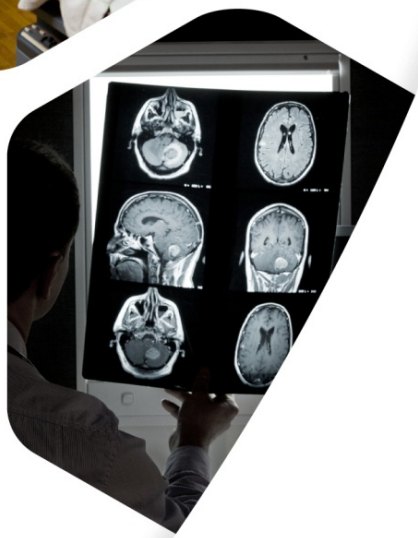
Independent Hospital Pricing Authority

IHPA



Admitted Hospital Care Types

Guide for use

Admitted Hospital Care Types: Guide For Use.

Contents

Introduction

What is a care type?

Care type refers to the nature of the treatment provided to a patient during an episode of care.

For admitted episodes of care this information is captured through one of the data elements that comprise the Admitted Patient Care National Minimum Data Set (APC NMDS), the Hospital service- care type, code N[N]. In this data element, care type is defined as:

The overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ retrieval (care other than admitted care).

The allocation of a care type in turn determines which casemix classification is used to classify the episode of care.

What care types currently exist in Australia?

There are eight care types which can be applied to an admitted episode of care:

- Acute care
- Rehabilitation care
- Palliative care
- Geriatric evaluation and management
- Psychogeriatric Care
- Mental Health Care
- Maintenance Care
- Newborn Care

This guide covers all eight care types.

How are care types developed?

Each of the care types are defined, with the definitions for mental health, subacute and non-acute care most recently defined through projects undertaken on behalf of Independent Hospital Pricing Authority (IHPA).

In 2012 the Pricing Authority approved nationally consistent definitions, metadata, guidelines and decision making processes for admitted patient subacute and non-acute care and care types to support consistent national metadata and the introduction of Activity Based Funding for these care types.

In 2013 the *mental health care type* was identified as being an integral component of developing a standalone classification for mental health. The use of the *mental health care type* will enable mental health care episodes that are currently reported through national data collections to be captured independent of the setting as well as identify mental health care provided outside specialised mental health services. The *mental health care type* was developed through extensive consultation with IHPA's Mental Health Working Group and stakeholders such as clinicians, hospital administrators, health information managers and healthcare academics. The National Mental Health Information Development Expert

Advisory Panel and the Mental Health Information Strategy Standards Committee were also consulted during the development of the care type.

All the care type definitions and guidelines have been developed through a rigorous process which included extensive consultation with numerous stakeholders including clinicians, health information managers and health service managers.

Purpose of this guide

This guide is intended to provide assistance when assigning care types, especially for those patients that may potentially have care that applies to more than one care type. Users of this guide may include health professionals, health information, data and system managers, researchers or anyone that utilises the admitted patient care types.

The definitions of the care types are first outlined, followed by the business rules associated with the care types. There are examples and vignettes that assist in explaining how to allocate the care types.

The care type definitions and associated business rules have been taken from the *Care type* data element, as found in METeOR (identifier: 584408). The examples and vignettes have been developed solely for the purpose of this guide.

Whilst this guide will attempt to clarify those situations which are not clearly defined, it should be noted that there will always be some patients who fall into more than one category. The clinician who is managing and delivering the care remains the best placed person to decide on the most appropriate care type.

Throughout this guide the term admission is used, and refers to the process whereby the hospital accepts responsibility for the patient's care and/or treatment. An admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment. An admission may be formal or statistical.

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

Where this guide mentions an admission, it refers to a formal admission.

A guide to allocating a care type

Sometimes there will be cases where it is difficult to determine what the care type should be. In these cases, the following steps can be followed to assist with determining the most appropriate care type.

It is important to remember that the following is a guide only and does not replace the decision of the clinician who is managing and delivering the care to the patient. In addition this guide only applies to admitted episodes of care. This guide is not intended to apply to non-admitted, outpatient or community episodes of care.

Example of process when allocating care types

Step 1) Determine the PRIMARY clinical purpose or treatment goal of the patient's care. Whilst this may be impacted by comorbidities, it should not be governed by them.

Step 2) Read the care type definitions, and find the one that is most closely aligned with the primary clinical purpose.

Step 3) Read the business rules to determine if there are any conditions that need to be met, for example the mental health care type requires a documented mental health plan with a series of documented and agreed initiatives or treatments.

Step 4) Ensure that any care type allocation is clearly documented in the patient's medical record.

Care Type Definitions

Acute Care

Acute care is care in which the primary clinical purpose or treatment goal is to:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of an illness or injury
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function
- perform diagnostic or therapeutic procedures

Acute care excludes care which meets the definition of mental health care.

Rehabilitation

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

Rehabilitation care excludes care which meets the definition of mental health care.

Palliative Care

Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care, and
- evidenced by an individualised multidisciplinary assessment and management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

Palliative care excludes care which meets the definition of mental health care.

Geriatric Evaluation and Management

Geriatric evaluation and management is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.

Geriatric evaluation and management is always:

- delivered under the management of or informed by a clinician with specialised expertise in geriatric evaluation and management, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Geriatric evaluation and management excludes care which meets the definition of mental health care.

Psychogeriatric Care

Psychogeriatric care is care in which the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition.

Psychogeriatric care is always:

- delivered under the management of or informed by a clinician with specialised expertise in psychogeriatric care, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Psychogeriatric care is not applicable if the primary focus of care is acute symptom control. Psychogeriatric care excludes care which meets the definition of mental health care.

Maintenance (or Non-Acute) Care

Maintenance (or non-acute) care is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period.

Maintenance care excludes care which meets the definition of mental health care.

Mental Health Care

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

Newborn Care

Newborn care is initiated when the patient is born in hospital or is nine days old or less at the time of admission. Newborn care continues until the care type changes or the patient is separated:

- patients who turn 10 days of age and do not require clinical care are separated and, if they remain in the hospital, are designated as boarders
- patients who turn 10 days of age and require clinical care continue in a newborn episode of care until separated
- patients aged less than 10 days and not admitted at birth (for example, transferred from another hospital) are admitted with a newborn care type
- patients aged greater than 9 days not previously admitted (for example, transferred from another hospital) are either boarders or admitted with an acute care type
- within a newborn episode of care, until the baby turns 10 days of age, each day is either a qualified or unqualified day
- a newborn is qualified when it meets at least one of the criteria detailed in Newborn qualification status glossary item in METeOR.

Within a newborn episode of care, each day after the baby turns 10 days of age is counted as a qualified patient day. Newborn qualified days are equivalent to acute days and may be denoted as such.

Care type business rules

Only one type of care can be assigned at a time. In cases when a patient is receiving multiple types of care, the care type that best describes the primary clinical purpose or treatment goal should be assigned.

The care type is assigned by the clinician responsible for the management of the care, based on clinical judgements as to the primary clinical purpose of the care to be provided and, for mental health and subacute care types, the specialised expertise of the clinician who will be responsible for the management of the care.

At the time of mental health and subacute care type assignment, a multidisciplinary management plan may not be in place but the intention to prepare one should be known to the clinician assigning the care type.

Where the primary clinical purpose or treatment goal of the patient changes, the care type is assigned by the clinician who is taking over responsibility for the management of the care of the patient at the time of transfer. It should be noted that in some circumstances the patient may continue to be under the management of the same clinician. Evidence of care type change (including the date of handover, if applicable) should be clearly documented in the patient's medical record.

The clinician responsible for the management of care may not necessarily be located in the same facility as the patient. In these circumstances, a clinician at the patient's location may also have a role in the care of the patient; the expertise of this clinician does not affect the assignment of care type.

The care type should not be retrospectively changed unless it is:

- for the correction of a data recording error, or
- the reason for change is clearly documented in the patient's medical record and it has been approved by the hospital's director of clinical services

Business rules associated with specific care types

Subacute care is specialised multidisciplinary care in which the primary need for care is optimisation of the patient's functioning and quality of life. A person's functioning may relate to their whole body or a body part, the whole person, or the whole person in a social context, and to impairment of a body function or structure, activity limitation and/or participation restriction.

Subacute care comprises the defined care types of rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care.

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to an individual's mental health.

A multidisciplinary management plan comprises a series of documented and agreed initiatives or treatments (specifying program goals, actions and timeframes) which has been established through multidisciplinary consultation and consultation with the patient and/or carers.

While psychogeriatric care is a subspecialty of mental health, it is an established component of subacute care. Therefore, if a patient meets the definition of psychogeriatric care, then the psychogeriatric care type should be allocated.

It is highly unlikely that, for care type changes involving subacute or mental health care types, more than one change in care type will take place within a 24-hour period. Changes involving subacute or mental health care types are unlikely to occur on the date of formal separation.

Patients who receive intervention(s) (for example dialysis, chemotherapy or radiotherapy) during the course of a subacute or mental health episode of care do not change care type. Instead, procedure codes for the intervention(s) and an additional diagnosis (if relevant) should be added to the record of the subacute episode of care.

Palliative care episodes can include grief and bereavement support for the family and carers of the patient where it is documented in the patient's medical record.

Examples

Allocating a care type

A 55 year old male is admitted to hospital for treatment of medical complications due to the medication that he is taking for a diagnosed mental disorder. The patient is located on a general ward and their bedcard has a general medicine physician listed. Whilst admitted the patient is seen by their normal community mental health team as well as an inpatient mental health team for assessment.

Decision: As the primary clinical purpose is management of an acute physical condition, not the management of a diagnosed mental disorder, the *acute care type* should be allocated.

Rationale:

The primary clinical purpose or treatment goal is the treatment of medical/ physical complications caused by medication, not the management of a diagnosed mental disorder.

Comorbidities and multiple types of care

Example one

An 85 year old legally blind female with a history of well managed schizophrenia is admitted from her residential facility for treatment of transient ischaemic attacks (TIAs) and an ischaemic stroke. Since admission to the hospital the patient starts demonstrating paranoid psychotic behaviour that is associated with the TIAs and stroke rather than her mental illness.

Once the patient has completed her medical treatment, the behaviour does not improve, resulting in the residential facility not being able to accept her back until her behaviour is under control. She is transferred to a specialist ward, and the psychogeriatric team assume responsibility for her care and develop a multidisciplinary plan to manage her behavioural symptoms.

Decision: When the patient was transferred to the care of the psychogeriatric team she should be transferred from an *acute care type* to a *psychogeriatric care type*.

Rationale:

The initial stage of the admission has the primary aim of the management of the TIAs and stroke. The second stage of the admission has the primary aim of managing the severe behavioural disturbances that the patient is experiencing.

Example two

A 75 year old man has been admitted to a general hospital after an increase in his schizophrenia symptoms such as paranoia and delusions, have led him to stop taking his regular cardiac medications.

The mental health team review and assess him, documenting a mental health management plan which includes pharmacotherapy as well as psychiatric therapy to manage the schizophrenia and allow him to restart the cardiac medications. They also suggest that the admission should be kept as short as possible, and encourage management of the problems in the community.

Decision: The patient should be allocated a *mental health care type*.

Rationale:

Although the patient has more than one treatment goal or clinical purpose, the primary clinical purpose or treatment goal is the treatment of his mental health issues. The medical issues (not taking the cardiac medications) should be resolved when the exacerbation of his mental illness is managed.

Example three

A 54 year old male with a history of schizophrenia is admitted to an acute mental health service for treatment and management of acute dysfunctional behaviour, hallucinations and delusions. Once the acute symptoms have abated, it becomes apparent that the patient is severely deconditioned and has developed significant functional issues that prevent him from being safely discharged back to the community and his home.

The patient is transferred to a rehabilitation where a multidisciplinary team assess the patient and develop a multidisciplinary care plan, with goals that are focused primarily on improving function.

Decision: When the patient was transferred to the rehabilitation facility into the care of the multidisciplinary team he should be transferred from a *mental health care type* to a *rehabilitation care type*.

Rationale:

The initial admission to an acute mental health care facility has the primary aim of the treatment and management of the patient's symptoms associated with his mental health disorder. When transferred to the rehabilitation facility, although the patient's comorbidities are considered, the primary aim of clinical treatment is physical rehabilitation and improving function to enable the patient to be discharged back into the community and to his house.

Changing care type

Example one

An 18 year old female with no prior history or diagnosis of mental illness presents to the emergency department with paracetamol poisoning after a deliberate suicide attempt. She is admitted to hospital, and is stabilised over two days. She reports to her medical team that she does not feel safe to return home, and so remains in the hospital for another three days. During this period the mental health team review her daily, document a mental health plan which includes the commencement of pharmacotherapy and counselling on acute stress management and response techniques.

Decision: This patient would be changed from an *acute care type* to a *mental health care type* once she is medically stable (after two days in this example) and treatment changes from complications of paracetamol poisoning, to the management of the mental health condition.

Rationale:

The primary clinical purpose of this patient's care changes from stabilisation of any complications and treatment of the paracetamol poisoning to acute management of a mental disorder.

Example two

An 85 year old female has had an acute admission for a fractured humerus after tripping over in the street. The patient does not have any other comorbidities, and her regular medications consist of calcium and vitamin D supplements for the treatment of osteoporosis. During her acute admission she receives regular intervention by the physiotherapist. Once the patient is medically stable, her care is taken over by a rehabilitation team who undertake a functional assessment, develop and commence a multidisciplinary plan for a slow stream rehabilitation program.

Decision: The patient will change from an *acute care type* to *rehabilitation care type* when the rehabilitation team take over her care.

Rationale:

The initial part of her admission is the treatment and management of an acute issue, her fractured humerus, which included regular physiotherapy. The second part of her admission is improvement in her functioning to enable her to return home and is managed by specialist clinicians with formal assessment and development of a rehabilitation plan.

Example three

A 68 year old male has an acute admission for an infection during which delirium is diagnosed. The patient has a medical history that includes Alzheimer's, osteoporosis and frequent falls. Whilst the patient is admitted on a general ward, they have disturbed and combative behaviour for 24 hours. The medical team treat the delirium, and the behaviour normalises however the patient has become deconditioned. The patient is moved to a subacute ward to enter a program aimed at improving their function to enable them to return home. A geriatrician takes over their care from the medical team and, in consultation with the nursing staff and allied health, documents a multidisciplinary management plan.

Decision: The patient would transfer from an *acute care type* to the *geriatric evaluation and management care type* when the acute condition is no longer the primary focus and the geriatrician assumes reasonability for the care.

Rationale:

Initially the purpose of treatment is to treat an acute medical condition (the infection and delirium). When the patient moves to the subacute care, the purpose changes to management of his multidimensional needs associated with medical conditions relating to ageing.

Example four

An 65 year old post-stroke patient is on a rehabilitation ward in an acute hospital whilst undertaking a rehabilitation program. They have been having an increasing number of epileptic episodes, which lead to a neurology team taking over care to investigate and further manage the patient's epileptic episodes while the rehabilitation program is placed on hold. There are no beds elsewhere in the hospital, and so the patient stays on the rehabilitation ward.

Decision: The patient would change from a *rehabilitation care type* to an *acute care type*.

Rationale:

The primary clinical purpose or treatment goal in this example changes from rehabilitation to management of acute medical issues – epileptic episodes. The patient is no longer managed by the rehabilitation team and is not actively participating in a rehabilitation program. The location of the patient of the patient is irrelevant to care type assignment.

Acute same day interventions

A 73 year old male is receiving rehabilitation after an extended acute hospital admission for a respiratory infection, however is still receiving dialysis twice a week for chronic renal failure. To receive the dialysis, the patient is transferred to the dialysis ward for the day, and then is transferred back to the rehabilitation unit.

Decision: Patient remains under the *rehabilitation care type.*

Rationale:

The primary clinical purpose of their hospital admission is rehabilitation following an extended acute hospital stay. The chronic renal failure is a comorbidity.

Informed Care

Example one

A 94 year old female who received a course of palliative radiotherapy in a metropolitan hospital is transferred to a second hospital to be closer to family. The new hospital predominantly manages rehabilitation patients and does not have a palliative care team based at the hospital. The medical team that is based at the new hospital continue the same management plan for reducing the symptoms and side effects of their terminal illness that was established at the initial hospital, and remain in contact with the palliative care team throughout the patient's stay.

Decision: This patient would remain under the *palliative care type*.

Rationale:

The primary clinical purpose or treatment goal is to improve the quality of life of the patient through managing the symptoms and side effects of the terminal illness. Care is informed by specialised clinicians and a management plan is in place.

Example two

A 60 year old female with a history of dementia is admitted to hospital with increasingly severe behavioural disturbances which include aggression towards staff and family. The GEM team have reviewed the patient and assessed them as being unsafe to proceed through the usual GEM program until the behavioural issues have been addressed. The geriatrician speaks with a consultant from another hospital who is a specialist in psychogeriatric care, and develops a multidisciplinary management plan to address the behavioural disturbances.

Decision: The patient would be allocated a *psychogeriatric care type*.

Rationale:

The primary purpose or treatment goal is the management of the severe behavioural disturbances that is associated with the patient's history of dementia. Care is informed by specialised clinicians and a management plan is in place.

Maintenance Care

Example one

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

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

Rationale:

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

Example two

A 24 year old ventilator dependent quadriplegic male resided in a residential disability care facility. He was admitted to hospital for the treatment of a respiratory infection, and during this acute episode of care returned a positive result for vancomycin resistant enterococci and methicillin-resistant staphylococcus aureus. The acute episode of care is completed and the patient is stable, however he is unable to return to the original care facility due to his new infectious status. He is currently awaiting placement in a suitable facility.

Decision: Once the patient is determined to be stable by his medical team, the patient will be transferred from an *acute care type* to a *maintenance care type* until the patient has a bed in a facility.

Rationale:

Once the patient is determined to be stable, the primary purpose of the treatment changes from being treatment of his respiratory infection to being supportive until a bed in a suitable facility can be found.

Paediatrics

Example one

A seven year old male is admitted to a paediatric hospital for treatment of Osteosarcoma which includes chemotherapy as well as surgery resulting in a below the knee amputation. Once the acute treatment is completed, the patient's family and medical team decide that a period of rehabilitation is required for the patient to learn how to walk with his prosthesis. A paediatric rehabilitation team, in consultation with the medical team and the patient's family, agree to take over his care, and develop a multidisciplinary rehabilitation plan which is documented in the patient's medical notes.

Decision: Once the patient has been deemed stable by his medical team and care is being managed by the rehabilitation team, the patient should be transferred from an *acute care type* to a *rehabilitation care type.*

Rationale:

The initial part of his admission is the treatment and management of an acute issue, his cancer. The second part of his admission is improvement in his functioning to enable him to return home. This second part is managed by rehabilitation clinicians with a formal assessment and development of a rehabilitation plan.

Example two

A 14 year old female is admitted to a specialist mental health ward at an acute hospital for the treatment and management of self-harm and destructive behaviour. After several weeks her treating psychiatric team, in consultation with the patient and her family, determine that, whilst still unsafe to be discharged to the community, she no longer requires the intense treatment delivered at the acute service. The patient is transferred to an Adolescent inpatient unit which provides non-acute phase of illness treatment and mental health rehabilitation. She has a documented mental health care plan, which has been developed in consultation with her mental health specialist, the patient and her family.

Decision: The patient would be allocated a *mental health care type* at both facilities.

Rationale:

Although the focus of the second facility is non-acute and rehabilitation, the primary clinical purpose or treatment goal is improvement in the patients psychosocial, environmental and physical functioning which is directly related to the patient's self-harm and destructive behaviour.

Newborn Care

Example one

A 32 year old female is admitted to hospital and gives birth to twins. She and the babies are all healthy and are discharged after five days.

Decision: All three patients are admitted. The mother will have an *acute care type*, and the babies will both have *newborn care types*. The newborn patient days for the oldest baby will be *unqualified*, and the youngest baby will have *qualified* newborn days from admission.

Rationale:

The primary purpose of care for the mother is acute care and as the babies were born in hospital, the primary purpose of care for them is newborn care.

Example two

A nine day old baby is transferred from Hospital A to a Special Care Nursery in a Hospital B for specialised treatment. The baby is transferred back to the Hospital A after two weeks.

Decision: The baby will be admitted with a *newborn care type* at Hospital A, with *unqualified* newborn days from birth. When the baby is transferred to the Special Care Nursery, they will have an acute admission at Hospital B with a *newborn care type*, which will continue until separation. The baby will have *qualified* newborn days from admission until separation. When transferred back, they will be admitted to Hospital A with an *acute care type*.

Rationale:

Although the primary purpose of both admissions will be newborn care, the baby is nine days old or less when admitted to Hospital B, and is more than ten days old when re-admitted to Hospital A.

Example three

A 45 year old female gives birth in an ambulance on the way to the hospital. Both mother and baby are admitted to hospital. After ten days the baby is assessed as no longer requiring any clinical care, however the mother is assessed as requiring ongoing care. The baby stays with the mother whilst she is in the hospital.

Decision: The mother is admitted with an *acute care type* and the baby is admitted with a *newborn care type*. The baby will have *unqualified* newborn days for their admission. On the tenth day the baby undergoes a hospital separation and is registered as a hospital boarder.

Rationale:

Although the baby was not born in the hospital, they are less than nine days when admitted. As the baby is 10 days old when they are deemed stable, no-longer requiring clinical care they can be separated from the hospital. As they are staying with their mother they become a hospital boarder instead of an admitted patient.