Release E	All	Update of controlled document to reflect changes to forms and facilities within the scope of the collection.
Jul 2003	Version 2 Release F	All	Update of controlled document to reflect changes to forms and facilities within the scope of the collection.
Jul 2004	Version 2 Release G	All	Updated document to reflect changes to forms and facilities within the scope of the collection (manual is no longer a controlled document).
Jul 2005	Version 3 Release A	All	Updated document to reflect changes to forms in order to meet SCF & ACHA requirements from 1/7/2005
Jul 2006	Version 4 Release A	All	Updated document to reflect changes to forms and facilities within the scope of the collection.
Jul 2006	Version 4 Release B	38, 58 & 77	Pages updated following advice requiring change.
Jul 2007	Version 5 Release A	All	Updated document to reflect changes to forms and facilities within the scope of the collection.
Jul 2008	Version 6 Release A	All	Update of controlled document to reflect changes to forms and facilities within the scope of the collection.
Jul 2008	Version 7 Release A	All	Update of controlled document to reflect changes to forms and facilities within the scope of the collection.
Jul 2009	Version 8	All	Removed the Dental collection component and MTHACPS1 report (Public Psychiatric Hospitals). Updated required definitional changes.

TABLE OF CONTENTS

Section ***Page***

DOCUMENT INFORMATION 2

TABLE OF CONTENTS 3

1 PROCEDURAL INFORMATION 5

1.1 HOW SHOULD THIS MANUAL BE USED? 5
1.2 WHY ARE THE MONTHLY ACTIVITY REPORTS COLLECTED? 5
1.3 SUBMITTING THE MONTHLY ACTIVITY REPORTS 5
1.3.1 WHAT FILE NAME SHOULD BE USED? 5
1.3.2 WHY MUST THE REPORT STRUCTURE NOT BE ALTERED BY FACILITIES? 6
1.3.3 WHAT E-MAIL ADDRESS SHOULD THE REPORTS BE SENT TO? 6
1.3.4 HOW SHOULD THE REPORTS BE SAVED? 6

2 REPORTING REQUIREMENTS 8

2.1 WHICH MONTHLY ACTIVITY REPORTS ARE REQUIRED? 8
2.2 WHEN ARE THE REPORTS DUE? 9
2.3 NIL ACTIVITY REPORTING 9
2.4 MONTHLY ACTIVITY REPORTS VALIDATIONS 9
2.4.1 ACUTE FACILITIES 9
2.4.2 ADMITTED PATIENT (MTHACPH1) SEPARATIONS VALIDATION 10
2.4.3 OTHER ADMITTED AND NON-ADMITTED PATIENT VALIDATIONS (MTACPH3X, MTACPH3Y, MTACPH4X AND MTACPATH) 11
2.4.4 MULTI PURPOSE HEALTH SERVICE 11

3 DEFINITIONS OF ITEMS COLLECTED 12

3.1 RECOGNISED PUBLIC HOSPITAL FACILITIES 12
3.1.1 MTHACPH1 REPORT 12
3.1.2 MTACPH3X AND MTACPH3Y REPORTS 22
3.1.3 MTACPH4X REPORT 31
3.1.4 BEDS AVAILABILITY REPORTING APPLICATION 40
3.1.5 MTACDENT REPORT 47
3.1.6 MTACPATH REPORT 48
3.2 PUBLIC NURSING HOMES/HOSTELS/INDEPENDENT LIVING UNITS 49
3.2.1 MTHACNH2 REPORT 49
3.3 PUBLIC PSYCHIATRIC HOSPITALS 53
3.3.1 MTHACPS1 REPORT 53
3.4 MULTI PURPOSE HEALTH SERVICES 54
3.4.1 MTHACMP1 REPORT 54

4 MONTHLY ACTIVITY REPORTS 57

4.1 MTHACPH1 REPORT 57
4.2 MTACPH3X REPORT (LARGER FACILITIES) 58
4.3 MTACPH3Y REPORT (LARGER FACILITIES) 59
4.4 MTACPH4X REPORT (SMALLER FACILITIES) 60
4.6 MTACPATH REPORT (NON-AUSLAB FACILITIES) 61
4.7 MTHACNH2 REPORT (NURSING HOMES/HOSTELS/ILU) 62
4.8 MTHACMP1 REPORT (MPHS) 63

5 REFERENCE TABLES 64

5.1 DEFINITIONS OF CLINIC TYPES - 3X REPORT 64
5.2 MAPPING OF CLINIC TYPES – 3X, 3Y & 4X REPORTS 70
5.3 HBCIS SUB-SPECIALTY CODE MAPPING – 3X & 3Y REPORTS 73
5.4 REPORTS REQUIRED FROM FACILITIES - BY DISTRICT 76

INDEX81

1 PROCEDURAL INFORMATION

1.1 HOW SHOULD THIS MANUAL BE USED?

This Manual is designed to be a reference document for anyone completing a Monthly Activity Report (MAR) for the Data Collections Unit, Queensland Health.

1.2 WHY ARE THE MONTHLY ACTIVITY REPORTS COLLECTED?

Under the National Healthcare Agreement, Queensland Health is required to supply the Australian Government with data on Queensland's public health system. The National Health Information Agreement requires that Queensland Health provide activity data as part of the Public Hospital Establishments and the Outpatient Care National Minimum Data Set (NMDS).

The Queensland Government through the Health Action Plan October 2005 mandated that Queensland Health will move to a Casemix funding arrangement for hospitals. Since the release of this document the Casemix Costing and Allocation Team has requested that the Monthly Activity Collection collect occasions of service data using a new clinic type code set from 1 July 2007 as part of the Outpatient component of the Casemix Funding Model.

The data collected on the Monthly Activity Reports contribute to these requirements.

In addition, Monthly Activity data is routinely published on the Queensland Health Internet and Intranet portals as well as supplied to the Director General, General Managers of all Area Health Services and managers of other units within Queensland Health.

One key element in the use of the data is matching activity to expenditure. It is important therefore that the activity reported for the Monthly Activity Collection is activity operated and managed by the facility and funded from the facility's operating expenditure.

1.3 SUBMITTING THE MONTHLY ACTIVITY REPORTS

1.3.1 What File Name should be used?

When forwarding the reports by e-mail or disc to the Data Collections Unit, facilities should use the file name format developed by DCU in 1998. This format is *mmyyfff . [Facility number]*, where:

mm	the reference month the report relates to eg 07 for July;
yy	the year eg 09 for 2009;
fff	the report name, which is the last three characters of the report name found toward the bottom right hand corner of each report, eg: h3x for report MTACPH3X, h4x for report MTACPH4X
[Facility number]	the facility number of the facility the report relates to. eg 00004 for Prince Charles Hospital, 00068 Gympie Hospital, 01653 for Woorabinda Multi Purpose Health Service.

So, the file name for a July 2009 MTACPH3X report for Mackay Hospital would be **0709H3X.00172.** Use of this file name format enables DCU staff to quickly determine which reports have been forwarded by which facilities.

1.3.2 Why Must the Report Structure not be altered by Facilities?

The reports are received by the Data Collections Unit in Excel spreadsheet format. An automated loading system is used to extract the data and load it into an ORACLE database. The system first locates the report name, as specified on the report, which is then used to determine which cells on the spreadsheet data needs to be extracted from. It is vital therefore, that facilities do not make any alterations to the format of the reports released by DCU.

1.3.3 What E-mail Address Should the Reports be sent to?

The e-mail address to be used by facilities when forwarding reports electronically is:

MASMAIL@health.qld.gov.au

This e-mail address is available in the GroupWise address book. Sending reports to MASMAIL will ensure that they are received, regardless of staff changes within the Data Collections Unit.

The subject field of the e-mail should contain the district name and period reported. This will assist DCU staff in loading and processing their respective Districts' data.

For example, "Northside Jul09 MAR's" or "Wide Bay Aug09 MAR's" should be entered in the subject field.

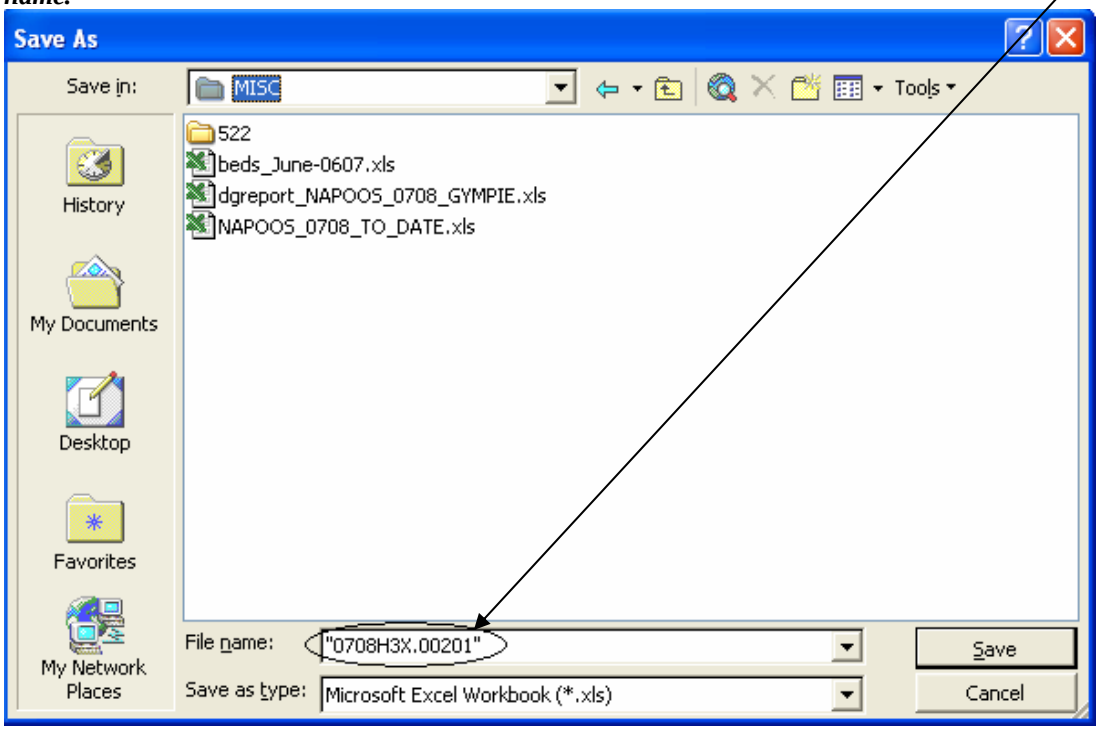
1.3.4 How Should the Reports be Saved?

The loading interface used by DCU processes Microsoft Excel (Version 97 or later) data files.

Please ensure all statements are saved as Microsoft Excel Workbooks (Version 97 or later) only.

Do not save reports as a "Microsoft Excel 5.0/95" or "**Microsoft Excel 97 & 5.0/95" Workbook** as our loading interface will reject those files.

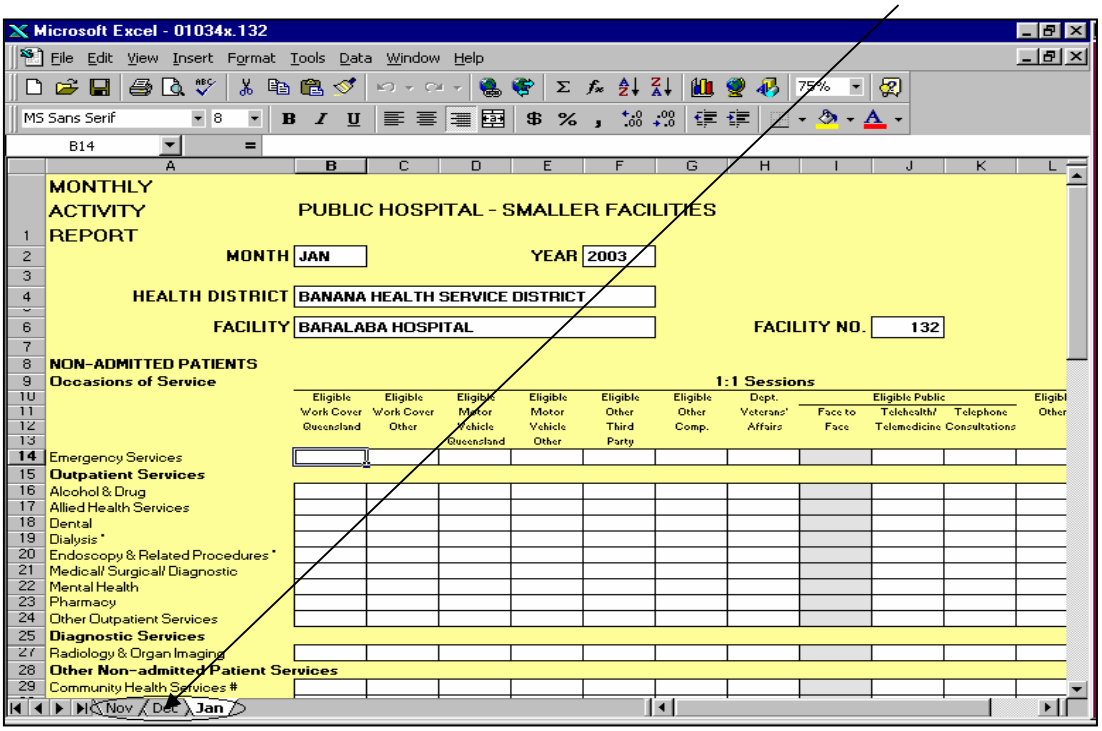
To ensure the 'file name format' is correct use the 'SAVE AS' command when saving the Monthly Activity Report and enclose the file name in double quotes. This stops Microsoft Excel adding a '.xls' after the file name.



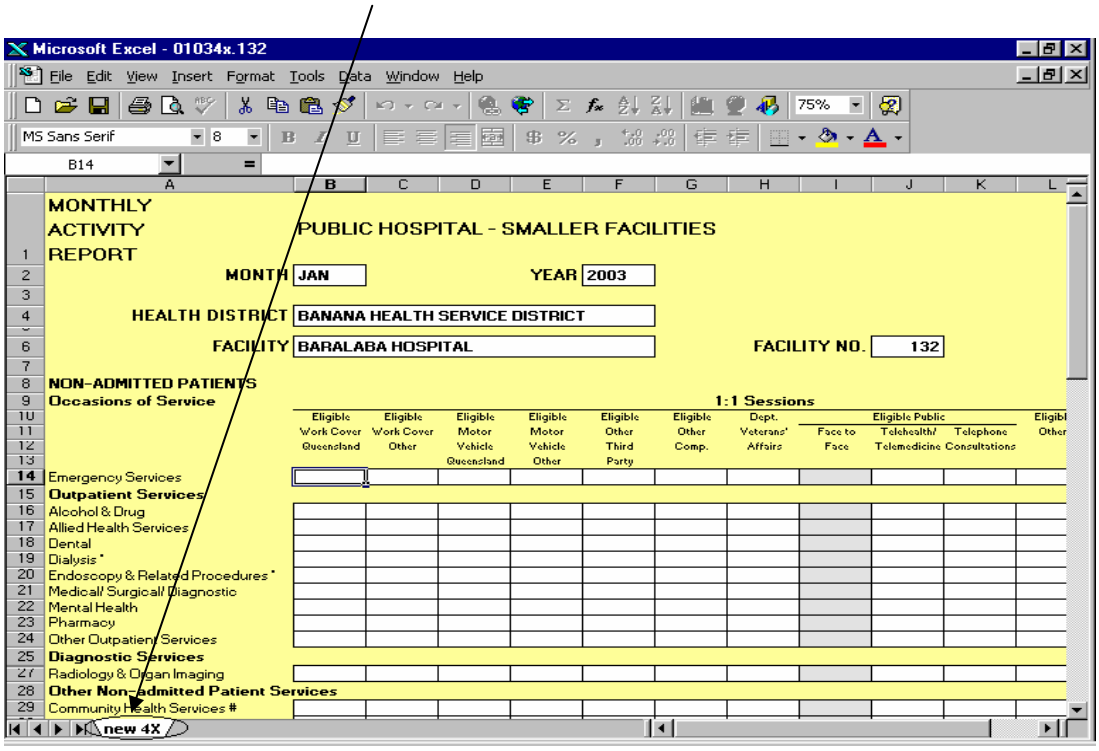
1.3.5 Do not Save Reports with Multiple Worksheets

Monthly Activity Reports that are submitted as Excel files with multiple worksheets are unable to be processed by our loading interface. Consequently, all facilities must forward all reports as **single-sheet** files.

Example of 4x report that will fail the load process due to the inclusion of multiple spreadsheets.



Example of 4x report as a single worksheet that will pass the load process.



2 REPORTING REQUIREMENTS

2.1 WHICH MONTHLY ACTIVITY REPORTS ARE REQUIRED?

The table below shows which Monthly Activity Reports are used to collect data from each type of public health facility in Queensland.

Facility Type	Type No.	Report	Submission Format	Data Collected
Hospital facilities – acute & psychiatric	33, 34, 36	MTHACPH1	MSEXCEL	Admitted patient admissions, separations, and classification changes.
Hospital facilities – acute	33,34	MTACPATH	CSV File MSEXCEL	Pathology occasions of service (Non-Auslab facilities only).
Hospital facilities – acute	33,34	MTACPH3X (for "larger facilities")	MSEXCEL	One-to-one and group occasions of service and the total number of patients attending group sessions for rehabilitation and geriatric evaluation and maintenance clinic types.
Hospital facilities – acute	33,34	MTACPH3Y (for "larger facilities")	MSEXCEL	One-to-one and group occasions of service, the total number of patients attending group sessions for rehabilitation and geriatric evaluation and maintenance clinic types, the number of births and the number of home dialysis patients.
Hospital facilities – acute	33,34	MTACPH4X (for "smaller facilities")	MSEXCEL	One-to-one and group occasions of service, the total number of patients attending group sessions for rehabilitation and geriatric evaluation and maintenance clinic types and the number of births.
Hospital facilities – acute	33,34	BARA (for "smaller" and "larger facilities")	Web Application	The number of available beds and available bed alternatives for admitted patients.
Nursing homes, hostels, independent living units	37, 38, 41, 43, 93	MTHACNH2	MSEXCEL	Admitted resident admissions, separations and non-admitted patients occasions of service.
Multi Purpose Health Services	94	MTHACMP1	MSEXCEL	Admitted patient admissions and separations.

If you are unsure what your facility type is and/or what Monthly Activity Reports you are required to submit, please refer to the "*Reports Required from Facilities by District*" table in Section 5 of this manual. Alternatively contact DCU.

2.2 WHEN ARE THE REPORTS DUE?

Monthly Activity Reports must be forwarded to the Data Collections Unit within **14 days after the reference month**.

The HBCIS system will continue to forward an automated 'MTHACPH1' report (not validated) to DCU on the 4th day of each month for previous month(s). Most facilities have this report set-up using the 'Report Monitor' functionality in HBCIS. Sites that **do not** use 'Report Monitor' must ensure that they send this report by the 4th day of each month **manually**, following instructions in the 'Monthly Activity Report Users Guide' prepared by Service Integration Management Team 1.

Sites are still required to send a second 'confirmed' – validated version of the report via STS to DCU **within 14 days after the reference month.**

2.3 NIL ACTIVITY REPORTING

Facilities that record no activity during the month are still required to submit their Monthly Activity Reports. This can be done by either advising DCU that the facility has had no activity, or by submitting a report with the cells for recording activity left blank.

2.4 MONTHLY ACTIVITY REPORTS VALIDATIONS

2.4.1 Acute Facilities

DCU validates reported admitted patient activity by confirming, where applicable, the total number of separated episodes of care for each reference period.

The total number of separated episodes of care along with the separation mode for admitted patients from the MTHACPH1 Monthly Activity Report is reconciled to the Queensland Hospital Admitted Patient Data Collection (QHAPDC). The total number of separations (and there respective modes) reported to each data collection should equal.

Episodes with a care type of 'Boarder' are excluded from this reconciliation. All episodes with a care type of 'Newborn' are included, regardless of qualification.

Your facility may be contacted to review the data reported should there be discrepancies.
Please refer to section 2.4.2 for information on how the total number of separations is calculated.

DCU also validates reported non-admitted patient activity by comparing current year-to-date data to the corresponding data for the previous year.

A worksheet is provided to facilities containing reported activity sourced from the relevant MTACPH3X, MTACPH3Y, MTACPH4X and MTACPATH Monthly Activity Reports. Unusual trends, data inconsistencies or single features that appear uncharacteristic of the facility are highlighted.

Upon receipt of the worksheet, facilities are advised to check all the data, in particular those cells highlighted. An example is provided in section 2.4.3.

2.4.2 Admitted Patient (MTHACPH1) Separations Validation

For **Public Facilities** (MTHACPH1) the reconciliation is as follows:

Total Overnight or Longer Separations + Total Same Day Separations reconciled to the number of separations (episodes of care) for admitted patients reported to the Queensland Hospital Admitted Patient Data Collection (QHAPDC).

Total Overnight or Longer Separations = grand total statistical + grand total formal overnight or longer separations from All Admitted Patients.

Total Same Day Separations = grand total statistical + grand total formal same day separations from All Admitted Patients.

MONTHLY ACTIVITY REPORT — **PUBLIC HOSPITAL FACILITIES**

MONTH _____ YEAR _____ THE YEAR REPORTED IS MISSING !
MONTH REPORTED IS MISSING !
HEALTH DISTRICT _____
FACILITY _____ FACILITY NO. _____ YOUR FACILITY NUMBER IS MISSING !

	OVERNIGHT OR LONGER								SAME DAY			
		Admissions		Class Changes		Separations			Admissions		Separations	
	Remaining in at beginning	Formal	Statistical	From	To	Statistical	Formal	Remaining in at end	Accrued patient days	Formal	Statistical	Statistical	Formal
ELIGIBLE PUBLIC													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
ELIGIBLE PRIVATE													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
ELIGIBLE COMPENSABLE													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
INELIGIBLE													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
ALL ADMITTED PATIENTS													
Acute	0	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation	0	0	0	0	0	0	0	0	0	0	0	0	0
Palliative	0	0	0	0	0	0	0	0	0	0	0	0	0
Geriatric Eval and Management	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychogeriatric	0	0	0	0	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Care	0	0	0	0	0	0	0	0	0	0	0	0	0
Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

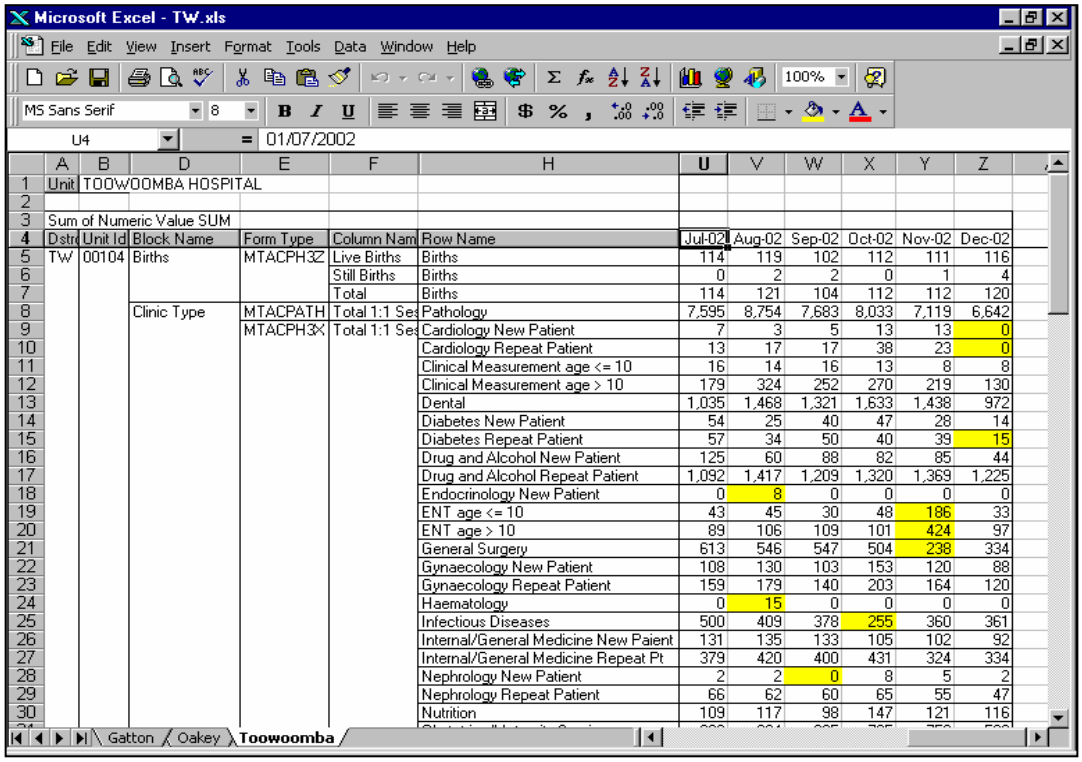
	OVERNIGHT OR LONGER Formal Separations			SAME DAY Formal Separations		
	Died in Hospital	Transferred to Another Hospital	All Other Modes of Separation	Died in Hospital	Transferred to Another Hospital	All Other Modes of Separation
MODE OF SEPARATION ALL ADMITTED PATIENTS						
Acute						
Rehabilitation						
Palliative						
Geriatric Eval and Management						
Psychogeriatric						
Newborn						
Other Care						
Maintenance						
GRAND TOTAL	0	0	0	0	0	0

Patient days accrued by Newborns with a status of Unqualified	
Patient days accrued by Nursing Home Type Patients	
Total Newborn Separations with a status of Unqualified for the entire episode	
Accrued Patient Days with a Standard Unit Code of PYAA	
Accrued Patient Days with a Standard Unit Code of PYAQ	
Accrued Patient Days with a Standard Unit Code of PYSH	
Accrued Patient Days with a Standard Unit Code of PYSM	
Accrued Patient Days with a Standard Unit Code of PYDD	
Accrued Patient Days with a Standard Unit Code of PYPG	
Accrued Patient Days with a Standard Unit Code of PYET	
Accrued Patient Days with a Standard Unit Code of PYAW	
Accrued Patient Days with a Standard Unit Code of PYCA	
Accrued Patient Days with a Standard Unit Code of PYCW	
Accrued Patient Days with a Standard Unit Code of PYYA	
Accrued Patient Days with a Standard Unit Code of PYYW	
Accrued Patient Days with a Standard Unit Code of PYGE	
Accrued Patient Days with a Standard Ward Code of HOME	
Accrued Patient Days with a Standard Ward Code of HINH	
Total number of episodes of care in which the patient accrued Nursing Home Type days of stay	
Total number of Nursing Home Type Patients Remaining In at the End of the Month	

Issued April 2008 — MTHACPH1

2.4.3 Other Admitted and Non-Admitted Patient Validations (MTACPH3X, MTACPH3Y, MTACPH4X and MTACPATH)

Facilities are advised to check all the data, in particular those cells highlighted.



Microsoft Excel - TW.xls

File Edit View Insert Format Tools Data Window Help

MS Sans Serif 8 100%

U4 = 01/07/2002

	A	B	D	E	F	H	U	V	W	X	Y	Z
1	Unit	TOOWOOMBA HOSPITAL										
2												
3	Sum of Numeric Value SUM											
4	Dstrc	Unit Id	Block Name	Form Type	Column Nam	Row Name	Jul-02	Aug-02	Sep-02	Oct-02	Nov-02	Dec-02
5	TW	00104	Births	MTACPH3Z	Live Births	Births	114	119	102	112	111	116
6					Still Births	Births	0	2	2	0	1	4
7					Total	Births	114	121	104	112	112	120
8			Clinic Type	MTACPATH	Total 1:1 Ses	Pathology	7,595	8,754	7,683	8,033	7,119	6,642
9				MTACPH3X	Total 1:1 Ses	Cardiology New Patient	7	3	5	13	13	0
10						Cardiology Repeat Patient	13	17	17	38	23	0
11						Clinical Measurement age <= 10	16	14	16	13	8	8
12						Clinical Measurement age > 10	179	324	252	270	219	130
13						Dental	1,035	1,468	1,321	1,633	1,438	972
14						Diabetes New Patient	54	25	40	47	28	14
15						Diabetes Repeat Patient	57	34	50	40	39	15
16						Drug and Alcohol New Patient	125	60	88	82	85	44
17						Drug and Alcohol Repeat Patient	1,092	1,417	1,209	1,320	1,369	1,225
18						Endocrinology New Patient	0	8	0	0	0	0
19						ENT age <= 10	43	45	30	48	186	33
20						ENT age > 10	89	106	109	101	424	97
21						General Surgery	613	546	547	504	238	334
22						Gynaecology New Patient	108	130	103	153	120	88
23						Gynaecology Repeat Patient	159	179	140	203	164	120
24						Haematology	0	15	0	0	0	0
25						Infectious Diseases	500	409	378	255	360	361
26						Internal/General Medicine New Paient	131	135	133	105	102	92
27						Internal/General Medicine Repeat Pt	379	420	400	431	324	334
28						Nephrology New Patient	2	2	0	8	5	2
29						Nephrology Repeat Patient	66	62	60	65	55	47
30						Nutrition	109	117	98	147	121	116

Gatton Oakey Toowoomba

2.4.4 Multi Purpose Health Service

DCU validates reported program activity by confirming, where applicable, that the remaining in at end and remaining in at beginning figures are consistent, accrued patient days, available beds and available bed days are feasible for each reference period.

3 DEFINITIONS OF ITEMS COLLECTED

3.1 RECOGNISED PUBLIC HOSPITAL FACILITIES

3.1.1 MTHACPH1 Report

Hospitals are able to submit 'MTHACPH1' (HBCIS-Monthly Activity) data electronically to the Data Collections Unit, Queensland Health using the Secure Transfer Service (STS).

For guidelines and procedures on how to use STS when running the extract from HBCIS, please refer to the implementation and user guide supplied by Service Integration Management Team 1, Queensland Health.

On the 4th day of each month (ie: 00:01am on the 4th day) a preliminary 'MTHACPH1' report for the preceding month/s will be automatically generated by HBCIS and sent via STS to MASMAIL. This preliminary report requires no user intervention. This will occur irrespective of whether anomalies have been corrected by sites. Sites should not submit a 'MTHACPH1' report prior to the first automated copy, but are still required to send a second copy of the report via STS to MASMAIL within 14 days after the reference month.

Accrued Patient Days

The total number of days of stay for all admitted patients that were accrued during the reference month.

Accrued patient days include:
- those days accrued by patients who separate during the reference month; and
- those days accrued by patients who are remaining in at the end of the reference month.

Same day patients are to be counted as having a stay of one day.

Patients on contract leave should be treated as accruing patient days.

Patients on overnight leave should NOT be treated as accruing patient days.

If a patient has a classification change, for example from Eligible Private to Eligible Compensable, their patient days should be reported against each relevant category.

Accrued patient days with a Standard Unit Code of HOME

The total number of accrued patient days where a Standard Unit Code of 'Hospital in the home' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of HINH

The total number of accrued patient days where a Standard Unit Code of 'Hospital in Nursing Home' home' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYAA

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult Acute Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYAQ

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult – Acquired Brain Damage Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYSH

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult – Extended High Security Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYSM

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult – Extended Secure Medium Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYDD

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult – Extended Dual Diagnosis Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYPG

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult – Extended Psychogeriatric Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYET

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult – Extended Treatment Rehabilitation Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYAW

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Adult Special Care Suite' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYCA

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Child Acute Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYCW

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Child Acute Unit in Paediatric Ward' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYYA

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Young People Acute Unit' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYYW

The total number of accrued patient days where a Standard Unit Code of 'Psychiatric Young People Acute Unit in Adult Ward' is identified within an episode of care for the reported period.

Accrued patient days with a Standard Unit Code of PYGE

The total number of accrued patient days where a Standard Unit Code of 'Psychogeriatric - Acute' is identified within an episode of care for the reported period.

Acute (Episodes of Care)

Is care in which the principal clinical intent or treatment goal is one or more of the following:

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

Admissions

An admission is the process by which an admitted patient commences an episode of care.

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 accommodation of a patient.

A ***statistical admission*** is the administrative process by which a patient who has been statistically separated recommences treatment and/or care and accommodation.

For example, if a patient changes from an acute episode of care to a maintenance episode of care, they are *statistically* separated from the acute episode of care and *statistically* admitted to the maintenance episode of care.

A statistical admission must always be reported with a corresponding statistical separation.

Admitted Patients

Patients who undergo a hospital's formal admission process and meet one of the criteria for admission. It includes patients who undertake overnight or longer stays, and same day patients.

All other Modes of Separation

All formal separations for the period with a discharge status other than 'Transferred to Another Hospital' or 'Died in Hospital'

Boarders

People who receive food and/or accommodation but for whom the facility does not accept responsibility for treatment and/or care.

Boarders **are not** to be recorded on the Monthly Activity Reports.

Classification Changes

The administrative process used to report classification changes in the chargeable status or compensable status of admitted patients. The four classifications are Eligible Public, Eligible Private, Eligible Compensable and Ineligible.

Report any changes in a patient's classification that occurs within an episode of care. For example, when a patient is re-classified from being an eligible private patient to an eligible compensable patient, they should be reported as having a classification change from eligible private to eligible compensable.

A classification change from is always reported with a corresponding classification change to. If there is more than one classification change for a patient within any given day, report only the last classification change that occurred on that day.

Died in Hospital

All patients for the period that died during hospitalisation.

Eligible Compensable (Patients)

Eligible patients: who are entitled to the payment of, or have been paid, compensation for damages or other benefits (including a payment in settlement of a claim for compensation, damages or other benefits) in respect of the injury, illness or disease for which he/she is receiving care and treatment.

A compensable patient is a person who:

- is entitled to claim damages under Motor Vehicle Compulsory Third Party insurance; or
- is entitled to claim damages under the Workcover Queensland Act or under a Workcover Act other than Queensland's (eg. If an employee of the Australian Government (Commonwealth) or if employed interstate); or may be entitled to claim under public liability.

For the purposes of this Monthly Activity Report (PH1), Department of Veterans' Affairs (DVA) patients who are not compensable in the strict interpretation of the word, but are patients for whom another agency (the DVA) has accepted responsibility for the payment of any charges relating to their episode of care, should be classified as eligible compensable patients.

Eligible Patients

The majority of non-admitted and admitted patients will be eligible for Medicare. An 'eligible person' means a person who resides legally in Australia.

Patients presenting for treatment should provide evidence of Medicare eligibility. Where patients are not born in Australia and do not produce a valid Medicare card, then these patients are to be considered as ineligible until evidence of eligibility is produced. The Medicare Card must be valid and current. It is important that identification of the patient is obtained to ensure that the Medicare card does, in fact, belong to the patient.

Not all persons born in Australia are Medicare eligible. Persons who have resided overseas for any length of time may no longer be entitled to Medicare Benefits. Therefore it should not be assumed that all Australian-born persons are automatically entitled to this benefit.

Reciprocal Health Care Agreements (RHCA) are currently in place with New Zealand, the United Kingdom, the Netherlands, Kingdom of Norway, Sweden, Finland, Italy (eligibility limited to six months from the date of arrival in Australia), Malta (eligibility limited to six months) and Ireland. Visitors from RHCA countries, other then Italy and Malta, are eligible for the duration of their legal stay in Australia.

A person covered by a RHCA is eligible for Medicare for services of immediate medical necessity. RHCA do not include pre-arranged or elective treatment, or treatment as a private patient in a public or private hospital. Special Medicare cards are issued to patients from reciprocal health care countries, that are endorsed with a 'valid to' date and 'Visitor RHCA'.

The agreement with New Zealand (for those visitors arriving after September 1999) and Ireland are restricted to public hospital care only. They are not issued with 'Visitor RHCA' cards as they are not entitled to access out-of-hospital benefits.

With the exception of New Zealand, the Agreements provide diplomats and their families with full Medicare cover for the term of their stay, which is not restricted to immediately necessary treatment.

Medicare cards (blue) issued with the word 'INTERIM' and a 'valid to' date are issued to persons, including visitors, who have been determined to be eligible, and eligible persons awaiting permanent residence status. There are no restrictions with the 'INTERIM' card. Persons holding these particular cards have exactly the same entitlements / access to Medicare as Australian permanent residents.

It should also be noted that some patients can be both an 'eligible person' and either personally or are third party liable for the payment of charges for hospital services received; for example:

- Prisoners
- Patients with Defence Force personnel entitlements
- Compensable patients eg Work-Cover Queensland or Queensland Motor Vehicle Accident Insurance Commission
- Entitled veterans (Department of Veterans' Affairs)
- Nursing Home Type Patients
- A Newborn will usually take the 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.

Note: Members of the Department of Defence are eligible to have a Medicare number and can claim on Medicare but are not encouraged to do so. Their medical well being is the responsibility of the Department of Defence and Queensland Health is seeking to negotiate appropriate reimbursement for health services provided to this group. Department of Defence personnel are generally admitted as private patients, and the cost of their care is charged to the Defence Force. Public Hospital staff are now required to identify Department of Defence personnel and maintain existing charging arrangements until further advised.

Eligible Private (Patients)

Eligible patients who, by choosing the doctor who will treat them (provided the doctor has ‘right of private practice’ or is a general practitioner/specialist with admitting rights) has elected to be treated as a private patient. Their chargeable status is then ‘private shared’, unless they choose to be treated in single accommodation and accept further charges in which case their chargeable status is ‘private single’.

A private patient, who is treated in single accommodation due to clinical need, rather than due to their choice, is still a private shared patient rather than a private single patient.

Eligible Public (Patients)

Eligible patients who,

- elect to be treated as a public patient so cannot choose the doctor who treats them, or
- are receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
- are being treated by Medical Officers that are eligible to claim reimbursement for the service/s provided through Medicare Australia under the Rural & Remote Medical Benefit Scheme (RRMBS) or the Medicare Billing for Primary Care in Small Rural Hospitals arrangements (COAG 19.2).

A public patient who is treated in single accommodation due to clinical need is still a public patient.

Episode of Care

A phase of treatment described by one of the following types of care:

- acute;
- geriatric evaluation and management;
- maintenance;
- rehabilitation;
- palliative;
- psychogeriatric;

- newborn; or
- other care.

Patients may receive more than one episode of care within one hospital stay. An episode of care ends when the principal clinical intent of care changes or when the patient is formally separated from the hospital.

Formal Admissions

See Admissions.

Formal Separations

See Separations.

Geriatric Evaluation and Management (Episodes of Care)

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 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; or
- 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.

Ineligible (Patients)

Patients who are deemed not to be eligible for Medicare services.

Maintenance (Episodes of Care)

Care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. Following the assessment or treatment the patient does not require further complex assessment or stabilisation, and requires care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting (eg at home, or in a nursing home,) by a relative or carer, that is unavailable in the short term.

Newborn (Episodes of Care)

All babies 9 days old or less should be admitted as a newborn episode of care. A newborn episode of care is initiated when the patient is 9 days old or less at time of admission and continues until the care type changes or the patient is separated. At any time during their stay the newborn has a qualification status of either acute or unqualified.

On Leave

See Separations.

Other Care (Episodes of Care)

A phase of treatment where the principal clinical intent does not meet the criteria for acute, rehabilitation, palliative, geriatric evaluation and management, psychogeriatric, maintenance or newborn episodes of care.

Overnight or Longer (Stay Patients)

Patients who are admitted to, and separated from, the hospital on different dates.

This type of patient:

- has been registered as a patient at the hospital;
- has met the minimum criteria for admission;
- has undergone a formal admission process; and
- remains in the hospital at midnight on the day of admission.

Boarders are excluded from this definition.

An overnight stay patient in one hospital cannot be concurrently an admitted patient in another hospital, unless they are on contract leave. If not on contract leave, a patient must be formally separated from one hospital and admitted to the other hospital on each occasion of transfer.

Treatment provided to an intended same day patient who is subsequently classified as an overnight stay patient shall be regarded as part of the overnight episode of care.

The definition of an overnight stay patient excludes patients who leave of their own accord, die, or are transferred on their first day in the hospital.

Palliative (Episodes of Care)

Palliative Care is 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 a grief and bereavement support service for the patient and their carers/family.

It includes care provided:

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

Patient Days Accrued by Newborns with Status of Unqualified

The total number of days of stay for all admitted newborns with a qualification status of unqualified that were accrued during the reference month.

Accrued patient days for unqualified newborns includes those days accrued by unqualified newborns in the month who separate during the reference month and those days accrued by unqualified newborns who are remaining in at the end of the reference month.

Same day unqualified newborns are to be counted as having a stay of one day. Exclude all overnight leave days but include contract leave days.

Patient Days Accrued by Nursing Home Type Patients

The total number of days of stay for all admitted patients who are classified as nursing home type that were accrued during the reference month.

Accrued patient days for nursing home type patients includes those days accrued by nursing home type patients in the month who separate during the reference month and those days accrued by nursing home type patients who are remaining in at the end of the reference month.

Same day nursing home type patients are to be counted as having a stay of one day. Exclude all overnight leave days but include contract leave days.

Psychogeriatric (Episodes of Care)

Care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. The 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.

It includes care provided:

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

Reference Month

The month to which the report refers.

Commences from midnight on the first day of the month up to and including 11.59pm of the last day of the month.

Rehabilitation (Episodes of Care)

Is 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 a periodic assessment using a recognised functional assessment measure. It includes care provided:

- in a designated rehabilitation unit , or
- in a designated rehabilitation program, or in a psychiatric rehabilitation program as designated by the State health authority for public patients in a recognised hospital, for private patients in a public or private hospital as approved by a registered health benefits organisation; or
- under the principal clinical management of a rehabilitation physician, or in the opinion of the treating doctor when the principal clinical intent of care is rehabilitation.

Remaining in at Beginning (of the Reference Month)

Overnight or longer stay patients actually in the facility or on leave at midnight on the first day of the reference month.

Count the number of overnight or longer stay patients as at this time.

Exclude same day patients.

This figure should be carried over from the remaining in at end figure for the previous reference month.

Remaining in at End (of the Reference Month)

Overnight or longer stay patients actually in the facility or on leave at 11.59pm on the last day of the reference month.

Count the number of overnight or longer stay patients as at this.

Exclude same day patients.

This figure should be carried over to the remaining in at beginning figure for the next reference month.

Same Day Patients

Patients who are admitted and separated on the same date, regardless of whether or not it was intended that they be admitted and separated on the same day.

This type of patient:

- has been registered as a patient at the hospital;
- has met the minimum criteria for admission;
- has undergone a formal admission process; and
- is separated prior to midnight on the day of admission. That is, admitted to and separated from the hospital on the same date.

Boarders are excluded from this definition.

Treatment provided to an intended same day patient, who is subsequently classified as an overnight stay patient, should be regarded as part of the overnight episode of care.

Data on same day patients are derived by a review of admission and separation dates. The data excludes patients who were to be discharged on the same day but were subsequently required to stay in hospital for one night or more.

Separations

A separation is the process by which an admitted patient completes an episode of care.

A separation can be either *formal* or *statistical*.

A ***formal separation*** is the administrative process by which a hospital records the completion of treatment and/or care and accommodation of a patient (eg, through discharge, absconding, transfer, or death).

Patients whose leave of absence exceeds 7 consecutive days are categorised as having had a formal separation.

A ***statistical separation*** is the administrative process by which a hospital records the completion of each episode of care occurring within a single hospital stay.

For example, if a patient changes from an acute episode of care to a maintenance episode of care, they are *statistically* separated from the acute episode of care and *statistically* admitted to the maintenance episode of care.
A statistical separation must always be reported with a corresponding statistical admission.

Statistical Admissions

See Admissions.

Statistical Separations

See Separation

Total Newborn Separations with a status of Unqualified the entire episode.

All newborn separations for the period that had a qualification status of 'unqualified' for the entire episode.

Transferred to another hospital

All separations for the period where the patient is transferred to another hospital for continuation of their admitted care and management.

3.1.2 MTACPH3X and MTACPH3Y Reports

The Queensland Government mandated through the Health Action Plan October 2005 that Queensland Health will move to a casemix funding arrangement for hospitals.

Since the release of this document the Casemix Costing & Allocation Team has had extensive consultation with Clinical Benchmarking Teams in Health Service Districts and other stakeholders to develop a new clinic type code set for use from 1 July 2006 as part of the Outpatient component of the Casemix Funding Model.

Coupled with these changes are requirements for States and Territories under the National Healthcare Agreement in relation to the reporting of performance indicators for Rehabilitation and Geriatric Evaluation & Maintenance patients.

From 1 July 2006, 'larger facilities' will be required to use a clinic type classification system on the MTACPH3X and MTACPH3Y reports while 'smaller' facilities will be required to report according to the categories on the MTACPH4X report, in order to fulfil Queensland Health and Australian Government reporting requirements.

For the MTACPH3X (3X) Report, the clinic type classification system consists of distinct clinic types, which have been further expanded to allow for counting of both new and repeat patient activity. Clinic types for the reporting of dialysis, endoscopy & related procedures are still included to allow alignment with clinic types in the Outpatient Care National Minimum Data Set (NMDS). However, it should be noted that it would be very rare for dialysis or endoscopy & related procedures to be undertaken as non-admitted patient services.

As well as reporting the total number of group sessions on the 3X report against each of the clinic types listed the total number of patients attending group sessions for Rehabilitation and Geriatric Evaluation & Maintenance is also required.

Please refer to the *"Definitions of Clinic Types"* and *"Mapping of Clinic Types"* tables in Section 5 of this manual for further details on the clinic types listed on the 3X report. For facilities with the HBCIS Appointment Scheduling Module a new mapping table has been supplied in Section 5.3 to assist with consistency of reporting.

For the MTACPH3Y (3Y) Report, the 'Other Non-admitted Patient' clinic types community health, district nursing and outreach services are still required for Australian Government NMDS reporting. However, community health and district nursing services clinic types have been expanded to separately identify the Rehabilitation and Geriatric Evaluation & Maintenance activity.

As well as reporting group sessions on the 3Y Report for the 'Other Non-admitted Patient' clinic types listed, the total number of patients attending group sessions for Rehabilitation and Geriatric Evaluation & Maintenance is also required.

There is also a disposition/triage based classification on the 3Y report for services provided to patients attending emergency departments.

Diagnostic imaging and pharmacy services should still be reported in the relevant section of the 3Y report, so that Queensland Health can satisfy Australian Government reporting requirements.

Pathology occasions of service for facilities on the Auslab pathology system are reported directly to DCU. Facilities not on Auslab are to report pathology services on the MTACPATH report.

There is scope to report telehealth/telemedicine and telephone consultations on the 3X and 3Y reports. However, you should ensure that you carefully follow the guidelines of what can be reported, as set out below in the definitions for telehealth/telemedicine and telephone consultation occasions of service.

Though admitted patients are excluded from the scope of this collection, outpatient services provided for reasons independent of or distinct from the admitted patient episode are in scope (as per the Outpatient Care NMDS scope statement).

All occasions of service, including group sessions, must be reported against a clinic type on either the 3X or 3Y report.

Births

The number of live births and still births that occurred during the reference month. In the case of multiple births, count each birth separately.

Community Health Services (Occasions of Service)

Occasions of service to non-admitted patients provided by designated community health units *funded from the facility's operating expenditure* that are operated and managed by the facility. Community health units may include well-baby clinics, immunisation units and aged care assessment teams.

It is intended that all community health services funded through the facility be reported, regardless of where the services are provided.

Separate identification of Community Health Services occasions of service provided to Rehabilitation and Geriatric Evaluation and Maintenance patients is required under the AHCA from 1 July 2006 (ie separate community health service clinic type categories for aged care, dementia, falls, geriatric, gerontology and rehabilitation).

Dialysis (Occasions of Service)

Applies to all patients receiving dialysis within the facility who do not undergo the facility's formal admission process and are treated as non-admitted patients for this service.

Where a non-admitted patient receives dialysis in a ward or clinic classified elsewhere, the occasion of service is to be reported against the 'Dialysis' category on the respective Monthly Activity Report, NOT against the other clinic type. All forms of dialysis, which are undertaken as a treatment necessary for renal failure, are to be reported.

Note: Facilities would usually admit patients for dialysis treatment, as they meet the minimum criteria. If patients have been admitted for dialysis treatment, the activity will be reported to the Data Collections Unit through the Queensland Hospital Admitted Patient Data Collection (QHAPDC) and therefore should not be recorded on the Monthly Activity Report.

Dialysis related occasions of service (eg: patients who present for injections, dressings, treatment of infections, or blood and other biochemical checks) should not be reported here.

Did Not Waits

A person presenting to an Emergency Department who undergoes a registration process (acknowledgement of arrival) but fails to commence either a triage process or assessment and management of their presenting problem as a result of their decision to leave the ED. The presenter's departure (date & time) may or may not be known to the ED staff.

Department of Veterans' Affairs (Patients)

Patients for whom the Department of Veterans' Affairs has accepted responsibility for the payment of any charges relating to their treatment.

Disposition/Triage Category

Used to describe what happens to patients after leaving the emergency department, under the broad categories of admitted/transferred, died, and discharged. *Please note that patients who have failed to commence either a triage process or assessment and management of their presenting problem after acknowledgement of arrival are not to be reported here – they will be reported in the 'Did Not Wait' categories.*

Admitted patients that are those admitted to the hospital directly from the emergency department, including those admitted as same day patients. Those patients who die after presenting to the emergency department should be included under the relevant admitted triage category.

Transferred patients are those sent from the emergency department to any other acute facility.

Died. The patient was "dead on arrival" at the emergency department. Those patients who die after presenting to the emergency department should be included under the relevant admitted triage category.

Discharged patients are those discharged from the emergency department to home, or to another facility or residence, other than an acute facility.

The triage scores of 1 to 5 are based on the national triage scale, where:

- 1 = resuscitation (immediate);
- 2 = emergency (within 10 minutes);
- 3 = urgent (within half an hour);
- 4 = semi-urgent (within one hour);
- 5 = non-urgent (within two hours).

Diagnostic Imaging (aka Radiology and Organ Imaging) (Occasions of Service)

All occasions of service to non-admitted patients undertaken in radiology (X-ray) departments, as well as in specialised organ imaging clinics that carry out ultrasound, computerised tomography and magnetic resonance imaging.

Each diagnostic test, or set of diagnostic tests, for the one patient referred to a radiology department constitutes one occasion of service.

District Nursing Services (Occasions of Service)

Occasions of service to non-admitted patients which:

1. are for medical/surgical/psychiatric care; and
2. are provided by a nurse, paramedic or medical officer employed by the facility; and
3. involve travel by the service provider, and
4. are not provided by staff from a defined community health services unit.

Travel does not include movement within a facility, movement between sites in a multi campus facility, or between facilities. Such cases should be classified under another appropriate non-admitted patient category.

Separate identification of District Nursing Services occasions of service provided to Rehabilitation and Geriatric Evaluation and Maintenance patients is required under the AHCA from 1July 2006 (ie separate district nursing services clinic type categories for aged care, dementia, falls, geriatric, gerontology and rehabilitation).

Eligible Motor Vehicle Queensland (Compensable Patients)

Eligible patients who are receiving treatment for conditions that resulted from accidents where liability lies with a Queensland registered vehicle. The patients have, or may have, an entitlement to claim damages under Motor Vehicle Third Party Insurance.

Eligible Motor Vehicle Other (Compensable Patients)

Eligible patients who are receiving treatment for conditions that resulted from accidents where liability lies with a vehicle registered elsewhere (not Queensland).

Eligible Other Compensable (Patients)

Patients who have, or may have, an entitlement to claim damages under public liability insurance, other than Motor Vehicle Third Party, Workcover, or other third party.

Eligible Other (Patients)

Patients who can not be classified as Eligible Work Cover Queensland, Eligible Work Cover Other, Eligible Motor Vehicle Queensland, Eligible Motor Vehicle Other, Eligible Other Third Party, Eligible Other Compensable, Department of Veterans' Affairs, or Eligible Public.

In most cases, these patients will have been treated by a doctor with a right of private practice at the facility.

Eligible Other Third Party (Compensable Patients)

Patients who have, or may have, an entitlement to claim damages under third party insurance, other than Motor Vehicle Third Party insurance.

Eligible Patients

The majority of non-admitted and admitted patients will be eligible for Medicare. An 'eligible person' means a person who resides legally in Australia.

Patients presenting for treatment should provide evidence of Medicare eligibility. Where patients are not born in Australia and do not produce a valid Medicare card, then these patients are to be considered as ineligible until evidence of eligibility is produced. The Medicare Card must be valid and current. It is important that identification of the patient is obtained to ensure that the Medicare card does, in fact, belong to the patient.

Not all persons born in Australia are Medicare eligible. Persons who have resided overseas for any length of time may no longer be entitled to Medicare Benefits. Therefore it should not be assumed that all Australian-born persons are automatically entitled to this benefit.

Reciprocal Health Care Agreements (RHCA) are currently in place with New Zealand, the United Kingdom, the Netherlands, Kingdom of Norway, Sweden, Finland, Italy (eligibility limited to six months from the date of arrival in Australia), Malta (eligibility limited to six months) and Ireland. Visitors from RHCA countries, other than Italy and Malta, are eligible for the duration of their legal stay in Australia.

A person covered by a RHCA is eligible for Medicare for services of immediate medical necessity. RHCA do not include pre-arranged or elective treatment, or treatment as a private patient in a public or private hospital. Special Medicare cards are issued to patients from reciprocal health care countries, that are endorsed with a 'valid to' date and 'Visitor RHCA'.

The agreement with New Zealand (for those visitors arriving after September 1999) and Ireland are restricted to public hospital care only. They are not issued with 'Visitor RHCA' cards as they are not entitled to access out-of-hospital benefits.

With the exception of New Zealand, the Agreements provide diplomats and their families with full Medicare cover for the term of their stay, which is not restricted to immediately necessary treatment.

Medicare cards (blue) issued with the word 'INTERIM' and a 'valid to' date are issued to persons, including visitors, who have been determined to be eligible, and eligible persons awaiting permanent residence status. There are no restrictions with the 'INTERIM' card. Persons holding these particular cards have exactly the same entitlements / access to Medicare as Australian permanent residents.

It should also be noted that some patients can be both an 'eligible person' and either personally or are third party liable for the payment of charges for hospital services received; for example:

Prisoners

Patients with Defence Force personnel entitlements

Compensable patients eg Workcover Queensland or Queensland Motor Vehicle Accident Insurance Commission

Entitled veterans (Department of Veterans' Affairs)

Nursing Home Type Patients

A Newborn will usually take the 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.

Note: Members of the Department of Defence are eligible to have a Medicare number and can claim on Medicare but are not encouraged to do so. Their medical well being is the responsibility of the Department of Defence and Queensland Health is seeking to negotiate appropriate reimbursement for health services provided to this group. Department of Defence personnel are generally admitted as private patients, and the cost of their care is charged to the Defence Force. Public Hospital staff are now required to identify Department of Defence personnel and maintain existing charging arrangements until further advised.

Eligible Public (Patients)

Eligible Public Patients are patients who,

- elect to be treated as a public patient so cannot choose the doctor who treats them, or
- are receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
- are being treated by Medical Officers that are eligible to claim reimbursement for the service/s provided through Medicare Australia under the Rural & Remote Medical Benefit Scheme (RRMBS) or the Medicare Billing for Primary Care in Small Rural Hospitals arrangements (COAG 19.2).

A public patient who is treated in single accommodation due to clinical need is still a public patient.

There are three sub-categories under Eligible Public that can be used to distinguish between face-to-face, telehealth/telemedicine and telephone consultation services. These three sub-categories are mutually exclusive.

Care should be taken when reporting under the telehealth/telemedicine and telephone consultation sub-categories that the guidelines set out below are strictly followed.

Eligible Workcover Queensland (Compensable Patients)

Patients who are entitled to claim damages under the Workcover Queensland Act.

Eligible Workcover Other (Compensable Patients)

Patients who are entitled to claim damages under a Workcover Act other than Queensland's (eg, employees of the Australian Government).

Emergency Services (Occasions of Service)

A service given to a non-admitted patient who receives treatment that was unplanned or provided in a designated emergency department within a facility.

Patients who receive treatment that is unplanned are patients who have not been booked into the facility prior to receiving treatment. In general, it would be expected that most of these patients would receive surgical or medical treatment. However, where patients receive other types of treatment that are provided in the emergency department, these are to reported here. The exceptions are dialysis, and endoscopy & related procedures, which are both to be reported against the separate categories provided for reporting these.

Endoscopy & Related Procedures (Occasions of Service)

Includes all non-admitted patient occasions of service for endoscopy - including cystoscopy, gastroscopy, oesophagoscopy, duodenoscopy, colonoscopy, bronchoscopy and laryngoscopy.

Where a non-admitted patient receives an endoscopy & related procedure in a ward or clinic classified elsewhere, the occasion of service is to be reported against 'Endoscopy & Related Procedures', NOT against the other clinic type.

Note: that facilities would usually admit patients for endoscopy & related procedures, as they meet the minimum criteria. If patients have been admitted for endoscopy & related procedures, do not report them here.

Group Sessions (Total Number of Group Sessions)

Sessions where **two or more non-admitted patients** receive services at the same time from one or more facility staff.

Each group is to be counted once, irrespective of size or the number of staff providing services.

Where all individuals in the group belong to the same family, the session should be reported as being provided to an 'individual' (ie, as a 1:1 Session).

Group Sessions (Total Number of Patients)

Sessions where **two or more non-admitted patients** receive services at the same time from one or more facility staff.

The total number of patients attending Group Sessions is to be counted for the reference period.

This is only required for Rehabilitation and Geriatric Evaluation and Management clinic types (ie Aged Care, Dementia, Falls, Geriatric Gerontology and Rehabilitation).

Where all individuals in the group belong to the same family, the session should be reported as being provided to an 'individual' (ie, as a 1:1 Session).

Home Dialysis Patients

Home dialysis patients refer to non-admitted patients who perform their own dialysis at home or in a self-care haemodialysis unit.

Do not report this item as occasions of service. Instead, count the number of home dialysis patients *for whom the facility pays the costs* associated with the dialysis fluid, nursing products and ancillaries which are delivered directly to the patients' homes to enable home dialysis.

Not all facilities incur these expenditures.

For those facilities that do, the most frequently used modalities for dialysis at home are haemodialysis and CAPD. However, care should be taken to ensure correct recording of this information against the appropriate dialysis modality.

The modalities for dialysis at home are Haemodialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), Automated Peritoneal Dialysis (APD), Intermittent Peritoneal Dialysis (IPD) and Self Care Haemodialysis.

A self-care haemodialysis unit provides a venue for medically stable haemodialysis patients who, with the support of a trained dialysis carer, perform their own dialysis.

Ineligible (Patients)

Patients who are deemed not to be eligible for Medicare services.

Live Births

The complete expulsion or extraction from the mother of a baby which breathes or shows any other evidence of life after such expulsion or extraction.

Evidence of life includes 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.

This definition applies irrespective of the duration of the pregnancy.

Each product of such a birth is considered to be a live birth.

New Patient (Attendance)

The first attendance under the new specialist or a consultant physician's care would be classified as a 'new patient' occasion of service.

The presentation for an unrelated illness, requiring the referral of the patient to another specialist or a consultant physician's care would initiate a new course of treatment in which case a new referral would be required.

The receipt by a specialist outpatient department of a new referral following the expiration of a previous referral for the same condition(s) does not necessarily indicate the commencement of a new course of treatment involving recording of a 'new patient' occasion of service.

However, where the referring practitioner
- deems it necessary for the patient's condition to be reviewed; and
- the patient is seen under the care of a specialist or the consultant physician outside the currency of the last referral; and
- the patient was last seen by the specialist or the consultant physician more than 12 months earlier; then the attendance following the new referral initiates a new course of treatment and therefore a 'new patient' occasion of service.

Non-admitted Patients

Patients who do not undergo a hospital's formal admission process.

Non-admitted patients receive direct care within the emergency department, or as outpatients (including non-admitted day program patients), or through other non-admitted services such as community and outreach services.

Occasions of Service

Occasions of service include any examination, consultation, treatment or other service provided to a non-admitted patient in each functional unit of a health service facility, on each occasion such service is provided.

One to One (1:1) Sessions

Where one non-admitted patient received services by staff of the facility.

Services provided to a 'family unit' at the same time are also to be reported as a single one to one session.

Other Outreach Services (Occasions of Service)

Occasions of service to non-admitted patients, which involve travel by the service provider, and are not classified as community health services or allied health services.

Travel does not include movement within a facility, movement between sites in a multi-campus facility, or between facilities.

It is intended that the Other Outreach Services classification *exclude* medical, surgical, or psychiatric services. These should be reported under District Nursing Services.

Other Outreach Services *does* include activities such as home cleaning, meals on wheels and home maintenance.

Pharmacy (Occasions of Service)

All occasions of service to non-admitted patients from pharmacy departments.
When drugs are dispensed or administered in other departments, such as the emergency department or the outpatient department, this is to be reported as an occasion of service against the related clinic type.

Reference Month

The month to which the Report refers.

Commences from midnight on the first day of the month up to and including 11.59pm of the last day of the month.

Repeat Patient (Attendance)

A subsequent attendance of a patient for a previously referred condition during a single course of treatment.

Still Births

A fetal death prior to the complete expulsion or extraction from the mother *of a product of conception of 20 weeks or more completed weeks of gestation or of 400 grams or more birth weight*. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any evidence of life, such as beating of the heart, pulsation of umbilical cord, or definite movement of voluntary muscles.

Telehealth/Telemedicine

Consultations provided to *eligible public patients* using vidoconferencing technology.

Such consultations should only be reported as an occasion of service on the Monthly Activity Report if:

- The service was a substitute for a face-to-face occasion of service, and
- A booked appointment was made, and
- A clinician (doctor, nurse, or allied health professional) interacted directly with a patient, and
- Clinical notes were recorded in the patient's medical record.

A 'booked appointment' is an appointment that is formally booked and recorded through an electronic or manual outpatient booking system.

Such occasions of service should be counted by both the providing facility and the remote/receiving facility.

Videoconferencing for the purposes of making an appointment or providing test results is excluded.

Videoconferencing with carers or parents, or for case management purposes, is excluded.

Telephone Consultation

Consultations provided to eligible public patients over the telephone.

Such consultations should only be reported as an occasion of service on the Monthly Activity Report if:

- The service was a substitute for a face-to-face occasion of service, and
- A booked appointment was made, and
- A clinician (doctor, nurse, or allied health professional) spoke directly with a patient, and
- Clinical notes were recorded in the patient's medical record.

A 'booked appointment' is an appointment that is formally booked and recorded through an electronic or manual outpatient booking system.

Telephone calls for the purposes of making an appointment or providing test results are excluded.

Telephone conversations with carers or parents, or for case management purposes, are excluded.

Triage Score

The triage scores of 1 to 5 are based on the national triage scale, where:

- 1 = resuscitation (immediate);
- 2 = emergency (within 10 minutes);
- 3 = urgent (within half an hour);
- 4 = semi-urgent (within one hour);
- 5 = non-urgent (within two hours).

3.1.3 MTACPH4X Report

Since 1 July 1997, only 'larger' facilities have been required to use a more detailed clinic type classification system, while 'smaller' facilities were required to report according to the categories on the 4X report.

From 1 July 2006, 'larger' facilities will continue to do so using a clinic type classification system on the 3X and 3Y reports in order to support Queensland Health requirements such as the Outpatient component of the Casemix Funding Model and Australian Government national minimum data set requirements.

For the MTACPH4X (4X) Report, the clinic type classifications have been enhanced to enable Queensland Health to separately identify Rehabilitation and Geriatric Evaluation and Maintenance clinic types (as required under the AHCA).

Clinic types for the reporting of dialysis, endoscopy & related procedures, community health, district nursing services, and other outreach services are also still required for Australian Government reporting requirements. However, it should be noted that it would be very rare for dialysis, or endoscopy & related procedures, to be undertaken as non-admitted patient services.

There is scope to report telehealth/telemedicine and telephone consultations on the 4X report. However, you should ensure that you carefully follow the guidelines of what can and can not be reported, as set out below in the definitions for telehealth/telemedicine and telephone consultation occasions of service.

As well as reporting the total number of group sessions on the 4X report, the total number of patients attending group sessions for Rehabilitation and Geriatric Evaluation and Maintenance is also required.

Diagnostic imaging and pharmacy services should still be reported in the relevant section of the 4X report, so that Queensland Health can satisfy Australian Government reporting requirements.

Pathology occasions of service for facilities on the Auslab pathology system are reported directly to DCU.

Though admitted patients are excluded from the scope of this collection, outpatient services provided for reasons independent of or distinct from the admitted patient episode are in scope (as per the Outpatient Care NMDS scope statement).

All occasions of service, including group sessions, must be reported against one of the categories on the 4X report.

Please refer to tables in Section 5 of this manual for further details on the clinic types listed on the 4X report.

Aged Care

All occasions of service to non-admitted patients for the assessment, management and treatment of older people; may or may not be provided by a geriatrician/rehabilitation specialist. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services. Includes services for older people with complex health care needs, often with more than one condition; includes both chronic and acute conditions. This category should be used for services that are not included in the other more specific categories of geriatric, dementia, falls and rehabilitation attending designated drug and alcohol units/clinics within the facility.

Alcohol & Other Drug (Occasions of Service)

All occasions of service to non-admitted patients attending designated drug and alcohol units/clinics within the facility.

Allied Health Services (Occasions of Service)

All occasions of service to non-admitted patients where services are provided through units/clinics providing treatment or counselling to the patients.

These include units/clinics primarily concerned with physiotherapy, speech therapy, family planning, dietary advice, optometry, occupational therapy etc.

Exclude dialysis, pathology, diagnostic imaging, endoscopy & related procedures, medical/surgical/diagnostic, mental health, alcohol & drug and pharmacy occasions of service, as these can all be reported against separate categories.

Births

The number of live births and still births that occurred during the reference month. In the case of multiple births, count each birth separately.

Community Health Services (Occasions of Service)

Occasions of service to non-admitted patients provided by designated community health units/clinics *funded from the facility's operating expenditure*, that are operated and managed by the facility. Community health units/clinics may include well-baby clinics, immunisation units and aged care assessment teams.

It is intended that all community health services funded through the facility be reported, regardless of where the services are provided.

Separate identification of Community Health Services occasions of service provided to Rehabilitation and Geriatric Evaluation and Maintenance patients is required under the AHCA from 1 July 2006 (ie separate community health service clinic type categories for aged care, dementia, falls, geriatric, gerontology and rehabilitation).

Dementia

All occasions of service to non-admitted patients for services provided by a geriatrician for early identification and support of patients with cognitive deficits or memory loss; to provide diagnostic evaluation, assessment of the impact of impairment within the home or other environment, education, information and referral to other services. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services.

Department of Veterans' Affairs (Patients)

Patients for whom the Department of Veterans' Affairs has accepted responsibility for the payment of any charges relating to their treatment.

Diagnostic Imaging (aka Radiology and Organ Imaging) (Occasions of Service)

All occasions of service to non-admitted patients undertaken in radiology (X-ray) departments, as well as in specialised organ imaging clinics that carry out ultrasound, computerised tomography and magnetic resonance imaging.

Each diagnostic test, or set of diagnostic tests, for the one patient referred to a radiology department constitutes one occasion of service.

Dialysis (Occasions of Service)

Applies to all patients receiving dialysis within the facility who do not undergo the facility's formal admission process and are treated as non-admitted patients for this service.

Where a non-admitted patient receives dialysis treatment in a ward or clinic classified elsewhere, the occasion of service is to be reported against the 'Dialysis' category on the respective Monthly Activity Report, NOT against other clinic types. All forms of dialysis, which are undertaken as a treatment necessary for renal failure, are to be reported.

Note: Facilities would usually admit patients for dialysis treatment, as they meet the minimum criteria. If patients have been admitted for dialysis treatment, the activity will be reported to Data Services Unit through the Queensland Hospital Admitted Patient Data Collection (QHAPDC) and therefore should not be recorded on the Monthly Activity Report.

Dialysis related occasions of service (eg: patients who present for injections, dressings, treatment of infections, or blood and other biochemical checks) should not be reported here.

District Nursing Services (Occasions of Service)

Occasions of service to non-admitted patients which:

1. are for medical/surgical/psychiatric care; and
2. are provided by a nurse, paramedic or medical officer employed by the facility; and
3. involve travel by the service provider, and
4. are not provided by staff from a defined community health services unit.

Travel does not include movement within a facility, movement between sites in a multi campus facility, or between facilities. Such cases should be classified under another appropriate non-admitted patient category.

Separate identification of District Nursing Services occasions of service provided to Rehabilitation and Geriatric Evaluation and Maintenance patients is required under the AHCA from 1July 2006 (ie separate district nursing services clinic type categories for aged care, dementia, falls, geriatric, gerontology and rehabilitation).

Eligible Motor Vehicle Queensland (Compensable Patients)

Eligible patients who are receiving treatment for conditions that resulted from accidents where liability lies with a Queensland registered vehicle. The patients have, or may have, an entitlement to claim damages under Motor Vehicle Third Party Insurance.

Eligible Motor Vehicle Other (Compensable Patients)

Eligible patients who are receiving treatment for conditions that resulted from accidents where liability lies with a vehicle registered elsewhere (not Queensland).

Eligible Other Compensable (Patients)

Patients who have, or may have, an entitlement to claim damages under public liability insurance, other than Motor Vehicle Third Party, Workcover, or other third party.

Eligible Other (Patients)

Patients who can not be classified as Eligible Work Cover Queensland, Eligible Work Cover Other, Eligible Motor Vehicle Queensland, Eligible Motor Vehicle Other, Eligible Other Third Party, Eligible Other Compensable, Department of Veterans' Affairs, or Eligible Public.

In most cases, these patients will have been treated by a doctor with a right of private practice at the facility.

Eligible Other Third Party (Compensable Patients)

Patients who have, or may have, an entitlement to claim damages under third party insurance, other than Motor Vehicle Third Party insurance.

Eligible Patients

The majority of non-admitted and admitted patients will be eligible for Medicare. An 'eligible person' means a person who resides legally in Australia.

Patients presenting for treatment should provide evidence of Medicare eligibility. Where patients are not born in Australia and do not produce a valid Medicare card, then these patients are to be considered as ineligible until evidence of eligibility is produced. The Medicare Card must be valid and current. It is important that identification of the patient is obtained to ensure that the Medicare card does, in fact, belong to the patient.

Not all persons born in Australia are Medicare eligible. Persons who have resided overseas for any length of time may no longer be entitled to Medicare Benefits. Therefore it should not be assumed that all Australian-born persons are automatically entitled to this benefit.

Reciprocal Health Care Agreements (RHCA) are currently in place with New Zealand, the United Kingdom, the Netherlands, Kingdom of Norway, Sweden, Finland, Italy (eligibility limited to six months from the date of arrival in Australia), Malta (eligibility limited to six months) and Ireland. Visitors from RHCA countries, other than Italy and Malta, are eligible for the duration of their legal stay in Australia.

A person covered by a RHCA is eligible for Medicare for services of immediate medical necessity. RHCA do not include pre-arranged or elective treatment, or treatment as a private patient in a public or private hospital. Special Medicare cards are issued to patients from reciprocal health care countries, that are endorsed with a 'valid to' date and 'Visitor RHCA'.

The agreement with New Zealand (for those visitors arriving after September 1999) and Ireland are restricted to public hospital care only. They are not issued with 'Visitor RHCA' cards as they are not entitled to access out-of-hospital benefits.

With the exception of New Zealand, the Agreements provide diplomats and their families with full Medicare cover for the term of their stay, which is not restricted to immediately necessary treatment.

Medicare cards (blue) issued with the word 'INTERIM' and a 'valid to' date are issued to persons, including visitors, who have been determined to be eligible, and eligible persons awaiting permanent residence status. There are no restrictions with the 'INTERIM' card. Persons holding these particular cards have exactly the same entitlements / access to Medicare as Australian permanent residents.

It should also be noted that some patients can be both an 'eligible person' and either personally or are third party liable for the payment of charges for hospital services received; for example:

- prisoners
- patients with Defence Force personnel entitlements
- compensable patients eg WorkCover Queensland or Queensland Motor Vehicle Accident Insurance Commission
- Entitled veterans (Department of Veterans' Affairs)
- Nursing Home Type Patients

A Newborn will usually take the 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.

Note: Members of the Department of Defence are eligible to have a Medicare number and can claim on Medicare but are not encouraged to do so. Their medical well being is the responsibility of the Department of Defence and Queensland Health is seeking to negotiate appropriate reimbursement for health services provided to this group. Department of Defence personnel are generally admitted as private patients, and the cost of their care is charged to the Defence Force. Public Hospital staff are now required to identify Department of Defence personnel and maintain existing charging arrangements until further advised.

Eligible Public (Patients)

Eligible Public (Patients) are patients who,

- elect to be treated as a public patient so cannot choose the doctor who treats them, or
- are receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.
- are being treated by Medical Officers that are eligible to claim reimbursement for the service/s provided through Medicare Australia under the Rural & Remote Medical Benefit Scheme (RRMBS) or the Medicare Billing for Primary Care in Small Rural Hospitals arrangements (COAG 19.2).

A public patient who is treated in single accommodation due to clinical need is still a public patient.

There are three sub-categories under Eligible Public that can be used to distinguish between face-to-face, telehealth/telemedicine, and telephone consultation services. These three sub-categories are mutually exclusive.

Care should be taken when reporting under the telehealth/telemedicine and telephone consultation sub-categories that the guidelines set out below are strictly followed.

Eligible Workcover Queensland (Compensable Patients)

Patients who are entitled to claim damages under the Workcover Queensland Act.

Eligible Workcover Other (Compensable Patients)

Patients who are entitled to claim damages under a Workcover Act other than Queensland's (eg employees of the Australian Government).

Emergency Services (Occasions of Service)

A service given to a non-admitted patient who receives treatment that was unplanned or provided in a designated emergency department within a facility.

Patients who receive treatment that is unplanned are patients who have not been booked into the facility prior to receiving treatment. In general, it would be expected that most of these patients would receive surgical or medical treatment. However, where patients receive other types of treatment that are provided in the emergency department, these are to be reported here. The exceptions are dialysis, and endoscopy & related procedures, which are both to be reported against the separate categories provided for reporting these. *Patients who did not wait for assessment and management of their presenting problem (see Emergency Services Did Not Waits) are to be excluded from figures reported here.*

Emergency Services Did Not Waits

A person presenting to an Emergency Department who undergoes a registration process (acknowledgement of arrival) but fails to commence either a triage process or assessment and management of their presenting problem as a result of their decision to leave the ED. The presenter's departure (date & time) may or may not be known to the ED staff.

Endoscopy & Related Procedures (Occasions of Service)

Includes all occasions of service to non-admitted patients for endoscopy - including cystoscopy, gastroscopy, oesophagoscopy, duodenoscopy, colonoscopy, bronchoscopy and laryngoscopy.

Where a non-admitted patient receives endoscopy & related treatment in a ward or clinic classified elsewhere, the occasion of service is to be reported against 'Endoscopy & Related Procedures', NOT against the other category.

Note: that facilities would usually admit patients for endoscopy & related treatment, as they meet the minimum criteria. If patients have been admitted for endoscopy & related treatment, do not report them here.

Falls

All occasions of service to non-admitted patients for services provided by a geriatrician which focus on the assessment and management of patients with falls, mobility and balance problems; provide time limited, specialist intervention to the patient and advice and referral to mainstream services for ongoing management and education and training; may be provided in conjunction with multidisciplinary services. Treatment may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services. Services are provided by a geriatrician for early identification.

Geriatric

All occasions of service to non-admitted patients for services provided by a geriatrician, including assessment, treatment, rehabilitation and clinical advice and liaison for older people with physical, cognitive/dementia, mental health and/or functional support needs. Services may be provided in conjunction with multi-disciplinary teams of professionals who may have specific qualifications and/or expertise in disease processes and injury in older people and in assessment and rehabilitation for older people. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services. If the clinic is a dementia clinic, code to 'Dementia'; if the clinic is a falls clinic, code to 'Falls'.

Gerontology

All occasions of service to non-admitted patients for services related to the processes and the phenomena of ageing.

Group Sessions (Total Number of Group Sessions)

Sessions where **two or more non-admitted patients** receive services at the same time from one or more facility staff.

Each group is to be counted once, irrespective of size or the number of staff providing services.

Where all individuals in the group belong to the same family, the session should be reported as being provided to an 'individual' (ie, as a 1:1 Session).

Group Sessions (Total Number of Patients)

Sessions where **two or more non-admitted patients** receive services at the same time from one or more facility staff.

The total number of patients attending Group Sessions are to be counted for the reference period.

This is only required for Rehabilitation and Geriatric Evaluation and Management clinic types (ie Aged Care, Dementia, Falls, Geriatric Gerontology and Rehabilitation).

Where all individuals in the group belong to the same family, the session should be reported as being provided to an 'individual' (ie, as a 1:1 Session).

Ineligible (Patients)

Patients who are deemed not to be eligible for Medicare services.

Live Births

The complete expulsion or extraction from the mother of a baby which breathes or shows any other evidence of life after such expulsion or extraction.

Evidence of life includes 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.

This definition applies irrespective of the duration of the pregnancy.

Each product of such a birth is considered to be a live birth.

Medical/Surgical/Diagnostic (Occasions of Service)

Any occasion of service to a non-admitted patient given at a designated unit primarily responsible for the provision of medical, surgical or diagnostic services, which have not been reported under dialysis, pathology, diagnostic imaging, or endoscopy & related procedures.

Includes ECG, maternity, nuclear medicine, general medicine, general surgery and fertility.

Mental Health (Occasions of Service)

All occasions of service to non-admitted patients attending designated psychiatric or mental health units/clinics within the facility, that are operated and managed by the facility.

Non-admitted Patients

Patients who do not undergo a hospital's formal admission process.

Non-admitted patients receive direct care within the emergency department, or as outpatients (including non-admitted day program patients), or through other non-admitted services such as community and outreach services.

Occasions of Service

Occasions of service include any examination, consultation, treatment or other service provided to a non-admitted patient in each functional unit of a health service facility, on each occasion such service is provided.

One to One (1:1) Sessions

Where one non-admitted patient received services by staff of the facility.

Services provided to a 'family unit' at the same time are also to be reported as a single one to one session.

Other Outpatient Services (Occasions of Service)

All occasions of service to non-admitted patients who receive direct care from a designated unit/clinic within the facility, other than those specifically listed on the 4X report.

Other Outreach Services (Occasions of Service)

Occasions of service to non-admitted patients, which involve travel by the service provider, and are not classified as community health services or allied health services.

Travel does not include movement within a facility, movement between sites in a multi-campus facility, or between facilities.

It is intended that the Other Outreach Services classification *exclude* medical, surgical, or psychiatric services. These should be reported under District Nursing Services.

Other Outreach Services *does* include activities such as home cleaning, meals on wheels and home maintenance.

Pharmacy (Occasions of Service)

All occasions of service to non-admitted patients from pharmacy departments.

When drugs are dispensed or administered in other departments, such as the emergency department or the outpatient department, this is to be reported as an occasion of service against the related category.

Rehabilitation

All occasions of service to non-admitted patients for services provided by a specialist in rehabilitation medicine or a geriatrician with skills in rehabilitation providing diagnosis, evaluation and treatment of people with limited function as a consequence of disease, injury, impairment and/or disorder; services may be provided in conjunction with multi-disciplinary teams. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services.

Reference Month

The month to which the Report refers.

Commences from midnight on the first day of the month up to and including 11.59pm of the last day of the month.

Still Births

A fetal death prior to the complete expulsion or extraction from the mother *of a product of conception of 20 weeks or more completed weeks of gestation or of 400 grams or more birth weight.* The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any evidence of life, such as beating of the heart, pulsation of umbilical cord, or definite movement of voluntary muscles.

Telehealth/Telemedicine

Consultations provided to *eligible public patients* using vidoconferencing technology.

Such consultations should only be reported as an occasion of service on the Monthly Activity Report if:

- The service was a substitute for a face-to-face occasion of service, and
- A booked appointment was made, and
- A clinician (doctor, nurse, or allied health professional) interacted directly with a patient, and
- Clinical notes were recorded in the patient's medical record.

A 'booked appointment' is an appointment that is formally booked and recorded through an electronic or manual outpatient booking system.

Such occasions of service should be counted by both the providing facility and the remote/receiving facility.

Videoconferencing for the purposes of making an appointment or providing test results is excluded.

Videoconferencing with carers or parents, or for case management purposes, is excluded.

Telephone Consultation

Consultations provided to eligible public patients over the telephone.

Such consultations should only be reported as an occasion of service on the Monthly Activity Report if:

- The service was a substitute for a face-to-face occasion of service, and
- A booked appointment was made, and
- A clinician (doctor, nurse, or allied health professional) spoke directly with a patient, and
- Clinical notes were recorded in the patient's medical record.

A 'booked appointment' is an appointment that is formally booked and recorded through an electronic or manual outpatient booking system.

Telephone calls for the purposes of making an appointment or providing test results are excluded.

Telephone conversations with carers or parents, or for case management purposes, are excluded.

3.1.4 Beds Availability Reporting Application

It is important that Queensland Health has accurate data on the number of beds available in its hospitals. Hospital bed availability is a key performance indicator for Queensland Health as it represents a measure which can be easily interpreted by the public. This data is also required to be reported as part of the Public Hospital Establishments National Minimum Data Set.

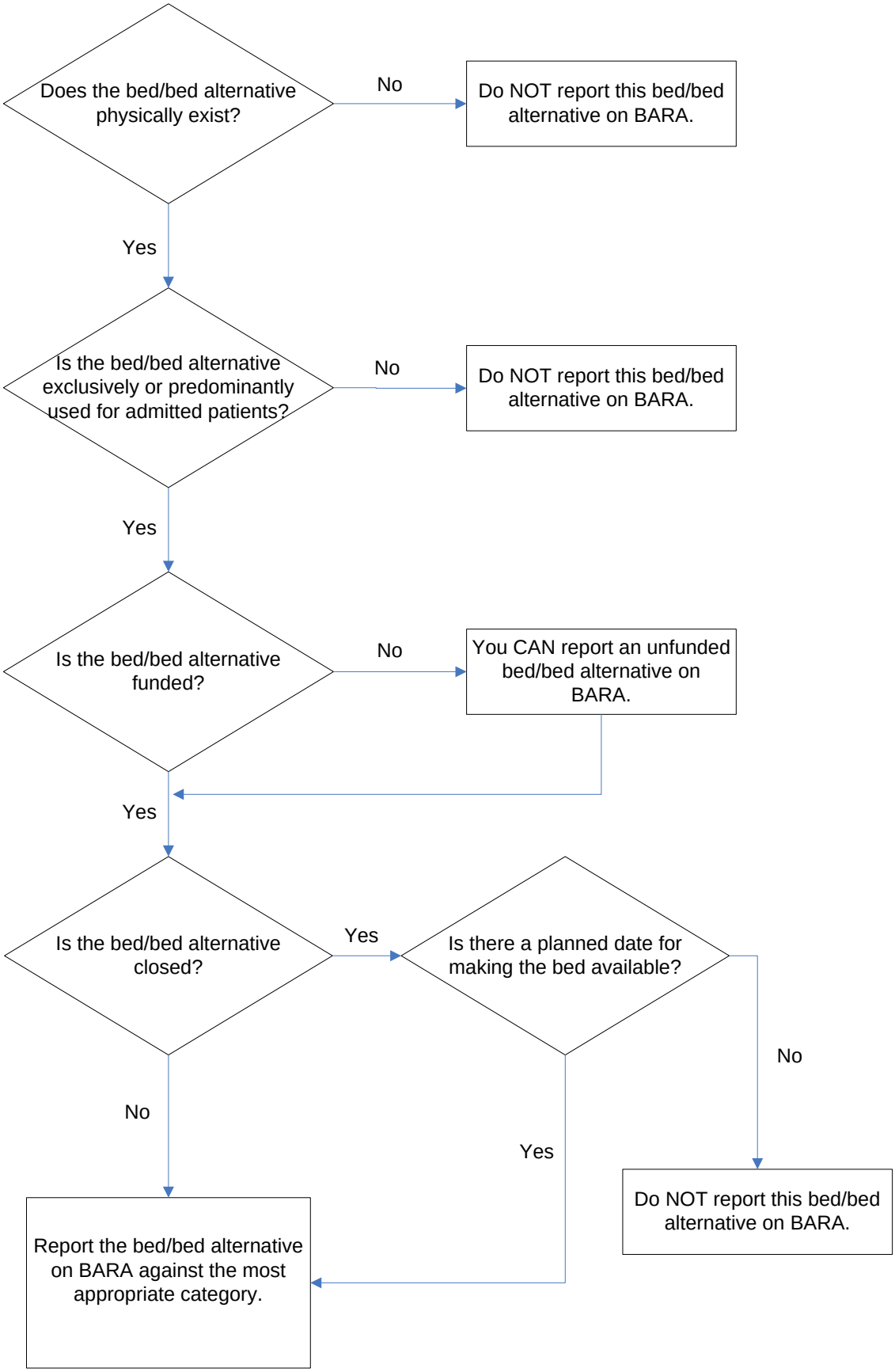
In order to better manage the reporting of Available Beds and Available Bed Alternatives data the Beds Availability Reporting Application (BARA) has been developed. The objective of the BARA is to help reduce turn around timeframes for reporting of bed availability data with improvements in access, data quality and resource efficiencies.

To ensure the quality and integrity of this information the Executive Management Team (EMT) has decided that monthly figures being reported to the Data Collections Unit via the Monthly Activity Collection are to be verified and signed-off by the District CEO.

A more detailed user manual for BARA is available by request to DCU or can be downloaded from QHEPS at http://qheps.health.qld.gov.au/hic/pdf/bara_usermanual.pdf

BARA can be accessed at the following IP address
http://fred.co.health.qld.gov.au:8006/pls/bed_prd/f?p=102:101:1122815404806532720

Do I Report This Bed/Bed Alternative on BARA?



Definitions for Terms on Flow Chart

Exclusive/Predominate Use

From July 2009 a bed/bed alternative can only be reported on BARA if it is used **exclusively or predominantly for admitted patients**.

If a bed/bed alternative is not used exclusively or predominantly for admitted patients, do NOT report it on BARA.

This is subtly different from the previous situation where a bed/bed alternative could be reported on BARA if it was immediately available for use by admitted patients (regardless of whether or not the bed was predominantly used for admitted patients).

Physical Bed/Bed Alternative

A bed/bed alternative can only be reported on BARA if it physically exists. A 'virtual' bed/bed alternative, such as a bed allocated for Hospital in the Home treatment, is NOT to be reported on BARA.

Funded Bed

A funded bed/bed alternative is one that is resourced within the bed allocation approved by the District CEO. A funded bed/bed alternative can be reported on BARA

Unfunded Bed

An unfunded bed/bed alternative is one that exceeds the bed allocation approved by the District CEO. An unfunded bed/bed alternative can be reported on BARA.

Closed Bed

A closed bed/bed alternative is one that is not available for use and there is no planned date for making it available for use. A closed bed/bed alternative is NOT to be reported on BARA.

Definitions for Terms on BARA

Available/Temporarily Unavailable (Bed/Bed Alternative)

A bed/bed alternative is 'Available' if (on the last Wednesday of the reference month) it is *immediately available* for use. That is, if it is located in a suitable place for patient care, and there are nursing and or other auxiliary staff available, or who could be made available within a reasonable period (within 24 hours), to service patients who might occupy them.

A bed/bed alternative is 'Temporarily Unavailable' if (on the last Wednesday of the reference month) it is NOT *immediately available* for use because of renovations, strikes, staff shortages, etc – and there is a planned date for making the bed available (a bed that is not available for use and there is no planned date for making it available for use is a 'Closed' bed – it is NOT to be report on BARA).

Bed/Bed Alternative

A bed or bed alternative can only be reported on BARA if it is used **exclusively or predominantly for admitted patients**.

Beds are to be reported in the first section of BARA and bed alternatives are to be reported in the second section.

The third section of BARA is for reporting non-NICU/non-SCN cots – that is, cots for normal neonates.

The beds reported in the first section of BARA must NOT include surgical tables, recovery trolleys, discharge lounge beds/chairs for patients who have been formally discharged, medi-hotel beds, non-special care neonatal cots, hospital in the home beds, or beds used exclusively or predominantly for non-admitted patients.

Beds located in a hospital's **delivery suite** should normally NOT be reported – unless the predominant practice at the hospital is for the mother to be admitted to the delivery bed, give birth in the delivery bed, and be formally discharged from the delivery bed. That is, the predominant practice at the hospital is not to transfer the mother to a maternity bed following delivery, and formally discharge the mother from a maternity bed.

Beds located in a **birth centre** attached to a hospital should normally be reported – as it is assumed that the predominant practice at the birth centre is for the mother to be admitted to the birth centre, give birth in the birth centre, and be formally discharged from the birth centre.

The **bed categories** on BARA are:

Neonatal Cots – Level 2 (SCN)
Neonatal Cots – Level 3 (NICU)
Paediatric – PICU
Paediatric – General
High Dependency Unit
Intensive Care Unit – Level 1
Intensive Care Unit – Level 2
Intensive Care Unit – Level 3
Coronary Care Unit – Level 1
Coronary Care Unit – Level 2
Coronary Care Unit – Level 3
Mental Health – Designated Acute Psychiatric
Mental Health – Designated Non-acute Psychiatric
Designated Palliative
Designated Rehabilitation
Maternity
Day Surgery Beds
Emergency Department Beds (ED Level 1, 2 or 3+)
All Other Overnight Beds
All Other Same-day Beds

A bed alternative is an item of furniture such as a chair or trolley that is used as an alternative to a bed.

The bed alternatives reported in the second section of BARA must NOT include chairs/trolleys for medical ambulatory care, discharge/transit lounge chairs/trolleys for patients who have been formally discharged, non-special care neonatal cots, or chairs/trolleys used exclusively or predominantly for non-admitted patients.

The **bed alternative categories** on BARA are:

Chemotherapy Chairs/Trolleys
Renal Dialysis Chairs/Trolleys
Emergency Department Chairs/Trolleys (ED Level 1, 2 or 3+)
All Other Bed Alternatives

Definitions for Bed Categories on BARA

All Other Overnight Beds

A bed is an overnight bed if it used exclusively or predominantly to provide accommodation for overnight admitted patients.

All Other Overnight Beds are those overnight beds not reported against one of the bed categories in the first section of BARA.

All Other Same-day Beds

A bed is a same-day bed if it is used exclusively or predominantly to provided accommodation for for same-day admitted patients.

All Other Same-day Beds are those same-day beds not reported against one of the bed categories in the first section of BARA.

Coronary Care Unit (Beds)

For details on the definition of a coronary care unit and its required clinical services level, refer to the Clinical Services Capability Framework.

Day Surgery (Beds)

For details on the definition of (day-only) surgical services and the required clinical services level, refer to the Clinical Services Capability Framework.

Designated Mental Health Acute Psychiatric (Beds)

Designated Mental Health Acute Beds are beds that are available for specialist psychiatric care, provided to people who present with **acute** episodes of mental illness.

These episodes are characterised by recent onset of severe clinical symptoms of mental illness that have potential for prolonged dysfunction or risk to self and/or others. The key characteristic of acute services is that this treatment effort is focused on symptom reduction with a reasonable expectation of substantial improvement.

In general, acute psychiatric services provide short-term treatments. Acute services may be focussed on assisting people who have had no prior contact or previous psychiatric history, or individuals with a continuing psychiatric disorder for whom there has been an acute exacerbation of symptoms.

Designated Acute Psychiatric Beds include beds provided for the following mental health programs: General (Adult), Older persons, Child and Young Persons mental health services.

The QHAPDC Manual has a list of Designated Mental Health Psychiatric Units in Public Hospitals.

Designated Mental Health Non-Acute Psychiatric (Beds)

Designated Mental Health Non-Acute Beds are beds that are available for specialist psychiatric care, provided to people who require **rehabilitation and extended care** mental health services as described below.

Rehabilitation: These services have a primary focus on intervention to reduce functional impairments that limit the independence of patients. Rehabilitation services are focussed on disability and the promotion of personal recovery. They are characterised by an expectation of substantial improvement over the short to mid term. Patients treated by rehabilitation services usually have a relatively stable pattern of clinical symptoms.

Extended Care: These services provide care over an indefinite period for patients who have a stable but severe level of functional impairment and an inability to function independently, thus requiring extensive care and support. Patients of extended care services present a stable pattern of clinical symptoms, which may include high levels of severe unremitting symptoms of mental illness. Treatment is focussed on preventing deterioration and reducing impairment. Improvement is expected to occur slowly.

Designated Non-acute Psychiatric Beds include beds provided for the following mental health programs: Secure, Dual Diagnosis, Psychogeriatric, Acquired Brian Injury, Rehabilitation & Extended Treatment and Young Persons.

The QHAPDC Manual has a list of Designated Mental Health Psychiatric Units in Public Hospitals.

Designated Palliative (Beds)

Designated Palliative Beds are beds that are available for palliative 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.

Palliative care is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family.

The treatment is delivered in a designated unit.

Designated Rehabilitation (Beds)

Designated Rehabilitation Beds are beds that are available for rehabilitation care, in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap.

Rehabilitation care is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames, which are evaluated by a periodic assessment using a recognised functional assessment measure.

The treatment is delivered in a designated unit.

The QHAPDC Manual has a list of Designated SNAP Units in Public Hospitals.

Emergency Department Beds (ED Level 1, 2 or 3+)

For details on the definition of emergency services and the required clinical services level, refer to the Clinical Services Capability Framework.

General Paediatric (Beds)

For details on the definition of general paediatric services and the required clinical services level, refer to the Clinical Services Capability Framework.

High Dependency Unit (Beds)

For details on the definition of a high dependency unit and its required clinical services level, refer to the Clinical Services Capability Framework.

Intensive Care Unit (Beds)

For details on the definition of an intensive care unit and its required clinical services level, refer to the Clinical Services Capability Framework.

Maternity (Beds)

For details on the definition of maternity services and the required clinical services level, refer to the Clinical Services Capability Framework.

Non-NICU/Non-SCN Cots

Non-NICU and non-SCN cots – that is, cots for normal neonates - are those cots used for newborns other than Level 2 (SCN) and Level 3 (NICU) neonatal cots. For details on neonatal services and their service level criteria refer to the Clinical Services Capability Framework.

Definitions for Bed Alternative Categories on BARA

All Other Bed Alternatives

All Other Bed Alternatives are those bed alternatives not reported against one of the alternative bed categories in the second section of BARA. Some examples are:

- Discharge/transit lounge chairs/trolleys for patients who have NOT been formally discharged
- Day surgery chairs/trolleys used for admitted patients
- Day therapy chairs/trolleys used for admitted patients
- Observation ward chairs/trolleys/stretchers used for admitted patients

Chemotherapy Chairs/Trolleys

Chemotherapy Chairs/Trolleys are bed alternatives that are specifically used for **admitted** patients receiving chemotherapy treatment.

Emergency Department Chairs/Trolleys (ED Level 1, 2 or 3+)

For details on the definition of emergency services and the required clinical services level, refer to the Clinical Services Capability Framework.

Emergency Department Chairs/Trolleys are bed alternatives specifically used for **admitted** patients receiving emergency services.

Renal Dialysis Chairs/Trolleys

Renal Dialysis Chairs/Trolleys are bed alternatives that are specifically used for **admitted** patients receiving renal dialysis treatment.

3.1.5 MTACDENT Report

From 1 July 2008, the Oral Health Unit no longer submits Dental occasions of service to the Data Collections Unit.

3.1.6 MTACPATH Report

The Queensland Health Pathology and Scientific Services business unit extract pathology occasions of service counts from the Auslab pathology system and provide them directly to the Data Services Unit.

Facilities not using the Auslab pathology system are required to record their pathology occasions of service on the 'MTACPATH' report.

All public facilities on the Auslab pathology system need not report pathology occasions of service.

Pathology (Occasions of Service) Non-AUSLAB Facilities

All occasions of service to non-admitted patients from designated pathology laboratories.

Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department constitutes one occasion of service.

Example: If 2 blood samples and a urine sample are taken from a single patient so that 2 separate sets of blood tests can be done (a set on each blood sample) and a single set of urine tests can be done, this should be counted as 3 occasions of service rather than one.

Pathology (Occasions of Service) AUSLAB Facilities

All occasions of service to non-admitted patients from Queensland Health Pathology and Scientific Services (QHPSS) laboratories.

Each diagnostic test or group of diagnostic tests, as defined in the QHPSS product list, for the one patient referred to Queensland Health Pathology and Scientific Services.

3.2 PUBLIC NURSING HOMES/HOSTELS/INDEPENDENT LIVING UNITS

3.2.1 MTHACNH2 Report

Accrued Resident Days

The total number of days of stay for all admitted residents that were accrued during the reference month.

Accrued resident days were previously referred to as occupied bed days or accrued patient days.

Accrued resident days include:

- those days accrued by residents who separate during the reference month; and
- those days accrued by residents who are remaining in at the end of the reference month.

Same day residents are to be treated as accruing one resident day.

Residents on contract leave should be treated as accruing resident days.

Residents on overnight leave should NOT be treated as accruing resident days.

If a resident has a status change, their patient days should be reported against each relevant category.

Admissions

An admission is the administrative process by which the facility reports the actual commencement of treatment and/or care and accommodation of an admitted resident.

For this Monthly Activity Report, an admission is also recorded following the separation that is recorded when an admitted resident's status changes, for example from respite to permanent.

Admitted Residents

People who are admitted as residents to the facility. It includes residents who undertake overnight or longer stays, and same day residents.

Available Beds

The number of beds, occupied or not, which were *immediately available* for use by admitted residents if required.

Beds are *immediately available* for use if they are located in a suitable place for patient care, and there are nursing and or other auxiliary staff available, or who could be made available within a reasonable period (within 24 hours), to service patients who might occupy them.

Exclude surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded, and beds designated for non-admitted patient care.

The ***Available Beds on Last Wednesday of Reference Month*** does not include beds temporarily unavailable on that day because of renovations, strikes, staff shortages, etc.

The ***Available Bed Days*** is the number of available beds on each day during the reference month, multiplied by the number of days in the reference month that these beds were available.

For example, if 5 beds were available for 5 days a week for 3 weeks, and available for only 2 days for the 4th week, then available bed days is equal to (5*5*3) + (5*2) = 85.

Exclude beds temporarily unavailable on any day because of renovations, strikes, staff shortages, etc.

Boarders

People who receive food and/or accommodation but for whom the facility does not accept responsibility for treatment and/or care. Boarders are not to be recorded on the Monthly Activity Reports.

Australian Government Funded Beds

All beds allocated by the Australian Government (Commonwealth) as approved beds.

Extensive Care Residents

All non-respite admitted residents should be reported as Permanent Residents, with effect from 1 February 1998.

Non-admitted Clients/Patients

Non-admitted clients/patients do not undergo a facility's admission process.

Non-admitted clients/patients can receive direct care as outpatients, or receive care through services such as community and outreach services.

Note: that non-admitted day program clients/patients should be reported as outpatients.

A non-admitted service provided to a client/patient, who is subsequently classified as an admitted resident, should also be reported against the admitted episode of care.

Occasions of Service

Occasions of service include any examination, consultation, treatment or other service provided to a non-admitted patient in each functional unit of a health service facility, on each occasion such service is provided.

Outpatients

Non-admitted clients/patients who receive direct care from a designated unit *within* the facility.

Outreach or Community Clients

Outreach clients/patients are non-admitted clients/patients who receive care from employees of the facility at their home, place of work, or other *non-facility* site. Care does not include activities such as home cleaning, meals on wheels, or home maintenance.

Community clients/patients are non-admitted clients/patients who receive care from employees of designated community health units *funded from the facility's operating expenditure and operated and managed by the facility*. Community health units may include such things as aged care assessment teams.

It is intended that all community health services funded through the facility be reported, regardless of where the services are provided.

Permanent Residents

Residents admitted to a nursing home, hostel or independent living unit who are not Respite Residents.

Reference Month

The month to which the Report refers.

Commences from midnight on the first day of the month up to and including 11.59pm of the last day of the month.

Remaining in at Beginning (of the Reference Month)

Overnight or longer stay patients actually in the facility or on leave at midnight on the first day of the reference month.

Report patient details as at that time.

Exclude same day patients.

This figure should be carried over from the remaining in at end figure for the previous reference month.

Remaining in at End (of the Reference Month)

Overnight or longer stay patients actually in the facility or on leave at 11.59pm on the last day of the reference month.

Report patient details as at that time.

Exclude same day patients.

This figure should be carried over to the remaining in at beginning figure for the next reference month.

Respite Residents

Short stay residents (ie stay is usually less than 63 days) admitted on a temporary basis to a nursing home, hostel or Independent living units, usually for social or welfare reasons - for example, in order to give a carer respite from the provision of care.

Separations

A separation is the administrative process by which the facility reports the actual completion of treatment and/or care and accommodation of an admitted resident (eg, through discharge, absconding, transfer/class change or death).

Admitted residents whose leave of absence exceeds 7 consecutive days are categorised as having a separation.

Admitted residents whose status changes, for example from respite to permanent, are also categorised as having a separation.

State Funded Beds

All beds at the facility that are not approved Australian Government (Commonwealth) Funded Beds.

Where these beds are in use, it is expected that complete occupancy of the Australian Government Funded Beds would be being reported, with the 'overflow' being reported against the State Funded Beds.

Transition Care Beds

The Transition Care Program is at the interface of the hospital and aged care sectors. It provides therapy and support services for a period of up to 12 weeks, post- hospitalisation, to older people who are able to improve their level of independence. In some instances the period may be extended to 18 weeks subject to the approval of the Commonwealth.

The Transition Care Program:
- Enables a proportion of care recipients to return home, rather than enter residential care;
- Optimises the functional capacity of those older people who are discharged from Transition care to residential care; and
- Can reduce inappropriate extended lengths of hospital stay for older people.

Care can be provided in either a home-like residential aged care setting or in the community and targets older people who would otherwise be eligible for residential care. Transition care also provides additional time for this group of clients to consider their longer term care options.

Transition beds should not be reported against the NH2 form.

Transition beds are reported to the Commonwealth directly.

Temporarily Unavailable Beds (Last Wednesday of Reference Month)

Beds *temporarily* unavailable on the last Wednesday of the reference month because of renovations, strikes, staff shortages, etc.

3.3 PUBLIC PSYCHIATRIC HOSPITALS

3.3.1 MTHACPS1 Report

From July 2009 this report will no longer be required with 'Psychiatric' facilities reporting admitted patient activity via the MTHACPH1 report. It is the intention that non-admitted patient activity for 'Psychiatric' facilities to be reported to the Monthly Activity Collection via a Consumer Integrated Mental Health Application (CIMHA) extract.

As previously mentioned in Section 3.1.4 the reporting of Beds data has been relocated from this report and must be reported through the BARA system.

'Psychiatric' facilities used to completing the Available Beds data on the 'MTHACPS1' report prior to July 2006, in the main should only complete the Mental Health bed categories as their service capability should not cross over into any of the other beds categories.

3.4 MULTI PURPOSE HEALTH SERVICES

3.4.1 MTHACMP1 Report

The joint Australian Government (Commonwealth)-State Multi Purpose Health Service (MPHS) program provides a flexible approach to the provision of health and aged care services in small rural communities. It typically involves the amalgamation of services ranging from acute hospital care to residential aged care, community health, home and community care and other health related services. This amalgamation of services is used to provide flexible care.

Multi Purpose Health Services must record the number of people accessing the flexible care services during the reporting period, including the level of care and the mix of residential and community care.

Patients admitted to an MPHS have to be allocated an appropriate account class code. The account class code selected is dependent upon the level of care and the length of stay for that patient (refer to 'High Level Care' and 'Low Level Care' definitions). Any change in care type from flexible care will require a discharge from the MPHS.

Multi Purpose Health Services should not charge DVA for clients receiving flexible care. Clients currently recorded as DVA at the acute hospital, but who are now receiving flexible care, should have their account class changed to reflect flexible care (refer to 'High Level Care' and 'Low Level Care' definitions).

The MTHACMP1 report is to be submitted to the Data Collections Unit, Queensland Health within 14 days after the reference month. The report can be forwarded via e-mail to MASMAIL.

Accrued Patient Days

The total number of days of stay for all admitted patients that were accrued during the reference month.

Accrued patient days include:
- those days accrued by patients who separate during the reference month; and
- those days accrued by patients who are remaining in at the end of the reference month.

Same day patients are to be counted as having a stay of one day.

Patients on contract leave should be treated as accruing patient days.

Patients on overnight leave should NOT be treated as accruing patient days.

If a patient has a classification change, their patient days should be reported against each relevant category.

Admissions

An admission is the administrative process by which a facility records the commencement of treatment and/or care and accommodation of a patient.

Admitted Patients

Patients who undergo a facility's formal admission process and meet one of the criteria for admission. It includes patients who undertake overnight or longer stays, and same day patients.

Available Beds

The number of beds, occupied or not, which were *immediately available* for use by flexible care patients.

Beds are *immediately available* for use if they are located in a suitable place for patient care, and there are nursing and or other auxiliary staff available, or who could be made available within a reasonable period (within 24 hours), to service patients who might occupy them.

Exclude surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded, and beds designated for non-admitted patient care.

The ***Available Beds on Last Wednesday of Reference Month*** does not include beds temporarily unavailable on that day because of renovations, strikes, staff shortages, etc.

The ***Available Bed Days*** is the number of available beds on each day during the reference month, multiplied by the number of days in the reference month that these beds were available.

For example, if 5 flexible care beds were available for 5 days a week for 3 weeks, and available for only 2 days for the 4th week, then available bed days is equal to (5*5*3) + (5*2) = 85.

Exclude beds temporarily unavailable on any day because of renovations, strikes, staff shortages, etc.

High Level Care

The number of patients with an account class of General Public Flexible High Level Care (GPFHLC) for overnight flexible high level care or General Public Flexible High Level Care Same Day (GPFHLCSD) for same day flexible high level care.

Low Level Care

The number of patients with an account class of General Public Flexible Low Level Care (GPFLLC) for overnight flexible low level care or General Public Flexible Low Level Care Same Day (GPFLLCSD) for same day flexible low level care.

Reference Month

The month to which the Report refers.

Commences from midnight on the first day of the month up to and including 11.59pm of the last day of the month.

Remaining in at Beginning (of the Reference Month)

Overnight or longer stay patients actually in the facility or on leave at midnight on the first day of the reference month.

Exclude same day patients.

This figure should be carried over from the remaining in at end figure for the previous reference month.

Remaining in at End (of the Reference Month)

Overnight or longer stay patients actually in the facility or on leave at 11.59pm on the last day of the reference month.

Exclude same day patients.

This figure should be carried over to the remaining in at beginning figure for the next reference month.

Separations

A separation is the administrative process by which a facility records the completion of treatment and/or care and accommodation of a patient. (eg, through discharge, absconding, transfer, or death.)

Patients whose leave of absence exceeds 7 consecutive days are categorised as having a formal separation.

Temporarily Unavailable Beds (Last Wednesday of Reference Month)

Flexible care beds *temporarily* unavailable on the last Wednesday of the reference month because of renovations, strikes, staff shortages, etc.

4 MONTHLY ACTIVITY REPORTS

4.1 MTHACPH1 REPORT

Commonly referred to as the "PH1", this report is used to collect data on the admitted patients of public hospital facilities.

The PH1 report is extracted electronically from patient management systems and provided to the Data Collections Unit in the form of comma delimited (ASCII) files. To ensure the appropriate version of the PH1 report is extracted, follow the procedures advised in the Monthly Activity Report guidelines issued by Service Integration Management Team 1. If you do not have these guidelines please contact Service Integration Management Team 1.

MONTHLY ACTIVITY REPORT — **PUBLIC HOSPITAL FACILITIES**

MONTH _____ MONTH REPORTED IS MISSING ! YEAR _____ THE YEAR REPORTED IS MISSING !

HEALTH DISTRICT _____

FACILITY _____ FACILITY NO. _____ YOUR FACILITY NUMBER IS MISSING !

	OVERNIGHT OR LONGER									SAME DAY			
		Admissions		Class Changes		Separations				Admissions		Separations	
	Remaining in at beginning	Formal	Statistical	From	To	Statistical	Formal	Remaining in at end	Accrued patient days	Formal	Statistical	Statistical	Formal
ELIGIBLE PUBLIC													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
ELIGIBLE PRIVATE													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
ELIGIBLE COMPENSABLE													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
INELIGIBLE													
Acute								0					
Rehabilitation								0					
Palliative								0					
Geriatric Eval and Management								0					
Psychogeriatric								0					
Newborn								0					
Other Care								0					
Maintenance								0					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0
ALL ADMITTED PATIENTS													
Acute	0	0	0	0	0	0	0	0	0	0	0	0	0
Rehabilitation	0	0	0	0	0	0	0	0	0	0	0	0	0
Palliative	0	0	0	0	0	0	0	0	0	0	0	0	0
Geriatric Eval and Management	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychogeriatric	0	0	0	0	0	0	0	0	0	0	0	0	0
Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Care	0	0	0	0	0	0	0	0	0	0	0	0	0
Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

	OVERNIGHT OR LONGER Formal Separations			SAME DAY Formal Separations		
	Died in Hospital	Transferred to Another Hospital	All Other Modes of Separation	Died in Hospital	Transferred to Another Hospital	All Other Modes of Separation
MODE OF SEPARATION ALL ADMITTED PATIENTS						
Acute						
Rehabilitation						
Palliative						
Geriatric Eval and Management						
Psychogeriatric						
Newborn						
Other Care						
Maintenance						
GRAND TOTAL	0	0	0	0	0	0

Patient days accrued by Newborns with a status of Unqualified	
Patient days accrued by Nursing Home Type Patients	
Total Newborn Separations with a status of Unqualified for the entire episode	
Accrued Patient Days with a Standard Unit Code of PYAA	
Accrued Patient Days with a Standard Unit Code of PYAQ	
Accrued Patient Days with a Standard Unit Code of PYSH	
Accrued Patient Days with a Standard Unit Code of PYSM	
Accrued Patient Days with a Standard Unit Code of PYDD	
Accrued Patient Days with a Standard Unit Code of PYPG	
Accrued Patient Days with a Standard Unit Code of PYET	
Accrued Patient Days with a Standard Unit Code of PYAW	
Accrued Patient Days with a Standard Unit Code of PYCA	
Accrued Patient Days with a Standard Unit Code of PYCW	
Accrued Patient Days with a Standard Unit Code of PYYA	
Accrued Patient Days with a Standard Unit Code of PYYW	
Accrued Patient Days with a Standard Unit Code of PYGE	
Accrued Patient Days with a Standard Ward Code of HOME	
Accrued Patient Days with a Standard Ward Code of HINH	
Total number of episodes of care in which the patient accrued Nursing Home Type days of stay	
Total number of Nursing Home Type Patients Remaining In at the End of the Month	

Issued April 2008 MTHACPH1

4.2 MTACPH3X REPORT (LARGER FACILITIES)

Commonly referred to as the "3X" report. This report collects data on one-to-one and group occasions of service and the total number of patients attending group sessions for rehabilitation and geriatric evaluation and maintenance clinic types.

MONTHLY ACTIVITY REPORT

PUBLIC HOSPITAL - LARGER FACILITIES
BOOT HOSPITAL FACILITIES

MONTH _____ YEAR _____ THE YEAR REPORTED IS MISSING !
MONTH REPORTED IS MISSING !

HEALTH DISTRICT _____

FACILITY _____ FACILITY NO. _____ YOUR FACILITY NUMBER IS MISSING !

NON-ADMITTED PATIENT Occasions of Service

Clinic Type	1:1 Sessions: Eligible Work Cover Queensland	Eligible Work Cover Other	Eligible Motor Vehicle Queensland	Eligible Motor Vehicle Other	Eligible Other Third Party	Eligible Other Comp.	Dept. Veterans' Affairs	Eligible Public: Face to Face	Eligible Public: Telehealth/ Telemedicine	Eligible Public: Telephone Consultations	Eligible Other	Ineligible	Total 1:1 Sessions	Group Sessions: Total No. Groups	Group Sessions: Total No. Patients
Aged Care new patient													0		
Aged Care repeat patient													0		
Alcohol and other drug new patients													0		
Alcohol and other drug repeat patients													0		
Allergy new patient													0		
Allergy repeat patient													0		
Audiology new patient													0		
Audiology repeat patient													0		
Cardiac Surgey new patient													0		
Cardiac Surgey repeat patient													0		
Cardiology new patient													0		
Cardiology repeat patient													0		
Chemotherapy new patient													0		
Chemotherapy repeat patient													0		
Clinical Haematology new patient													0		
Clinical Haematology repeat patient													0		
Clinical Measurement new patient													0		
Clinical Measurement repeat patient													0		
Cystic Fibrosis new patient													0		
Cystic Fibrosis repeat patient													0		
Dementia new patient													0		
Dementia repeat patient													0		
Dermatology new patient													0		
Dermatology repeat patient													0		
Diabetes new patient													0		
Diabetes repeat patient													0		
Dialysis new patient*													0		
Dialysis repeat patient*													0		
Ear Nose and Throat Surgery new patient													0		
Ear Nose and Throat Surgery repeat patient													0		
Endocrinology new patient													0		
Endocrinology repeat patient													0		
Endoscopy & Related Procedures new patient *													0		
Endoscopy & Related Procedures repeat patient *													0		
Falls new patients													0		
Falls repeat patients													0		
Gastroenterology new patient													0		
Gastroenterology repeat patient													0		
General Paediatrics new patient													0		
General Paediatrics repeat patient													0		
General Surgery new patient													0		
General Surgery repeat patient													0		
Geriatric new patient													0		
Geriatric repeat patient													0		
Gerontology new patient													0		
Gerontology repeat patient													0		
Gynaecology new patient													0		
Gynaecology repeat patient													0		
Hyperbaric Medicine new patient													0		
Hyperbaric Medicine repeat patient													0		
Immunology new patient													0		
Immunology repeat patient													0		
Infectious diseases new patient													0		
Infectious diseases repeat patient													0		
Internal medicine new patient													0		
Internal medicine repeat patient													0		
Maternity new patient													0		
Maternity repeat patient													0		
Neonatal new patient													0		
Neonatal repeat patient													0		
Neurology new patient													0		
Neurology repeat patient													0		
Neurosurgery new patient													0		
Neurosurgery repeat patient													0		
Nutrition new patient													0		
Nutrition repeat patient													0		
Occupational Therapy new patient													0		
Occupational Therapy repeat patient													0		
Oncology Medical Consultation new patient													0		
Oncology Medical Consultation repeat patient													0		
Oncology Medical Treatment new patient													0		
Oncology Medical Treatment repeat patient													0		
Oncology Radiation Consultation new patient													0		
Oncology Radiation Consultation repeat patient													0		
Oncology Radiation Treatment new patient													0		
Oncology Radiation Treatment repeat patient													0		
Ophthalmology new patient													0		
Ophthalmology repeat patient													0		
Orthopaedic surgery new patient													0		
Orthopaedic surgery repeat patient													0		
Paediatric surgery new patient													0		
Paediatric surgery repeat patient													0		
Pain Management new patient													0		
Pain Management repeat patient													0		
Palliative Care new patient													0		
Palliative Care repeat patient													0		
Physiotherapy new patient													0		
Physiotherapy repeat patient													0		
Plastic and reconstructive surgery new patient													0		
Plastic and reconstructive surgery repeat patient													0		
Podiatry new patient													0		
Podiatry repeat patient													0		
Pre-admission new patient													0		
Pre-admission repeat patient													0		
Primary care new patient													0		
Primary care repeat patient													0		
Prosthetics new patient													0		
Prosthetics repeat patient													0		
Psychiatry new patient													0		
Psychiatry repeat patient													0		
Psychology new patient													0		
Psychology repeat patient													0		
Rehabilitation new patient													0		
Rehabilitation repeat patient													0		
Renal Medicine new patient													0		
Renal Medicine repeat patient													0		
Rheumatology new patient													0		
Rheumatology repeat patient													0		
Social Work new patient													0		
Social Work repeat patient													0		
Speech pathology new patient													0		
Speech pathology repeat patient													0		
Thoracic Medicine new patient													0		
Thoracic Medicine repeat patient													0		
Transplants new patient													0		
Transplants repeat patient													0		
Urology new patient													0		
Urology repeat patient													0		
Vascular Surgery new patient													0		
Vascular Surgery repeat patient													0		
Wound Management new patient													0		
Wound Management repeat patient													0		
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Contact Person _____ Phone _____

* Hospitals would normally admit patients in these categories where they meet the minimum criteria.
If patients have been admitted, do NOT report them here.

Issued 1 July 2008 MTACPH3X

To submit data: Email as a single-sheet file (not workbook) to MASMAIL.

4.3 MTACPH3Y REPORT (LARGER FACILITIES)

Commonly referred to as the "3Y" report. This report collects data on one-to-one and group occasions of service, the total number of patients attending group sessions for rehabilitation and geriatric evaluation and maintenance clinic types, number of births and the number of home dialysis patients.

MONTHLY ACTIVITY REPORT

PUBLIC HOSPITALS - LARGER FACILITIES
BOOT HOSPITAL FACILITIES

MONTH _____ YEAR _____ THE YEAR REPORTED IS MISSING !
MONTH REPORTED IS MISSING !

HEALTH DISTRICT _____

FACILITY _____ FACILITY NO. _____ YOUR FACILITY NUMBER IS MISSING !

NON-ADMITTED PATIENT
Occasions of Service

	1:1 Sessions													Group Sessions	
	Eligible Work Cover Queensland	Eligible Work Cover Other	Eligible Motor Vehicle Queensland	Eligible Motor Vehicle Other	Eligible Other Third Party	Eligible Other Comp.	Dept. Veterans' Affairs	Eligible Public Face to Face	Eligible Public Telehealth/ Telemedicine	Eligible Public Telephone Consultation	Eligible Other	Ineligible	Total 1:1 Sessions	Total No. Groups	Total No. Patients
Non-Admitted Patient - Other Services #															
Community Health Services - Other													0		
Community Health Services - Aged Care													0		
Community Health Services - Geriatric													0		
Community Health Services - Gerontology													0		
Community Health Services - Dementia													0		
Community Health Services - Falls													0		
Community Health Services - Rehabilitation													0		
District Nursing Services - Other													0		
District Nursing Services - Aged Care													0		
District Nursing Services - Geriatric													0		
District Nursing Services - Gerontology													0		
District Nursing Services - Dementia													0		
District Nursing Services - Falls													0		
District Nursing Services - Rehabilitation													0		
Other Outreach Services													0		

 # Report only those health services funded from the facility's operating expenditure, AND operated and managed by the facility.
Involves treatment by hospital employees off the hospital site.

Non-Admitted Patient - Diagnostic Activity

Diagnostic Imaging													0
Pharmacy													0

NON-ADMITTED PATIENT
Emergency Dept Services

	1:1 Sessions												
	Eligible Work Cover Queensland	Eligible Work Cover Other	Eligible Motor Vehicle Queensland	Eligible Motor Vehicle Other	Eligible Other Third Party	Eligible Other Comp.	Dept. Veterans' Affairs	Eligible Public Face to Face	Eligible Public Telehealth/ Telemedicine	Eligible Public Telephone Consultation	Eligible Other	Ineligible	Total 1:1 Sessions
Disposition/Triage Category #													
Admitted/Transferred Triage 1													0
Admitted/Transferred Triage 2													0
Admitted/Transferred Triage 3													0
Admitted/Transferred Triage 4													0
Admitted/Transferred Triage 5													0
Died													0
Discharged Triage 1													0
Discharged Triage 2													0
Discharged Triage 3													0
Discharged Triage 4													0
Discharged Triage 5													0
Did Not Waits Triage 1													0
Did Not Waits Triage 2													0
Did Not Waits Triage 3													0
Did Not Waits Triage 4													0
Did Not Waits Triage 5													0
Did Not Waits Triage Not Assigned													0

 # Exclude the did not waits from the admitted/transferred and discharged triage categories

ADMITTED PATIENTS

	Live births	Still births	Total
Births			0

HOME DIALYSIS PATIENTS - CENSUS
Number of Patients

	Number of Patients										
	Eligible Work Cover Queensland	Eligible Work Cover Other	Eligible Motor Vehicle Queensland	Eligible Motor Vehicle Other	Eligible Other Third Party	Eligible Other Comp.	Dept. Veteran's Affairs	Eligible Public	Eligible Other	Ineligible	Total Number of Patients
Home Haemodialysis											0
Home CAPD/Automated PD											0
Home Intermittent PD											0
Self Care Dialysis											0
Total	0	0	0	0	0	0	0	0	0	0	0

Contact Person _____ Phone _____

Issued 1 July 2008 MTACPH3Y

To submit data: **Email as a single-sheet file (not workbook) to MASMAIL.**

4.4 MTACPH4X REPORT (SMALLER FACILITIES)

Commonly referred to as the "4X" report. This report is for use by smaller public hospitals, and collects similar data to the 3X, Y reports.

MONTHLY ACTIVITY REPORT — **PUBLIC HOSPITAL - SMALLER FACILITIES**

MONTH _____ YEAR _____ THE YEAR REPORTED IS MISSING !
MONTH REPORTED IS MISSING !

HEALTH DISTRICT _____

FACILITY _____ FACILITY NO. _____ YOUR FACILITY NUMBER IS MISSING !

NON-ADMITTED PATIENTS - 1:1 SESSIONS

Occasions of Service	Eligible Work Cover Queensland	Eligible Work Cover Other	Eligible Motor Vehicle Queensland	Eligible Motor Vehicle Other	Eligible Other Third Party	Eligible Other Comp.	Dept. Veterans' Affairs	Eligible Public Face to Face	Eligible Public Telehealth/ Telemedicine	Eligible Public Telephone Consultations	Eligible Other	Ineligible	Total 1:1 Sessions
Emergency Services Treated													0
Emergency Services Did Not Waits													0
Outpatient Services													
Aged Care													0
Alcohol & Drug													0
Allied Health Services													0
Dementia													0
Dialysis *													0
Endoscopy & Related Procedures *													0
Falls													0
Geriatric													0
Gerontology													0
Medical/ Surgical/ Diagnostic													0
Mental Health													0
Pharmacy													0
Other Outpatient Services													0
Rehabilitation													0
Diagnostic Services													
Diagnostic Imaging													0
Other Non-admitted Patient Services #													
Community Health Services - Aged Care													0
Community Health Services - Geriatric													0
Community Health Services - Gerontology													0
Community Health Services - Dementia													0
Community Health Services - Falls													0
Community Health Services - Rehabilitation													0
Community Health Services - Other													0
District Nursing Services - Aged Care													0
District Nursing Services - Geriatric													0
District Nursing Services - Gerontology													0
District Nursing Services - Dementia													0
District Nursing Services - Falls													0
District Nursing Services - Rehabilitation													0
District Nursing Services - Other													0
Other Outreach Services													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

*** Hospitals would normally admit patients in these categories where they meet the minimum criteria.**
If patients have been admitted, do NOT report them here.

 # Report those health services funded from the facility's operating expenditure, AND operated and managed by the facility.

NON-ADMITTED PATIENTS - GROUP SESSIONS

Occasions of Service	Total Num	Total Patients
General Outpatients - Other		
General Outpatients - Aged Care		
General Outpatients - Dementia		
General Outpatients - Falls		
General Outpatients - Geriatric		
General Outpatients - Gerontology		
General Outpatients - Rehabilitation		
Psychiatry/Psychology		
Physiotherapy		
Other Allied Health		
Community Health Services - Other		
Community Health Services#- Aged Care		
Community Health Services# - Geriatric		
Community Health Services# - Gerontology		
Community Health Services# - Dementia		
Community Health Services# - Falls		
Community Health Services# - Rehabilitation		
District Nursing Services# - Other		
District Nursing Services# - Aged Care		
District Nursing Services# - Geriatric		
District Nursing Services# - Gerontology		
District Nursing Services# - Dementia		
District Nursing Services# - Falls		
District Nursing Services# - Rehabilitation		
Other Outreach Services		
Other		
Total	0	0

 # Report those health services funded from the facility's operating expenditure, AND operated and managed by the facility.

ADMITTED PATIENTS	Live Births	Still Births	Total
Births			0

Contact Person _____ Phone _____

Issued 1 July 2008 — **MTACPH4X**

To submit data: **Email as a single-sheet file (not workbook) to MASMAIL.**

4.6 MTACPATH REPORT (NON-AUSLAB FACILITIES)

A report used to record pathology occasions of service only. This report is to be used by public facilities that do not use the Auslab pathology system.

MONTHLY ACTIVITY REPORT

PUBLIC HOSPITAL NON-AUSLAB FACILITIES
BOOT HOSPITAL FACILITIES

MONTH _____ YEAR _____

HEALTH DISTRICT _____

FACILITY _____ FACILITY NO. _____

NON-ADMITTED PATIENTS
Occasions of Service

	1:1 Sessions												
	Eligible Work Cover Queensland	Eligible Work Cover Other	Eligible Motor Vehicle Queensland	Eligible Motor Vehicle Other	Eligible Other Third Party	Eligible Other Comp.	Dept. Veterans' Affairs	Eligible Public Face to Face	Eligible Public Telehealth/ Telemedicine	Eligible Public Telephone Consultations	Eligible Other	Ineligible	**Total 1:1 Sessions**
Clinic Type													
Pathology													0

** Total Number of diagnostic tests or set of diagnostic tests for a patient referred to acute public Qld Health, non-auslab facility.

Issued July 2000 MTACPATH

4.7 MTHACNH2 REPORT (NURSING HOMES/HOSTELS/ILU)

Used to collect data on admitted residents and non-admitted clients/patients.

MONTHLY ACTIVITY REPORT

PUBLIC RESIDENTIAL FACILITIES - NURSING HOMES/ HOSTELS/ INDEPENDENT LIVING UNITS

MONTH _____ YEAR _____

HEALTH DISTRICT _____

FACILITY _____ FACILITY NO. _____

ADMITTED RESIDENTS

	Remaining in at beginning	Admissions	Separations	Remaining in at end	Accrued resident days
Permanent Residents					
Commonwealth Funded Beds				0	
State Funded Beds				0	
Total	0	0	0	0	0
Respite Residents					
Commonwealth Funded Beds				0	
State Funded Beds				0	
Total	0	0	0	0	0
Total					
Commonwealth Funded Beds	0	0	0	0	0
State Funded Beds	0	0	0	0	0
Total Admitted Residents	0	0	0	0	0

NON-ADMITTED CLIENTS/PATIENTS

Occasions of Service	
Outpatients	
Outreach or Community clients	
Total Non-Admitted Clients	0

ALLOCATION OF PLACES

	Respite		Permanent	
Available Beds	Last Wed. of Ref. Month	Available Bed Days	Last Wed. of Ref. Month	Available Bed Days
Commonwealth Funded Beds				
State Funded Beds				
Total Available Beds	0	0	0	0
Temp. Unavailable Beds				

Contact Person _____ **Phone** _____

Issued July 2002 **MTHACNH2**

To submit data: **Email as a single-sheet file (not workbook) to MASMAIL.**

4.8 MTHACMP1 REPORT (MPHS)

Used to collect data on patients admitted to a Multi Purpose Health Service.

MONTHLY ACTIVITY REPORT

MULTI PURPOSE HEALTH SERVICES

MONTH _____ YEAR _____

HEALTH DISTRICT _____

FACILITY _____ FACILITY NO. _____

ADMITTED PATIENTS

	Remaining in at beginning	Admissions	Separations	Remaining in at end	Accrued patient days
Low level care				0	
High level care				0	
Total	0	0	0	0	0

BED AVAILABILITY

	Available Beds		Temporarily Unavailable Beds
	Last Wed. of Ref. Month	Available Bed Days	Last Wed. of Ref. Month
Total			

Contact Person _____ Phone _____

Issued July 2003 MTHACMP1

To submit data: **Email as a single-sheet file (not workbook) to MASMAIL.**

5 REFERENCE TABLES

5.1 DEFINITIONS OF CLINIC TYPES - 3X REPORT

Clinic Type	Definition
Aged Care	Services related to the assessment, management and treatment of older people; may or may not be provided by a geriatrician/rehabilitation specialist. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services. Includes services for older people with complex health care needs, often with more than one condition; includes both chronic and acute conditions. This category should be used for services that are not included in the other more specific categories of geriatric, dementia, falls and rehabilitation.
Alcohol and Other Drug (aka Drug and Alcohol)	This is an area of outpatient activity, which is being de-institutionalised with most service provision now occurring in the community. Outpatient services recorded under this clinic type are provided typically by either a specialist medical physician recognised by the Royal Australasian College of Physicians or by a psychiatrist recognised by the Royal Australian and New Zealand College of Psychiatrists; but also include services provided by junior medical staff or registrars rostered to a recognised specialist medical physician or psychiatrist.
Allergy	Outpatient services provided by an immunologist or allergist recognised by the Royal Australasian College of Physicians, or provided by junior medical staff or registrars rostered to a recognised immunologist or allergist. Examples of services provided include diagnostic skin testing and blood testing for specific immune responses.
Audiology	Outpatient services provided by a qualified audiologist who is eligible for membership with the Australian Audiological Society Incorporated.
Cardiology	Outpatient services provided by a cardiologist recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised cardiologist. Services provided by the clinic include echocardiography for diagnostic purposes and cardiac rehabilitation.
Cardiac Surgey	Outpatient services provided by a cardiac surgeon recognised by the Royal Australasian College of Surgeons; or provided by junior medical staff or registrars rostered to a recognised cardiac surgeon.
Chemotherapy	Outpatient services provided by oncologists and other clinical staff for chemotherapy. Services may also be provided by junior medical staff or registrars rostered to a recognised oncologist.

Clinic Type	Definition
Clinical Haematology (aka Haematology)	Outpatient services provided by a haematologist or an autologist who is recognised as a specialist by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised haematologist or autologist. The clinic also includes the collection of blood by health professionals from donors at a number of remote hospital facilities which use their own supply as Red Cross Blood Bank supplies are not available.
Clinical Measurement	Outpatient services which a range of staff may provide, (nursing, applied scientists, and technicians). This clinic must have a minimum capability to provide ECGs, and typically also provides EEGs and EMGs. Respiratory function-type clinics map to this clinic type.
Cystic Fibrosis	Outpatient services delivered by multi-disciplinary teams to patients with Cystic Fibrosis within dedicated Cystic Fibrosis or ancillary clinics.
Dementia	Services provided by a geriatrician for early identification and support of patients with cognitive deficits or memory loss; provide diagnostic evaluation, assessment of the impact of impairment within the home or other environment, education, information and referral to other services. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services.
Dermatology	Outpatient services provided by a dermatologist recognised by the Australian College of Dermatologists; or provided by junior medical staff or registrars rostered to a recognised dermatologist.
Diabetes	Outpatient services which may be provided by a range of staff such as nurse educators, podiatrists, dietitians, endocrinologists, and general physicians to patients with diabetes or suspected diabetes.
Dialysis	Includes all patients receiving dialysis within the facility who do not undergo the facility's formal admission process and are treated as non-admitted patients for this service.
Ear, Nose and Throat Surgery (aka Ear, Nose and Throat)	Outpatient services provided by an ear, nose and throat specialist who is recognised by the Royal Australasian College of Surgeons; or provided by junior medical staff or registrars rostered to a recognised ENT specialist.
Endocrinology	Outpatient services provided by an endocrinologist recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised endocrinologist. Where clinics are set up to provide follow-up to diabetes patients only, then occasions of service should be recorded under the Diabetes Clinic type.
Endoscopy and related procedures	Includes all occasions of service to non-admitted patients for endoscopy including cystoscopy, gastroscopy, oesophagoscopy, duodenoscopy, colonoscopy, bronchoscopy, laryngoscopy and sigmoidoscopy procedures.

Clinic Type	Definition
Falls	Services provided by a geriatrician which focus on the assessment and management of patients with falls, mobility and balance problems; provide time limited, specialist intervention to the patient and advice and referral to mainstream services for ongoing management and education and training; may be provided in conjunction with multidisciplinary services. Treatment is may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services.
Gastroenterology	Outpatient services provided by a gastroenterologist specialist who is recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised gastroenterologist.
General Paediatrics (aka Paediatric Medicine)	Outpatient services provided by a specialist medical physician who is recognised by the Royal Australasian College of Physicians with credentials in paediatrics; or provided by junior medical staff or registrars rostered to a recognised paediatric surgeon.
General Surgery	Outpatient services provided by a doctor who is recognised as a surgeon from the Royal Australasian College of Surgeons; or provided by junior medical staff or registrars rostered to a recognised surgeon.
Geriatric	Services provided by a geriatrician, including assessment, treatment, rehabilitation and clinical advice and liaison for older people with physical, cognitive/dementia, mental health and/or functional support needs. Services may be provided in conjunction with multi-disciplinary teams of professionals who may have specific qualifications and/or expertise in disease processes and injury in older people and in assessment and rehabilitation for older people. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services. If the clinic is a dementia clinic, code to 'Dementia'; if the clinic is a falls clinic, code to 'Falls'.
Gerontology	Services related to the processes and the phenomena of ageing.
Gynaecology	Outpatient services provided by a gynaecologist who is recognised as a specialist by the Royal Australian College of Obstetricians and Gynaecologists; or provided by junior medical staff or registrars rostered to a recognised gynaecologist.
Hyperbaric Medicine	Outpatient services provided by specialists in hyperbaric medicine; or provided by junior medical staff or registrars rostered to a recognised specialist in hyperbaric medicine.
Immunology	Outpatient services provided by a specialist in immunology recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised specialist in infectious diseases.
Infectious Diseases	Outpatient services provided by a specialist in infectious diseases who is recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised specialist in infectious diseases.
Internal Medicine (aka Internal General Medicine)	Outpatient services provided by a specialist medical physician or provided by junior medical staff or registrars rostered to a recognised specialist medical physician. Some very specialised services are likely to map to this clinic type.

Clinic Type	Definition
Maternity (aka Obstetrics)	Outpatient services provided by obstetricians recognised by the Royal Australian College of Obstetricians and Gynaecologists, or midwives registered with the Queensland Nurses Registration Board, or general practitioners recognised by the Royal Australian College of General Practitioners; or provided by junior medical staff or registrars rostered to a recognised obstetrician. Services include antenatal care and ultrasonography.
Neonatal	Outpatient services provided by neonatologist who is recognised by the Royal Australasian College of Paediatrics and Child Health with credentials in neonatology; or provided by junior medical staff or registrars rostered to a recognised neonatologist.
Neurology	Outpatient services provided by a neurologist who is recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised neurologist.
Neurosurgery	Outpatient services provided by a neurosurgeon who is recognised by the Royal Australasian College of Surgeons; or provided by junior medical staff or registrars rostered to a recognised neurosurgeon.
Nutrition	Outpatient services provided by a dietitian or nutritionist who is Registered with the Queensland Board of Nutrition and Dietetics. Services may also be provided by diet aides or monitors under instruction from a nutritionist.
Occupational Therapy	Outpatient services provided by an occupational therapist that is registered with the Occupational Therapists Board of Queensland. Services include those provided to burns patients presenting at this clinic.
Oncology – Medical Consultation	Outpatient consultation services provided by an oncologist who is recognised in the sub-speciality of medical oncology by the Royal Australasian College of Physicians. Services may also be provided by junior medical staff or registrars rostered to a recognised oncologist.
Oncology – Medical Treatment	Outpatient services intended to treat or manage a condition, provided by an oncologist who is recognised in the sub-speciality of medical oncology by the Royal Australasian College of Physicians. Services may also be provided by junior medical staff or registrars rostered to a recognised oncologist. If the treatment is chemotherapy then use the chemotherapy clinic type category.
Oncology – Radiation Consultation	Radiation consultation services provided by an oncologist who is recognised by the Royal Australian and New Zealand College of Radiologists. Services may also be provided by junior medical staff or registrars rostered to a recognised oncologist.
Oncology - Radiation Treatment	Radiation services intended to treat or manage a condition, provided by an oncologist who is recognised by the Royal Australian and New Zealand College of Radiologists. Services may also be provided by junior medical staff or registrars rostered to a recognised oncologist.

Clinic Type	Definition
Ophthalmology	Outpatient services provided by an ophthalmologist who is recognised by the Royal Australian College of Ophthalmologists. Services may also be provided by junior medical staff or registrars rostered to a recognised ophthalmologist. Note that means testing of patients should not be counted as an occasion of service. Provision of optometrical aids, which are included in the Other Specified Activity component of the Hospital Benchmarking Price Model, should not be recorded as occasions of service.
Orthopaedic Surgery (aka Orthopaedics)	Outpatient services provided by an orthopaedic surgeon who is recognised by the Australian Orthopaedic Association (AOA); or provided by junior medical staff or registrars rostered to a recognised orthopaedic surgeon.
Paediatric Surgery	Outpatient services provided by a paediatric surgeon recognised by the Royal Australasian College of Surgeons; or provided by junior medical staff or registrars rostered to a recognised paediatric surgeon.
Pain Managaement (aka Pain Clinic)	Outpatient services provided by neurosurgeons, psychiatrists, psychologists, general medical staff or anaesthetists to patients experiencing chronic pain.
Palliative Care	Outpatient palliative care services provided by either a specialist medical physician or an oncologist recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised specialist medical physician or an oncologist.
Physiotherapy	Outpatient services provided by a physiotherapist who is Registered with the Physiotherapists Board of Queensland.
Plastic and Reconstructive Surgery (aka Plastic Surgery)	Outpatient services provided by a plastic surgeon or oral surgeon recognised by the Royal Australasian College of Surgeons; or provided by junior medical staff or registrars rostered to a recognised plastic surgeon or oral surgeon.
Podiatry	Outpatient services provided by a podiatrist who is Registered with the Podiatrists Board of Queensland.
Pre-admission	Outpatient services which may be provided by a range of clinicians such as surgeons, anaesthetists, GPs, non-specialist hospital medical staff, and advanced practice nursing staff. Services include pre-surgical work-ups and assessment, the ordering of tests, patient education, counselling, follow-up and discharge planning.
Primary Care	GP/ dispensary type services provided by a medical doctor.
Prosthetics	Outpatient services provided by a prosthetist or orthotist who is eligible for membership with the Australian Orthotics and Prosthetics Association.
Psychiatry	Outpatient services provided by a psychiatrist recognised by the Royal Australian and New Zealand College of Psychiatrists; or provided by junior medical staff or registrars rostered to a recognised psychiatrist.
Psychology	Outpatient services provided by a psychologist who is Registered with the Psychologists Board of Queensland.

Clinic Type	Definition
Rehabilitation	Services provided by a specialist in rehabilitation medicine or a geriatrician with skills in rehabilitation providing diagnosis, evaluation and treatment of people with limited function as a consequence of disease, injury, impairment and/or disorder; services may be provided in conjunction with multi-disciplinary teams. Services may be targeted to those 65 years and over and those 45 years and over (Indigenous), however, in clinical practice, frailty, co-morbidities and degenerative, disabling and age-associated conditions are the relevant indicators for services.
Renal Medicine (aka Nephrology)	Outpatient services provided by a nephrologist who is recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised nephrologist.
Rheumatology	Outpatient services provided by a rheumatologist recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised rheumatologist.
Social Work	Outpatient services provided by a social worker that is eligible for the Australian Association of Social Workers or a social work associate who is under the direction of a Social Worker.
Speech Pathology	Outpatient services provided by a speech pathologist who is registered with the Speech Pathologists' Board.
Thoracic Medicine (aka Pulmonary)	Outpatient services provided by a pulmonary/ respiratory specialist recognised by the Royal Australasian College of Physicians; or provided by junior medical staff or registrars rostered to a recognised pulmonary/respiratory specialist.
Transplants	Outpatient services delivered by multi-disciplinary teams to patients who have had lung, liver, heart or kidney transplants.
Urology	Outpatient services provided by an urologist recognised by the Royal Australasian College of Surgeons or by an advanced urological trainee who is enrolled with the Royal Australasian College of Surgeons.
Vascular Surgery	Outpatient services provided by a vascular surgeon recognised by the Royal Australasian College of Surgeons, including pre-operative and post-operative follow-up. Services may also be provided by junior medical staff or registrars rostered to a recognised vascular surgeon.
Wound Management	Outpatient services involving the treatment of breaches of the skin including treatment for burns through the use of pressure garments. However, outpatient services provided to burns patients by plastic surgeons or junior medical staff rostered to plastic surgeons should be recorded as plastic surgery occasions of service. Similarly, occasions of services relating to burns patients presenting to occupational therapy clinics should be recorded as occupational therapy occasions of service.

5.2 MAPPING OF CLINIC TYPES – 3X, 3Y & 4X REPORTS

Possible Clinic Name or Type	Monthly Activity Report Clinic Type -'3X', '3Y'	Monthly Activity Report Clinic Type -'4X'
Adolescent Health	General Paediatrics	Medical Surgical Diagnostic
Aged care	Aged Care	Aged Care
Alcohol & Drug	Alcohol and Drug	Alcohol & Drug
Amputee	Physiotherapy/Orthopaedic, depending on the clinician providing the service	Allied Health Services / Medical Surgical Diagnostic, depending on the clinician providing the service
Anaesthetic	Pre-admission	Medical Surgical Diagnostic
Anti-Coagulation	Clinical Haematology	Medical Surgical Diagnostic
Antenatal Clinic	Maternity	Medical Surgical Diagnostic
Asthma	Thoracic Medicine	Medical Surgical Diagnostic
Asthma Education	Thoracic Medicine	Medical Surgical Diagnostic
Assisted reproduction	Gynaecology	Medical Surgical Diagnostic
Audiology	Audiology	Medical Surgical Diagnostic
Autology	Clinical Haematology	Medical Surgical Diagnostic
Breast/Breast Screening	General Surgery	Medical Surgical Diagnostic
Burns	Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Cardiac rehabilitation	Cardiology	Medical Surgical Diagnostic
Cardiac Stress Test	Cardiology	Medical Surgical Diagnostic
Cardiac Surgery	Cardiac Surgery	Medical Surgical Diagnostic
Cardiac Surgery – Paediatric	Paediatric Surgery	Medical Surgical Diagnostic
Childbirth education	Maternity	Medical Surgical Diagnostic
Child Development Clinic	Internal Medicine	Medical Surgical Diagnostic
Child Protection	Social Work	Allied Health Services
Cleft Palate	Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Clinical Pharmacology	Internal Medicine	Allied Health Services
Coagulation	Clinical Haematology	Medical Surgical Diagnostic
Cognitive disorders (geriatric)	Geriatric	Geriatric
Colo-rectal/ Liver surgery	General Surgery	Medical Surgical Diagnostic
Community based rehabilitation	Community Health Services - Rehabilitation	Community Health Services - Rehabilitation
Day therapy	Rehabilitation	Rehabilitation
Continence (geriatric)	Geriatric	Geriatric
Community Health Services (Funded by facility)	Community Health Services (see form MTACPH3Y)	Community Health Services
Continence Nurse	Urology	Medical Surgical Diagnostic
Craniofacial	Plastic and reconstructive Surgery	Medical Surgical Diagnostic
Cystic Fibrosis	Cystic Fibrosis	Medical Surgical Diagnostic
CTGs (babies' heartbeat monitoring)	Maternity	Medical Surgical Diagnostic
Dementia	Dementia	Medical Surgical Diagnostic
Developmental Disabilities	Internal Medicine	Medical Surgical Diagnostic
Diabetes Education	Diabetes	Medical Surgical Diagnostic
Dialysis (Where not formally admitted.)	Dialysis (see form MTACPH3X)	Dialysis
Dietetics	Nutrition	Allied Health Services

Possible Clinic Name or Type	Monthly Activity Report Clinic Type -'3X', '3Y'	Monthly Activity Report Clinic Type -'4X'
Domiciliary (home and residential aged care)	Home: geriatric; residential aged care: Aged care	Home: geriatric; residential aged care: Aged care
Doppler	Cardiology	Medical Surgical Diagnostic
District Nursing Services	District Nursing Services (see form MTACPH3Y)	District Nursing Services
Dressing	Wound Management/Dental /Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Echo Cardiography	Cardiology	Medical Surgical Diagnostic
ECG	Clinical Measurement	Medical Surgical Diagnostic
EEG/EMG	Clinical Measurement	Medical Surgical Diagnostic
Epilepsy	Internal Medicine	Medical Surgical Diagnostic
Facio Maxillary/ Maxilla Facial	Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Falls & mobility (geriatric)	Falls	Falls
Family Planning	Maternity	Medical Surgical Diagnostic
Fracture Clinic	Orthopaedic Surgery	Medical Surgical Diagnostic
Genetics	Internal Medicine	Medical Surgical Diagnostic
Geriatric	Geriatric	Medical Surgical Diagnostic
Growth & Development	General Paediatrics	Medical Surgical Diagnostic
Gynaecological oncology	Gynaecology	Medical Surgical Diagnostic
Head Injuries	General Surgery	Medical Surgical Diagnostic
Healthy Living (older people)	Gerontology	Gerontology
Heart Transplants	Transplants	Medical Surgical Diagnostic
Hepatobiliary	Gastroenterology	Medical Surgical Diagnostic
Haemophiliac	Clinical Haematology	Medical Surgical Diagnostic
HIV	Infectious Diseases	Medical Surgical Diagnostic
Hormone Replacement Therapy	Endocrinology	Medical Surgical Diagnostic
Hyperbaric Medicine	Hyperbaric Medicine	Medical Surgical Diagnostic
Hypertension	Cardiology	Medical Surgical Diagnostic
Immunology	Immunology	Medical Surgical Diagnostic
Infertility	Gynaecology	Medical Surgical Diagnostic
Kidney/Renal transplants	Transplants	Medical Surgical Diagnostic
Labour Ward	Maternity	Medical Surgical Diagnostic
Leg Ulcers	Wound Management	Medical Surgical Diagnostic
Lipid	Endocrinology	Medical Surgical Diagnostic
Liver Transplants	Transplants	Medical Surgical Diagnostic
Lung Transplants	Transplants	Medical Surgical Diagnostic
Lymphoedema	Oncology – Medical Consultation / Treatment	Medical Surgical Diagnostic
Melanoma	Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Memory disorder	Dementia	Dementia
Menopause	Gynaecology	Medical Surgical Diagnostic
Metabolic	Endocrinology	Medical Surgical Diagnostic
Methadone	Alcohol and Other Drug	Alcohol amd Other Drug
Micro Plastics	Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Mole	Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Movement disorders (geriatric)	Geriatric	Geriatric
Neck of Femur	Orthopaedic Surgery	Medical Surgical Diagnostic
Neonatology	General Paediatrics	Medical Surgical Diagnostic

Possible Clinic Name or Type	Monthly Activity Report Clinic Type -'3X', '3Y'	Monthly Activity Report Clinic Type -'4X'
Neuro-psychology	Neurology	Medical Surgical Diagnostic
Nuclear Medicine	Diagnostic Imaging (see form MTACPH3Y)	Diagnostic Imaging
Optometry	Ophthalmology	Medical Surgical Diagnostic
Orthoptics/Eye	Ophthalmology	Medical Surgical Diagnostic
Oral Surgery	Plastic and Reconstructive Surgery	Medical Surgical Diagnostic
Orthotics	Prosthetics	Medical Surgical Diagnostic
Osteoporosis (geriatric)	Geriatric	Geriatric
Outreach Services	Other Non-admitted Patient Services (see form MTACPH3Y)	Other Outreach Services
Neonatal	Neonatal	Medical Surgical Diagnostic
Pacemaker	Cardiology/Cardiac Surgery	Medical Surgical Diagnostic
Paediatric Medicine	General Paediatrics	Medical Surgical Diagnostic
Paediatric Surgery	Paediatrics Surgery	Medical Surgical Diagnostic
Paediatric infectious diseases eg. measles, mumps, etc.	Infectious diseases	Medical Surgical Diagnostic
Palliative Care	Internal Medicine/Oncology, depending on where the patient presents & who is providing the care.	Medical Surgical Diagnostic
Parkinsons	Geriatric	Geriatric
Pharmacy	Pharmacy (see form MTACPH3Y)	Pharmacy
Pain Management (geriatric)	Geriatric	Geriatric
Postnatal	Maternity	Medical Surgical Diagnostic
Psycho-Geriatric	Internal Medicine	Medical Surgical Diagnostic
Radiology	Diagnostic Imaging (see form MTACPH3Y)	Diagnostic Imaging
Rehabilitation	Rehabilitation	Rehabilitation
Respiratory Function Laboratory	Clinical Measurement	Medical Surgical Diagnostic
Respiratory Medicine	Thoracic Medicine	Medical Surgical Diagnostic
Scoliosis/Hand Clinic	Orthopaedic Surgery	Medical Surgical Diagnostic
Sexual Assault Service	Emergency Services (see form MTACPH3Y)	Emergency Services
Sexual Health	Internal Medicine	Medical Surgical Diagnostic
Skin Clinic	Dermatology	Medical Surgical Diagnostic
Sleep	Thoracic Medicine	Medical Surgical Diagnostic
Special Care Nursery	Internal Medicine	Medical Surgical Diagnostic
Speech Therapy	Speech Pathology	Allied Health Services
Spina Bifida	Internal Medicine	Medical Surgical Diagnostic
Spinal/Spinal disabilities	Internal Medicine	Medical Surgical Diagnostic
Stomal Therapy	Internal Medicine	Medical Surgical Diagnostic
Thoracic Medicine	Thoracic Medicine	Medical Surgical Diagnostic
Thoracic Surgery	Cardiac Surgery	Medical Surgical Diagnostic
Thyroid	Endocrinology	Medical Surgical Diagnostic
Transplant follow-up	Transplants	Medical Surgical Diagnostic
Urodynamics	Urology/Clinical Measurement	Medical Surgical Diagnostic

5.3 HBCIS SUB-SPECIALTY CODE MAPPING – 3X & 3Y REPORTS

For those public acute facilities with the HBCIS Appointment Scheduling system, the following table represents a guide for mapping HBCIS sub-specialty codes to clinic types on the 3X and 3Y DCU reports.

DCU MAC FORM	DCU MAC Report Name	HBCIS Code	HBCIS Sub-speciality Code Description
MTACPATH **	Pathology	84	PATHOLOGY
MTACPH3X	Aged Care	119	AGED CARE
MTACPH3X	Alcohol & Drug	64	PHARMACOLOGY/TOXICOLOGY – ALCOHOL AND OTHER DRUG
MTACPH3X	Allergy	21	IMMUNOLOGY – ALLERGY
MTACPH3X	Audiology	01	AUDIOLOGY
MTACPH3X	Cardiac Surgery	98	CARDIAC SURGERY – CARDIO-THORACIC
MTACPH3X	Cardiac Surgery	97	CARDIAC SURGERY – THORACIC
MTACPH3X	Cardiac Surgery	96	CARDIAC SURGERY – CARDIAC
MTACPH3X	Cardiology	27	CARDIOLOGY – HALTER CLINIC
MTACPH3X	Cardiology	28	CARDIOLOGY – HYPERTENSION
MTACPH3X	Cardiology	25	CARDIOLOGY – PACEMAKER
MTACPH3X	Cardiology	26	CARDIOLOGY – STRESS TEST
MTACPH3X	Cardiology	24	CARDIOLOGY – CARDIOLOGY
MTACPH3X	Chemotherapy	56	ONCOLOGY – CHEMOTHERAPY
MTACPH3X	Clinical haematology	43	HAEMATOLOGY
MTACPH3X	Clinical measurement	29	CLINICAL MEASUREMENT
MTACPH3X	Cystic Fibrosis	67	RESPIRATORY – CYSTIC FIBROSIS
MTACPH3Y	Community Health Services	122	COMMUNITY
MTACPH3X	Dementia	32	DEMENTIA
MTACPH3X	Dermatology	30	DERMATOLOGY – DERMATOLOGY
MTACPH3X	Dermatology	31	DERMATOLOGY – CRYOTHERAPY
MTACPH3X	Diabetes	03	DIABETES - EDUCATION
MTACPH3X	Diabetes	34	DIABETES - DIABETES
MTACPH3Y	District Nursing Services	123	DISTRICT NURSING SERVICES
MTACPH3X	Internal Medicine	128	DIALYSIS EDUCATION
MTACPH3X	Ear, nose and throat surgery	102	EAR, NOSE AND THROAT – MAXILLO-FACIAL
MTACPH3X	Ear, nose and throat surgery	103	EAR, NOSE AND THROAT – ORAL
MTACPH3X	Ear, nose and throat surgery	101	EAR, NOSE AND THROAT – ENT
MTACPH3X	Endocrinology	37	ENDOCRINE – METABOL
MTACPH3X	Endocrinology	36	ENDOCRINE – THYROID
MTACPH3X	Endocrinology	35	ENDOCRINE – ENDOCRINE
MTACPH3X	Endoscopy & Related Procedures *	127	ENDOSCOPY & RELATED PROCEDURES
MTACPH3X	Falls	39	FALLS
MTACPH3X	Gastroenterology	40	GASTROENTEROLOGY
MTACPH3X	General Paediatrics	87	PAEDIATRIC – MEDICINE
MTACPH3X	General Paediatrics	89	PAEDIATRIC – OTHER – ASSESSMENT
MTACPH3X	General Paediatrics	90	PAEDIATRIC – OTHER – DEVELOPMENT
MTACPH3X	General Paediatrics	91	PAEDIATRIC – OTHER – REHABILITATION
MTACPH3X	General Surgery	104	GENERAL SURGERY – GENERAL SURGERY
MTACPH3X	General Surgery	16	STOMAL THERAPY

DCU MAC FORM	DCU MAC Report Name	HBCIS Code	HBCIS Sub-speciality Code Description
MTACPH3X	General Surgery	105	GENERAL SURGERY – COLO-RECTAL
MTACPH3X	Geriatric	120	GERIATRICS
MTACPH3X	Gerontology	121	GERONTOLOGY
MTACPH3X	Gynaecology	78	GYNAECOLOGY – MENOPAUSE
MTACPH3X	Gynaecology	76	GYNAECOLOGY – COLPOSCOPY
MTACPH3X	Gynaecology	79	GYNAECOLOGY – ONCOLOGY
MTACPH3X	Gynaecology	80	GYNAECOLOGY – PAP SMEAR
MTACPH3X	Gynaecology	77	GYNAECOLOGY – GYNAECOLOGY
MTACPH3X	Hyperbaric medicine	46	HYPERBARIC MEDICINE
MTACPH3X	Immunology	22	IMMUNOLOGY – IMMUNOLOGY
MTACPH3X	Infectious Disease	48	INFECTIOUS DISEASES – HEPATITIS B
MTACPH3X	Infectious Disease	49	INFECTIOUS DISEASES – HEPATITIS C
MTACPH3X	Infectious Disease	47	INFECTIOUS DISEASES – INFECTIOUS DISEASES
MTACPH3X	Internal Medicine	02	CLINICAL PHARMACY
MTACPH3X	Internal Medicine	41	GENERAL INTERNAL MEDICINE
MTACPH3X	Internal Medicine	42	GENETIC
MTACPH3X	Internal Medicine	54	OCCUPATIONAL MEDICINE
MTACPH3X	Internal Medicine	125	OTHER ALLIED HEALTH
MTACPH3X	Internal Medicine	63	PHARMACOLOGY/TOXICOLOGY – PHARMACOLOGY/TOXICOLOGY
MTACPH3X	Maternity	82	OBSTETRICS – ANTE NATAL
MTACPH3X	Maternity	81	OBSTETRICS – OBSTETRICS
MTACPH3X	Maternity	83	OBSTETRICS – POST NATAL
MTACPH3Y	Medical Imaging	19	MEDICAL IMAGING
MTACPH3X	Neonatal	86	NEONATAL
MTACPH3X	Neurology	53	NEUROLOGY
MTACPH3X	Neurosurgery	106	NEUROSURGERY
MTACPH3X	Nutrition	05	NUTRITION/DIETETICS
MTACPH3X	Occupational Therapy	06	OCCUPATIONAL THERAPY
MTACPH3X	Oncology - Medical Consultation	55	ONCOLOGY – ONCOLOGY
MTACPH3X	Oncology - Medical Consultation	57	ONCOLOGY – MEDICAL ONCOLOGY CLINIC
MTACPH3X	Oncology - Medical Treatment	58	ONCOLOGY – MEDICAL ONCOLOGY TREATMENT
MTACPH3X	Oncology – Radiation Consultation	59	ONCOLOGY – RADIATION ONCOLOGY CLINIC
MTACPH3X	Oncology – Radiation Treatment	60	ONCOLOGY – RADIATION ONCOLOGY TREATMENT
MTACPH3X	Ophthalmology	107	OPHTHALMOLOGY
MTACPH3X	Ophthalmology	07	OPTOMETRY
MTACPH3X	Ophthalmology	08	ORTHOPTICS
MTACPH3X	Orthopaedic surgery	110	ORTHOPAEDICS – FRACTURE
MTACPH3X	Orthopaedic surgery	109	ORTHOPAEDICS – HAND
MTACPH3X	Orthopaedic surgery	108	ORTHOPAEDICS – ORTHOPAEDICS
MTACPH3X	Orthopaedic surgery	111	ORTHOPAEDICS – SCOLIOSIS
MTACPH3X	Orthopaedic surgery	72	SPINAL
MTACPH3Y	Other Outreach Services	124	OTHER OUTREACH SERVICES
MTACPH3X	Paediatric Surgery	88	PAEDIATRIC – SURGERY
MTACPH3X	Pain management	62	PAIN MANAGEMENT
MTACPH3X	Palliative care	61	PALLIATIVE CARE

DCU MAC FORM	DCU MAC Report Name	HBCIS Code	HBCIS Sub-speciality Code Description
MTACPH3Y	Pharmacy	92	PHARMACY
MTACPH3X	Physiotherapy	10	PHYSIOTHERAPY
MTACPH3X	Plastic and Reconstructive Surgery	112	PLASTIC SURGERY
MTACPH3X	Podiatry	11	PODIATRY
MTACPH3X	Pre-admission	114	ANAESTHETIC
MTACPH3X	Pre-admission	113	PRE-ADMISSION
MTACPH3X	Primary Care	126	PRIMARY CARE
MTACPH3X	Prosthetics	09	ORTHOTICS
MTACPH3X	Prosthetics	12	PROSTHETICS
MTACPH3X	Psychiatry	93	PSYCHIATRY
MTACPH3X	Psychology	13	PSYCHOLOGY
MTACPH3X	Rehabilitation	65	REHABILITATION
MTACPH3X	Renal Medicine	51	NEPHROLOGY - NEPHROLOGY
MTACPH3X	Renal Medicine	52	NEPHROLOGY – RENAL
MTACPH3X	Rheumatology	71	RHEUMATOLOGY
MTACPH3X	Social Work	14	SOCIAL WORK
MTACPH3X	Speech Pathology	15	SPEECH PATHOLOGY
MTACPH3X	Thoracic Medicine	66	RESPIRATORY – ASTHMA
MTACPH3X	Thoracic Medicine	69	RESPIRATORY – RESPIRATORY
MTACPH3X	Thoracic Medicine	68	RESPIRATORY – SLEEP
MTACPH3X	Thoracic Medicine	70	RESPIRATORY – THORACIC
MTACPH3X	Transplants	73	TRANSPLANTS
MTACPH3X	Urology	115	UROLOGY
MTACPH3X	Vascular Surgery	116	VASCULAR SURGERY
MTACPH3X	Wound Management	17	WOUND MANAGEMENT

* Refer to the definition within this manual.
** Refer to sections 4.6 of this manual.

5.4 REPORTS REQUIRED FROM FACILITIES - BY DISTRICT

District	Fac#	Facility Name	H3X	H3Y	BARA	H4X	NH2	PH1	MP1	PATH
Cairns & Hinterland	211	ATHERTON HOSPITAL	●	●	●			●		
	212	BABINDA HOSPITAL			●	●		●		
	214	CAIRNS BASE HOSPITAL	●	●	●			●		
	215	CHILLAGOE HOSPITAL			●	●		●		
	217	CROYDON HOSPITAL			●	●		●		
	218	FORSAYTH HOSPITAL			●	●		●		
	219	GEORGETOWN HOSPITAL			●	●		●		
	220	GORDONVALE HOSPITAL			●	●		●		
	221	HERBERTON HOSPITAL			●	●		●		
	222	INNISFAIL HOSPITAL	●	●	●			●		
	223	MAREEBA HOSPITAL	●	●	●			●		
	224	MOSSMAN HOSPITAL	●	●	●			●		
	225	MOUNT GARNET OUTPATIENTS CLINIC			●	●		●		
	227	TULLY HOSPITAL	●	●	●			●		
	229	YARRABAH HOSPITAL			●	●		●		
	908	DIMBULAH HOSPITAL			●	●		●		
	917	MALANDA OUTPATIENTS CLINIC			●	●		●		
	920	MILLAA MILLAA OUTPATIENTS CLINIC			●	●		●		
	924	RAVENSHOE OUTPATIENTS CLINIC			●	●		●		
	1647	DOUGLAS SHIRE MULTI PURPOSE HEALTH SERVICE							●	
Cape York	216	COOKTOWN HOSPITAL			●	●		●		
	1645	COOKTOWN MULTI PURPOSE HEALTH SERVICE							●	
	228	WEIPA HOSPITAL	●	●	●			●		
	230	AURUKUN PRIMARY HEALTH CARE CENTRE			●	●		●		
	231	HOPEVALE MEDICAL CENTRE			●	●		●		
	232	WUJAL WUJAL COMMUNITY HOSPITAL			●	●		●		
	233	LOCKHART RIVER PRIMARY HEALTH CARE CENTRE			●	●		●		
	253	KOWANYAMA PRIMARY HEALTH CARE CENTRE			●	●		●		
	254	PORMPURAAW PRIMARY HEALTH CARE CENTRE			●	●		●		
	255	COEN PRIMARY HEALTH CARE CENTRE			●	●		●		
	915	LAURA OUTPATIENTS CLINIC			●	●		●		
	928	MALAKOOLA PRIMARY HEALTH CARE CENTRE			●	●		●		
	965	MAPOON PRIMARY HEALTH CARE CENTRE			●	●		●		
Central	132	BARALABA HOSPITAL			●	●		●		
Queensland	133	BILOELA HOSPITAL	●	●	●			●		
	134	BLACKWATER HOSPITAL			●	●		●		
	135	EMERALD HOSPITAL	●	●	●			●		
	136	GLADSTONE HOSPITAL	●	●	●			●		
	139	MOUNT MORGAN HOSPITAL			●	●		●		
	140	MOURA HOSPITAL			●	●		●		
	141	ROCKHAMPTON HOSPITAL	●	●	●			●		
	142	SPRINGSURE HOSPITAL			●	●		●		
	143	THEODORE HOSPITAL			●	●		●		
	144	YEPPOON HOSPITAL	●	●	●			●		
	145	WOORABINDA HOSPITAL			●	●		●		
	613	NORTH ROCKHAMPTON NURSING HOME					●			
	616	INTELLECTUALLY HANDICAPPED UNIT (ROCKHAMPTON)					●			
	617	GERTRUDE E MOORE NURSING HOME (THE)					●			
	692	EVENTIDE HOME (ROCKHAMPTON) - NURSING HOME					●			
	696	EVENTIDE HOME (ROCKHAMPTON) - I.L.U.					●			
	905	CAPELLA OUTPATIENTS CLINIC			●	●		●		
	907	CRACOW OUTPATIENTS CLINIC			●	●		●		
	909	DINGO OUTPATIENTS CLINIC			●	●		●		

District	Fac#	Facility Name	H3X	H3Y	BARA	H4X	NH2	PH1	MP1	PATH
	910	DUARINGA OUTPATIENTS CLINIC			●	●		●		
	918	MARLBOROUGH OUTPATIENTS CLINIC			●	●		●		
	922	OGMORE OUTPATIENTS CLINIC			●	●		●		
	926	ST LAWRENCE OUTPATIENTS CLINIC			●	●		●		
	940	GEMFIELDS OUTPATIENTS CLINIC			●	●		●		
	1643	BAUHINIA SHIRE MULTI PURPOSE HEALTH SERVICE							●	
	1652	THEODORE MULTI PURPOSE HEALTH SERVICE							●	
	1653	WOORABINDA MULTI PURPOSE HEALTH SERVICE							●	
	1659	BARALABA MULTI PURPOSE HEALTH SERVICE							●	
	1661	BLACKWATER MULTI PURPOSE HEALTH SERVICE							●	
Central West	131	ALPHA HOSPITAL			●	●		●		
	151	ARAMAC HOSPITAL			●	●		●		
	152	BARCALDINE HOSPITAL	●	●	●			●		
	153	BLACKALL HOSPITAL			●	●		●		
	154	BOULIA PRIMARY HEALTH CENTRE			●	●		●		
	155	JUNDAH PRIMARY HEALTH CENTRE			●	●		●		
	156	LONGREACH HOSPITAL	●	●	●			●		
	157	MUTTABURRA PRIMARY HEALTH CENTRE			●	●		●		
	158	TAMBO PRIMARY HEALTH CENTRE			●	●		●		
	159	WINTON HOSPITAL			●	●		●		
	160	ISISFORD PRIMARY HEALTH CENTRE			●	●		●		
	161	YARAKA CLINIC			●	●		●		
	162	WINDORAH CLINIC			●	●		●		
	1654	BARCOO LIVING MULTI PURPOSE HEALTH SERVICE							●	
	1655	BARCALDINE MULTI PURPOSE HEALTH SERVICE							●	
	1656	ALPHA MULTI PURPOSE HEALTH SERVICE							●	
Darling Downs - West Moreton	15	IPSWICH HOSPITAL	●	●	●			●		
	42	BOONAH HOSPITAL			●	●		●		
	44	ESK HOSPITAL			●	●		●		
	45	GATTON HOSPITAL			●	●		●		
	47	LAIDLEY HOSPITAL			●	●		●		
	63	CHERBOURG HOSPITAL	●	●	●			●		
	70	KINGAROY HOSPITAL	●	●	●			●		
	75	MURGON HOSPITAL			●	●		●		
	76	NANANGO HOSPITAL			●	●		●		
	77	WONDAI HOSPITAL			●	●		●		
	91	CHINCHILLA HOSPITAL	●	●	●			●		
	92	DALBY HOSPITAL	●	●	●			●		
	93	GOONDIWINDI HOSPITAL	●	●	●			●		
	94	INGLEWOOD HOSPITAL			●	●		●		
	95	JANDOWAE HOSPITAL			●	●		●		
	97	MILES HOSPITAL	●	●	●			●		
	98	MILLMERRAN HOSPITAL			●	●		●		
	99	OAKEY HOSPITAL			●	●		●		
	100	STANTHORPE HOSPITAL	●	●	●			●		
	101	TARA HOSPITAL			●	●		●		
	102	TAROOM HOSPITAL			●	●		●		
	103	TEXAS HOSPITAL			●	●		●		
	104	TOOWOOMBA HOSPITAL	●	●	●			●		
	105	WARWICK HOSPITAL	●	●	●			●		
	106	WANDOAN HOSPITAL			●	●		●		
	604	FARRHOME NURSING CARE UNIT					●			
	607	KARINGAL NURSING HOME					●			
	611	MOUNT LOFTY NURSING HOME					●			
	614	DR E.A.F. MCDONALD NURSING HOME					●			
	618	OAKS (THE) NURSING HOME					●			
	623	WEINHOLT NURSING CARE UNIT					●			

District	Fac#	Facility Name	H3X	H3Y	BARA	H4X	NH2	PH1	MP1	PATH
	701	BAILLIE HENDERSON HOSPITAL			●			●		
	751	THE PARK CENTRE FOR MENTAL HEALTH			●			●		
	912	GLENMORGAN OUTPATIENTS CLINIC			●	●		●		
	919	MEANDARRA OUTPATIENTS CLINIC			●	●		●		
	935	MOONIE OUTPATIENTS CLINIC			●	●		●		
	1344	MILTON HOUSE					●			
	1642	TEXAS MULTI PURPOSE HEALTH SERVICE							●	
	1648	INGLEWOOD MULTI PURPOSE HEALTH SERVICE							●	
Gold Coast	50	GOLD COAST HOSPITAL	●	●	●			●		
Mackay	171	CLERMONT HOSPITAL			●	●		●		
	194	COLLINSVILLE HOSPITAL			●	●		●		
	192	BOWEN HOSPITAL	●	●	●			●		
	172	MACKAY BASE HOSPITAL	●	●	●			●		
	173	MORANBAH HOSPITAL			●	●		●		
	174	PROSERPINE HOSPITAL	●	●	●			●		
	175	SARINA HOSPITAL	●	●	●			●		
	176	DYSART HOSPITAL			●	●		●		
	1644	CLERMONT MULTI PURPOSE HEALTH SERVICE							●	
	01658	COLLINSVILLE MULTI PURPOSE HEALTH SERVICE							●	
Mater	1	MATER MISERICORDIAE ADULT PUBLIC HOSPITAL	●	●	●			●		●
	2	MATER MISERICORDIAE CHILDREN'S PUBLIC HOSPITAL	●	●	●			●		●
	3	MATER MISERICORDIAE MOTHER'S PUBLIC HOSPITAL	●	●	●			●		●
Mt Isa	241	BURKETOWN HEALTH CENTRE			●	●		●		
	242	CAMOOWEAL HEALTH CENTRE			●	●		●		
	243	CLONCURRY HOSPITAL			●	●		●		
	245	JULIA CREEK HOSPITAL			●	●		●		
	246	MOUNT ISA BASE HOSPITAL	●	●	●			●		
	247	NORMANTON HOSPITAL			●	●		●		
	249	MORNINGTON ISLAND HOSPITAL			●	●		●		
	250	KARUMBA HEALTH CENTRE			●	●		●		
	251	DAJARRA HEALTH CENTRE			●	●		●		
	252	DOOMADGEE HOSPITAL			●	●		●		
Metro - North	4	PRINCE CHARLES (THE) HOSPITAL	●	●	●			●		
	16	REDCLIFFE HOSPITAL	●	●	●			●		
	30	CABOOLTURE HOSPITAL	●	●	●			●		
	46	KILCOY HOSPITAL			●	●		●		
	201	ROYAL BRISBANE AND WOMEN'S HOSPITAL	●	●	●			●		
	601	JACANA CENTRE FOR AQUIRED BRAIN INJURED REHABILITATION & RESIDENIAL CARE					●			
	605	HALWYN CENTRE					●			
	615	COOINDA HOUSE					●			
	624	ASHWORTH HOUSE NURSING HOME					●			
	691	EVENTIDE HOME (SANDGATE) - NURSING HOME					●			
	904	BRISBANE DENTAL HOSPITAL				●		●		
	906	CHILDREN'S ORAL HEALTH SERVICE				●		●		
Metro South	11	PRINCESS ALEXANDRA HOSPITAL	●	●	●			●		
	22	QUEEN ELIZABETH II JUBILEE HOSPITAL	●	●	●			●		
	24	WYNNUM HOSPITAL	●	●	●			●		
	25	DUNWICH OUTPATIENTS CENTRE			●	●		●		
	28	REDLAND HOSPITAL	●	●	●			●		
	29	LOGAN HOSPITAL	●	●	●			●		
	41	BEAUDESERT HOSPITAL	●	●	●			●		
	610	MORETON BAY NURSING CARE UNIT					●			
	625	CASUARINA LODGE					●			
	927	SOUTH BRISBANE DENTAL HOSPITAL				●		●		

District	Fac#	Facility Name	H3X	H3Y	BARA	H4X	NH2	PH1	MP1	PATH
	1404	REDLAND RESIDENTIAL CARE					●			
Royal Children's	7	ROYAL CHILDREN'S HOSPITAL	●	●	●			●		
	17	ELLEN BARRON CENTRE			●	●		●		
South West	111	AUGATHELLA HOSPITAL			●	●		●		
	112	CHARLEVILLE HOSPITAL	●	●	●			●		
	113	CUNNAMULLA HOSPITAL	●	●	●			●		
	114	DIRRANBANDI HOSPITAL			●	●		●		
	115	INJUNE HOSPITAL			●	●		●		
	116	MITCHELL HOSPITAL			●	●		●		
	117	MUNGINDI HOSPITAL			●	●		●		
	118	QUILPIE HOSPITAL			●	●		●		
	119	ROMA HOSPITAL	●	●	●			●		
	120	ST GEORGE HOSPITAL	●	●	●			●		
	121	SURAT HOSPITAL			●	●		●		
	122	THARGOMINDAH HOSPITAL			●	●		●		
	123	WALLUMBILLA HOSPITAL			●	●		●		
	621	WAROONA NURSING HOME					●			
	622	WESTHAVEN NURSING CARE UNIT					●			
	903	BOLLON OUTPATIENTS CLINIC			●	●		●		
	921	MORVEN OUTPATIENTS CLINIC			●	●		●		
	1646	DIRRANBANDI MULTI PURPOSE HEALTH SERVICE							●	
	1651	QUILPIE MULTI PURPOSE HEALTH SERVICE							●	
Sunshine Coast	43	CALOUNDRA HOSPITAL	●	●	●			●		
- Wide Bay	48	MALENY HOSPITAL			●	●		●		
	49	NAMBOUR GENERAL HOSPITAL	●	●	●			●		
	62	BUNDABERG BASE HOSPITAL	●	●	●			●		
	68	GYMPIE HOSPITAL	●	●	●			●		
	61	BIGGENDEN HOSPITAL			●	●				
	64	CHILDERS HOSPITAL			●	●				
	65	EIDSVOLD HOSPITAL			●	●				
	66	GAYNDAH HOSPITAL			●	●				
	67	GIN GIN HOSPITAL			●	●				
	69	HERVEY BAY HOSPITAL	●	●	●			●		
	71	MARYBOROUGH HOSPITAL	●	●	●			●		
	72	MONTO HOSPITAL			●	●				
	73	MOUNT PERRY HEALTH CENTRE			●	●				
	74	MUNDUBBERA HOSPITAL			●	●				
	612	NAMBOUR HOSPITAL NURSING HOME					●			
	609	YARALLA PLACE					●			
	620	WAHROONGA HOME FOR THE AGED					●			
	1650	MUNDUBBERA MULTI PURPOSE HEALTH SERVICE								
	1660	BIGGENDEN MULTI PRPOSE HEALTH SERVICE								
	1662	EIDSVOLD MULTI PURPOSE HEALTH SERVICE								
Torres Strait – Northern Peninsula	213	BAMAGA HOSPITAL			●	●		●		
	226	THURSDAY ISLAND HOSPITAL	●	●	●			●		
	939	ISLAND MEDICAL SERVICE			●	●		●		
Townsville	191	AYR HOSPITAL	●	●	●			●		
	193	CHARTERS TOWERS HOSPITAL	●	●	●			●		
	195	HOME HILL HOSPITAL			●	●		●		
	196	INGHAM HOSPITAL	●	●	●			●		
	197	JOYCE PALMER HEALTH SERVICE			●	●		●		
	200	THE TOWNSVILLE HOSPITAL	●	●	●			●		
	244	HUGHENDEN HOSPITAL			●	●		●		
	248	RICHMOND HOSPITAL			●	●		●		
	619	TOWNSVILLE NURSING HOME					●			
	693	EVENTIDE HOME (CHARTERS TOWERS) - NURSING HOME					●			
	697	EVENTIDE HOME (CHARTERS TOWERS) -					●			

District	Fac#	Facility Name	H3X	H3Y	BARA	H4X	NH2	PH1	MP1	PATH
		HOSTEL								
	703	CHARTERS TOWERS REHABILITATION UNIT			●			●		
	715	KIRWAN MENTAL HEALTH REHABILITATION UNIT			●			●		
	916	MAGNETIC ISLAND HEALTH SERVICE CENTRE			●	●		●		

Form Legend	
H3X	MTACPH3X
H3Y	MTACPH3Y
H4X	MTACPH4X
NH2	MTHACNH2
PH1	MTHACPH1
MP1	MTHACMP1
PATH	MTACPATH
BARA	Bed Availability Reporting Application

INDEX

Accrued Patient Days, 12, 53
Accrued Resident Days, 49
Acute, 14
Admissions, 14, 49, 53, 56
Admitted Patients, 14, 53, 56
Admitted Residents, 49
Aged Care, 31
Alcohol & Drug, 31
Alcohol and Other Drug, 67
All Other Bed Alternatives, 46
All other Modes of Separation, 14
All Other Overnight Beds/All Other Same-day Beds, 43, 44
Allergy, 67
Allied Health Services, 32
Audiology, 67
Available Bed Days, 49, 57
Available Beds, 42, 49, 56
BARA, 40
Births, 23, 32
Boarders, 14, 50, 53
Cairns & Hinterland, 79
Cape York, 79
Cardiac Surgery, 67
Cardiology, 67
Central Queensland, 79
Central West, 80
Chemotherapy, 67
Chemotherapy Chairs/Trolleys, 46
Class Changes, 14
Clinical Haematology, 68
Clinical Measurement, 68
Closed Bed, 42
Commonwealth Funded Beds, 50
Community Health Services, 23, 32
Coronary Care Unit (Beds), 44
Cots for Normal Neonates, 46
Cystic Fibrosis, 68
Day Program Patients, 53
Dementia, 32, 68
Department of Veterans' Affairs, 23, 32
Dermatology, 68
Designated Mental Health Acute Psychiatric (Beds), 44
Designated Mental Health Non-Acute Psychiatric (Beds), 44
Designated Palliative (Beds), 45
Designated Rehabilitation (Beds), 45
Diabetes, 68
Diagnostic Imaging, 24, 32
Dialysis, 68
Dialysis, 23, 33
Did Not Waits, 23
Died in Hospital, 15
Disposition/Triage Category, 24
District Nursing Services, 24, 33
Ear, Nose and Throat Surgery, 68
Eligible Compensable, 15
Eligible Motor Vehicle Other, 25, 33
Eligible Motor Vehicle Queensland, 24, 33
Eligible Other, 25, 33
Eligible Other Compensable, 25, 33
Eligible Other Third Party, 25, 34
Eligible Patients, 15, 25, 34
Eligible Private, 16
Eligible Public, 16, 26, 35
Eligible Workcover Other, 26, 35
Eligible Workcover Queensland, 26, 35
Emergency Department Beds (ED Level 1, 2 or 3+), 45
Emergency Department Chairs/Trolleys (ED Level 1, 2 or 3+), 46
Emergency Services, 26, 35
Emergency Services Did Not Waits, 35
Endocrinology, 68
Endoscopy & Related Procedures, 27, 36
Endoscopy and related procedures, 68
Episode of Care, 16
Exclusive/Predominate Use, 42
Extensive Care Residents, 50
Falls, 36, 69
Formal Admissions, 17
Formal Separations, 17
Fraser Coast, 82
Funded Bed, 42
Gastroenterology, 69
General Paediatric (Beds), 45
General Paediatrics, 69
General Surgery, 69
Geriatric, 36, 69
Geriatric Evaluation and Management, 17
Gerontology, 69
Gerontology, 36
Gold Coast, 81
Group Sessions (Total No of Group Sessions), 27, 36
Group Sessions (Total No of Patients), 27, 36
Gynaecology, 69
High Dependency Unit (Beds), 45
High Level Care, 57
Home Dialysis Patients, 27
Hyperbaric Medicine, 69
Immunology, 69
Ineligible, 17, 28, 37
Infectious Diseases, 69
Intensive Care Unit (Beds), 45
Internal Medicine, 69
Live Births, 28, 37
Low Level Care, 57
Mackay, 81

Maintenance, 17
Mater, 81
Maternity, 70
Maternity (Beds), 45
Medical/Surgical/Diagnostic, 37
Mental Health, 37
Monthly Activity Reports Validations, 9
Mt Isa, 81
MTACDENT Report, 47
MTACPATH Report, 63
MTACPATH Report, 48
MTACPH3X and MTACPH3Y Reports, 22
MTACPH3X Report, 60
MTACPH3Y Report, 61
MTACPH4X Report, 31, 62
MTHACMP1 Report, 56, 66
MTHACNH2 Report, 49, 64
MTHACPH1 Report, 12, 59
MTHACPS1 Report, 65
MTHACPS1 Report, 53
Multi Purpose Health Service, 56, 66
Multi-disciplinary/Group Sessions, 53
Neonatal, 70
Neurology, 70
Neurosurgery, 70
New Patient, 28
Newborn, 18
Non-admitted Clients, 50
Non-admitted Patients, 28, 37, 54
Nutrition, 70
Occasions of Service, 28, 37, 50, 54
Occupational Therapy, 70
On Leave, 18
Oncology – Medical Consultation, 70
Oncology – Medical Treatment, 70
Oncology – Radiation Consultation, 70
Oncology – Radiation Treatment, 70
One to One (1
1) Sessions, 29, 37, 54
Ophthalmology, 71
Orthopaedic Surgery, 71
Other Care, 18
Other Outpatient Services, 37
Other Outreach Services, 29, 38
Outpatients, 50, 54
Outreach or Community Clients, 50
Outreach or Community Patients, 54
Overnight or Longer Stay Patients, 18, 54
Paediatric Medicine, 69
Paediatric Surgery, 71
Pain Management, 71
Palliative, 18
Palliative Care, 71
Pathology AUSLAB Facilities, 48
Pathology Non-AUSLAB Facilities, 48
Patient Days Accrued by Newborns with Status of Unqualified, 18
Patient Days Accrued by Nursing Home Type Patients, 19
Permanent Residents, 50
Pharmacy, 29, 38
Physical Bed, 42
Physiotherapy, 71
Plastic and Reconstructive Surgery, 71
Podiatry, 71
Pre-admission, 71
Primary Care, 71
Princess Alexandra, 81
Prosthetics, 71
Psychiatry, 71
Psychogeriatric, 19
Psychology, 71
Reference Month, 19, 29, 38, 50, 54, 57
Rehabilitation, 19, 72
Rehabilitation, 38
Remaining in at Beginning, 20, 51, 55, 57
Remaining in at End, 20, 51, 55, 57
Renal Dialysis Chairs/Trolleys, 46
Renal Medicine, 72
Repeat Patients, 29
Respite Residents, 51
Rheumatology, 72
Royal Children's, 82
Same Day Patients, 20, 55
Separations, 20, 51, 55, 58
Social Work, 72
South West, 82
Southside, 81
Speech Pathology, 72
State Funded Beds, 51
Statistical Admissions, 21
Statistical Separations, 21
Still Births, 29, 38
Sunshine Coast & Cooloola, 82
Telehealth/Telemedicine, 29, 38
Temporarily Unavailable Beds, 52, 58
Thoracic Medicine, 72
Torres, 82
Total Newborn Separations with a status of Unqualified the entire episode, 21
Townsville, 82
Transferred to another hospital, 21
Transfers/Class Changes, 55
Transplants, 72
Triage Score, 30
Unfunded Bed, 42
Urology, 72
Vascular Surgery, 72
West Moreton, 80
Wound Management, 72