

## Transitional Behavioural Assessment & Intervention Service (T-BASIS) Units reporting rules - 1/7/07

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

**Summary** This Policy Directive outlines the reporting rules for Transitional Behavioural Assessment & Intervention Service (T-BASIS) Units effective from 1 July 2007.

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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, Affiliated Health Organisations - Declared, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals

**Audience** Medical Records staff, PAS managers, Information Systems Department staff

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

**Review date** 03-Aug-2012

**Policy Manual** Not applicable

**File No.** H06/5412

**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This Policy Directive may be varied, withdrawn or replaced at any time.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.

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## **REPORTING RULES FOR TRANSITIONAL BEHAVIOURAL ASSESSMENT & INTERVENTION SERVICE (T-BASIS) UNITS EFFECTIVE FROM 1 JULY 2007**

### **1. Introduction**

This Policy Directive outlines the reporting rules for the Transitional Behavioural Assessment & Intervention Service (T-BASIS) Units, for implementation from 1 July 2007.

This policy directive should be distributed to all staff involved in the maintenance of inpatient Patient Administration Systems (PAS). This includes those who develop and manage the statewide PAS, and those who manage the PAS at the hospitals (e.g. Medical Records staff, PAS managers and Information Systems Department staff).

### **2. Purpose**

Following a review of existing Confused and Disturbed Elderly (CADE) Units throughout NSW, it has been decided that as of 1 July 2007, all CADE Units will be reclassified as inpatient T-BASIS Units under the Mental Health financial program 3.1.

Accurate monitoring of inpatient activity and resources (Beds) for all of the components of the Mental Health Program requires the accurate mapping in Patient Administration Systems (PAS) of Bed Type, Financial Program, Financial Sub Program, Service Category and Days In a Designated Psychiatric Unit.

This is particularly critical in terms of available bed numbers, which are a constant subject of Parliamentary questions and ministerial briefings.

Correct inpatient service classification is essential for the monitoring of type of mental health care that the patient is receiving during their stay in hospital. It allows the Mental Health and Drug & Alcohol Office to monitor bed numbers and activity for specialist wards in psychiatric and general hospitals, and provides the ability to monitor client level inpatient activity by a variety of bed/unit types.

Consequently, a revision of the reporting rules and reporting requirements that outlines the impact upon data collections and Patient Administration Systems has been provided, for implementation into the hospital PAS and the Health Information Exchange (HIE).

### **3. T-BASIS Unit Attributes**

3.1 Whilst in the past CADE Units and beds were reported principally under the Rehabilitation & Extended Care Program (PPDC 4.1, DOHRS Program 9), T-BASIS units are all reported under the Mental Health Program (PPDC 3.1, DOHRS Program 8).

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- 3.2 The Mental Health Subprogram for these units is Older Person (PPDC .03.1, DOHRS Subprogram D).
- 3.3 Previously, a CADE bed was considered to be a Residential Aged Care bed, not an admitted patient bed, and ward transfers were prohibited. As of 1 July 2007, T-BASIS Units are classified as non-acute mental health inpatient beds, and are to be treated as any other non-acute mental health bed type. Patients can be admitted, transferred and discharged from these beds in the usual manner.
- 3.4 As T-BASIS Units are now non-acute mental health inpatient units, they must be treated and mapped as a ward of the relevant hospital that it is associated with. Whilst most former CADE units were co-located with a hospital, for those that were stand alone CADE units, these must be administratively attached to the nearest appropriate hospital as a ward of that hospital.
- 3.5 The CADE Service Category rule is no longer relevant. For T-BASIS units, the Service Category is to be 2 – Rehabilitation Care.
- 3.6 T-BASIS Units will use the existing bed type of 05 – Psychiatric Rehabilitation to identify them within the PAS and the HIE. The current CADE bed type codes of 09 - Confused and Disturbed Elderly (CADE) – Non-Psychiatric, and 24 - Confused and Disturbed Elderly (CADE) – Psychiatric are to be expired and no longer used.
- 3.7 T-BASIS beds may not be used for ‘overflow patients’. Days spent in this type of bed are counted as “Days in a Designated Psychiatric Unit”.
- 3.8 The Institution Type for these units is ‘G – General Hospital’.

#### **4. List of T-BASIS Units**

- 4.1 The following is a list of the existing T-BASIS Units that will be operating as at 1 July 2007:
  - a) Hilltop Lodge – Tamworth
  - b) Riverview Lodge – Wingham
  - c) Yathong Lodge – Wagga Wagga
  - d) Rupertswood – Mt. Druitt
  - e) Terilba – Long Jetty
  - f) Giles Court – Goulburn
  - g) Lynford Lodge – Dundas (Lottie Stewart)

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- 4.2 It is proposed that these T-BASIS units will become inpatient wards of the following hospitals:
- a) Hilltop Lodge – **Tamworth Base Hospital (J216)**
  - b) Riverview Lodge – **Wingham & District War Memorial Hospital (J226)**
  - c) Yathong Lodge – **Wagga Wagga Base Hospital (R219)**
  - d) Rupertswood – **Mt Druitt Hospital (D218)**
  - e) Terilba (Long Jetty) – **Long Jetty Healthcare Centre (B204)**
  - f) Giles Court – **Bourke Street Health Service (N216)**
  - g) Lynford Lodge – **Lottie Stewart Hospital - Hospital unit (D217)**

## 5. Type Change Instructions

- 5.1 Where a patient is transferred from an acute mental health inpatient unit to a T-BASIS unit (or visa versa), this requires a change in Service Category, from '1 – Acute Care' to '2 – Rehabilitation Care', or visa versa.
- 5.2 Where this has occurred, this is a new episode of care. Therefore the patient **MUST** be statistically separated and readmitted within the PAS. The rules for this are described within the Admitted Patient Data Dictionary (<http://internal.health.nsw.gov.au/im/ims/ap/ap-data-dictionary-current-public.html>), and must be complied with for all hospitals with multiple mental health inpatient units.

## 6. Further information

For further information about this Policy Directive, contact:

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