Patient Admission and Discharge to NSW Health Facilities

Summary The Policy Directive outlines the requirements for admission and discharge to NSW Health facilities.

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Policy Directive

Patient Admission and Discharge to NSW Health Facilities

Policy Statement

NSW Health provides a standardised approach for admitting patients to NSW Health facilities and services. A patient is considered admitted when a clinician with admitting rights determines that inpatient care is required.

This Policy Directive provides guidance to NSW Health staff regarding the decision to admit patients, the admission procedure and associated business processes.

This Policy Directive aims to ensure consistency in the way that admissions occur and applies to all NSW public hospitals.

Summary of Policy Requirements

A patient can only be admitted to a NSW Health facility if a clinician with admitting rights determines admission is necessary. Admission may be required for:

- observation
- treatment
- procedures that need specialised facilities
- newborn care
- voluntary assisted dying
- under legal provisions.

Children and young people must be admitted in accordance with child safety policies.

The admission process requires sufficient documentation in the patient's healthcare record to justify admission. Patients in emergency departments must be formally admitted if they meet admission criteria, with specific processes for short-stay units and transfers. Boarders, organ donors, as well as collaborative and contracted care patients are not admitted patients, but their care is documented in the patient administration system.

Admitted patients may take leave with approval, while involuntary mental health patients can take leave under the *Mental Health Act 2007* (NSW).

Care can be provided in outpatient settings, via inter-facility transfers, or through Hospital in the Home programs. Admissions may be decided remotely or utilising virtual care to treat or coordinate patient activities.

A patient is discharged when they no longer require admitted care, leave against medical advice, or are declared deceased. For transfers, discharge occurs when the patient is either under the care of a separate transport provider or admitted to a receiving facility.

Residential aged care and community residential clients are not considered admitted patients under this Policy Directive but must still be registered in the local patient administration system.

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

Revision History

Version	Approved By	Amendment Notes
PD2025_012 March-2025	Deputy Secretary, System Sustainability and Performance	• Change of policy directive title. • Inclusion of Hospital in the Home and Virtual Care.
IB2019_019 July-2019	Executive Director, System Information and Analytics	
PD2017_015 June-2017	Secretary	New Policy Directive.
GL2011_003 February-2011	Deputy Director General, Health System Quality, Performance and Innovation	Updated into new format.
GL2005_026 January_2005	Director-General	New guideline issued following recommendation from State Coroner.

Contents

1. Background

1.1. About this document

This Policy Directive provides guidance to NSW Health staff regarding the decision to admit patients to hospital and associated business processes, outlining the 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. Consideration must be given to the safety of staff.

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 to this Policy Directive, for example resources for the Admitted Patient and other data collections are provided in the Data Collections page of the NSW Health Intranet[1].

This Policy Directive applies to the admission of patients to all NSW public hospitals.

1.2. Key definitions

Absconded	A mental health patient who is absent without leave, is a current patient of that facility who has left care without permission to do so.
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: • 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 • who has undergone the admission process and has not yet been discharged 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.
Authorised medical officer	An authorised medical officer is: • the medical superintendent of the mental health facility, or • a medical officer, nominated by the medical superintendent for the purposes of the *Mental Health Act 2007* (NSW), attached to the mental health facility concerned.
Clinician with admitting rights	A clinician who can admit patients within the designated specialty under the practitioner's own name or may accept transfer of care to the nominated practitioner.
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 information, refer to NSW Health Policy Directive *Care Type Policy for Acute, Sub-Acute and Non-Acute and Mental Health Admitted Patient Care* (PD2016_039).
Hospital in the Home (HITH)	An admitted service that provides hospital-level multidisciplinary care to acute, sub-acute, non-acute and mental health patients outside of an inpatient setting and is supported by virtual enablers where appropriate. For further information, refer to NSW Health Policy Directive *Hospital in the Home* (PD2025_004).
Inpatient Ward	A physical location where admitted patients are accommodated.
Non-Admitted Patient	A person who receives care or treatment but has not undergone the hospital's admission process.
Overnight Admission	An overnight admission is where the admission date and discharge date occur on different calendar days.
Same Day Admission	A same day admission is where the admission date and discharge date occur on the same calendar day, irrespective of the intended length of stay.

1.3. Legal and legislative framework

The regulatory and legislative framework and NSW policy within which this Policy Directive operates includes (but is not limited to), the below:

Regulatory and legislative instruments
National Health Act 1953 (Cth)
Privacy Act 1988 (Cth)
Therapeutic Goods Acts 1989 (Cth)
Health Records and Information Privacy Act 2002 (NSW)
Mental Health Act 2007 (NSW)
Health Services Act 1997 (NSW)
Drug and Alcohol Treatment Act 2007 (NSW)
Children's Guardian Act 2019 (NSW)
Mental Health and Cognitive Impairment Forensic Provisions Act 2020 (NSW)
Pricing Framework for Australian Public Hospital Services 2024–25
Child Safe Standards (NSW)

NSW Health Policies, Guidelines, or Information Bulletins

Reference	Document title
PD2012_042	*Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients*
PD2021_046	*Admitted Patient Election Processes*
PD2025_002	*Adult Critical and Specialist Care Interhospital Transfer*
PD2016_039	*Care Type Policy for Acute, Sub-Acute and Non-Acute and Mental Health Admitted Patient Care*
GL2007_024	*Client Registration Guideline*
PD2007_094	*Client Registration Policy*
PD2019_020	*Clinical Handover*
IB2023_030	*Contracted Care and Collaborative Care Business Rules and Reporting Requirements*
PD2014_025	*Departure of Emergency Department Patients*
PD2019_045	*Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services*
PD2022_001	*Elective Surgery Access*
PD2009_055	*Emergency Department - Direct Admission to Inpatient Wards*
PD2014_040	*Emergency Department Short Stay Units*

PD2012_069	*Health Care Records - Documentation and Management*
PD2025_004	*Hospital in the Home*
PD2013_010	*Non-Admitted Patient Activity Reporting Requirements*
PD2023_019	*NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements*
PD2022_053	*The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities*
Consent Manual	*NSW Health Consent to Medical and Healthcare Treatment Manual*
Protecting People and Property Manual	*Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies*

1.4. Admission Principles

This Policy Directive is built on the following 9 principles which must be read in conjunction with the Criteria for Admission (see Section 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. It should also consider the facility's ability to meet those needs, including the availability of appropriate clinical resources, and with reference to the Criteria for Admission (see Section 2.). Consideration must be given to staff safety.
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 within the facility
    - 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 must ensure that the clinical decision to admit and the reason for admission are documented in the patient's health record.
8. Application of this Policy Directive should not restrict local innovation in clinical practice or development of alternative models of care, provided they remain consistent with policy requirements.
9. Local governance will provide the strategic and operational direction through which this Policy Directive is implemented.

2. Criteria for Admission

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.

2.1. Intended medical care or clinical management

When admitted to a NSW Health facility the patient requires observation in order to be assessed or diagnosed, this may constitute:

- Active, skilled observation for assessment, diagnosis or treatment either conducted in person or virtually.
- Initiation or stabilisation of therapy.
- Structured therapeutic contact in a rehabilitation or mental health program.
- Palliative or end-of-life care.

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 in their usual residential environment or other non-admitting setting.

2.2. Intended procedure

A patient is admitted if they require 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.

2.3. Newborns

A patient aged 9 days or less 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 prior to but within 24 hours of the mother's arrival at the hospital; and
- when a newborn is born at a location other than the facility and requires specialist care.

Where a mother gives birth in the emergency department and is subsequently transferred to another hospital without moving to another "appropriate treatment location within that facility", the baby is not admitted to the birth facility.

When the mother and baby arrive at the second facility, they will be assessed. A clinician may decide to admit either or both to that facility. If admitted, the 'Source of Referral' for both mother and baby must be reported in the Patient Administration System as either:

- "04 - Hospital in same Local Health District / Specialist Network"

  OR

- "05 - Hospital in other Local Health District / Specialist Network".

Both these categories include referrals from the other hospital's emergency department where the patient was not admitted.

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

For information regarding qualified and unqualified births, refer to the NSW Health Admitted Patient (Public Sector) - Data Dictionary.

2.4. Children and young people under 18 years of age

A clinician should consider the facility's ability to meet the needs of a child or young person when assessing admission. This includes the availability of an environment that ensures the child's safety and minimises the opportunity for harm to occur, in accordance with the Child Safe Standards.

Paediatric patients, or children and young people under 16 years old, must be admitted in accordance with the NSW Health Policy Directive *The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities* (PD2022_053), ensuring they are placed in a safe environment.

2.5. Voluntary Assisted Dying patient

A patient may be admitted for support substance administration including:

- Patients who go through the full voluntary assisted dying process as an in-patient.
- Patients who have completed the request and assessment process prior to admission and are then admitted to hospital specifically for administration of the substance.
- Patients who experience clinical deterioration necessitating admission in line with their wishes.

For more information, refer to NSW Health Policy Directive *Voluntary Assisted Dying* (PD2023_037).

2.6. Admissions under legal provisions

Where there is a legal requirement for admission, such as under child protection legislation, or involuntary admission of patients under certain legislation, such as the:

- *Mental Health Act 2007* (NSW)
- *Drug and Alcohol Treatment Act 2007* (NSW)

- *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW).

the admission must comply with the relevant legal provision.

3. Admission Process

3.1. Admission documentation and patient registration

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

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

- NSW Health Policy Directives:
  - *Client Registration Policy* (PD2007_094)
  - *Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients* (PD2012_042)
  - *Health Care Records - Documentation and Management* (PD2012_069)
  - NSW Health Guideline *Client Registration Guideline* (GL2007_024).
  - For all patients admitted from the planned surgery waiting list, a 'Recommendation for Admission' form must be completed. Refer to NSW Health Policy *Directive Elective Surgery Access* (PD2022_001).

3.2. Patients in emergency departments

3.2.1. Admission and non-admission

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 (see Section 2.), must be formally admitted to the hospital. The patient must then be transferred from the emergency department 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.

3.2.2. Transfer to Emergency Department Short Stay Unit or other facility

A patient treated in the emergency department who requires ongoing observation, care, or treatment that can be delivered within 24 hours qualifies for admission to the Emergency Department Short Stay Unit (EDSSU). Admission or transfer of these patients must be

authorised by the Emergency Department Medical Director or their delegate ensuring adherence to local admission criteria[2].

Patients requiring transfer to another hospital or facility from the emergency department, who cannot be admitted to a local ward bed due to clinical complexity, do not require an admission process to be undertaken before being transferred[3].

3.2.3. Admission decisions and documentation

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.

While making admission decisions, healthcare providers should consider the unique cultural, social, and health needs of Aboriginal and Torres Strait Islander patients. In some circumstances, it may be necessary to consult with an Aboriginal Liaison Officer and/or Aboriginal Health services (if available) to ensure that the patient's admission process is culturally safe and supportive. These consultations should be integrated into the clinical decision-making process, and recommendations from the Aboriginal Liaison Officer and Aboriginal Health services should be given due consideration.

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 the emergency department is not a criterion for admission, it is determined by clinical need.

3.3. Boarders

A boarder is a person receiving food and/or overnight accommodation from the hospital who does not require clinical treatment or care.

Examples of boarders are:

- a mother accompanying an admitted child
- a child staying with an admitted mother
- a family member/carer staying at the bedside of a palliative care patient.

Patients who turn 10 days of age and do not require clinical care are to be discharged 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.

3.3.1. Justice Health and Forensic Mental Health Network

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.

3.4. Organ donation

Deceased organ and tissue donation is the retrieval of human tissue for the purpose of transplantation from a donor who has been declared deceased.

Deceased organ and tissue donation 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 (see Section 2.). For more information, refer to NSW Health Policy Directive *Organ and Tissue Donation, Use and Retention* (PD2024_022).

3.5. Collaborative Care and Contracted Care

Collaborative Care and Contracted 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. These arrangements are defined as follows:

- Collaborative care – care organised between two NSW Health public admitted facilities.
- Contracted care – care organised between one NSW Health public facility and one private health service provider.

For NSW Health, a formal agreement, (such as a contract, or memorandum of understanding) must be negotiated between one NSW Health entity and one private/non-government entity. This results in a business and financial arrangement for the provision of a specified health care service(s).

Further information is available in the NSW Health Information Bulletin *Contracted Care and Collaborative Care Business Rules and Reporting Requirements* (IB2023_030).

3.6. Leave from hospital

An admitted patient may be granted leave from hospital with the approval of their Admitting Medical Officer, or other authorised clinician, for a designated period of up to and including 7 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.

Mental health patients

A voluntary mental health patient on approved leave who does not return by their nominated leave return date and time is to be discharged. Their discharge date is 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.

Involuntary mental health patients may be granted a longer period of leave (see Section 3.6.2.).

Did not return from leave

A patient that does not return from leave at the conclusion of 7 days must be discharged. For patients who are absent without leave, if they do not return within 7 days, the discharge date and time is to be recorded as the date and time at which the patient was first noted to be absent.

Daily treatment programs

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.

3.6.1. 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 Emergency Department Type of Visit of 'Current Admitted Patient Presentation' and, if required, a care type change in the Patient Administration System.

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

3.6.2. 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* (NSW).

The period of leave for an involuntary mental health patient may exceed 7 days.

An involuntary mental health patient should only be discharged whilst on leave if an authorised medical officer from the admitting facility authorises it. The authorised medical officer must be satisfied that the patient either no longer requires involuntary care under the *Mental Health Act 2007* (NSW) 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 have absconded.

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 first 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 NSW Health Policy Directive *Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services* (PD2019_045) and the *Mental Health Act 2007* (NSW).

3.7. 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 (see NSW Health Policy Directive *Hospital in the Home* [PD2025_004]).

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.

3.8. 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 (see Section 2.) and requires admission to the facility prior to transfer.

All inter-facility transfers must comply with NSW Health Policy Directives:

- *Adult Critical and Specialist Care Inter-Hospital Transfer* (PD2025_002), or
- *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* (PD2023_019).

3.9. Hospital in the Home

Hospital in the Home (HITH) is a supported model of care and admissions under the HITH program must comply with this Policy Directive.

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

For specific details around the definitions and eligibility for HITH, refer to NSW Health Policy Directive *Hospital in the Home* (PD2025_004) and the NSW Health Admitted Patient Data Dictionary.

3.10. Admissions when no clinician with admitting rights is present

In most circumstances a clinician with admitting rights may be physically present to admit a patient, however, there are certain circumstances where this is not the case, such as overnight and/or 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 emergency department

attendance or a non-admitted service. When a clinician with admitting rights becomes available, the patient can then be admitted.

Mechanisms should be in place for the clinician with admitting rights to be notified of each hospital admission through the emergency department. The notification should be made by the rostered medical officer attending to the patient in the emergency department, prior to the end of their shift. In hospitals with specialty registrars, this notification can be made to the appropriate registrar. All relevant medical practitioners should be educated regarding the need for compliance with this process.

3.11. Virtual Care

Patients who have met the Criteria for Admission (see Section 2.) and undergone an admission process to a facility may have care provided wholly or in part through virtual care. An admission occurs when a clinician with admitting rights to the service determines that a patient meets the clinical criteria for admission and requires admitted virtual patient care.

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 discharges themselves against medical advice and refuses to sign a “discharge against medical advice form” or
- the patient is declared deceased.

For patients who are being transferred to another facility for ongoing clinical care, discharge occurs when either:

- the patient is under the care of the transporting authority, if the transporting authority is a separate entity to the treating facility (such as NSW Ambulance Service); or
- the patient is admitted to the receiving facility, if the original treating facility is providing the transportation.

The discharge process must be consistent with NSW Health Policy Directive *Admission to Discharge Care Coordination* (PD2022_021).

5. Residential care clients

For the purposes of this Policy Directive, 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 NSW Health Admitted Patient Care (Public Sector) – Data Dictionary.

6. References

[1] NSW Health Data Collections

[2] NSW Health Policy Directive *Emergency Department Short Stay Units* (PD2014_040)

[3] Australian Government Australian Institute of Health and Welfare, National Health Data Dictionary Version 16.2.