

Aged Care - Information Management Requirements/Residential Clients Accommodated/Federal Funded Beds

Document Number PD2005_357

Publication date 27-Jan-2005

Functional Sub group Corporate Administration - Fees
Clinical/ Patient Services - Information and data

Summary Information management requirements for residential aged care clients accommodated in Federal funded beds - public facilities - from 1 July 2004.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals

Distributed to Public Health System, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals

Review date 27-Jan-2010

Policy Manual Not applicable

File No. 00/2957

Previous reference 2004/29

Issue date 18-Jun-2004

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

File No	00/2957
Circular No	2004/29
Issued	18 June 2004
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**INFORMATION MANAGEMENT REQUIREMENTS FOR
RESIDENTIAL AGED CARE CLIENTS
ACCOMMODATED IN FEDERAL FUNDED BEDS –
PUBLIC FACILITIES - FROM 1 JULY 2004**

This circular supersedes 2000/94

1. Purpose

- 1.1 This circular sets NSW Health information management policy for clients who are accommodated in Federal Government funded residential aged care beds in public hospitals, Multi Purpose Services and Public Nursing Homes from 1 July 2004. This circular supersedes Circular 2000/94.

2. Audience

- 2.1 It is essential that this circular be distributed to all staff involved in collecting and supplying data at facilities that are directly funded (partly or fully) by the Federal Government for the provision of Residential Aged Care services. These include:

- Admissions Staff
- Medical Records Staff
- Patient Administration System Administrators
- Residential Aged Care Collection Coordinators
- DOHRS Collection Coordinators,
- Inpatient Statistics Collection Coordinators, and
- Health Information Exchange Coordinators

Distributed in accordance with circular list(s):

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

3. Definition of Federal Funded Residential Aged Care Activity

3.1 The policy described in this circular applies to facilities that receive direct Federal funding for activity provided in Residential Aged Care beds. These facilities may be a:

- Federal Approved Multi Purpose Service, or
- Public Nursing Home, or
- Residential Aged Hostel, or
- Selected General Hospital.

3.2 Within those facilities, the policy described in this circular only applies to Federal funded Residential Aged Care clients. These clients are those persons who:

- are in receipt of Hostel Care (Low Care), Nursing Home Care (High Care), or Respite care; AND
- have been identified as requiring residential aged care (high or low) either through ACAT approval; AND
- are accommodated in (or eligible to be charged a daily accommodation fee for) either:
 - a bed in a public nursing home or residential aged care hostel; OR
 - a bed (regardless of its usual designation) in a Multi Purpose Service; OR
 - a designated Federal funded residential aged care bed in a general hospital.

4. Criteria for Transition from Admitted Patient Care to Residential Aged Care

4.1 Where a client is being accommodated in a Multi Purpose Service and the appropriate type of care for the client is believed to be residential aged care, for the days the client is not covered by ACAT approval for accommodation in a Federal Government funded residential aged care bed, the client:

- should not be reported, or charged, as a Federal Funded Residential Aged Care client under the Residential Aged Care Facility Code;
- should be classified and reported as an admitted patient under the Admitted Patient Facility Code, with a Service Category of "Maintenance Care";
- must elect to be treated as either a public or private admitted patient;
- qualifies for the first 35 days exemption from any client contribution accommodation charge if the client has elected to be treated as a public patient (in line with the standard rules for admitted patients);

- should be classified as a “nursing home type” patient and charged the “nursing home type” patient accommodation contribution rate once the standard criteria for classifying an admitted patient as a “nursing home type” patient has been met.

- 4.2 Where the appropriate type of care is believed to be residential aged care, an ACAT assessment should be conducted as soon as possible to determine the appropriate type of care for the patient.
- 4.3 When ACAT approval has been provided, clients in an admitted patient setting who are classified as “Maintenance Care” patients, should be formally discharged as an admitted patient, registered as a Residential Aged Care client, and charged the appropriate Residential Aged Care accommodation rate from the date accommodation in the Federal Funded Residential Aged Care Bed commences. For Multi Purpose Services, the date of formal discharge as an admitted patient (and registration as a Residential Aged Care client) should be the date of ACAT approval, regardless of the usual designation of the bed the client is being accommodated in. For other facilities, the date of formal discharge as an admitted patient (and registration as a Residential Aged Care client) should be the date a Federal Government Funded Residential Aged Care bed becomes available and the patient is moved into that bed.

5. Cessation of Previous NSW Health Department Reporting Requirements

- 5.1 From 1 July 2004, it is no longer a NSW Health Department reporting requirement to complete:
- the NSW Health Department Residential Aged Care Collection paper form (as previously prescribed in Circular 2000/94), OR
 - the spreadsheet of the Resident Classification Scale for each calendar day by client.
- 5.2 A facility may choose to continue to complete the above forms to meet local reporting requirements.
- 5.3 The reporting requirements of other agencies, including the Federal Department of Health and Aging, continue (as specified by those other agencies).
- 5.4 The reporting requirements of other NSW Health Department data collections continues.

6. Recording of Activity on Patient Administration Systems

- 6.1 While this circular ends the previous reporting requirements for Federal Government funded residential aged care activity at the unit record level, the reporting requirements are currently under review and a replacement minimum data set for reporting in an electronic format will be announced in a later circular. In addition, Federal Government

funded residential aged care facilities have local operational requirements for registering, billing and administering clients.

- 6.2 For the reasons outlined above, sites with Federal Government funded residential aged care activity should continue to record residential aged care activity on their patient administration system, if this is an existing practice. Any activity recorded on a patient administration system will continue to be reported to the Health Information Exchange and thus be available for analysis and reporting.
- 6.3 Where Federal Government funded residential aged care activity is recorded on a patient administration system, it is important that the activity is clearly identified as non-admitted community residential aged care activity. This means the activity should be reported under a separate facility code to admitted patient activity, so the residential aged care activity can be easily excluded. Despite having two facility codes, both facility codes should be built under the same patient registration module (patient master index) to ensure the patient has the same local Medical Record Number in both settings within the same facility.
- 6.4 To ensure the activity can be clearly identified, any record that is recorded on a patient administration system for a Federal funded residential aged care client must also have the following values recorded:
- Service Category must be either “6 – Other Care”
 - Collaborative Care Status must be set to “R – Community Residential”
 - Bed Type must be either:
 - 14 – Residential Aged Care – High (Nursing Home)
 - 23 – Residential Aged Care – Low (Hostel)
 - 51 - Federal Residential Aged Care Respite – High
 - 52 - Federal Residential Aged Care Respite – Low
 - Master Financial Class must be “AC”

7. Recording of Aged Care Residents who require Admitted Patient Care

- 7.1 Clients who are registered on a patient administration system in a Federal Government funded Residential Aged Care beds, and who are determined to require admitted patient care, should remain attached to their residential aged care bed under the residential aged care facility code throughout the admitted patient episode. This applies if the admitted patient service is delivered to the patient’s usual residential bed, or is delivered in a different bed (either at the same facility or at a different facility).
- 7.2 Where admitted patient service is provided to clients in their usual residential aged care bed, the system administrator must establish the bed twice in the patient administration system – once as a residential aged care bed under the Residential Aged Care facility code, and once as a “virtual” admitted patient bed under the admitted patient facility code.

7.3 HOSPAS and WinPAS allow the patient to be attached to both an admitted patient bed (under an admitted patient facility code) and a Federal Funded Residential Aged Care bed (under a residential aged care facility code) if the “Collaborative Care Status” field is set to “R” in the Residential Aged Care facility record, and a different value (e.g. “0 – Direct Admitted Patient Service”) in the admitted patient facility record. Other patient administration systems use slightly different methods (such as collaborative care leave) to allow the patient to be attached to two beds simultaneously. This means a “formal discharge” transaction from the residential aged care facility is not required in order for the patient to be admitted under an admitted patient facility code that shares the same Patient Master Index. To ensure correct billing during absences, sites using HOSPAS and WinPAS should not place patients on leave from their residential aged care bed.

8. Rules for Newly Established Multi Purpose Services

8.1 When a public hospital converts to a Federal Government approved Multi Purpose Service, all nursing home type patients with a Service Category of “Maintenance Care” and current ACAT approval must be formally discharged under the admitted patient facility code, effective at 23:59 of the day prior to commencement of the Multi Purpose Service status. Those discharged records must be coded and reported as admitted patient activity under the admitted patient facility reporting code.

8.2 If the facility wishes to continue to manage their residential aged care activity using their patient administration system the following must occur:

- a new facility must be established in the patient administration system under the same patient master index (contact the NSW Health Department’s Metadata Manager to obtain the new facility code), and
- the AHS HIE Coordinator must be advised of the new facility code so that extract loading to the HIE can be organised, if the AHS wants the activity available for analysis and reporting in the HIE, and
- all beds/wards used to accommodate residential aged care clients must be built under the new facility code with an assigned Bed Type of either:
 - 14 – Residential Aged Care – High (Nursing Home)
 - 23 – Residential Aged Care – Low (Hostel)
 - 51 - Federal Residential Aged Care Respite – High
 - 52 - Federal Residential Aged Care Respite – Low

8.3 The following are recommendations for patient administration system administrators, for establishing wards/beds within the residential aged care facility:

- For HOSPAS sites, create four wards:
 - “High Care” – Map to Bed Type 14
 - “Low Care” – Map to Bed Type 23
 - “Respite High” – Map to Bed Type 51

- “Respite Low” – Map to Bed Type 52
- Within each ward, establish the maximum number of beds that may be required for that level/type of care. This means the same physical bed may be set up multiple times, once under each type of ward.
- For sites using other patient administration systems, either:
 - Option 1:
 - Create two wards: one called “High Care” and one called “Low Care”
 - Within each ward, establish the maximum number of beds that may be required for that level and type of care (permanent of respite).
 - In the “High Care” ward, map the permanent high care beds to Bed Type 14 and respite high care beds to Bed Type 51.
 - In the “Low Care” ward, map the permanent high care beds to Bed Type 23 and respite high care beds to Bed Type 52.
 - Option 2:
 - Create one ward:
 - Within each ward establish the maximum number of beds that may be required for that level and type of care (permanent of respite). Label each bed clearly such that the user can easily identify which bed is designated to high care permanent, high care respite, low care permanent, low care respite.
 - Map each bed to the appropriate Bed Type.
- For iPM (I-soft) and HNA Millennium (Cerner) sites, do not show any Service Category other than “6 – Other Care” (or “0 – Boarder” activity if relevant) under the Facility established for the Federal Government funded Residential Aged Care activity.

8.4 There is no requirement to enter clinical coding for residential aged care activity. However, if the system forces the user to code, “R54” may be entered as the mandatory principal diagnosis.

Robyn Kruk
Director-General