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| Victorian Admitted Episodes Dataset: Criteria for Reporting |
| Effective 1 July 2023 |
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# Introduction

The Victorian Admitted Episodes Dataset: Criteria for Reporting document provides guidelines to enable health services to distinguish between admitted and non-admitted patient episodes for data reporting.

Admission follows a clinical decision that the treatment required cannot be delivered as a non-admitted service and that a patient requires same-day or overnight [or multi-day] care or treatment. To be reported to the Victorian Admitted Episodes Dataset (VAED) patient episodes of care must meet one of the Criteria for Admission outlined in this document irrespective of the clinical team or unit that provides the service. Patients not meeting any of these criteria are classified as non-admitted patients and data for these encounters should not be reported to the VAED.

This document should be read in conjunction with the VAED manual for the current year, together with any subsequent HDSS Bulletins which defines concepts, data fields and business rules relevant for reporting to the dataset: [VAED manual](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset)

<https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>

Adherence to these guidelines will be routinely monitored by the Department of Health and will be the subject of regular audits conducted by the Health Data Integrity Unit.

This document takes priority over all other documents outlining admitted patients reporting related concepts and issues.

This document is effective for patients admitted on and from 1 July 2023 and replaces the Victorian Admitted Episodes Dataset: Criteria for Reporting document effective 1 July 2022.

This document applies to public hospitals and all health services registered under the *Health Services (Health Service Establishments) Regulations 2013.*

## Scope

The scope of this document is restricted to activity that is reported to the department for inclusion in the VAED. In addition to in-hospital episodes of care it includes:

* episodes of care that include accommodation type 4 ‘In the Home’ i.e. both acute episodes and subacute episodes delivered in the home
* episodes of care that include accommodation type 7 Ward Based/Medi-Hotel combination
* Leave with permission days that occur when an overnight or multi-day patient leaves the episode of care temporarily, with the approval of the hospital and/or treating medical practitioner, with the intention that the patient will return within seven days to continue the current treatment.

The following are excluded from the scope of this document and must not be reported to the VAED:

* Episodes of care delivered entirely in the Emergency Department (ED) or the Urgent Care Centre (UCC) including those where:
  + the patient received a minimum of four hours of continuous active management
  + it was expected that the patient would require overnight care in this or another hospital
  + the patient required a procedure on the "Day-only Automatically Admitted Procedures" or the "Day-only Not Automatically Qualified Procedures" lists
  + the patient is a newborn.
* Episodes of care delivered in outpatient clinics including where the patient required a procedure on the "Day-only Automatically Admitted Procedures" or the "Day-only Not Automatically Qualified Procedures" lists
* Care delivered in the home that does not meet criteria for admission

Care provided in an ED, an UCC or an outpatient clinic, prior to admission is not considered part of the admitted episode of care. See VAED manual, Section 3, Admission Time for further information.

The department recognises that there is potential for private hospitals to enter into agreements with payers outside the criteria provided in this document; however, the Victorian Admitted Episodes Dataset: Criteria for Reporting provides the basis of their VAED reporting obligations.

## Admitted Patient

There are nine Criteria for Admission (CFA) used for reporting to VAED:

K Posthumous Organ Procurement

N Qualified newborn

U Unqualified newborn

O Patient expected to require hospitalisation for minimum of one night

B Day-only Automatically Admitted Procedures

C Day-only Not Automatically Qualified Procedures

X ED Short Stay Unit

E Day-only Extended Medical Treatment

S Secondary family member

An admitted patient, for VAED purposes, is defined as a patient who:

* meets at least one of the CFA and,
* undergoes the hospital admission process.

Non-admitted services provided to a patient who is subsequently classified as an admitted patient shall not be regarded as part of the admitted episode.

## Non-Admitted Patient

Non-admitted patient episodes must not be reported to the VAED, regardless of how the person is recorded on the service's software system, and regardless of any private billing arrangements.

Non-admitted patients include, but are not limited to:

* patients who meet none of the Criteria for Admission
* patients who have not undergone the hospital admission process
* patients who are treated entirely in a designated ED or UCC (including newborns)
* patients attending an outpatient clinic
* patients presenting for pre-admission work-up/testing, including attendance at a pre-admission clinic
* patients attending on a same day basis for a procedure on the Not Automatically Qualified for Admission List (NAQAL), without patient specific justification for admission documented by the treating medical practitioner in the medical record
* babies who are stillborn or show no sign of life at birth (refer to the definition of Live Birth in Section 2 of the VAED manual).

## General Guidelines

The CFA reflect the intended level of treatment that the patient is to receive and that this level of treatment cannot be delivered as a non-admitted service. The health service accepts responsibility for the patient’s care and/or treatment from the time of admission until separation when the admitted episode of care ceases.

The appropriate Criterion for Admission is determined at the point of admission for all criteria except for CFA E Day-only Extended Medical Treatment, which is determined retrospectively, and does not change even if the patient's circumstances change. Refer to Appendix A, Other change to planned treatment, for more information.

Health Services are responsible for ensuring that appropriate procedures and records are maintained to facilitate accurate reporting, and to justify the reporting of the episode to the VAED. The list of criteria for admission in the document is comprehensive – there are no other criteria for admission.

Under these criteria, the fact that a procedure is undertaken in a procedure room does not justify reporting of the episode to the VAED. Similarly, the fact that the hospital is an exclusive provider of a service does not justify reporting of the episode to the VAED.

## Procedure code lists

Australian Classification of Health Interventions (ACHI) codes have been allocated to the lists described below. The Automatically Admitted Procedure List (AAPL) and the Not Automatically Qualified for Admission List (NAQAL) do not cover all ACHI codes. The lists are used in the definition of same day patients being reported under CFA B and C only - see details later in this document.

### Automatically Admitted Procedure List

The AAPL contains a list of Twelfth Edition ACHI codes relating to a range of procedural and surgical interventions. Patients receiving at least one of the interventions listed on the AAPL are eligible to be reported to the VAED.

Patients due to receive a procedure on the AAPL, who are intended to be treated on a day-only basis should be admitted under CFA B Day-only automatically admitted procedure.

Patients who are intended to be treated on an overnight or multi-day basis should be admitted as CFA O expected to require admission for a minimum of one night.

### Not Automatically Qualified for Admission List

The NAQAL contains a list of Twelfth Edition ACHI codes that relate to a range of procedures. Patients who only receive a procedure or procedures on this list will be either:

* treated on a non-admitted basis
* reported under CFA E, X, N, U, O or K, if the patient's episode of care meets the relevant criteria
* reported as CFA C where there are special circumstances relating to that patient that justify the care being provided on a same day admitted basis, and these circumstances are documented in the patient record by the treating clinician at the time of admission.

# Changes from 2022-23 Victorian Admitted Episodes Dataset: Criteria for Reporting

The following revisions to the Victorian Admitted Episodes Dataset: Criteria for Reporting document are in place from 1 July 2023:

* Addition of a sentence in the Introduction to clarify that admission follows a clinical decision that the treatment required cannot be delivered as a non-admitted service and that a patient requires same-day or overnight [or multi-day] care or treatment
* Addition of a dot point in the Scope to clarify that leave with permission days activity is reported to the department for inclusion in the VAED
* Amendment to the first paragraph of the General guidelines to clarify that the intended level of treatment for which a patient is admitted cannot be delivered as a non-admitted service
* Additional information (including examples) added to the Admitted Care in the home section to further clarify what constitutes admitted care in the home
* Clarification that Clinical trial episodes must fulfil the same CFA as any other admitted patient
* Clarification that further Early Parenting Centres (EPC) will become operational throughout 2023‑25
* Rewording of answer to last question related to Criteria for Admission N: Qualified Newborn in Appendix A Additional information, to clarify when a newborn in HITH is considered to be in hospital without its mother
* Movement of ACHI code 36800-01 [1090] from the NAQAL to the AAPL to correct an oversight in the VAED Criteria for Reporting 2022-23 procedure codes lists
* AAPL and NAQAL lists will no longer be published on the HDSS website in accordance with Independent Health and Aged Care Pricing Authority (IHACPA) jurisdictional licence agreements and will be available on request
* Procedure codes not included in the AAPL or NAQAL previously Appendix B have become a list (in addition to the AAPL and NAQAL lists) and also available on request.

# Determining Criterion for Admission – at a glance

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| --- | --- |
| Description | Criterion for admission |
| The patient has been declared brain dead but human tissue is being procured in this episode for transplantation. | K: Posthumous Organ Procurement |
| The patient is nine days old or less at the time of admission and is:   * Admitted to a designated Neonatal Intensive Care Unit or a designated Special Care Nursery, or * Is the second or subsequent live born of a multiple birth, or * Continues their episode of care after their mother is separated from hospital or commences an admitted episode of care without their mother. | N: Qualified Newborn |
| The patient is nine days old or less at the time of admission but does not meet any of the criterion for N. | U: Unqualified Newborn |
| The patient is expected to require overnight or multi-day hospitalisation. | O: Patient expected to require hospitalisation for minimum of one night |
| The patient, as a day patient, with the intention to receive at least one procedure listed on the AAPL. | B: Day-only Automatically Admitted Procedures |
| The patient as a day patient, with the intention to receive a procedure listed on the NAQAL because they have **specific circumstances** that require the treatment to be administered in an inpatient setting. | C: Day-only Not Automatically Qualified Procedures |
| The patient is transferred *from an ED or UCC* to an ED SSU and has a clearly documented clinical assessment, management and discharge plan as mandated in the ED Short Stay Units Guidelines 2017. | X: ED Short Stay Unit |
| The patient has received a minimum of four hours of continuous active management, in a ward other than an ED SSU, consisting of regular observations or continuous monitoring with no intention for overnight or multi-day admission. | E: Day-only Extended Medical Treatment |
| The patient is accompanying an admitted patient in an Early Parenting Centre and does not meet any other CFA. | S: Secondary Family Member |

# Criteria for Admission

## K: Posthumous Organ Procurement

A person who has been declared brain dead but from whom human tissue is being procured in this episode for transplantation.

These episodes are required to be reported to the VAED although the activity is not regarded as care or treatment of an admitted patient.

## N: Qualified Newborn

The patient is nine days old or less at the time of admission and meets at least one of the following criteria:

* admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for the provision of special care in designated Neonatal Intensive Care Units (NICUs) and designated Special Care Nurseries (SCNs), or
* is the second or subsequent live born of a multiple birth, or
* remains in hospital after their mother is separated from hospital or is admitted to hospital without their mother.

These criteria are determined by the Commonwealth Department of Health via the Australian Institute of Health and Welfare (AIHW) and can be referenced on the AIHW METeOR website.

All babies born in hospital and transferred to a ward are admitted patients (AIHW METeOR website).

Newborns 'rooming in' with the mother cannot be considered to be admitted without the mother (VAED manual, Section 4. Newborn Reporting)). Transfer from in-hospital stay to home delivered care does not justify a change from unqualified to qualified status (VAED manual, Section 3, Qualification Status).

## U: Unqualified Newborn

The patient is nine days old or less at the time of admission but does not meet any of the criterion for N.

* Unqualified newborns who are still in the hospital when they turn 10 days old and are not receiving clinical care become boarders, and because boarders are not reported to the VAED, they must be separated.
* Public hospitals are expected to admit all unqualified newborns.
* These criteria are determined by the Commonwealth Department of Health via the Australian Institute of Health and Welfare (AIHW) and can be referenced on the AIHW METeOR website.

All babies born in hospital and transferred to a ward are admitted patients (AIHW METeOR website).

## O: Patient expected to require hospitalisation for a minimum of one night

The patient is expected to require overnight or multi-day hospitalisation. CFA O should be used where there is an expectation that the patient will require ongoing admitted care.

CFA O includes patients who present to an ED or UCC, are transferred to a ward or intensive care unit, but die within a few hours, where the treatment plan initially included an expectation that they would require hospitalisation for a minimum of one night.

CFA O excludes:

* patients who present to and die within the emergency department or urgent care centre within a few hours, despite resuscitative treatment. Even though their treatment plan initially included an expectation that they would require hospitalisation for a minimum of one night, these patients receive all of their care in the ED or UCC and are therefore non-admitted patients
* patients who present to an emergency department or urgent care centre and are transferred from the ED or UCC to another hospital where the intention is that they will require hospitalisation for a minimum of one night (these are non-admitted patients)
* patients who are admitted to the ED SSU and subsequently transferred to another ward in the hospital (these are reported as CFA X)
* patients whose treatment is expected to be concluded on the same day
* patients whose care is provided over more than one date (for example, a patient presenting at 11pm and departing at 2am), but for whom the intention is not for ongoing overnight care.

## B: Day-only Automatically Admitted Procedures

To meet CFA B, it must be the intention that the patient will:

* receive at least one procedure listed on the AAPL; AND
* receive treatment on a day-only basis.

CFA B admissions must be reported to the VAED with either a procedure code from the AAPL or a treatment cancellation diagnosis code (Z53x Persons encountering health services for specific procedures, not carried out).

An episode with a cancelled procedure that does not require a Z53x code may also be reported in accordance with the examples in Appendix A – cancelled treatment. It is expected the number of these episodes will be very low. Throughout the year the department will monitor the number of episodes that do not have a procedure on the AAPL and do not have a diagnosis code of Z53x.

See Appendix A, Cancelled treatment, for more information about cancellation of treatment.

A patient receiving a procedure listed on the AAPL, but expected to require treatment on an overnight or multi-day stay basis, should be admitted as CFA O.

## C: Day-only Not Automatically Qualified Procedures

The NAQAL identifies procedures that would normally be undertaken on a non-admitted basis and therefore not normally reported to the VAED.

To meet CFA C, a patient must:

* receive a procedure on the NAQAL; AND
* be intended to be treated on a day-only basis; AND
* have their specific special circumstances documented in the medical record by the treating doctor at the time of admission to provide evidence that the admission is justified.

CFA C admissions must be reported to the VAED with either a procedure code from the NAQAL or the treatment cancellation diagnosis code (Z53x Persons encountering health services for specific procedures, not carried out). See Appendix A, Cancelled treatment, for more information about cancellation of treatment.

The fact that the hospital is an exclusive provider of a service does not justify reporting of the patient under CFA C.

Blanket statements or stamps relating to the nature of the service are not appropriate documentation to support reporting of an episode under CFA C. Each patient's specific circumstances must be documented.

Audits of medical records may be conducted for the purpose of ensuring that documentation is provided that justifies the treatment of such patients in an admitted patient setting and is specific to the individual patient.

A patient who does not undergo a procedure listed on the NAQAL cannot meet CFA C (unless the planned procedure is cancelled).

A patient who is intended to receive a procedure on the NAQAL as part of an overnight or multi-day stay should be admitted as CFA O.

## X: ED Short Stay Unit

Criteria for Admission X must be reported where a patient is transferred from an ED or UCC to an ED SSU and has a clearly documented clinical assessment, management and discharge plan as mandated in the following ED Short Stay Units Guidelines 2017

#### Procedure for admitting a patient to ED short stay unit

*The procedure for admitting an ED patient to the short stay unit should include:*

* *approval from Emergency Doctor or delegate*
* *an appropriate clinical assessment and management plan which includes the applicable medical history, examination findings, provisional and differential diagnoses, a management plan and any outstanding results to be followed up*
* *clinical hand over of the patient to short stay unit staff including outstanding results or reviews required and subsequent management plan.*

#### On discharge from ED short stay unit

*Discharge of patients from the ED short stay unit will be to home or usual residence, inpatient unit (including Hospital in the Home) or another hospital. The hospital should implement a local discharge policy. A discharge summary must be completed for all patients leaving ED short stay unit. An ED discharge letter fulfils this requirement.*

*Note:*

*The ED short stay unit should not be used to board those patients who are known or expected to be admitted to an in-patient ward from the ED whilst waiting for that bed to become available.*

CFA X includes:

* patients who are accommodated in the ED SSU for a period that crosses midnight (these patients are not reported as CFA O)
* patients who receive a procedure on the AAPL whilst in the ED SSU (these should not be reported as CFA B).

CFA X excludes:

* patients who are transferred from the ED or UCC to an assessment unit e.g. Rapid Chest Pain Assessment Unit, Psychiatric Assessment and Planning Unit (these patients should be reported under CFA E)
* patients who receive their entire care within a designated ED or UCC (these are non-admitted patients)
* patients who are transferred from the ED or UCC to the ED SSU to await transport but with no documented clinical assessment, management and discharge plan (these are non-admitted patients)
* patients who are transferred from the ED or UCC to the ED SSU but have no documented treatment plan (these are non-admitted patients)
* patients who are transferred from the ED or UCC to the ED SSU but have no evidence of treatment being administered (these are non-admitted patients)
* patients for whom there is a plan to transfer to the ED SSU, but the transfer never occurs.

## E: Day-only Extended Medical Treatment

Criteria for Admission E is reported where a patient receives a minimum of four hours of continuous active management, in a ward other than an ED SSU, consisting of regular observations (which may include diagnostic or investigative procedures) or continuous monitoring.

CFA E includes patients who are transferred from an ED or UCC to an assessment unit such as Rapid Chest Pain Assessment Unit, Psychiatric Assessment and Planning Unit etc.

CFA E excludes:

* patients who receive their entire care within a designated ED or UCC (these are non-admitted patients)
* patients who are transferred from the ED or UCC to the ED SSU (these are reported under CFA X Short Stay Unit).

When determining a patient's eligibility to be reported as CFA E, the following definitions of regular observations and continuous monitoring must be considered.

### Regular observations

Regular observations should be in line with appropriate clinical practice, and could include:

* observations of vital or neurological signs provided on a repeated and periodic basis during the patient's treatment
* observations noted and documented at even intervals throughout the patient's treatment, or observations that become more or less frequent over the course of the treatment, depending on the needs of the patient
* provision of repeated and periodic diagnostic or investigative procedures or provision of treatment
* observations noted and documented of treatment administered and 'observed' by a clinician. Where such treatment is noted in the record, it is assumed to be a proxy for formal observations.

Hospitals are encouraged to develop their own guidelines as to what constitutes regular observations. These guidelines should be consistent with established clinical pathways, protocols or accepted clinical practice.

### Continuous monitoring

Continuous monitoring may include:

* continual monitoring via ECG or similar technologies
* one-on-one continual supervision and monitoring of a patient by a clinician.

Continual blood pressure and/or pulse monitoring is not considered a sufficient level of continual monitoring for these purposes

The continuous monitoring count starts from the time of admission and includes time spent undergoing diagnostic or investigative procedures where the patient remains under clinical supervision, including where the patient leaves the original care location (for example, going to radiology for a CT scan accompanied by a hospital staff member).

## S: Secondary Family Member

A patient qualifies to be reported as CFA S if they do not meet any other CFA but are accompanying a patient who is admitted, and the location is an Early Parenting Centre (EPC).

Only EPCs can report patients with CFA S for statistical purposes.

# Appendix A: Additional information

## Victorian Admitted Episodes Dataset (VAED) manual

Refer to the current VAED manual for concept definitions (Section 2), data item descriptions and reporting guides (Section 3) and business rules (Section 4) for reporting admitted patient data consistent with this Victorian Admitted Episodes Dataset: Criteria for Reporting document.

The VAED manual should be read in conjunction with this Victorian Admitted Episodes Dataset: Criteria for Reporting document. The manual is available at the HDSS website: [HDSS VAED](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset)

<https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>

## Cancelled Treatment

There will be occasions where a patient who is admitted subsequently has their planned treatment cancelled. Whether such episodes are reported to the VAED will depend on the circumstances:

If the patient received care or treatment by clinical staff, in preparation for their planned treatment or to treat the condition which caused the original planned treatment to be cancelled, even if the level of care/treatment would not fulfil the original criterion for admission, the episode should be classified as admitted with the original criterion for admission reported. Audits of medical records may be conducted where the patient’s care does not match the original criterion for admission.

### Cancelled admissions

The admission must be cancelled and not reported to the VAED in the following circumstances:

* The patient did not receive any care beyond that provided by the admitting staff (such as blood pressure monitoring), or beyond a simple review by clinical staff prior to the cancellation of the intended procedure.
* The patient was admitted on day of surgery or a procedure, but it was cancelled due to a lack of available beds. The patient was sent home without treatment.
* The patient was admitted on day of surgery or a procedure, but it was cancelled as the patient had a slight upper respiratory viral infection. The patient was sent home without further investigation, with a plan to return to have the procedure when the viral illness has resolved.

### Admissions that do not need to be cancelled

The admission does not need to be cancelled when:

* The patient was admitted on day of surgery or a procedure, but it was cancelled as the patient had a fever and a cough. The patient underwent an x-ray, blood tests and was observed for several hours. The diagnosis was mild pneumonia, and the patient sent home, with a plan to return to have the procedure when the pneumonia has resolved. This episode should be reported to the VAED with the Criterion for Admission as originally intended.
* A child is admitted to receive an imaging investigation under general anaesthetic. Play therapy is successfully undertaken to eliminate the need for a general anaesthetic. The child then has the imaging procedure completed without anaesthetic. Although the anaesthetic (the procedure which justified admission under CFA B Day-only Automatically Admitted Procedures) has been cancelled, the child has received alternative care and can be reported under CFA B as an admitted patient.
* The patient was transferred from the ED to an inpatient ward with a documented intention that they would require observation and/or treatment for at least one night. After a short period of observation and/or treatment on the ward, the specialist decides that the patient can be sent home. This patient should be admitted under CFA O.

The level of same-day admissions reported to the VAED involving cancelled procedures is continually monitored.

### Other Change to Planned Treatment

Where a patient's condition requires a different course from that planned at admission, the hospital must retain the original CFA on the VAED. For example, a newborn who changes Qualification Status must retain their original CFA code (N or U).

Where a patient is admitted as a planned same day patient for a colonoscopy and during the colonoscopy the patient sustains a perforation to the bowel, which results in a repair of the bowel and a length of stay of three days. The CFA is B (Day-only Automatically Admitted Procedure) as this was the intention at admission.

## Admitted Care in the home

The term ‘home’ is an accommodation type inclusive of a private residence, independent living units, residential aged care, specialist disability accommodation, supported accommodation, temporary accommodation and public housing.

Delivery of care in the home does not of itself justify reporting the episode to the VAED. The care delivered in the home must be equivalent to the care delivered if the person was physically in the hospital receiving that treatment or care. Both admitted acute episodes and subacute episodes delivered in the home must fulfil the same CFA as any other admitted patients.

A day with the accommodation type ‘in the home’ can be reported to the VAED only when:

* the patient has been visited in their home or a substitute location, by staff providing admitted care services to the patient
* the patient has received a video consultation with staff providing admitted care to the patient. A video consultation is considered equal to the care delivered if the person was physically in the hospital receiving that treatment or care

A telephone call does not substitute admitted care and as such is not considered an admitted day if it is the only care received.

When a patient is admitted to home delivered care either prior to their in-hospital stay or is transferred from in-hospital to home delivered care, this is considered continuous care. The criterion for admission that applies to the hospital component of their stay is also valid for the home delivered component.

Due to the nature of the types of patients and conditions that are generally suitable for treatment in the home, it is anticipated that the majority of home delivered episodes will be admitted under either CFA O, with leave days recorded as appropriate, or CFA B.

The following examples aim to illustrate admitted care in the home:

* A patient with COVID is receiving non-admitted treatment in their home from a hospital admission risk program (HARP) team, mainly through video-consult telehealth. A deterioration in their condition results in an admission to the hospital. After a few days they are transferred to Hospital in the Home and then discharged after a 10-day admission. The patient subsequently receives pulmonary rehabilitation, these services are delivered both at the hospital and their home.

*The services reported to the VAED are the 10 days of admitted care delivered both in-hospital and in the home. The pulmonary rehabilitation would be provided as a non-admitted service as the patient no longer required admitted care*

* A patient has undergone surgery and commences rehabilitation in the first 24 hours after surgery. They go home on day two and continue to receive admitted rehabilitation in their home for two days and are discharged and get a further two visits in their home by a physiotherapist a week later.

*The services reported to the VAED are the four days of admitted delivered both in-hospital and in the home i.e. two days acute admitted care and two days subacute admitted care. The last two visits by the physiotherapist are delivered as non-admitted care.*

* A patient presents to ED with congestive heart failure, stays overnight in a ward and in the morning is admitted to Hospital in the Home for three days of intravenous frusemide. The patient is visited by the HITH team for the three days, receives the intravenous frusemide and has observations performed e.g. blood pressure check, weighed. As planned, the intravenous frusemide is ceased after three days, and patient’s treatment is changed to oral frusemide. The patient is visited by the HITH team for the next two days to take observations to confirm the oral treatment is working and plan ongoing care.

*The entire episode is reported to the VAED as the patient had admitted care delivered in-hospital and in the home.*

* A patient has undergone surgery and there are concerns that they cannot empty their bladder sufficiently, so a trial of void is planned three days after the patient leaves the hospital. The HITH team is asked to undertake the procedure as community nursing cannot deliver the service on that date.

*The patient should be discharged as planned after their surgery. The services reported to the VAED is the admitted episode related to the surgery.*

### Newborns in HITH

All babies, both qualified and unqualified, can receive admitted care in the home for clinically indicated treatment.

Transfer of a newborn from in-hospital care to home delivered care does not justify a change of qualification status.

The newborn’s daily qualification status will:

* Remain as N (Qualified) if clinically appropriate
* Remain as N (Qualified newborn) if the newborn is the second or subsequent of a multiple birth
* Remain as U (Unqualified newborn) if the newborn was U before transfer.

Admission to a designated neonatal intensive care or special care nursery is determined by clinical need and will result in a qualified admission. It is expected that qualified newborns in their birth episode receiving home delivered care will have received at least 24 hours of in-hospital care (admitted to a designated neonatal intensive care or special care nursery) prior to their transfer to home based care.

24 hours of in-hospital care prior to transfer to home based care does not apply to newborns who are not in their birth episode, for example, a newborn presentation to the emergency department subsequent to the birth episode.

Newborns are not eligible for HITH if they are receiving routine newborn domiciliary care.

### Routine maternal and newborn domiciliary postnatal care

Routine maternal domiciliary postnatal care is provided as a non-admitted service and includes:

* management of normally healing wounds, monitoring and advice following caesarean and/or perineal injury
* assessment of general health including blood loss and signs and symptoms of infection
* advice and support regarding breast care and feeding
* assessment and support of emotional well-being
* education for self-care including nutrition, hygiene, family planning and sexual health, and pelvic function
* parenting education including normal newborn behaviour, safe sleeping and the unwell baby.

Routine newborn domiciliary care is provided as a non-admitted service and includes:

* monitoring of newborn feeding and weight gain
* monitoring and assessment of general health including jaundice and signs and symptoms of infection
* review and routine care of umbilical cord site and any birth injuries
* sleep and settling advice and support.

## Early Parenting Centres and Mother and Baby Mental Health Units

Early Parenting Centres and Mother and Baby Mental Health Units are in scope for reporting to the VAED.

### Early Parenting Centres

Early Parenting Centres (EPC) offer a range of specialised support, counselling and advice services aimed at supporting parents who need additional support to care for their infant or child up to 4 years of age. EPCs provide day-stay, multi-night residential and home based services. There are currently three EPCs in Victoria with more becoming operational throughout 2023-2025:

* Mercy Health O'Connell Family Centre
* Queen Elizabeth Centre
* Tweddle Child and Family Health Service.

Only those family members who satisfy the criteria for admission in an Early Parenting Centre may be reported. Whilst mother, father, baby and siblings may attend the hospital, normally only one member of the family should be reported with a CFA other than S; additional family members can be reported as CFA S. In some instances, reporting of two or more family members with a CFA other than S may be justified where they are affected by separate problems; or where problems affect more than one member.

### Mother and Baby Mental Health Units

Mother and Baby Mental Health Units provide residential multidisciplinary care for women experiencing serious mental illness in the perinatal period. There are six Mother and Baby Mental Health Units across metropolitan and regional Victoria:

* Austin Health
* Latrobe Regional Hospital
* Bendigo Health
* Monash Health - Clayton
* Mercy Health - Werribee
* Ballarat Health

The mother is the consumer and as such is the admitted person. The baby will only be reported to the VAED if they are less than 10 days old (care type U unqualified newborn), or if their clinical care meets the criteria for admission. Babies should not be admitted for routine daily care (e.g. feeding, bathing etc.). If the baby is 10 days or older and is not receiving clinical care, the baby is a boarder and is not reported to the VAED.

## Clinical trial episodes

## Clinical trial episodes must fulfil the same CFA as any other admitted patients. Apply the appropriate CFA based on the circumstances of the admitted episode.

## Criterion for Admission Type C: Day-Only Not Automatically Qualified Procedures

### What are 'special circumstances'?

Special circumstances which may justify reporting an episode as CFA C are those:

* that are specific to the patient and require the patient to be admitted to receive a procedure that would otherwise be performed on non-admitted basis. These circumstances may be the patient's medical condition or social support issues
* that only apply to the patient that is undergoing the procedure, not to the cohort of patients who undergo the same NAQAL procedure
* that are documented in the medical record by the treating medical practitioner.

### What does not qualify as special circumstances?

Patients whose treatment is administered at a hospital location because it is the only available location for treatment do not automatically qualify as patients with 'special' circumstances.

Blanket statements or stamps relating to the nature of the service are not appropriate documentation to support an admission under CFA C. Each patient's specific circumstances must be documented at the time of admission.

The fact that patients might have an adverse reaction to treatment in a clinic setting, such as the risk of anaphylactic shock in an allergy clinic, does not justify the admission of these patients.

### Monitoring of Criterion for Admission C

Use of CFA C is expected to be low and will be regularly monitored by the Department. Health services may be asked to provide the department with additional information where the number or type of admissions exceeds expectations.

## Criterion for Admission N: Qualified Newborn

#### Should all patients nine days old and less be admitted?

If the patient is born and/or treated in a public hospital and does not receive all their care in an emergency department or urgent care centre, they must be reported under CFA U or N as appropriate.

#### The patient is nine days old or less and is expected to stay more than overnight. Shouldn't they be Criterion for Admission Type O?

No. Patients who are nine days or less old should be reported as CFA N or U as appropriate.

#### The patient was aged nine days or less at the time of admission but is now older. Are they still Criterion for Admission N?

Yes, the CFA is assigned on admission and is not revised even if the circumstances of the admission change (for example, the newborns qualification status may change but the Criterion for Admission does not) (see VAED Manual, Section 4, Newborn Reporting and Section 2, Criteria for Admission).

#### A newborn receives all its care from the Paediatric Infant Perinatal Emergency Retrieval (PIPER) service at its birth hospital before being transferred to a tertiary centre. Should the birth hospital admit the patient?

Newborns who receive all their care from PIPER are eligible for reporting under the applicable newborn criteria for admission.

#### Is a newborn admitted to home delivered care considered to be in hospital without its mother?

A newborn receiving admitted home delivered care can only be considered to be in hospital without its mother if the mother’s admitted episode of care has ended.

## Criterion for Admission U: Unqualified Newborn

#### Should all patients nine days old or less be admitted?

If the patient is born and/or treated in a public hospital and does not receive all their care in an emergency department or urgent care centre, they must be reported under CFA U or N as appropriate.

#### The patient is expected to stay more than overnight. Shouldn't they be Criterion for Admission O?

No. Patients who are nine days or less old should be reported as CFA N or U as appropriate.

#### The patient was nine days old or less at the time of admission but is now older. Are they still Criterion for Admission U?

Yes, the CFA is assigned on admission and is never revised even if the circumstances of the admission change (for example, the newborn's qualification status may change but the CFA does not), (see VAED manual, Section 4, Newborn Reporting and Section 2, Criteria for Admission).

However, a newborn who is admitted under CFA U and who is no longer receiving clinical care becomes a boarder when they turn 10 days old and at this time they should be separated.

## Criterion for Admission O: Patient Expected to Require Hospitalisation for Minimum of One Night

Patients qualify to be reported as CFA O if they are expected to require an ongoing overnight or multi-day stay.

#### Does the patient need to be admitted for more than twenty-four hours to count as 'overnight'?

No, the patient does not need to meet a specific number of hours to be considered 'overnight’ but should be expected to require an extended stay in hospital. A hospital's decision to admit a patient as CFA O must be reasonable within the context of the broader reporting rules.

CFA O is not appropriate for a patient whose care is intended to be provided over more than one day, but for a short period of time. For example, a patient presenting at 11pm and departing at 2am.

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