

Appendix F

Queensland Health Hospital Admission Criteria

**Queensland Hospital Admitted Patient
Data Collection
QHAPDC**

QUEENSLAND HEALTH ADMISSION CRITERIA

The decision to admit a patient requires a clinical determination that admission is required. A patient can be admitted to hospital if they meet at least one of the following criteria:

Expected Overnight

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 (eg 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.

Expected overnight stay patients who receive their entire admitted treatment exclusively in the Emergency Department and are discharged home within 4 hours of admission will require the treating doctor to complete and file accompanying certification in the patient's clinical record, 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.

Patients admitted for the delivery of a baby, or newborns aged nine days old or less requiring admission should be admitted under the respective admission criteria.

Delivery

The patient, following a clinical decision, is expected to require hospital treatment for the delivery of a baby.

Newborns

Any baby aged nine days old or less presenting at hospital can be admitted. This includes all babies born in hospital and all babies that present at hospital aged 9 days or less. Babies aged nine days old or less in hospital accompanying an admitted patient should be admitted, and not registered as a boarder. Stillborn babies can not be admitted.

Day Only Bands 1A, 1B, 2, 3 and 4

The patient, following a clinical decision, is expected to require same-day hospital treatment and receives a procedure listed as a Type B procedure in the Private Health Insurance (Benefit Requirement) Rules 2008 (No. 2)*.

<http://www.comlaw.gov.au/Details/F2011L02160>

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 procedure.

Approved Same-day Program

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

- (a) Part of a Rehabilitation care program, approved by the Deputy Director-General, Policy, Strategy and Resourcing Division or in accordance with the approved level of services included in the licensing provisions for private facilities.
- (b) 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.
- (c) Part of a Palliative care program, approved by the Deputy Director-General, Policy, Policy, Strategy and Resourcing Division or in accordance with the approved level of services included in the licensing provisions for private facilities.

Type C Professional Attention Procedures

The patient, following a clinical decision, is expected to require same-day hospital treatment and receives a procedure listed as a Type C Exclusion List procedure in the Private Health Insurance (Benefit Requirement) Rules 2008 (No. 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. The treating doctor must also provide evidence in the patient's clinical record of the medical condition and the treatment that was provided.

<http://www.comlaw.gov.au/Details/F2011L02160>

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.

NOTE: Certificate for Admitted Patient Care

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 and are then discharged home within 4 hours of admission.
- 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.

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 Psychiatric patients?

The use of same day admission is only valid where patients meet the conditions as described in section 3.7.2 of this Manual. Patients who attend psychiatric day or partial day care programs should be recorded as non-admitted patient occasions of service, 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 Data Collections.

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 only if they have been at the hospital for greater than four hours?

There is **no** four hour rule in Queensland. The decision to admit a patient should be based on whether or not the hospital is satisfied that the **patient meets the minimum criteria** for admission.

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 an outpatient occasion of service, **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.

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.