NSW Health Admission Policy

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Secretary, NSW Health

POLICY STATEMENT

ADMISSION POLICY FOR NSW HEALTH

PURPOSE

The purpose of this policy is to provide guidance to health service staff in regard to the decision to admit, the admission of patients to hospital and associated business processes. This policy aims to ensure consistency in the way that admissions occur and applies to all NSW public hospitals and publically contracted care in other facilities in NSW.

MANDATORY REQUIREMENTS

This Policy Directive applies to all NSW public hospitals (and publically contracted care facilities), which are required to have local policies, protocols and procedures in place consistent with the attached Admission Policy for NSW Health procedures document.

This policy does not describe the data or reporting requirements for the Admitted (and Non-Admitted) Patient Data Collections, which are outlined in separate policies.

IMPLEMENTATION

Chief Executives are responsible for ensuring that this Policy Directive is brought to the attention of Clinical, Finance and Administrative staff who are involved in the admissions process.

Health System Information and Performance Reporting (HSIPR) branch will provide information to existing data governance groups and key established reference groups to assist with local implementation. HSIPR will arrange individual Local Health District/Speciality Health Network information sessions in 2017 to facilitate the introduction of the Admission Policy.

REVISION HISTORY

Version	Approved by	Amendment notes
June 2017 (PD2017_015)	Secretary, NSW Ministry of Health	New Policy Directive.

ATTACHMENTS

1. Admission Policy for NSW Health: Procedure Document.

Admission Policy for NSW Health

NSW GOVERNMENT Health

PROCEDURES

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CONTENTS

1 INTRODUCTION

The purpose of this document is to provide guidance to health service staff in regard to the decision to admit, the admission of patients to hospital and associated business processes. This policy provides principles and criteria to assist in the decision making process.

The condition, acuity and clinical needs of the patient, as well as the availability of appropriate clinical resources are to be the principal factors guiding treatment decisions and in determining the most appropriate setting for their care.

The decision to admit should not influence specific care and treatment decisions for individual patients.

While the decision to admit is based on providing the most appropriate setting in which to treat the patient, it chiefly determines subsequent administrative processes including billing and data collection and reporting. The specification and requirements for those processes are provided separately rather than in this policy, e.g. resources for the Admitted Patient and other data collections are provided at the Data Collections page of the NSW Health Intranet[1].

1.1 Scope

This policy applies to all NSW public hospitals as well as publically contracted care in other facilities within NSW.

Decisions to admit and discharge patients are clinical decisions and should only be influenced by non-clinical factors as specifically outlined in the Criteria for Admission below.

Patients within residential aged care or community residential settings are out of the scope of this policy.

1.2 Admission Policy Principles

This policy is built on the following nine principles which must be read in conjunction with the *Criteria for Admission* (see 2.2):

1. The decision to admit a patient is primarily a clinical decision to be made by a clinician with admitting rights to the facility who must determine that the patient requires admission.
2. The decision to admit a patient is to be based on the patient's condition and clinical needs, the facility's ability to meet those needs, including the availability of appropriate clinical resources, and with reference to the *Criteria for Admission* listed below (2.2)

[1] http://internal.health.nsw.gov.au/data/collections/index.html

3. The decision to admit should be made when other care and treatment options have been considered and determined not to be optimal for that patient at that time.
4. The decision to admit a patient should not be influenced by the following factors;
    - the facility's key performance indicators;
    - the treatment location; or
    - the patient's financial status.
5. Once a patient has been discharged from admitted patient care, if a clinician with admitting rights determines that the patient again requires admitted patient care, this is to be a new admission; not a continuation of the previous admission.
6. An admission may be planned or unplanned. In the case of a planned admission, the decision to admit may be made prior to the patient's presentation at the facility.
7. The clinician with admitting rights to the facility is responsible for ensuring that the clinical decision to admit and the reason for admission are documented in the patient's health record.
8. Application of the Admission Policy should not restrict local innovation in clinical practice or development of alternative models of care.
9. Local governance will provide the strategic and operational direction through which this Admission Policy is implemented.

2 DEFINITION AND CRITERIA FOR ADMISSION

2.1 Admitted Patient

An admitted patient is a person: (i) for whom a clinician with admitting rights to the facility has determined meets the criteria for admission and requires a level of care provided in an inpatient setting, and (ii) who has undergone the admission process but has not yet been separated by the facility.

For each admission there must be documentation in the patient's health record by the admitting clinician, or another authorised clinician, that supports the need for admission.

An admission can occur in a hospital or, in the case of 'Hospital in the Home' programs, another setting such as the patient's residence.

2.2 Criteria for Admission

2.2.1 Emergency Department Patient

A patient treated solely within the emergency department is not to be an admitted patient.

A patient presenting to an emergency department can only be admitted if a clinician with admitting rights to the facility determines the patient requires admission and the patient is transferred to another appropriate treatment location within that facility.

This is to ensure compliance with national regulatory requirements and is the only non-clinical criterion that should direct the decision to admit or not. This provision should not impact or restrict the care and treatment provided to any emergency department patient.

For further information see 3.1 Patients in Emergency Departments

2.2.2 Intended Medical Care or Clinical Management

- The patient requires observation in order to be assessed or diagnosed, this may constitute:
  - Active, skilled observation for assessment, diagnosis or treatment.
  - Initiation or stabilisation of therapy or palliation.
  - Structured therapeutic contact in a rehabilitation or mental health program.
- The patient requires, at a minimum, daily management of their treatment and/or medication, this may constitute:
  - Observation of vital, physiological, behavioural or neurological signs.
  - Parenteral medications and/or fluid replacement.
  - Structured therapeutic contact with appropriately trained and qualified health professionals in one-to-one counselling sessions or group therapy sessions that have clearly defined clinical outcomes.
- The patient's condition requires clinical management and/or facilities not available at their usual residential environment or other non-admitted setting.

2.2.3 Intended Procedure

The patient requires a procedure/s that cannot be performed in a stand-alone facility, such as a doctor's room without specialised support facilities and/or expertise available. Intended procedures are defined as the following:

- **Type A** procedure as specified in the *Private Health Insurance (Benefit Requirements) Rules 2011.*

  Note: This should be read in conjunction with the *Private Health Insurance Act 2007 (Cth)* and the *National Health Act 1953 (Cth)*; or
- **Type B** procedure is a procedure specified as a Band 1, 2, 3, or 4 as described in the Private Health Insurance (Benefit Requirements) Rules 2011; or
- **Type C** procedure is a procedure specified in reference to Medical Benefits Schedule (MBS) items as detailed in the Private Health Insurance (Benefit Requirements) Rules 2011 general medical services tables. These procedures normally do not require hospital treatment.

Special circumstances that may warrant an admission for a Type C Professional Attention Procedure are:

- The patient's residence is in a remote location
- There is insufficient support available in the patient's usual residence

- The patient requires general anaesthesia so that a Type C procedure can be performed (e.g. child requiring a CT scan).

Note: A patient may remain an admitted patient even if the procedure for which they are admitted is cancelled.

2.2.4 Newborns

A patient aged 9 days or less[2] must be admitted under the following additional scenarios:

- When born in the hospital;
- When a patient was intended to be born in the hospital and the birth occurs within 24 hours of the mother's arrival at the hospital; and
- When a newborn baby born at home or another facility presents to hospital and requires specialist care.

A still born baby (of 20 weeks gestation or more, or if the gestation cannot be determined, with a body mass of 400 grams or more) is not admitted but must be registered in the patient administration system.

2.2.5 Other

Where there is a legal requirement for admission (e.g. under child protection legislation) or involuntary admission of patients under certain legislation, such as the *Mental Health Act 2007 (NSW)*, the *Drug and Alcohol Treatment Act 2007 (NSW)*, and the *Mental Health (Forensic Provisions) Act 1990 (NSW).*

Community Residential services are out of scope for this admission policy as the patients receiving this care are not admitted.

3 ADMISSION GUIDELINES

3.1 Patients in Emergency Departments

A patient treated in and discharged from an emergency department only is not an admitted patient and must not be recorded as such. These patients must be recorded and counted as emergency department non-admitted attendees.

A patient who presents to an emergency department and whose clinical condition meets the criteria for admission, may be formally admitted to the hospital but must be transferred to another appropriate treatment location within the same facility. Such locations may include inpatient wards, operating theatres, short stay units and other treatment locations appropriate to the care required.

When the decision is made to admit a patient from the emergency department, but the patient is discharged, transferred or dies before they proceed to an admitted patient location in that facility, the admission is to be retracted.

[2] For information regarding qualified and unqualified births, refer to the admitted patient data dictionary.

The admission date and time are the date and time that the clinical decision to admit the patient is made.

The length of time a patient spends in ED is not a criterion for admission; admission is determined by clinical need.

Patients being transferred to another hospital or facility do not require admission before being transferred.

Admissions to short stay units must comply with the '*Emergency Department Short Stay Units*' Policy Directive (PD2014_040; 13 Nov., 2014).

3.2 Boarders

A boarder is a person receiving food and/or overnight accommodation from the hospital but does not require clinical treatment or care. For example, a mother accompanies an admitted child or a child staying with an admitted mother.

Patients who turn 10 days of age and do not require clinical care are to be separated and, if they remain in the hospital, are designated as a boarder.

A boarder is not an admitted patient. The hospital may register a boarder in its patient administration system.

A boarder in the Justice Health and Forensic Mental Health Network is defined as a patient who has been medically discharged and is no longer receiving medical treatment. They are however receiving food and/ or accommodation whilst awaiting placement elsewhere.

3.3 Organ Donation

Posthumous organ procurement is the harvesting of human tissue for the purpose of transplantation from a donor who has been declared dead.

Posthumous organ procurement episodes are not reported as admitted patient episodes but must be recorded by the hospital on their patient administration system.

A live organ donor may be admitted to hospital if they meet the criteria for admission.

3.4 Collaborative Care

Collaborative Care is care provided to a patient under an agreement between a purchaser or requestor of admitted patient services and a provider of admitted patient services. Collaborative Care includes:

- contracted care, between a private sector admitted patient facility and a public sector admitted patient facility or two public facilities where a financial or other agreement is in place; AND

- arrangements between two public hospitals where both sites provide part of the continuous care, and where at least one provides only a same-day service, regardless of financial arrangements.

Where a patient is admitted to the purchasing hospital for intended overnight admission and is transferred to and returns from the provider hospital on the same day, the patient must be placed on leave from the first (purchasing) hospital while they are under the care of the second (provider) hospital.

If the patient remains overnight at the second (provider) hospital, they must be discharged from first (purchasing) hospital and admitted to second hospital.

Further information is available in the Admitted Patient Data Dictionary

3.5 Leave from Hospital

An admitted patient may be granted leave with the approval of their Admitting Medical Officer, or other authorised clinician, for a designated period of up to and including seven consecutive days.

The episode of care is continuous while the patient is on leave.

A patient on approved leave may be discharged while on leave.

A voluntary patient on approved leave who does not return by their nominated leave return date, is to be discharged and their discharge date recorded as the earlier of the nominated leave return date or the date which the patient notified the hospital that they were not returning from leave.

A patient that does not return from leave at the conclusion of seven days must be discharged.

For patients who are absent without leave (AWOL), if they do not return within seven days, record the discharge date and time as the date and time at which the patient was first noted to be absent.

Involuntary Mental Health patients may be granted a longer period of leave (see section 3.5.2).

Where a patient is on a treatment program that requires admitted patient care each day, but not overnight care, they are to be admitted and discharged each day rather than remaining as a single admission with periods of overnight leave.

Same day patients are not generally granted leave.

3.5.1 Patients on Leave Presenting to an Emergency Department

A patient on leave that presents to the emergency department of the hospital to which they are currently admitted is not to be discharged and then readmitted. The patient should have an ED Type of Visit of ‘Current Admitted Patient Presentation’ and, if required, a care type change.

A patient on leave from one hospital who presents to the emergency department of another hospital and is admitted to that hospital must be discharged from the first hospital. The second hospital must inform the first that they have admitted the patient.

3.5.2 Involuntary Mental Health Patients

An authorised medical officer may only grant an involuntary patient leave in accordance with the provisions of the *Mental Health Act 2007*.

The period of leave for an involuntary mental health patient may exceed seven days.

An involuntary patient should only be discharged whilst on leave if an authorised medical officer from the admitting facility authorises it, having satisfied themselves that the patient either no longer requires involuntary care under the *Mental Health Act 2007*, or their involuntary care has been transferred to another treating facility or clinician. Under such circumstances, the date of discharge is the date the medical officer authorises the discharge or transfer of the patient. This also applies to involuntary mental health patients who are absent without leave (AWOL).

An involuntary mental health patient on leave from one hospital who presents to another hospital should not be discharged from the first hospital unless an authorised medical officer from that hospital authorises the discharge or transfer of the patient to the second hospital. In the absence of such a discharge or transfer, the patient must remain admitted to both facilities simultaneously.

For further information see Patient Leave Procedures Manual and *Mental Health Act 2007*.

3.6 Care Delivered in an Outpatient Setting

An admission occurs when a clinician with admitting rights to the facility determines that a patient meets the clinical criteria for admission and requires admitted patient care. This does not preclude admitted patients being treated in an outpatient setting.

For procedures and interventions that may be delivered as either admitted or non-admitted care, the decision to admit must be based on the condition, acuity and specific clinical and support needs of that patient.

3.7 Inter-Facility Transfers

A patient that is to be transferred to another facility does not need to be admitted before transfer. Admission to the initial facility may occur if a clinician with admitting rights at that facility determines that the patient meets the clinical criteria for admission and requires admission to the facility prior to transfer.

All inter-facility transfers must comply with '*Inter-facility Transfer Process for Adults Requiring Specialist Care Policy Directive*' (PD2011_031).or *Children and Adolescents – Inter Facility Transfers (PD2010_031).*

3.8 Hospital in the Home

Hospital in the Home (HITH) is a supported model of care and admissions under the HITH program must comply with the provisions of this policy. For specific details around the definitions and eligibility for HITH, refer to the HITH Guidelines and the Admitted Patient Data Collection Data Dictionary.

3.9 Admissions When No Clinician With Admitting Rights is Present

In most circumstances a clinician with admitting rights will be physically present to admit a patient, however there are certain circumstances where this is not the case, such as in small, rural or remote facilities.

In the circumstances where a clinician with admitting rights is not physically present but can be contacted, a decision to admit may be made and conveyed to on-site staff who must clearly document this in the patient's health record.

Where a clinician with admitting rights cannot be contacted to make the decision to admit, an admission cannot proceed. The care provided will be either an ED attendance or a non-admitted service.

4 DISCHARGE

A patient is discharged if:

- the treating clinician has decided that they no longer require admitted patient care, the patient has been advised they can leave and has left the treatment location; or
- the patient signs a "discharge against medical advice form" and leaves the treatment location; or
- the patient is declared deceased.

For patients who are being transferred to another facility for ongoing clinical care, discharge occurs when either (i) the patient is under the care of the transporting authority, if the transporting authority is a separate entity to the treating facility (e.g. NSW Ambulance Service), or (ii) the patient is admitted to the receiving facility, if the original treating facility is providing the transportation.

For Hospital in the Home patients, discharge occurs when the treating clinician has decided that they no longer require admitted patient care and the patient has been advised that they are to be discharged.

5 FURTHER INFORMATION

5.1 Residential Care Clients

For the purposes of this admission policy, residential aged care clients and community residential clients are out of scope.

A residential aged care client is a person who receives care in a wholly or partially Commonwealth funded residential aged care bed.

A community residential client is a person who receives care in a designated mental health or drug and alcohol community residential bed.

While these patients must be registered on a local patient administration system, for reporting purposes these patients are not considered to be admitted patients. Rules

surrounding residential aged care and community residential client reporting can be found in the Admitted Patient Data Dictionary.

5.2 Admission Documentation

The documentation in the patient's health record must be sufficient to support their need for admission.

For all patients admitted from the elective surgery waiting list, 'Recommendation For Admission' documentation must be completed. See the '*Waiting Time and Elective Surgery Policy*' (PD2012_011) section 2.4.

5.3 Client Registration

The requirement to register patients is separate and additional to admission and the documentation required for an admission. Requirements for patient / client registration are detailed in the following:

- '*Client Registration Policy*' (PD2007_094; 19 December, 2007)
- '*Client Registration Guideline*' (GL2007_024; 19 December, 2007)
- '*Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients*' (PD2012_042; 25 July, 2012).
- '*Health Care Records – Documentation and Management*' (PD2012_069; 21 December, 2012)

6 GLOSSARY

Absent Without Leave (AWOL)
A patient who is absent without leave is a current patient of that facility who has left care without permission to do so.

Admitted Patient
An admitted patient is a person: (i) for whom a clinician with admitting rights to the facility has determined meets the criteria for admission and requires a level of care provided in an inpatient setting, and (ii) who has undergone the admission process but has not yet been separated by the facility.

Episode of Care
Each admission is comprised of one or more episodes of care which represent a period of care with a common clinical focus as reflected by the "care type".

For example, a patient who is receiving acute intervention for a stroke will have a care type change to rehabilitation if and when the main focus of care changes from acute management to functional improvement.

For further details see the '*Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care*' (PD2014_010).

Hospital in the Home (HITH)

Hospital in the Home (HITH) services provide daily care to children and adults with acute conditions who reside outside hospital, as a substitution of in-hospital care.

A person may receive their care at home (including Residential Aged Care Facilities), in a hospital clinic, community setting, at school or in the workplace. The place of residence may be permanent or temporary.

Inpatient Ward
An inpatient ward is a physical location where admitted patients are accommodated or treated for their care and treatment

Non-Admitted Patient
A person who receives care or treatment but has not undergone the hospital's admission process. This includes patients treated entirely within the Emergency Department.

Overnight Admission
An overnight admission is where the admission date and separation date occur on different calendar days.

Same Day Admission
A same day admission is where the admission date and separation date occur on the same calendar day, irrespective of the intended length of stay.

7 FURTHER RESOURCES

NSW Health Policies, Guidelines or Information Bulletins

- '*Aboriginal and Torres Strait Islander Origin – Recording of Information of Patients and Clients*' (PD2012_042; 25 July, 2012)
- '*Admitted Patient Election Processes for NSW Public Hospitals – Revised*'(PD2005_221; 27 January, 2005)
- '*Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care*' (PD2016_039)
- '*Children and Adolescent – Inter-Facility Transfers*' (PD2010_031; 2 June, 2010)
- '*Client Registration Guideline*' (GL2007_024; 19 December, 2007)
- '*Client Registration Policy*' (PD2007_094; 19 December, 2007)
- '*Clinical Handover – Standard Key Principles*' ([PD2009_060; 28 September, 2009)
- '*Departure of Emergency Department Patients*' (PD2014_025; 17 July, 2014)
- '*Emergency Department – Direct Admission to Inpatients Wards*' (PD2009_055; 7 September, 2009)
- 'Emergency Department Short Stay Units' (PD2014_040; 13 November, 2014)
- '*Fees Procedures Manual for Public Health Organisations*' (http://www.health.nsw.gov.au/policies/manuals/Documents/fees.pdf)
- '*Health Care Records – Documentation and Management*' (PD2012_069; 21 December, 2012)

- 'Inter-facility Transfer Process for Adults Requiring Specialist Care' (PD2011_031; 1 June, 2011)
- '*Non-Admitted Patient Activity Reporting Requirements*' (PD2013_010; 4 June, 2-13)
- '*NSW Hospital in the Home (HITH) Guideline*' (GL2013_006; 20 August, 2013)
- '*Waiting Time and Elective Surgery Policy*' (PD2012_011; 1 February, 2012)
- NSW Health Fees Procedures Manual.

Legislative or Regulatory Instruments

- *Drug and Alcohol Treatment Act 2007 (NSW)*
- *Mental Health Act 2007 (NSW)*
- *Mental Health (Forensic Provisions) Act 1990 (NSW)*
- *National Health Act 1953 (Cth)*
- *Private Health Insurance Act 2007 (Cth)*
- *Private Health insurance (Benefit Requirements) Rules 2011*
- National Health Reform Agreement – National Partnership Agreement on Improving Public Hospital Services