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CIRCULATION: PUBLIC HOSPITALS
PRIVATE HOSPITALS
PSYCHIATRIC HOSPITALS

NO: 15

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SUBJECT: DEFINITIONAL AND REPORTING
CHANGES FROM 1 JULY 1993

CONTACT OFFICER: REGIONAL OFFICE

This Circular foreshadows changes in patient-level data definitions and performance reporting requirements which are to be implemented from 1 July 1993.

These changes are necessary for the following reasons:

- * to comply with the State's obligations under the Medicare Agreement with effect from 1 July 1993;
- * to bring Victoria in line with national casemix definitions arising from the National Patient Abstracting and Coding Project conducted by the Commonwealth in 1992 and revised in March 1993;
- * to update patient-level data reporting and coding in accordance with the National Health Data Dictionary (Version 2.0, published by Australian Institute of Health and Welfare, March 1993); and
- * for public hospitals, to reflect the funding arrangements under the Department's revised Program Budget structure and casemix funding for hospitals.

The four broad types of changes are:

- * source data definitions;
- * for public hospitals and public psychiatric hospitals, monthly and annual returns (financial and statistical);
- * for private hospitals, quarterly returns; and
- * patient-level data fields to be reported in the Victorian Inpatient Minimum Database (via PRS or PRS/2).

These are necessarily inter-related in that the definitions are a basis for the aggregate hospital and patient-level data which should be routinely reconciled.

This Circular provides a summary of the various changes with the intention of alerting hospitals to the fact that these matters will have important implications for hospital admission practices, particularly for public patients; medical record coding; patient administration and reporting systems; medical record stationery (admission, separation and abstracting forms); the computer interface with PRS/2 and reporting to the Department.

The Department is currently developing implementation guidelines in consultation with relevant professional organisations and, where appropriate, planning training sessions for the more significant changes.

Source Data Definitions

A comprehensive set of definitions for such terms as "Patient", "Admission", "Separation" and so on will be released.

In the majority of cases the definitional changes are wording changes to be consistent with national definitions. Some of the new definitions will require changes in practice by clinicians, admitting officers and/or medical records staff. These include new definitions for "Principal Diagnosis" and "Minimum Criteria for Admission" in accordance with the National Patient Abstracting and Coding Project.

Public Hospital Monthly and Annual Returns

The revised format will reflect the requirements of the 1993 Medicare Agreement. The major differences in the Monthly Inpatient Return will be:

- * Need to identify the Program Budget source of funding for acute inpatient services, such as "Program 306 Public Hospitals", "Program 307 Psychiatric Services" and "Program 308 Aged Care Services". Hospitals will be advised of the fund source as components in the casemix funding formula and within the Health Service Agreement. For example, it is envisaged that psychiatric services currently funded within some hospitals' global budgets will transfer to the Psychiatric Service Program 307.
- * Replacement of the statistic "Inpatients Treated" - which requires an inpatient census at the end of the period - with the statistic "Separations" - being all patients who are discharged, transferred, die or leave against medical advice during the period.
- * Separate reporting of "Same Day Patients" by account classification.
- * Separate reporting of "Nursing Home Type Patients with/without NH5 Certificates" and "Non-Acute Compensables/ Ineligibles."

The Monthly Non-Inpatient Return will be changed to reflect the Program Budget source of funds. In accordance with the Medicare Agreement Non-Inpatient services provided by medical practitioners on a private basis should not be reported if the services will attract Medicare benefits. Services funded by the Home and Community Care Program should not be reported.

The Monthly Financial Return will be modified to reflect the Program Budget structure and significant reporting entities associated with casemix funding.

Private Hospital Quarterly Return

It is proposed that Schedule 8 of the Health Services (Private Hospitals and Day Procedure Centres) Regulations 1991 be amended so that the Quarterly Return will reflect the requirements of the 1993 Medicare Agreement.

The major difference will be (as for public hospitals) replacement of the statistic "Inpatients Treated" with the statistic "Separations". All data are to be reported as Year-To-Date data and not individual quarterly data.

Private hospitals will no longer be required to report data by classification (medical, surgical, obstetric etc.) as it is planned that all private hospitals and day procedure centres will transmit 1993/4 patient-level data to the Victorian Inpatient Minimum Database.

Victorian Inpatient Minimum Database

Public hospitals, private hospitals and day procedure centres transmit data to the Victorian Inpatient Minimum Database via the PRS and PRS/2 Systems at Health Computing Services. The Department will keep these system changes to a minimum.

Full details will be made available in April to enable adequate time for changes to in-house systems and/or the interface to PRS/2 by 1 July 1993. Replacement pages for the PRS/2 Hospital User Guide will be provided in May. The Department will contribute funding to approved suppliers for the system development costs associated with the PRS/2 interface, subject to compliance with the specifications.

In summary, although details are subject to finalisation, it is expected that 4 fields will be added to PRS/2, 2 fields will be removed and 7 fields will have changed options and/or field size.

The PRISM system used by psychiatric hospitals will be amended at a later time as part of a more comprehensive system review. From July 1993, all acute psychiatric inpatient separations in public psychiatric hospitals are to be coded to ICD 9 CM.

Further details

The Department will provide further details on the changes, implementation guidelines and training arrangements during April and May 1993. The revised definitions and reporting arrangements will apply from 1 July 1993.



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