APPENDIX F

Queensland Health Hospital Admission Criteria

Queensland Hospital Admitted Patient Data Collection QHAPDC 2016-2017 V1.0
Appendix F

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Queensland Health Admission Criteria

An admitted patient is defined as a patient who meets at least one of the criteria for admission and who undergoes the hospital admission process. An admission may be formal or statistical. Non-admitted (emergency or outpatient) services provided to a patient who is subsequently classified as an admitted patient shall not be regarded as part of the admitted episode.

Some admissions are clearly identified as they meet the criteria as stated in the national data collection standards and/or identified in the Private Health Insurance (Benefit Requirements) Rules 2011. Further, where a clinician may determine that a patient is to be admitted to hospital and the patient has not met the admission criteria, the clinician is required to complete a Certificate for Admitted Patient Care form (or National Private Patient Hospital Claim Form) if the patient is claiming a benefit.

National definitions for the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care) are described in METeOR as follows:
Acute Care

- Manage labour,
- Cure illness or provide definitive treatment of injury,
- Perform surgery,
- Relieve symptoms of illness or injury,
- Reduce severity of illness or injury,
- Protect against exacerbation and/or injury which could threaten life or normal functions,
- Perform diagnostic or therapeutic procedures.

Newborn care

Newborn care is initiated when the patient is born in hospital or is nine days old or less at the time of admission.

Babies aged nine days old or less in hospital accompanying an admitted patient should be admitted, and not registered as a boarder. Stillborn babies cannot be admitted. Refer to Section 4.12.1 Newborn – Acute qualification status.

Rehabilitation care

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with impairment, activity limitation or participation restriction due to a health condition.

Palliative care

Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

Geriatric evaluation and management

Geriatric evaluation and management is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.

Psychogeriatric care

Psychogeriatric care is care in which the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, age-related organic brain impairment or a physical condition.
Maintenance care

Maintenance (or non-acute) care is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period.

Mental Health Care

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient’s mental disorder.

Other care

Other admitted patient care is care where the principal clinical intent does not meet the criteria for any of the above.

Organ procurement

Organ procurement – posthumous is the procurement of human tissue for the purpose of transplantation from a donor who has been declared brain dead. These patients are not admitted to the hospital but are registered by the hospital.

Boarder

A boarder is a person who is receiving food and/or accommodation in a hospital, but for whom the hospital does not accept responsibility for treatment and/or care. Boarders are not admitted to the hospital; however, a hospital may register a boarder.

Expected Overnight Admissions

The patient, following a clinical decision, is expected to require hospital treatment for a minimum of one night. This includes patients who are expected to require treatment for a minimum of one night but are separated on the day of admission (e.g. patient is transferred to another hospital, patient dies etc). The Expected Overnight criterion also includes children under a ‘Care and Treatment Order’, as well as patients receiving involuntary treatment under the Mental Health Act 2000 in an admitted patient setting.

Patients that have their entire admitted treatment exclusively in the Emergency Department (and not in an Emergency Department Short Stay Unit1) and are discharged home will require the treating doctor to complete and file accompanying certification in the patient’s clinical record.

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1 Expected overnight stay patients do not include admissions to an Emergency Department ‘Short Stay Unit’ (SSU).
documenting that an admission was appropriate). For these patients the treating doctor must also provide evidence in the patient’s clinical record of the medical condition and the treatment that was provided.

**Same Day Admissions**

Same Day admissions are generally governed by Commonwealth legislation. Decisions on whether to admit or not admit patients as same-day cases revolve around explicit inclusions and exclusions for procedures/conditions that are set by the Commonwealth. These procedures are identified in the:

1. Admitted procedures (Type B) list (includes Day Only Bands 1A, 1B, 2, 3 and 4)
2. Non-admitted procedures (Type C) list

Exceptions to this are same day admissions for mental health and subacute care. Oversight of admissions policy for these areas rests with the jurisdictional health department. A description of the categories and criteria for Same Day admissions are outlined below.

**Admitted Procedures Type B – Day only Bands 1A, 1B, 2, 3 and 4**

In order to meet criterion for admission for a Type B procedure, a patient must:


**Patient requires anaesthetic**

The patient, following a clinical decision, is expected to require same-day hospital treatment and receives a general, regional or intravenous anaesthetic that was not provided in conjunction with a Type B or C procedure, nor does the patient meet the criteria for any other Same Day admission.

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2 When a patient would not normally be admitted, but there is a clinical decision that the admission should occur, a Certificate for Admitted Patient Care form (or National Private Patient Hospital Claim Form if the patient is claiming an admitted patient benefit from a registered private health insurer) is to be completed by the treating medical officer. That is, Certificates are only required for the following patients:

- Expected overnight patients who receive their entire admitted treatment in the Emergency Department.
- Expected same day patients who receive only a Type-C Exclusion List Day Only Procedure.
- Expected same day patients who do not meet one of the criteria for admission specified above but are admitted following a clinical decision that they require continuous active management.
**Type C Professional Attention Procedures**

Type C procedures are procedures that would normally be undertaken on a non-admitted basis, examples include surgical removal of tooth, post-operative dental care.

To be eligible for admission the patient must:


2. The treating doctor must complete and file accompanying certification in the patient’s clinical record, documenting that an admission was necessary on the grounds of the medical condition of the patient or other special circumstances that relate to the patient (e.g. where general anaesthesia or intravenous sedation is required). The treating doctor must also provide evidence in the patient’s clinical record of the medical condition and the treatment that was provided.

**Same-day Mental Health and Sub and Non-acute Care**

The patient, following a clinical decision, is expected to require same-day hospital treatment and receives professional attention under the following:

1. Care types: Rehabilitation Care, Palliative Care, Psychogeriatric Care or Geriatric Evaluation and Management (GEM) or Maintenance Care. The care provided must meet the national definitions for these care types as described in this document. There also must be sufficient evidence documented in the patient record to justify the clinical determination that admission is required. Private facilities are to deliver care in accordance with the approved level of services included in the licensing provisions for private facilities.

2. As part of a Mental Health care program, approved by the Chief Health Officer or in accordance with the approved level of services included in the licensing provisions for private facilities. Patients participating in psychiatric day and/or partial day programs in a public hospital setting do not usually meet the criteria for admission and should be treated as non-admitted patients.

**Medical Observation and Care**

The patient has not met any of the above criteria for admission, but following a clinical decision it is determined that the patient requires continuous active management, with at least half-hourly observations of vital or neurological signs. The treating doctor must complete and file accompanying certification in the patient’s clinical record, documenting that an admission was appropriate. The treating doctor must also provide evidence in the patient’s clinical record of the medical condition and the treatment that was provided.
Commonly raised queries

Hospital and Health Services staff have raised a number of queries concerning the admission criteria. To assist in the interpretation of the criteria, the most commonly raised queries are discussed briefly on the following pages.

**Do all patients with private health insurance have to be admitted as private patients?**

On admission, patients are to be informed of their right to elect for private or public status and complete a Patient Election Form. They are not to be pressured to elect for private status simply because they hold private health insurance.

Where patients are unable to elect status, or are unsure of status in the case of compensable or DVA patients, they should be assigned public status until such time as their status can be established.

**Should a person be admitted for treatment such as dialysis, chemotherapy or radiotherapy?**

Dialysis and most chemotherapeutic procedures are same day procedures and as such the patient should be admitted. Radiation therapy, however, is not and persons not currently admitted would normally be treated on an outpatient basis. Full details of day benefits are contained in the *Private Health Insurance (Benefit Requirements) Rules 2011*.

Same day bands were introduced in order to allow appropriate charges to be raised for private patients and hospitals have not, in the past, been concerned with banding of public patients. It is not necessary at present to assign public day only patients to the appropriate band.

**Can we admit Same Day Mental Health patients?**

The use of same day admission is only valid where patients meet the conditions as described in Section 4.20 of the QHAPDC Manual for Same day patients. Patients who attend psychiatric day or partial day care programs at a public hospital should be recorded as non-admitted patient service event, not as same day admissions.

**Should a person be admitted for procedures carried out in an Outpatient or Accident and Emergency Department (A&E) if they satisfy the criteria for the day only bands?**

On some occasions, patients presenting at A&E or Outpatient Clinics will receive treatment which satisfies the criteria for admission under the day-only bands. In these cases, hospitals should formally admit such patients and the treatment received in A&E should be included in the admitted patient data sent to the Statistical Services Branch.

**Note:** Intended same day patients who do not satisfy the criteria for day only bands may be admitted following documented certification by a medical officer.

**Should a person be admitted if a codeable procedure (i.e. using ICD-10 AM) is performed?**

Generally, most procedures involving surgery can be coded using ICD-10-AM, however, a patient should only be admitted if the hospital is satisfied that the patient meets the minimum criteria for admission.
Where a person is required to attend the hospital for pre-operative preparation/’work-up’, should this be counted as the first day of admission, a day-only admission, or not at all?

Currently, some hospitals complete the admission process for these patients during the ‘work-up’ phase, with the patient then being considered on leave. The recommended practice is to consider this as a non-admitted patient service event, unless the type of treatment/preparation clearly satisfies the minimum criteria and warrants admission. In such cases, the patient should be admitted and placed on leave until they return for the procedure, noting the conditions set for leave days.

Should a person at a hospital awaiting transport to another hospital be admitted?

Patients should only be admitted if they receive treatment or care which meets the minimum criteria for admission.

Where can I find the list of Type B Procedures?

The following is an extract from Schedule 3, Part 1 of the Private Health Insurance (Benefit Requirements) Rules 2011:


Part 2—Type B procedures
3. Interpretation
A Type B procedure is a procedure specified as a Band 1, 2, 3 and 4 as described in this Part.
Note: These procedures normally require hospital treatment that does not include part of an overnight stay.

4. Band 1
I. Hospital treatment that involves a professional service of the type identified by the MBS item number specified in this subclause is Band 1 treatment for the purposes of the tables in clause 2 of this Schedule:
   a. Category 3—therapeutic procedures, being the items below in the general medical services table:
      T1: Miscellaneous Therapeutic Procedures:
      13100  13103  13703  13706  13915  13918  13921  13927  13930

      T8: Surgical Operations:
      30210  30473  30475  30476  30679  32075  32078  32081  32084  32087  32090
      32095  35500  35539  35545  35703  37011  39000  39100  41604  41647  41674  41680
      42575  42741  45027  50658; and
b. category 5—diagnostic imaging services, being the items below in the diagnostic imaging services table:

I1: Ultrasound:
55118  55600  55603; and

II. Other hospital treatment requiring day admission to a hospital that is not Band 2, 3 or 4 treatment is Band 1 treatment for the purposes of the tables in clause 2 of this Schedule.

5. Non-band specific Type B day procedures

I. Hospital treatment that involves a professional service of the type identified by the MBS item number specified in this clause is a non-band specific Type B day procedure.

II. A non-band specific Type B day procedure is Band 2, 3 or 4 treatment depending on anaesthetic type and, where applicable, theatre time as specified in clause 6 of this Schedule.
III. If a non-band specific Type B day procedure does not involve anaesthetic or theatre times, the minimum benefit is the benefit for Band 1 treatment.

6. Other bands
In this Schedule:

**Band 2 treatment** means procedures, other than those that are Band 1 treatment, carried out under local anaesthetic with no sedation.

**Band 3 treatment** means procedures, other than those that are Band 1 treatment, carried out under:

a. general anaesthesia; or  
b. regional anaesthesia; or  
c. intravenous sedation,

where the theatre time, being the actual time in theatre, is less than one hour.

**Band 4 treatment** means procedures, other than those that are Band 1 treatment, carried out under:

a. general anaesthesia; or  
b. regional anaesthesia; or  
c. intravenous sedation,

where the theatre time, being the actual time in theatre, is one hour or more.