

APPENDIX F

Queensland Hospital Admission Guidelines

Queensland Hospital Admitted Patient Data Collection (QHAPDC) 2019-2020 V1.0



Appendix F

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For more information contact: Statistical Services and Integration Unit, Statistical Services Branch, Department of Health, GPO Box 48, Brisbane QLD 4001, email QHIPSMAIL@health.qld.gov.au.

An electronic version of this document is available at <https://www.health.qld.gov.au/hsu/collections/qhapdc>

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1. Scope of Document

The Queensland Hospital Admission Guidelines (the Guidelines) are a guide for all Queensland public hospitals.

Whilst these Guidelines include additional information such as the conditions/procedures whereby a patient may be admitted, it should be noted that these are a guide only and are not intended to override a clinical decision to admit a patient by the treating health practitioner.

Please note for admissions to Short Stay Units, please refer to the Queensland Health Guidelines (QH-GDL-352:2014) [Emergency Department Short Stay Unit](#) that outlines admission protocols for receiving patients via the Emergency Department.

2. Admission

Admission is the process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision that a patient requires same-day, overnight or multi-day care or treatment. This care and/or treatment can occur in hospital and/or in the patient's home (for [hospital-in-the-home patients](#)).

Facilities are responsible for ensuring that appropriate procedures and records are maintained to support accurate reporting and justify admissions.

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/or accommodation of a patient. A statistical admission is the administrative process by which a hospital records the commencement of a new episode of care, with a new care type, for a patient within one hospital stay.

2.1 Overnight or multiple day admissions

The patient, following a clinical decision, is expected to require hospital treatment overnight or longer (multiple day admission). The clinical decision to admit a patient for an intended overnight or multiple day admission will be dependent on a number of factors including, but not limited to:

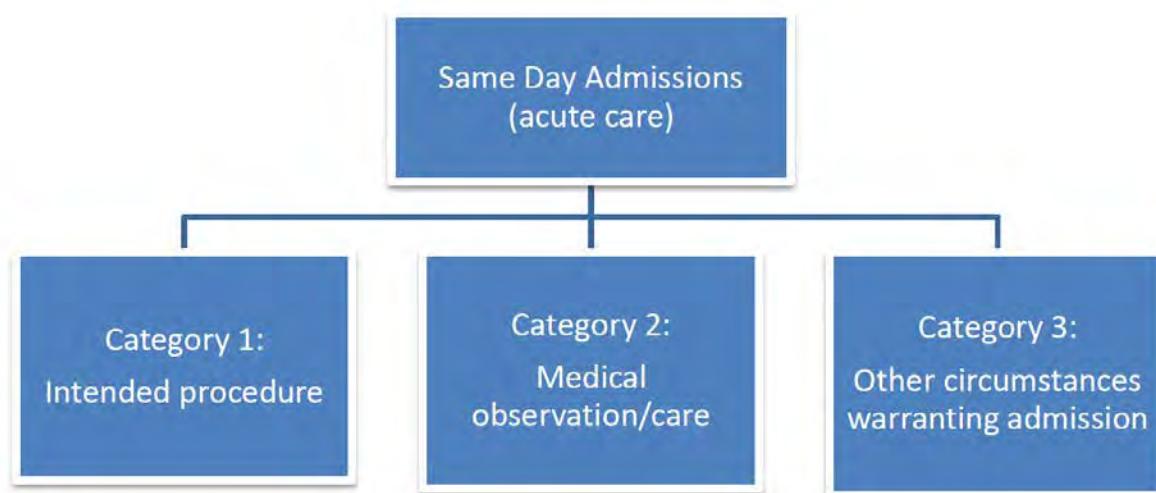
- severity of illness
- intensity of care required
- patient is aged nine days or less
- legal requirement to admit the patient
- other exceptional circumstances.

Ultimately, the decision to admit a patient is based on a clinical determination as to what is most appropriate for the patient.

2.2 Same Day Admissions (acute care)

Patients requiring same day **acute** care will fall into one of three categories (see Figure 1 below).

Figure 1 Same day acute care admission categories



Patients need to meet at least one of the criteria outlined in Sections 2.2.1 to 2.2.3 (below), to be considered appropriate for an acute¹ same day admission. Also refer to the Admission Decision Pathway (Figure 2) as a step by step guide to determine the appropriateness of an admission.

For information on admissions for Subacute same day episodes and Mental Health Day Programs refer to Section 7 in this document.¹

2.2.1 Category 1 – Same day intended procedure

The patient, following a clinical decision, is expected to be admitted with the primary intent of undergoing a planned procedure.

Where a patient is being admitted with the primary intent of undergoing a planned procedure, eligibility for a same day acute² admission may be guided by the [Recommended for Admission Procedures \(RAP\)](#) and the [Not Recommended for Admission Procedures \(N-RAP\)](#) lists³.

Patients undergoing at least one of the procedures from the RAP list may be eligible for admission as an acute¹ same day patient following a clinical decision.

¹ Same day admissions for non-acute care (i.e Maintenance care) are not considered appropriate.

² Note: patients undergoing ECT/TMS which is on the *Recommended for Admission Procedures list* may be admitted under the Mental Health care type.

³ The lists use the Australian Classification of Health Interventions (ACHI) procedure codes (11th Ed.) and were originally developed by the Victorian Department of Health & Human Services based on the MBS items listed in the Private Health Insurance (Benefit Requirements) Rules 2011.

The provision of a general, regional or intravenous (IV), and neuraxial anaesthetic (including sedation), in conjunction with ANY procedure (regardless of which list the procedure is on) may warrant the admission is appropriate (refer to [RAP list*](#) for eligible anaesthetics). For example, a patient requires a closed reduction of a fracture (this is a procedure on the [N-RAP list*](#)). Due to the nature of the injury a clinical decision is made to administer sedation to perform the procedure. The sedation procedure is on the RAP list. It would therefore be appropriate for the treating clinician to admit the patient.

*only accessible via the Queensland Health intranet.

2.2.2 Category 2 – Same day medical observation/care

The patient, following a clinical decision is expected to be admitted with the primary intent of receiving same day medical observation/care (without a procedure). This may be appropriate if the patient is undergoing continuous active management in an acute care setting including:

- regular observations or monitoring of vital or neurological signs on a repeated basis e.g. electrocardiography (note: blood pressure and or pulse monitoring is not a sufficient level of monitoring for this purpose)
- continuous or regular treatment by a clinician
- repeated and periodic diagnostic/investigative interventions.

The treating medical officer needs to document the reason for admission in the patient's medical record.

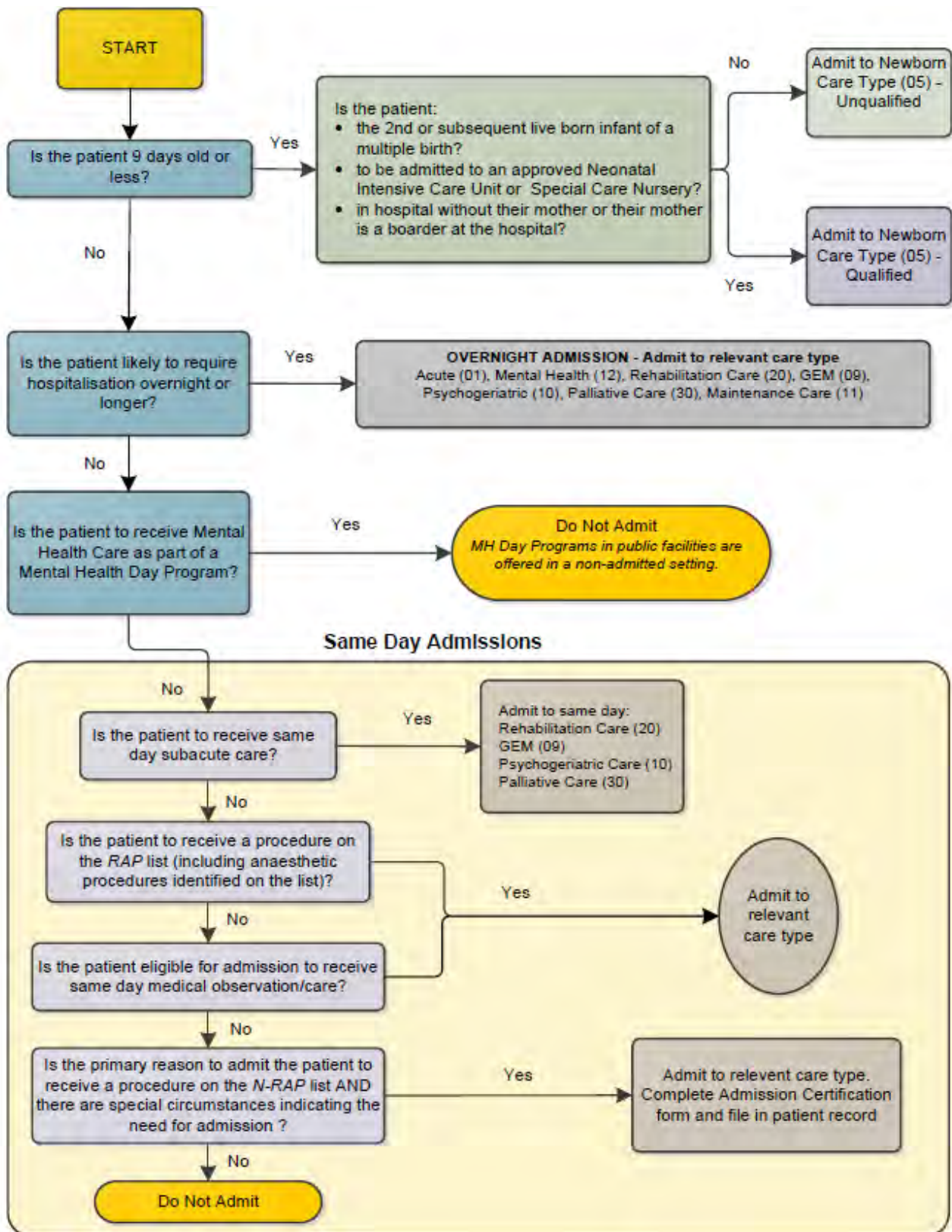
2.2.3 Category 3 – Other circumstances warranting same day admission

There may be circumstances where a patient requires an altered treatment/admission protocol for a procedure. For example, the patient is to receive a procedure on the N-RAP list however they may be elderly and require more intense post procedure monitoring/observation. Therefore, a decision is made to admit the patient for the procedure and subsequent monitoring. A Certificate for Admitted Patient Care must be completed by the treating doctor, or a suitably qualified nominee, and filed in the patient record See Appendix Three for further information.

2.3 Same Day Private Admissions

The conditions and requirements (including certification) for same day admissions for private patients in public hospitals are specified in the [Rules 2011](#). Certification for private patients is documented in the [National Private Patient Hospital Claim Form](#).

Figure 2 Admission decision pathway



3 Care Types

Care type refers to the nature of the clinical care provided to a patient during an episode of (admitted) care. The care types collected under the QHAPDC are outlined in Table 1. Please refer to the [Queensland Health Data Dictionary](#) for definitions of each care type.

Only one type of care can be assigned at a time. In cases where a patient is undergoing multiple types of care, the care type that best describes the primary clinical purpose or treatment goal should be assigned. As such, whilst there may be other comorbidities present it is the primary issue that guides the assignment of care type.

Table 1: Care Types

	Code	Care Type Description	
Admitted Care	01	Acute Care	<i>Collectively known as Sub Acute & Non-acute Patient (SNAP) Care</i>
	05	Newborn Care	
	09	<i>Geriatric evaluation and management</i>	
	11	<i>Maintenance Care</i>	
	20	<i>Rehabilitation care</i>	
	30	<i>Palliative care</i>	
	12	Mental Health care	
	06	Other admitted patient care ⁴	
Care other than Admitted care	07	Organ procurement	
	08	Boarder	

**Please note that the care type '07 – Organ Procurement' is not available in the Queensland Health patient administration system (HBCIS).*

4 Care Type Assignment

Care type is assigned as part of the patient admission process and recorded in the Patient Administration System (PAS) at the time of admission.

Allocation of care type is ultimately the decision of the clinician who is managing and delivering the care to the patient. Sometimes there will be cases where it may be difficult to determine what the care type should be. The following steps may assist this process:

Step 1

Determine the PRIMARY clinical purpose or treatment goal of the patient’s care. Whilst this may be impacted by comorbidities, it should not be governed by them.

⁴ Although ‘Other Admitted Patient Care’ exists within the reporting framework it should not be used except in exceptional circumstances.

Step 2

Read the care type definitions in the [Queensland Health Data Dictionary](#) and find the one that is most closely aligned with the primary clinical purpose and determine if there are any conditions that need to be met.

For example, rehabilitation care must:

- be delivered under the management of or informed by a clinician with specialised expertise in rehabilitation;
- include a formal assessment of function (Activity of Daily Living score); and
- be accompanied by a multi-disciplinary care plan that is documented in the patient record.

If these conditions cannot be met a rehabilitation care type should not be assigned.

Step 3

Ensure that any care type allocation is clearly documented in the patient's medical record. For further information and examples refer to Independent Hospital Pricing Authority (IHPA) document [Admitted Hospital Care Types: Guide for use](#).

5 Retrospective Care Type Changes

Care type should not be retrospectively changed in the PAS unless:

- it is for the correction of a data recording error, or
- the reason for the change is clearly documented in the patient's medical record and it has been approved by the hospital's Director of Clinical Services⁵ or equivalent.

6 Subacute same day episodes

Patients admitted for same day Rehabilitation Care, Palliative Care, Geriatric Evaluation and Management and Psychogeriatric Care must be provided care according to the definitions **for each care type** as described in the [Queensland Health Data Dictionary](#). There must be sufficient evidence documented in the patient record to justify the clinical determination that a same day subacute admission is required. Same day admissions for non-acute care (i.e. Maintenance care) are not considered appropriate. Appendix 1 contains further guidance on the provision of sub and non-acute care.

7 Mental Health Day Programs

Patients participating in a Mental Health Day Program in a public hospital are generally treated as non-admitted patients.

⁵ From [Admitted Hospital Care Types: Guide for use](#)

8 Cancellation of admissions

Cancellation of an admission in the PAS and omission from the QHAPDC may sometimes be appropriate for consistency and validity of reporting. Policies and processes for the cancellation of admissions in the PAS are generally at the discretion of the facility/Hospital and Health Service (HHS) however the following admissions should be reported despite the procedure subsequently being cancelled/unable to be performed:

- The procedure is minimally invasive in nature but has commenced e.g. for dialysis, infusion, transfusion.
- Anaesthesia has already been administered.
- The patient is already in the operating theatre or procedure room (endoscopy procedure room, cardiac catheterisation lab).
- The patient has received a pre-medication.

The reason for the procedure not being progressed must be clearly documented in the patient record.

9 Frequently Asked Questions

Q. Do all patients with private health insurance have to be admitted as private patients in public hospitals?

On admission to a public hospital, 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 Department of Veteran's Affairs patients, they should be assigned public status until such time as their status can be established.

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

Refer to the *RAP* and the *N-RAP* lists to guide acute same day admissions. Patients undergoing procedures on the *N-RAP* list should be treated on an outpatient basis unless there is a clinical decision/requirement to admit the patient (see Section 2.2.). Private patients in public hospitals are subject to the [Private Health Insurance \(Benefit Requirements\) Rules 2011](#).

Q. Should a person be admitted for procedures carried out in an Emergency Department (ED) if they satisfy the conditions for same day admission?

Only if there is a clinical decision to admit the patient. Patients undergoing complex procedures in the ED – such as those on the Recommended for Admission Procedure list - do not necessarily require admission.

Note: Only procedures performed after the admission date/time can be included in the admitted patient data set. If the procedure is performed prior to inpatient admission it cannot be coded and incorporated into the patient record.

See also: [Guideline for Inpatient Admission Facilitation](#) that describes the steps for the process of admitting patients to an inpatient unit (other than ED Short Stay Units) from the ED.

Q. 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?

The recommended practice is to consider this as an outpatient occasion of service, **unless** there are exceptional circumstances requiring admission e.g. patients travelling long distances to attend the procedure. The reasons for early admission must be documented in the patient record.

Q. What about patients admitted for routine management of their diabetes. The patient may receive several procedures on the N-RAP list (including allied health interventions) that could take several hours.

If the care planned for the patient does not meet the criteria for admission to receive *Same Day Medical Observation/Care* however there is a clinical decision that the patient would be more appropriately treated if admitted, a Certificate for Admitted Patient Care is to be completed and filed in the patient record. Consideration may also be made with regard to treating similar patients in an outpatient setting.

Q. Should a person who has been transported to another hospital be admitted via the ED?

Point 3.1.5 in the [Guideline for Inpatient Admission Facilitation](#) states: *Stable Inter Hospital Transfer (IHT) patients shall be transported directly to an available inpatient bed unless they have an agreed clinical requirement for ED treatment or have deteriorated in transit, necessitating ED intervention.*

Q. What admission time should be reported for patients being admitted from the ED?

The QHAPDC Manual states: *The admission time is the time at which a medical practitioner makes the decision that the patient should be admitted, noting that this may not be the time the patient arrived at the facility.*

Example: If a patient arrives at the Emergency Department at 7 pm and at 11 pm the treating medical practitioner decides that the patient requires admission to the hospital, the admission time for the acute episode of care will be 11 pm.

Q. What care type should be assigned to a patient requiring Electroconvulsive Therapy: Mental Health or Acute?

Assignment of the Mental Health care type should be according to the definitions provided in the [Queensland Health Data Dictionary](#) and not the procedure/treatment intended for the patient. Therefore, care type assignment will be dependent on the PRIMARY clinical purpose or treatment goal of the patient's care.

Appendix 1 - Notes on Sub and Non-Acute Patient care

Subacute care comprises the following admitted Care Types:

- Rehabilitation Care
- Palliative Care
- Psychogeriatric Care
- Geriatric Evaluation and Management (GEM)

Non-acute Care:

- Maintenance Care

As specified in the definitions for each subacute care type, care is to be delivered under the management of or informed by a clinician with specialised expertise in that particular area.

A 'clinician' with specialised expertise can be a medical, nursing or allied health professional with recognised clinical skills in the specific area. These skills may be obtained via a specialist qualification, advanced training, relevant and peer recognised clinical experience⁶.

Subacute care may be co-ordinated/provided by a multi-disciplinary team that may or may not be directly assigned to the ward but may work across a facility or facilities.

The admitting medical officer is ultimately responsible for the patient and needs to be sufficiently sure of the following:

- the patient requires subacute care and the care is not simply to move the patient out of acute care
- care provided will be delivered by clinician/clinicians with suitable expertise (as outlined above)
- care provided meets the definitions outlined in the [Queensland Health Data Dictionary](#) including:
 - existence of Multi-Disciplinary Care Plan documented in the patient record
 - negotiated goals within indicative time frames
 - formal assessment of functional ability

Maintenance Care (non-acute care) does not require care to be delivered by or informed by a clinician with specialist expertise. A multi-disciplinary care plan is not required however Maintenance Care patients should undergo a functional assessment.

Subacute and non-acute care does not necessarily need to be provided in designated units. As such the location of the patient is not pertinent to the assignment of a subacute or non-acute care type.

⁶ Adapted from: Sub-Acute Care Type Policy Guidance, NSW Agency for Clinical Innovation.

Changing from Acute to Sub or Non-Acute Care

A change of care type from acute to sub or non-acute should only occur when the following conditions are met:

- The patient is deemed to be medically stable.
- The undergoing medical officer/physician is ready to take responsibility for the patient.
- Care according to the definitions is able to be delivered.

In some instances when the patient is medically stable but is temporarily unable to participate in a rehabilitation program, assignment to the maintenance care (non-acute) type until the patient is able to commence a rehabilitation program may be necessary.

The following example is contained in the [IHPA Admitted Hospital Care Types - Guide for Use](#):

An 86-year-old female, who lives at home alone has had a fall and fractured her left and right humerus. After a week, the patient is deemed to be stable. The rehabilitation team review her and document that she will be accepted into a rehabilitation program once she has use (either partly or completely) of at least one of her arms. Her orthopaedic team anticipate that this may take up to three to four weeks.

Decision: Once the patient has been deemed stable by her medical team, the patient should be transferred from an acute care type to a maintenance care type until she can participate in rehabilitation.

Rationale: Once her medical team have determined that she is stable, the primary purpose of the treatment changes from management of her injuries to be supportive until she can participate in her rehabilitation program⁷.

Note: patients can be directly admitted to sub or non-acute care. There is no requirement for the patient to receive acute care prior to the SNAP admission.

Subacute patients undergoing same day interventions

Patients, who receive acute same day interventions such as dialysis, during the course of a subacute episode of care do not change care type. Instead, procedure codes for the acute same day intervention(s) and an additional diagnosis (if relevant) should be added to the record of the subacute episode of care.

To further clarify, if the intervention or procedure is ancillary to the admission and does not change the PRIMARY clinical purpose or treatment goal of the patient's care (that is the receipt of subacute care), then the care type should not change.

Additional Information

For further information on subacute and non-acute care data entry please refer to the [Sub and non-acute Patient Data Entry Guidelines](#).

⁷ Independent Hospital Pricing Authority Admitted Hospital Care Types. Guide for Use. Commonwealth of Australia. 2015

Appendix 2 – Development of the Recommended for Admission Procedures (RAP) and Not Recommended for Admission Procedures (N-RAP) lists

The lists were originally developed by the Victorian Department of Health and Human Services via the following process⁸:

1. Procedures listed in the [Private Health Insurance \(Benefit Requirements\) Rules 2011](#) as Type B, Surgical and Advanced Surgical, were 'mapped' from MBS codes to the relevant ACHI codes to form the admitted patient code list.
2. ACHI codes that were not already captured and designated as 'operating room' procedure codes in either Version 5 or Version 6 AR-DRGs were added to this list.
3. Any remaining ACHI code not included on the admitted list at the end of this process was placed on the non-admitted list.
4. Each ACHI code is allocated to one or the other of these lists and together covers all ACHI codes.
5. Further development of the lists involved feedback from health services (including coders and clinicians) and departmental representatives.

Further review and development of the lists was undertaken by the Queensland Health Statistical Services Branch Coding Consistency Special Interest Group and the Data Quality Improvement Working Group. Input was also obtained from the Clinical Coding Authority of Queensland.

The lists will be reviewed annually in alignment with the review of the QHAPDC Manual. If HHSs consider that one or more procedures require in-year review the Healthcare Purchasing and Funding Branch PFB will consider submissions. Please email submissions to HPFP-FCPM@health.qld.gov.au

⁸ Source: [Victorian Hospital Admission Policy Fact Sheet: 2015-16](#)

Appendix 3 – Certificate for Admitted Patient Care

A Certificate for Admitted Patient Care is to be completed and placed in the patient record for all same day admissions where certification has been indicated (see flow chart).

An example form has been provided on the following page and an [editable PDF form](#) is available on QHEPs.

Please note: In the event that the treating practitioner is not available to provide certification, a professional employed by the hospital and is suitably qualified and been nominated to do so, may provide certification for the admission. There is still a requirement for the hospital representative to consult and obtain ratification from the treating practitioner of the need for admitted patient care.



Queensland Health

Certificate for Admitted Patient Care

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F

Facility:.....

This form is to be completed for patient's requiring admitted care for a procedure(s) identified in the not recommended for admission list due to the patient's (current) condition or other special circumstances.

Date of admission: [/ /]

Due to exceptional condition(s) or circumstance(s), this patient will require admission for the following procedure:

Procedure description:	ACHI Code (if known):
------------------------	-----------------------

I certify that the level of care required justifies admission as an inpatient. The details of the exceptional condition(s) or circumstance(s) are as follows:

[Large empty box for details of exceptional condition(s) or circumstance(s)]

Name of treating medical officer (please print):

[Empty box for name of treating medical officer]

Name of authorised hospital health professional* (where applicable)

[Empty box for name of authorised hospital health professional]

Date and time of consultation certifying need for admitted patient hospital care:

[/ /] : [] (24hr time)

Signature of treating medical officer (or authorised hospital health professional where applicable)

[Empty box for signature]

Date

[/ /]

*Certification may be provided by a professional employed by the hospital who is suitably qualified to do so. (This applies only in the event that the treating practitioner is not physically available to certify the certificate. There is still a requirement for the hospital representative to consult and obtain ratification from the treating practitioner of the need for admitted patient care.

DO NOT WRITE IN THIS BINDING MARGIN

CERTIFICATE FOR ADMITTED PATIENT CARE