

# RTI 3533 Release Notes

## Purpose of release notes

The purpose of these release notes is to provide an explanation for the state-wide data reports that were extracted by the Department of Health (the department) in response to this RTI application. It contains data that is relevant to certain Hospital and Health Services (the relevant HHSs).

## Scope

### 1. Emergency Department 'did not wait' billings.

- How many patients were triaged in the emergency department (ED) but left before being seen by a doctor?
- How much funding did the hospitals receive for patients that were triaged in ED but left before being seen by a doctor?

### 2. 'Hospital in the home' billings

- How many patients received 'Hospital in the home' services?
- How much funding did the hospitals receive for the provision of 'Hospital in the home' services?

### 3. MBS outpatient billings

- How many non-admitted patient care services, were provided in outpatient medical consultation clinics?
- How many non-admitted patient care services, were provided in outpatient medical consultation clinics, that were funded through the Medicare Benefits Schedule? - broken down by item number.
- How much funding did the hospitals receive for services provided to non-admitted patients in outpatient medical consultation clinics - funded through the Medicare Benefits Schedule?

Date range: 01/07/2015 - 30/06/2016

## Data source

- Points 1 and 2 of the application scope: data presented has been extracted from the NECTO Decision Support System by the Healthcare Purchasing and System Performance Division.
- Point 3 of the application scope: data presented has been extracted from the Monthly Activity Collection by the Statistical Services Branch.
- The data was current as at February 2017 and is subject to change as the data is updated throughout the year due to clinical documentation audits and reviews.

## Interpretation notes

**Page 1 of the documents addresses Point 1.1 of the scope**

*Emergency Department 'did not wait' billings.*

- How many patients were triaged in the emergency department (ED) but left before being seen by a doctor?

Explanation: Summary from NECTO Decision Support System shows the number of Did Not Wait presentations by triage category in ED in 2015/16.

### **Pages 2 and 3 of the documents address Point 1.2 of the scope**

*Emergency Department 'did not wait' billings.*

- How much funding did the hospitals receive for patients that were triaged in ED but left before being seen by a doctor?

Explanation: these are sourced from the [Health Funding Principles and Guidelines 2016-17](#), specifically page 8 'Table 1 - Summary of healthcare purchasing initiatives 2016-17'. The guideline indicates that no payment is available for 'Did Not Wait' presentations in Queensland.

### **Page 4 of the documents address Points 2.1 and 2.2 of the scope**

*'Hospital in the home' billings*

- How many patients received 'Hospital in the home' services?

- How much funding did the hospitals receive for the provision of 'Hospital in the home' services?

Explanation: This is a summary table of data showing the number of patient separations with a Hospital in The Home (HiTH) component identified. The table shows the funding amount for the completed episodes of care which **includes** the HiTH component which cannot be reported separately as funding is inclusive for this model of care.

### **Page 5 of the documents address Point 3 of the scope**

*MBS outpatient billings*

- How many non-admitted patient care services, were provided in outpatient medical consultation clinics?

- How many non-admitted patient care services, were provided in outpatient medical consultation clinics, that were funded through the Medicare Benefits Schedule? - broken down by item number.

- How much funding did the hospitals receive for services provided to non-admitted patients in outpatient medical consultation clinics - funded through the Medicare Benefits Schedule?

Explanation: Notes are included on this page above the table explaining these figures.

### **Important notes in considering the data**

- The funding totals reported in these documents, are not an indicative costing component for each individual HiTH service delivery across the relevant HHS.
- The funding can relate to a patient's entire admission, not just the HiTH component.
- These figures relate on the majority to the completed episodes of care which includes the HiTH component and it cannot be separately reported.
- This means that there can be quite a significant variance to funding totals in the data reports extracted from the department opposed to that of the actual spent in the relevant HHSs. The funding totals do not account for non-ABF facilities. To obtain a more detailed analysis for this service and model of care, data would need to be sourced directly from the relevant HHSs.
- Funding is provided to the relevant HHSs under the Service Level Agreements (SLA) based on purchased activity by speciality, not specifically on the HiTH component. The individual HHS SLA does not specify a HiTH line item.

| Fiscal and Measures over UDG and Triage for Q19, Sum of (ABF HCM,...) |        |        |         |       |
|---|--------|--------|---------|-------|
| UDG   | Triage | 2016   |         |       |
|   |        | Cases  | Revenue | WAU   |
| Did Not Wait  | 1      | 1      | 0.00    | .0000 |
| Did Not Wait  | 2      | 394    | 0.00    | .0000 |
| Did Not Wait  | 3      | 14,931 | 0.00    | .0000 |
| Did Not Wait  | 4      | 28,306 | 0.00    | .0000 |
| Did Not Wait  | 5      | 6,546  | 0.00    | .0000 |

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# Health funding principles and guidelines

2016-17 financial year

Version 2.1

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**Table 1 Summary of healthcare purchasing initiatives 2016-17**

| Initiative  | Description   | Application            |
|---|---|------------------------|
| QIP – Cardiac Rehabilitation (CR)                     | Payment for reaching target of inpatients provided with referrals to CR programs and patients attending CR programs.  | SA amendment           |
| QIP - Smoking cessation                               | Payment for reaching target for public inpatients and dental clients clinically supported onto the Smoking Cessation Clinical Pathway.                                      | SA amendment           |
| QIP - Staff immunisation                              | Payments for reaching targets on staff immunisation.  | SA amendment           |
| QIP - Advance Care plan                               | Payment for initiating communication with patient on advance care planning.   | SA amendment           |
| Telehealth  | Payment for additional telehealth non-admitted activity, or provision of telehealth consultancy for inpatients, emergency patients and Store and Forward image assessments. | SA amendment           |
| High cost home support                                | Payment for approved patients requiring 24 hour ventilation home support.   | SA amendment           |
| Adverse events - pressure injury                      | Disincentives to minimise hospital acquired deep pressure injuries.   | SA amendment           |
| Adverse events - blood stream infections (BSI)        | Disincentives to minimise hospital acquired BSIs.   | SA amendment           |
| Never events  | Zero payment for episode where a never event occurred.  | SA amendment           |
| Fractured neck of femur (#NoF) timely surgical access | DRG payment discounted by 20% if surgical treatment of #NoF is not within two days.   | ABF model localisation |
| Pre-operative elective bed days                       | Reduction in long day stay payment where there are pre-operative days within an elective surgical episode and the length of stay is greater than the trim point.            | ABF model localisation |
| Emergency department Did not wait (DNW)               | No payment for DNWs.  | ABF model localisation |
| Out-of-scope activity                                 | No payment for activity identified as out-of-scope i.e. vasectomies, reversal of vasectomies and laser refraction.  | ABF model localisation |
| Hospital in the home (HITH)                           | HITH price of 85% and applied to three specific noncomplex DRGs (pulmonary embolus, venous thrombosis and cellulitis).  | ABF model localisation |
| Stroke care   | 10% DRG inlier weight loading if patient receives stroke unit care.   | ABF model localisation |

|   |             |                 |
|---|-------------|-----------------|
| 2015/2016 Queensland Efficient Price:   | \$ 4,597.05 |                 |
| <b>2015/2016 Hospital in the home - ABF (Activity Based Funding) facilities</b> |             |                 |
|   |             | QEP \$4,597.05  |
| Hospital and Health Service   | Separations | Revenue         |
| Cairns and Hinterland   | 507         | \$5,164,117.06  |
| Central Queensland  | 1,116       | \$6,719,723.32  |
| Childrens Health Queensland   | 170         | \$3,715,224.34  |
| Darling Downs   | 152         | \$2,191,823.74  |
| Gold Coast  | 1,067       | \$12,159,010.89 |
| Mackay  | 394         | \$3,958,203.54  |
| Mater Public Hospitals  | 196         | \$2,985,524.94  |
| Metro North   | 2,397       | \$25,184,263.39 |
| Metro South   | 1,648       | \$11,639,873.98 |
| Sunshine Coast  | 349         | \$3,812,495.16  |
| Townsville  | 800         | \$4,728,318.69  |
| West Moreton  | 673         | \$4,881,061.49  |
| Wide Bay  | 826         | \$6,151,504.95  |
| Grand Total   | 10,295      | \$93,291,145.50 |

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**Medical Non-Admitted Patient Service Events, Public Acute Hospitals, Queensland, 2015/2016**

Source: Monthly Activity Collection, Department of Health (Extracted Feb 2, 2017)

Prepared by: Statistical Reporting & Coordination, Statistical Services Branch, Department of Health (Feb 6, 2017)

Notes:

1. Form MACONCLNC (Clinics)
2. 'Outpatient medical consultation clinic' defined as data from MACONCLNC Section 'Provider Type - Medical Officer'
3. 'Total' includes Right of Private Practice activity (normally excluded from standard reporting) as well as public activity.
4. RRMBS patients are patients who are treated by Medical Officers that are eligible to claim reimbursement for the service/s provided through Medicare Australia under the Rural and Remote Medical Benefit Scheme (RRMBS) or the Medicare Billing for Primary Care in Small Rural Hospitals arrangements (COAG 19.2).

| Year      | RRMBS  | MBS<br>(Private) | Total     |
|-----------|--------|------------------|-----------|
| 2015/2016 | 53,628 | 618,051          | 2,185,081 |

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