

Collaborative Care Business Rules

Version 1.3

Introduction

Overview This document describes the admitted patient reporting requirements for collaborative care – that is continuous care provided by two facilities.

Intended audience This document is intended to be used by suppliers of data to the admitted patient data collection. Such staff may include:

- Admission clerks
 - Ward clerks/nurses
 - Medical Record Managers
 - Clinical Coders
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Contents This document contains the following content areas.

Step	Action
1	Collaborative/Contract Care Reporting
2	Community Residential & Aged Care Reporting

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Collaborative Care Reporting Scenarios

Introduction This section describes the work practices required for reporting continuous admitted patient activity that is delivered by two facilities either under a collaborative care (includes contract) arrangement between two public hospitals, or between a public hospital and a private hospital or private day procedure centre.

Scenarios This document provides detailed reporting instructions for all scenarios for reporting admitted patient care provided under a collaborative care arrangement.

No	Scenario
Care by two Public Facilities	
1	Hospital A (Same Day/Overnight) to Hospital B (Overnight)
2	Hospital A (Same Day/Overnight) to Hospital B (Intended Overnight, but ultimately a Same Day and Discharge Home from Hospital B)
3	Hospital A (Same Day/Overnight) to Hospital B (Intended Overnight, but ultimately a Same Day and Return to Hospital A)
4	Hospital A (Same Day/Overnight) to Hospital B (Same Day) then Discharge Home
5	Hospital A (Same Day/Overnight) to Hospital B (Same Day) then Transfer back to Hospital A
6	Hospital A (Same Day/Overnight) to Hospital B (Intended Sameday, but ultimately an Overnight Stay)
Public Hospital A to Private Hospital B	
7	Public Hospital A to Private Hospital B then Discharge Home
8	Public Hospital A to Private Hospital B then Transfer back to Public Hospital A
9	Full Service from Private Hospital B
10	Private Hospital B to Public Hospital A
11	Planned Full Service from Private Hospital B but Unplanned Transfer to Public Hospital A
Admitted at One Facility & Non-Admitted at Another Facility	
12	Admitted Patient at Hospital A and Non-Admitted at Facility B
Residential Aged Care to Other Facility	
13	Admitted Patient & Permanent Residential Client Care
14	Admitted Patient & Respite Residential Client Care

Note: “Private Hospital B” includes both Private Hospitals and Private Day Procedure Centres.

Continued on next page

Collaborative Care Reporting Scenarios, Continued

System Set up

To support the reporting requirements described in this document, sites must set up the patient administration system with a “virtual” Collaborative Care ward and map the ward/beds to a Collaborative Care “Bed/Unit Type”.

The Collaborative Care “Bed/Unit Type” categories as follows:

Bed/Unit Type Category	Use For
29 – Collaborative Care Provider: Acute	Collaborative Care Activity to be reported under Program 5 – Acute
30 – Collaborative Care Provider: Drug & Alcohol	Collaborative Care Activity to be reported under Program 2 –
32 – Collaborative Care Provider: Mental Health	Collaborative Care Activity to be reported under Program 8 – Mental Health

Extra Detail

To track patient movements, and support local analysis of the different contracts sites can establish a separate virtual collaborative care ward for each facility and/or contracted service.

- **Example 1:** Hospital A has a collaborative Care arrangement with Private Hospital X and Public Hospital Y for different admitted patient services. Hospital A sets up one virtual “Collaborative Care” ward for Private Hospital X, and another virtual “Collaborative Care” ward for Public Hospital Y.
- **Example 2:** Hospital A has a collaborative care arrangement with Public Hospital X for Renal Dialysis and another arrangement for Chemotherapy. Hospital A sets up one virtual “Collaborative Care” ward for “Hospital X Renal Dialysis” and another for “Hospital Y Chemotherapy”.

1. Public A (S/D or O/N) to Public B (O/N)

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Public Hospital A) for a same day or overnight service, and
 - transferred and admitted to another public hospital (Public Hospital B) for an overnight service.
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Reporting for Hospital A

- At the time of arrival to Hospital A, formally admit the patient into a physical bed in a ward at Hospital A.
 - Set the “Collaborative Care Status” to “0 – Direct Service provided by this Facility” as this scenario is not a collaborative care service.
 - At the time the patient is transferred to Public Hospital B, discharge the patient from Hospital A.
 - Set the “Mode of Separation” to “Transferred to Another Facility” and report the facility code of Hospital B as the “Facility Transferred to”.
 - For clinical coding, code all diagnoses, and all procedures performed at Hospital A only.
 - Report the all procedures performed at Hospital A with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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Reporting for Hospital B

- At the time of arrival to Hospital B, formally admit the patient into a physical bed in a ward at Hospital B.
 - Set the “Collaborative Care Status” to “0 – Direct Service provided by this Facility” as this scenario is not a collaborative care service.
 - Set “Source of Referral” to “Referred From another Facility” and report the facility code of Hospital A as the “Facility Referred From”.
 - When the overnight service is completed, discharge the patient.
 - For clinical coding, code all relevant diagnoses, and all procedures performed at Hospital B only.
 - Report the all procedures performed at Hospital B with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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2. Public A (S/D or O/N) to intended Public B (O/N) but ultimately discharged home on transfer day

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Hospital A), and
- transferred and admitted to another public hospital (Hospital B) for an intended overnight service, and
- ultimately the patient was discharged home from Hospital B on the same calendar day the patient was transferred to Hospital B.

Note: This correction scenario assumes that Hospital A and B have followed the instructions for Scenario 1 (an admission to Public Hospital B for an overnight service).

Reporting for Hospital A

- Delete the Discharge transaction.
 - Delete the “Facility Transferred To”, “Referred to on Separation”, “Mode of Separation” and “Facility Transferred To” codes.
 - Update the “Collaborative Care Status” to “5 – Part Care Obtained from Another Public Facility”
 - Enter the facility code of the facility that performed the same day service (Hospital B) in the “Collaborative Care Facility” field.
 - Transfer the patient to a virtual “Collaborative Care” bed/ward, with an effective date/time set to the time the patient was transferred to Hospital B. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
 - At the time the patient was discharged from Hospital B, discharge the patient at Hospital A, and set the “Mode of Separation” field and “Referred to on Separation” field the same as Hospital B’s values.
 - For clinical coding, code all diagnoses, and all procedures performed at both facilities.
 - Report the same day procedures performed at Hospital B with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at Hospital A with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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Public A (S/D or O/N) to intended Public B (O/N) but ultimately discharged home on transfer day, Continued

Reporting for Hospital B

- Update the “Collaborative Care Status” to “7 – Part Care Provided to a Public Facility”.
 - Set the “Collaborative Care Facility” code to the facility code of Hospital A.
 - Set the “Procedure Location” for each Procedure to “5 - This Facility on behalf of a Public Hospital”.
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3. Public A (S/D or O/N) to intended Public B (O/N) but ultimately transferred back to Public A on transfer day

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Hospital A), and
- transferred and admitted to another public hospital (Hospital B) for an intended overnight service, and
- ultimately the patient was transferred back to Hospital A on the same calendar day the patient was transferred to Hospital B.

Note: This correction scenario assumes that Hospital A and B have followed the instructions for either Scenario 1 (an admission to Public Hospital B for an overnight service).

Reporting for Hospital A

- Delete the Discharge transaction.
 - Delete the “Facility Transferred To”, “Referred to on Separation”, “Mode of Separation” and “Facility Transferred To” codes.
 - Update the “Collaborative Care Status” to “5 – Part Care Obtained from Another Public Facility”
 - Enter the facility code of the facility that performed the same day service (Hospital B) in the “Collaborative Care Facility” field.
 - Transfer the patient to a virtual “Collaborative Care” bed/ward, with an effective date/time set to the time the patient was transferred to Hospital B. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
 - Transfer the patient to a physical bed effective at the time the patient is transferred back to Hospital A.
 - For clinical coding, code all diagnoses, and all procedures performed at both facilities.
 - Report the same day procedures performed at Hospital B with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at Hospital A with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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Public A (S/D or O/N) to intended Public B (O/N) but ultimately transferred back to Public A on transfer day,

Continued

Reporting for Hospital B

- Update the “Collaborative Care Status” to “7 – Part Care Provided to a Public Facility”.
 - Set the “Collaborative Care Facility” code to the facility code of Hospital A.
 - Set the “Mode of Separation” to “Transferred to Other Facility”
 - Report the facility code of Hospital A as the “Facility Transferred To”.
 - Set the “Referred to on Separation” to “Other”.
 - Set the “Procedure Location” for each Procedure to “5 - This Facility on behalf of a Public Hospital”.
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4. Public A – Public B (S/D) – Discharge Home

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Hospital A), and
 - transferred and admitted to another public hospital (Hospital B) for a same day service, and
 - is discharged from Hospital B and does not return to the first public hospital (Hospital A)
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Reporting for Hospital A

- At the time of arrival to Hospital A, formally admit the patient into a physical bed in a ward at Hospital A.
- If, at the time of admission, if it is not known that the patient will receive a same day service at another public facility, set the “Collaborative Care Status” to “0 – Direct Service provided by this Facility”.
- At the time it is known that the patient will receive a same day service at another public hospital:
 - set (or update) the “Collaborative Care Status” to “5 – Part Care Obtained from Another Public Facility”, and
 - enter the facility code of the facility that will perform the same day service (Hospital B) in the “Collaborative Care Facility” field.
- At the time the patient is transferred to Public Hospital B, transfer the patient to a virtual “Collaborative Care” bed/ward. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
- At the time the patient is discharged from Hospital B, discharge the patient at Hospital A, and set the “Mode of Separation”, and “Referred to on Separation” to the same “Mode of Separation” as set by Hospital B.
- For clinical coding, code all diagnoses, and all procedures performed at both facilities.
- Report the same day procedures performed at Hospital B with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at Hospital A with a “Procedure Location” of “1 – This Facility as a direct service”.

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Public A – Public B (S/D) – Discharge Home, Continued

Reporting For Hospital B

- At the time of arrival to Hospital B, formally admit the patient into a physical bed in a ward at Hospital B.
- Set the “Collaborative Care Status” to “7 – Part Care Provided to Another Public Facility”.
- Set “Source of Referral” to “Referred From another Facility”.
- Enter the facility code of the facility that requested the same day service (Hospital A) in the “Collaborative Care Facility” field, and the “Facility Referred From” field.
- When the same day service is completed, discharge the patient.
- If the patient is sent directly home, set the “Mode of Separation” to “Discharged by Hospital”.
- For clinical coding, code all relevant diagnoses, and all same day procedures performed at Hospital B only.
- Report the same day procedures performed at Hospital B with a “Procedure Location” of “5 – This Facility on behalf of a Public Hospital”.
- Notify Hospital A of the “Mode of Separation”, “Referred to on Separation”, and “Procedures” performed at Hospital B.

Billing

For private patients, Public Hospital A should bill the patient or health fund for the entire service. Local arrangements should be established to deal with distribution of private patient income between hospitals participating in multi facility care service arrangements.

5. Public A – Public B (S/D) – Public A

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Public Hospital A) for a same day or overnight service, and
 - transferred and admitted to another public hospital (Public Hospital B) for a same day service, and
 - return to the first public hospital (Public Hospital A) for a continuation of the service.
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Reporting for Hospital A

- At the time of arrival to Hospital A, formally admit the patient into a physical bed in a ward at Hospital A.
- If, at the time of admission, if it is not known that the patient will receive a sameday at another public facility, set the “Collaborative Care Status” to “0 – Direct Service provided by this Facility”.
- At the time it is known that the patient will receive a same day service at another public hospital:
 - set the “Collaborative Care Status” to “5 – Part Care Obtained from Another Public Facility”, and
 - enter the facility code of the facility that will perform the sameday service (Hospital B) in the “Collaborative Care Facility” field.

If it is known there will be a sameday service provided to the patient by another facility at the time of formal admission, enter this information during the admission process.

- At the time the patient is transferred to Public Hospital B, transfer the patient to a virtual “Collaborative Care” bed/ward. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
- At the time the patient returns from Hospital B, transfer the patient out of the virtual “Collaborative Care” bed/ward, and into a physical bed/ward in Hospital A.
- For clinical coding, code all diagnoses, and all procedures performed at both facilities.
- Report the sameday procedures performed at Hospital B with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at Hospital A with a “Procedure Location” of “1 – This Facility as a direct service”.

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Public A – Public B (S/D) – Public A, Continued

Reporting For Hospital B

- At the time of arrival to Hospital B, formally admit the patient into a physical bed in a ward at Hospital B.
- Set the “Collaborative Care Status” to “7 – Part Care Provided to Another Public Facility”
- Set “Source of Referral” to “Referred From another Facility”
- Enter the facility code of the facility that requested the same day service (Hospital A) in the “Collaborative Care Facility” field, and the “Facility Referred From” field.
- When the same day service is completed, discharge the patient.
- Set “Mode of Separation” to “Transferred to Another Facility”
- Set “Referred to on Separation” to “Other”
- Enter the facility code of the facility that requested the same day service (Hospital A) in the “Facility Transferred To” field.
- For clinical coding, code all relevant diagnoses, and all same day procedures performed at Hospital B only.
- Report the same day procedures performed at Hospital B with a “Procedure Location” of “5 – This Facility on behalf of a Public Hospital”.
- Notify Hospital A of the “Mode of Separation”, “Source of Referral”, and “Procedures” performed at Hospital B.

Billing

For private patients, Public Hospital A should bill the patient or health fund for the entire service. Local arrangements should be established to deal with distribution of private patient income between hospitals participating in multi facility care service arrangements.

6. Public A – Intended Same Day at Public B – Ultimately Public B Overnight

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Hospital A), and
- transferred and admitted to another public hospital (Hospital B) for an intended same day service, and
- ultimately the patient stayed overnight at Hospital B.

Note: This correction scenario assumes that Hospital A has followed the instructions for either Scenario 4 or Scenario 5 (an admission to Public Hospital B for a same day service).

Reporting for Hospital A

- Delete the transfer to “Collaborative Care” Ward/Bed.
- Update the “Collaborative Care Status” to “0 – Direct Service provided by this Facility”.
- Remove the “Collaborative Care Facility” code.
- Discharge the patient effective at the date/time the patient was transferred to Hospital B.
- Set the “Mode of Separation” to “Transfer to Other Facility”
- Report the facility code of Hospital B as the “Facility Transferred To”
- Set “Referred to on Separation” to “Other”.
- Set the discharge date/time to the date/time the patient was transferred to Hospital B.
- Code only the relevant diagnoses and procedures performed at Hospital A, and set each “Procedure Location” code to “1 – This Facility as a Direct Service”.

Note: Hospital A bills for the patient days at Hospital A only.

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Public A – Intended Same Day at Public B – Ultimately Public B Overnight, Continued

Reporting for Hospital B

- Update the “Collaborative Care Status” to “0 – Direct Single provided by this Facility Care”.
- Remove the facility code of Hospital A from the “Collaborative Care Facility” field.
- For clinical coding, code all diagnoses, and all procedures performed at Hospital B only. Report procedures performed at Hospital B with a Procedure Location of “1 – This Facility as a Direct Service”.

Note: Hospital B bills for the patient days at Hospital B only.

7. Public Hospital A to Private Hospital B then Discharge Home

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Hospital A), and then
 - transferred and admitted to a private hospital or day procedure centre (Hospital B) for a same day or overnight contracted service, then discharged home.
-

Reporting for Hospital A

- At the time of arrival to public Hospital A, formally admit the patient into a physical bed in a ward at Hospital A.
- If, at the time of admission, if it is not known that the patient will receive a contracted admitted patient service at a private facility, set the “Collaborative Care Status” to “0 – Direct Service provided by this Facility”.
- At the time it is known that the patient will receive a contracted admitted patient service at a private facility:
 - set (or update) the “Collaborative Care Status” to “4 – Part Care Purchased from a Private Facility”, and
 - enter the facility code of the private facility that will perform the contracted service (Hospital B) in the “Collaborative Care Facility” field.
- At the time the patient is transferred to the contracted private facility (Hospital B), transfer the patient to a virtual “Collaborative Care” bed/ward. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
- At the time the patient is discharged from the contracted private facility (Hospital B), discharge the patient at public Hospital A, and set the “Mode of Separation”, and “Referred to on Separation” to the same “Mode of Separation” as set by the contracted private facility (Hospital B).
- For clinical coding, code all diagnoses, and all procedures performed at both facilities.
- Report the procedures performed at the private contracted facility (Hospital B) with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at public Hospital A with a “Procedure Location” of “1 – This Facility as a Direct Service”.



8. Public Hospital A to Private Hospital B then Return to Public Hospital A

Scenario Description

This is the reporting scenario for patients who are:

- admitted to a public hospital (Hospital A), and then
 - transferred and admitted to a private hospital or day procedure centre (Hospital B) for a same day or overnight contracted service, and then
 - transferred back to the public hospital (Hospital A) for on-going admitted patient care.
-

Reporting for Hospital A

- At the time of arrival to public Hospital A, formally admit the patient into a physical bed in a ward at public Hospital A.
- If, at the time of admission, if it is not known that the patient will receive a contracted admitted patient service at a private facility, set the “Collaborative Care Status” to “0 – Direct Service provided by this Facility”.
- At the time it is known that the patient will receive a contracted admitted patient service at a private facility:
 - set (or update) the “Collaborative Care Status” to “4 – Part Care Purchased from a Private Facility”, and
 - enter the facility code of the private facility that will perform the contracted service (Hospital B) in the “Collaborative Care Facility” field.
- At the time the patient is transferred to the contracted private facility (Hospital B), transfer the patient to a virtual “Collaborative Care” bed/ward.
- At the time the patient returns from the private contracted facility (Hospital B), transfer the patient out of the virtual “Collaborative Care” bed/ward, and into a physical bed/ward in public Hospital A.
- For clinical coding, code all diagnoses, and all procedures performed at both facilities.
- Report the same day procedures performed at the private contracted facility (Hospital B) with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at Public Hospital A with a “Procedure Location” of “1 – This Facility as a Direct Service”.



9. Full Service from Private Hospital B

Scenario Description

This is the reporting scenario for patients who are:

- admitted directly to a private hospital or private day procedure centre for a contracted full admitted patient service, and then
- discharged home.

Note: This scenario excludes activity with Hawkesbury and Port Macquarie.

Reporting for Hospital A

- For patients that do not require care within 24 hours of diagnosis, create a wait list booking on the public hospital waiting list.
 - Formally admit the patient at the public hospital that has purchased the contracted service (Hospital A), effective at the time patient was formally admitted to the private hospital or private day procedure centre. The patient must be admitted directly to a virtual “Collaborative Care” bed/ward.
 - Set the “Collaborative Care Status” to “3 – Full Care Purchased from a Private Facility”
 - Enter the facility code of the private facility that will perform the contracted service (Hospital B) in the “Collaborative Care Facility” field. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
 - At the time the patient is formally discharged home from the private contracted facility (Hospital B), formally discharge the patient from public Hospital A.
 - For clinical coding, code all diagnoses, and all procedures performed at both the private facility (Hospital B). Report all procedures with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”.
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10. Private Hospital B to Public Hospital A

Scenario Description

This is the reporting scenario for patients who are:

- admitted directly to a private hospital or private day procedure centre for a contracted full admitted patient service, and then
- transferred to the purchasing public hospital for on-going care.

Note: This scenario excludes activity with Hawkesbury and Port Macquarie.

Reporting for Hospital A

- For patients that do not require care within 24 hours of diagnosis, create a wait list booking on the public hospital waiting list.
 - Formally admit the patient at the public hospital that has purchased the contracted service (Hospital A), effective at the time patient was formally admitted to the private hospital or private day procedure centre. The patient must be admitted directly to a virtual “Collaborative Care” bed/ward.
 - Set the “Collaborative Care Status” to “4 – Part Care Purchased from a Private Facility”
 - Enter the facility code of the private facility that is performing the contracted service (Hospital B) in the “Collaborative Care Facility” field. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
 - At the time the patient is transferred to the purchasing public hospital (Hospital A) transfer the patient into a physical ward/bed in public Hospital A.
 - For clinical coding, code all diagnoses, and all procedures performed at both the contracted private facility (Hospital B) and the public facility (Hospital A).
 - Report all procedures performed at the contracted private facility (Hospital B) with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at the public hospital (Hospital A) with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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11. Planned Full Service from Private Hospital B but Unplanned Transfer to Public Hospital A

Scenario Description

This is the reporting scenario for patients who are:

- admitted directly to a private hospital or private day procedure centre for a contracted full admitted patient service, and then
- rather than being discharged home as planned, are transferred to Public Hospital A.

Note: This scenario excludes activity with Hawkesbury and Port Macquarie.

Reporting for Hospital A - Initially

INITIALLY

- For patients that do not require care within 24 hours of diagnosis, create a wait list booking on the public hospital waiting list.
 - Formally admit the patient at the public hospital that has purchased the contracted service (Hospital A), effective at the time patient was formally admitted to the private hospital or private day procedure centre. The patient must be admitted directly to a virtual “Collaborative Care” bed/ward.
 - Set the “Collaborative Care Status” to “3 – Full Care Purchased from a Private Facility”
 - Enter the facility code of the private facility that will perform the contracted service (Hospital B) in the “Collaborative Care Facility” field. The virtual “Collaborative Care” bed/ward must be mapped to a “Bed/Unit Type” of “29”, “30” or “32” (depending on Financial Program).
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Planned Full Service from Private Hospital B but Unplanned Transfer to Public Hospital A, Continued

Reporting for Hospital A – Post Transfer

AFTER NOTIFICATION OF TRANSFER TO HOSPITAL A

- At the time the patient is transferred to the purchasing public hospital (Hospital A) transfer the patient into a physical ward/bed in public Hospital A.
 - Update the “Collaborative Care Status” to “4 – Part Care Purchased from a Private Facility”
 - For clinical coding, code all diagnoses, and all procedures performed at both the contracted private facility (Hospital B) and the public facility (Hospital A).
 - Report all procedures performed at the contracted private facility (Hospital B) with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”, and all procedures performed at the public hospital (Hospital A) with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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12. Admitted at Hospital A & Non-Admitted at Hospital B

Scenario Description

This is the reporting scenario for patients who are:

- admitted to any public or private hospital (Hospital A) for a same day or overnight service, and
 - temporarily transferred to another facility for a same-day non-admitted patient service, and
 - transferred back to Hospital A for a continuation of admitted patient care.
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Reporting for Hospital A

- At the time of arrival to Hospital A, formally admit the patient into a physical bed in a ward at Hospital A.
 - Set the “Collaborative Care Status” to “0 – Direct Service provided by this Facility” as this scenario is not a collaborative care service.
 - At the time the patient is transferred to another facility for a same-day non-admitted patient service, place the patient on leave at Hospital A using the leave functionality.
 - At the time the patient returns to Hospital A, end the leave period.
 - For clinical coding, code all diagnoses, and all procedures performed at Hospital A – all of these procedures must have a “Procedure Location” of “1 – This Facility as a Direct Service”.
 - For clinical coding, code all procedures performed at the other facility on a non-admitted patient basis – all of these procedures must have a “Procedure Location” of “3 – Other Facility as a Non-admitted Patient”.
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Reporting for Facility B

The non-admitted patient service provided by Facility B must be reported as non-admitted patient activity. The activity will be reported as either:

- a non-admitted patient occasion of service, OR
- a private referral.

Note: See DOHRS glossary for further information about reporting this activity to the non-admitted patient DOHRS collection.

13. Admitted Patient & Permanent Residential Client Care

Scenario Description

This is the reporting scenario for patients who are:

- Permanent residents (i.e. not Respite patients) at a community residential or residential aged care facility (public nursing home or Multi Purpose Service), and
 - Admitted to an admitted patient bed at a public hospital (or Multi Purpose Service).
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Reporting for Admitted Patient Facility

- At the time of arrival, formally admit the patient under the admitting facility code and into an admitted patient bed.
 - If the residential client does remain in their residential bed, and provided with the admitted patient service in that bed, the patient must still be admitted under the admitting facility code (and also remain admitted under the residential facility code). In effect, in this scenario a bed day is counted twice for the same physical bed – once under the admitting facility code and once under the residential facility code.
 - Set the “Collaborative Care Status” to “0 – Full Care Provided by this Facility”.
 - Report “Source of Referral” as “Residential Aged Care Facility” and “Facility Referred From” as the Facility Code of the Community Residential or Residential Aged Care Facility, even if the patient is admitted via the Emergency Department.
 - If the patient is to return to the residential facility for ongoing residential care, report the “Mode of Separation” as “Discharged Home” and the “Facility Transferred To” as the facility code of the residential facility the patient is returning to.
 - For clinical coding, code all diagnoses, and all procedures performed at both the admitting facility only. Report all procedures with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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Admitted Patient & Permanent Residential Client Care,

Continued

Reporting for Community Residential Facility

- All permanent residents at a community residential or residential aged care facility (public nursing home or Multi Purpose Service) must have the “Collaborative Care Status” of “R – Residential Aged Care” and the “Service Category” as “6 – Other Care” by default. These settings must never be changed for records under the residential facility code.
 - Patient remains admitted to the community residential or residential aged care facility at all times. The leave functionality must not be used under the residential aged care facility as all days count as patient days.
 - If there is a local requirement to track that a patient is not physically in the residential aged care facility, virtual leave wards should be established. If the facility provides high care, there will need to be one virtual leave ward (“High Care Leave”) mapped to “Bed/Unit Type” of “14”. If the facility provides low care, there will need to be one virtual leave ward (“Low Care Leave”) mapped to the “Bed/Unit Type” of “23”. The client should be transferred into the virtual ward that is mapped to the same level of care as their usual physical ward.
 - “Collaborative Care” bed/ward (established under the community residential or residential aged care facility code) while the client is in receipt of admitted patient care. This will ensure patient days are counted.
 - There is no requirement to enter clinical coding for records under residential facility reporting codes.
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14. Admitted Patient & Respite Residential Client Care

Scenario Description

This is the reporting scenario for patients who are:

- Respite clients at a community residential or residential aged care facility (public nursing home or Multi Purpose Service), and
 - Admitted to an admitted patient bed at a public hospital (or Multi Purpose Service).
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Reporting for Admitted Patient Facility

- At the time of arrival, formally admit the patient under the admitting facility code and into an admitted patient bed.
 - If the residential client does remain in their residential bed, and provided with the admitted patient service in that bed, the patient must still be admitted under the admitting facility code (and also remain admitted under the residential facility code). In effect, in this scenario a bed day is counted twice for the same physical bed – once under the admitting facility code and once under the residential facility code.
 - Set the “Collaborative Care Status” to “0 – Full Care Provided by this Facility”.
 - Report “Source of Referral” as “Residential Aged Care Facility” and “Facility Referred From” as the Facility Code of the Community Residential or Residential Aged Care Facility, even if the patient is admitted via the Emergency Department.
 - If the patient is to return to the residential facility for ongoing residential care, report the “Mode of Separation” as “Discharged Home” and the “Facility Transferred To” as the facility code of the residential facility the patient is returning to.
 - For clinical coding, code all diagnoses, and all procedures performed at both the admitting facility only. Report all procedures with a “Procedure Location” of “1 – This Facility as a Direct Service”.
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Admitted Patient & Respite Residential Client Care, Continued

Reporting for Community Residential Facility

- All permanent residents at a community residential or residential aged care facility (public nursing home or Multi Purpose Service) must have the “Collaborative Care Status” of “R – Residential Aged Care” and the “Service Category” as “6 – Other Care” by default. These settings must never be changed for records under the residential facility code.
 - Patient remains admitted to the community residential or residential aged care facility at all times. The leave functionality must not be used under the residential aged care facility as all days count as patient days.
 - If there is a local requirement to track that a patient is not physically in the residential aged care facility, virtual leave wards should be established. If the facility provides high care, there will need to be one virtual leave ward (“High Care Leave”) mapped to “Bed/Unit Type” of “14”. If the facility provides low care, there will need to be one virtual leave ward (“Low Care Leave”) mapped to the “Bed/Unit Type” of “23”. The client should be transferred into the virtual ward that is mapped to the same level of care as their usual physical ward.
 - “Collaborative Care” bed/ward (established under the community residential or residential aged care facility code) while the client is in receipt of admitted patient care. This will ensure patient days are counted.
 - There is no requirement to enter clinical coding for records under residential facility reporting codes.
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