



## Tier 2

Non-admitted services  
compendium  
2014-2015  
November 2013

## **Tier 2 Non-admitted services compendium 2014-15**

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# 1. Introduction

The purpose of the *Tier 2 non-admitted services compendium* is to assist health department and health service staff to collect non-admitted activity data for Activity Based Funding (ABF).

The compendium provides guidance on the counting and classification rules associated with the Tier 2 non-admitted services classification. It provides business rules and examples to assist with consistent counting, classification, and reporting of non-admitted activity data for ABF purposes.

As the system managers, jurisdictional health departments may impose local reporting rules and requirements. It is recommended that health service staff consult jurisdictional documentation for further guidance on the matter.

## Tier 2 classification system

When Tier 2 is being used for the purpose of ABF, the Tier 2 non-admitted services compendium should be read in conjunction with the:

- Activity based funding: Non-admitted patient care data set specifications
- Tier 2 non-admitted services definitions manual
- Tier 2 non-admitted services national index.

Using these documents together will assist with consistent allocation of non-admitted services to a Tier 2 class. Due to the interrelated nature of the Tier 2 system, the compendium and definitions manual are updated concurrently, with changes being reflected in the index and data set specifications shortly after.

## Activity based funding: non-admitted patient care data set specifications

These documents contain the data items required to be reported on a quarterly basis to the Independent Hospital Pricing Authority (IHPA) for non-admitted service events. Health service staff should refer to these documents for further information on:

- The scope of non-admitted activity that is required to be reported to IHPA
- A list of the data items which are required to be reported
- A list of values, instructions and collection guidelines for all of the data items.

There are three Non-admitted patient care data set specifications for Activity Based Funding:

- Non-admitted patient data set specification – used to collect information for each non-admitted patient service event at each clinic of a facility
- Non-admitted patient care local hospital network aggregate data set specification – used to collect the total service events per Tier 2 class for a local health network.
- Non-admitted patient care aggregate National Minimum Data Set (NMDS) – used to collect the total service events per Tier 2 class for a facility.

## **Tier 2 non-admitted services definitions manual**

This is the classification manual for Tier 2. Health service staff should refer to this document for further information on each Tier 2 class, including:

- Definitions
- Usual provider
- Affected body system
- Guides for use
- Inclusion criteria
- Exclusion criteria
- Administrative information.

## **Tier 2 non-admitted services national index**

This document provides a way of navigating the Tier 2 classification to ensure all health service staff are classifying non-admitted clinics to an appropriate Tier 2 class, in a consistent manner.

## 2. The non-admitted patient service event

Tier 2 makes use of the Australian Institute of Health & Welfare national standards for the broader health sector as found in the National Health Data Dictionary 2012 version 16. Of particular importance are the standards for Non-admitted patient service event and health care provider.

Non-admitted patient service event is the counting unit in the *Activity based funding: non-admitted patient care data set specifications*. This unit is intended to capture instances of healthcare provision from the perspective of the patient.

A non-admitted patient service event is defined as an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.<sup>1</sup>

The interaction may be for assessment, examination, consultation, treatment and/or education.

**Please note:** regardless of the number of healthcare providers or locations involved, a non-admitted patient service event must be counted once only.

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<sup>1</sup> Australian Government, Australian Institute of Health & Welfare. [National Health Data Dictionary](http://meteor.aihw.gov.au/content/index.phtml/itemId/400604) (2012). Retrieved from (http://meteor.aihw.gov.au/content/index.phtml/itemId/400604)

### 3. Healthcare provider

Healthcare provider is an important concept for the counting of non-admitted service patient events as it is generally a good indication as to the nature of the predominant health service the clinic provides. The groups have been developed based on the typical provider who traditionally supplied the service. These should be used as guidance only, as this may not be appropriate in all situations; in particular smaller settings such as rural hospitals may make more use a general clinician.

Healthcare provider is defined as:

An organisation or individual that provides a health service. <sup>2</sup>

A healthcare provider may be one of the following, although the list is not exhaustive:

- Aboriginal and Torres Strait Islander health worker
- Allied health professional
- Nursing professional, including a nurse practitioner
- Medical professional
- Therapy aide.

Provided the patient-healthcare provider interaction meets the remaining criteria in the definition (i.e. the interaction contains therapeutic/clinical content and results in a dated entry in the medical record), a non-admitted patient service event may be counted.

#### Medical

Clinics are generally captured in the 20 series of Tier 2 when the nature of the health service means it is typically provided by a medical practitioner. In medical consultation/procedural/diagnostic clinics, it is assumed that there may also be input from allied health personnel and/or Clinical Nurse Specialists (CNSs). Where there is a mix of medical practitioners, allied health personnel and/or CNSs in the one clinic for a specific service, the clinic should be classified to the Tier 2 group most relevant to the predominant provider of the clinic's services, refer to chapter 4 *General classification rules* for more information on classifying to the predominant clinician.

#### Nurse practitioner

A nurse practitioner is a registered nurse, educated and authorised to function autonomously in an advanced and extended clinical role. The title of nurse practitioner is protected by state and territory legislation and only those authorised by their nursing and midwifery regulatory authority are able to call themselves nurse practitioners.

Clinics where the usual provider is a nurse practitioner should be classified to the relevant class within the medical consultation group rather than to a class within the allied health and/or CNS interventions group.

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<sup>2</sup> Australian Government, Australian Institute of Health & Welfare. [National Health Data Dictionary](http://meteor.aihw.gov.au/content/index.phtml/itemId/426838) (2012). Retrieved from (http://meteor.aihw.gov.au/content/index.phtml/itemId/426838)

## **Allied health and/or nursing (excluding nurse practitioner)**

Where there are allied health personnel/CNSs providing the majority of services in a clinic, the clinic should be categorised to the appropriate Tier 2 class within the allied health and/or CNS intervention group (40 series).

Spontaneous or ad hoc consultations provided by a medical practitioner to an allied health/CNS clinic should not result in a reassignment to a Tier 2 medical consultation class; refer to chapter 4 *General classification rules* for more information on classifying based on predominant clinician.

## **Therapy aide**

Clinics where the usual provider is a therapy aide should be classified to the relevant allied health and/or CNS interventions class that reflects the discipline of the healthcare provider under whose guidance the therapy aide is working.



## 4. General classification rules

- a) It is recommended to use the ‘top-down’ method to classify clinics. Using the top-down method, clinics are first classified to a group based on the predominant nature of health service provided by the clinic and then to the class most appropriate for the clinic’s specialisation (often reflective of the specialty and discipline of the usual provider). For example:
- A physiotherapy clinic which provides physiotherapy services across a range of conditions and disorders should be classified to 40.09 Physiotherapy.
  - A rehabilitation clinic which provides physiotherapy services along with services from occupational therapy, speech pathology and social work should be classified to 40.12 Rehabilitation.
  - An allied health/CNS burns clinic that may involve nursing, occupational therapy, physiotherapy and social work services should be classified to 40.31 Burns.
  - An occupational therapy clinic, in which the occupational therapist provides services across a range of conditions and disorders, should be classified to 40.06 Occupational Therapy.
- b) Where a clinic is a combination of two or more specialisations, use the “50% or more” rule to determine which class is the most appropriate category for the clinic and hence to capture all its service events. For example:
- In a respiratory cancer clinic, if 60% of the clinic’s activity is performed by a medical specialist, all non-admitted patient service events performed by the clinic should be reported under 20.19 Respiratory.
  - In an obstetrics clinic, if 90% of the clinic’s activity is performed by a midwife, all non-admitted patient service events performed by the clinic should be classified to 40.28 Midwifery and maternity.
- c) In some settings, there may be a combination of procedural and consultation services within the one clinic. In this scenario, unless the majority of the services provided are procedural, map the clinic to the appropriate class within the medical consultation group.

## 5. Non-admitted patient service events involving multiple healthcare providers

A non-admitted patient service event should be counted once only, regardless of the number of healthcare providers present.

### Counting rules

- a) Non-admitted services involving multiple healthcare providers are counted as one non-admitted patient service event.
- b) If the clinic providing the services is a clinic where care is provided by multiple healthcare providers, then it is irrelevant whether the patient was seen jointly or separately by multiple providers. This should still be counted as one non-admitted patient service event.

#### Example 1

A patient with breast cancer attends a consultation at a breast clinic. A range of staff are routinely scheduled to participate in this clinic (for example, staff from oncology, radiation medicine, radiology, pathology, surgery and breast care nursing). The typical time for each non-admitted appointment is between one and one and a half hours, reflecting the involvement of multiple staff in evaluating care options and providing therapeutic advice. The facility has determined 20.32 Breast, is the most appropriate classification for the clinic.

Outcome: this would be counted as one non-admitted patient service event.

#### Example 2

A patient attends a brain injury rehabilitation clinic led by a rehabilitation specialist. Visits usually involve:

- Review by a rehabilitation physician
- Review by a clinical nurse consultant
- Review by a social worker.

The facility has determined 20.47 Rehabilitation to be the most appropriate classification for the clinic.

Outcome: this would be counted as one non-admitted patient service event.

#### Example 3

A patient attends a cardiology clinic and is seen by a nurse who takes their blood pressure and other clinical measurements. The nurse notes these results in the patient's record and the patient is then reviewed by the cardiologist. The facility has determined 20.22 Cardiology to be the most appropriate classifications for the clinic.

Outcome: this would be counted as one non-admitted patient service event.

#### Example 4

A patient has an appointment at a plastics clinic. As part of the visit:

- A nurse assesses the patient's wound and removes the wound dressing.
- The patient is assessed by a plastic surgeon.
- The patient returns to the nurse to have the wound redressed.

The facility has determined that 20.46 Plastics and reconstructive surgery is the most appropriate classification of the clinic.

Outcome: this would be counted as one non-admitted patient service event.

#### Example 5

A patient attends a falls and mobility clinic and is seen sequentially by a nurse, a physiotherapist, and a geriatrician. On the same day three other patients attend the clinic and see the same three healthcare providers. Once all four patients have been seen, the healthcare providers have a case conference meeting to discuss each of the patients and treatment plans. The facility has determined that the clinic is most appropriately classified to 40.56 Falls prevention.

Outcome: each patient attending the clinic would be counted as a non-admitted patient service event; the case conferencing would not be separately counted.

## 6. Multiple services on the same day

Patients can be counted as having multiple non-admitted patient service events on the same day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.

### Counting rules

- a) For multiple non-admitted patient service events to be counted, the patient must have attended separate clinics.
- b) If the therapeutic/clinical content was ongoing across non-admitted patient service events then only a single non-admitted patient service event must be counted.
- c) If the non-admitted patient service event was intended to be unbroken, but due to circumstances the healthcare provider was called away and returned later, then only a single non-admitted patient service event must be counted.
- d) Appointments at clinics where services are provided by multiple healthcare providers must not be counted as separate non-admitted patient service events in order to report increased non-admitted patient service events.
- e) Clinics where services are provided by multiple healthcare providers must not be registered as separate clinics in order to report increased non-admitted patient service events.

#### Example 1

A patient has an appointment at an orthopaedic clinic for review post-surgery and then later in the day attends a regular biweekly physiotherapy appointment at a physiotherapy clinic. The facility has determined orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics and the physiotherapy clinic classified to 40.09 Physiotherapy.

Outcome: each of these visits would be counted as separate non-admitted patient service events, provided they meet the criteria in the definition of a non-admitted patient service event – including the provision of therapeutic/clinical content and dated entries in the medical record.

#### Example 2

A patient has an appointment at an orthopaedic clinic during which the specialist refers them to have imaging. After imaging the patient returns immediately to the specialist with the results. The facility has determined the orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics.

Outcome: the therapeutic/clinical content was ongoing; therefore the two visits to the specialist would be counted as one non-admitted patient service event and counted by the orthopaedic clinic.

### Example 3

A patient has an appointment at an orthopaedic clinic. During the appointment the specialist is called away to review a patient in the Emergency Department. When the specialist returns the appointment continues. The facility has determined the orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics.

Outcome: the visit was intended to be unbroken, therefore, the two interactions would be counted as one non-admitted patient service event and counted for the orthopaedic clinic.

## 7. Services delivered via Information and Communication Technology (ICT)

Consultations delivered via ICT (including but not limited to telephone and where the patient is participating via a video link) can be counted as non-admitted patient service events if they substitute for a face to face consultation and provided they meet all the criteria included in the definition of a non-admitted patient service event.<sup>3</sup>

### Counting rules

- a) Consultations delivered via ICT must involve an interaction between at least one healthcare provider and the patient. Hence, the presence of the patient is required at one location.
- b) Consultations delivered via ICT must be a substitute for a face to face consultation to be counted as a non-admitted patient service event.
- c) Administrative phone calls, such as booking or rescheduling appointments, must not be counted as non-admitted patient service events.
- d) Consultations delivered via ICT must only be counted as one non-admitted patient service event, by one public hospital service, irrespective of the number of healthcare providers or locations participating.
- e) Regardless of the patient's location, the non-admitted patient service event should be counted at the clinic providing the consultation service.

#### Example 1

A healthcare provider organises a scheduled telehealth session during an outpatient visit involving an elderly patient at hospital A. Information on the patient's medical history is supplied by the healthcare provider while a neurologist in hospital B assesses tremors and gait problems using teleconferencing, video link, telemetry or other resources. Hospital B has determined the clinic providing the service is most appropriately classified to 20.15 Neurology.

Outcome: this consultation substitutes for the patient attending an appointment in person with the neurologist at hospital B. It meets the criteria in the non-admitted patient service event definition and is counted as a non-admitted patient service event for the clinic at hospital B.

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<sup>3</sup> Australian Government, Australian Institute of Health & Welfare. [National Health Data Dictionary](http://meteor.aihw.gov.au/content/index.phpml/itemId/400604) (2012). Retrieved from (http://meteor.aihw.gov.au/content/index.phpml/itemId/400604)

## Example 2

A child with cerebral palsy cannot be in the same location as an occupational therapist due to the location of the therapist. The child and parent attend an appointment at regional hospital A, for a scheduled telehealth consultation with an occupational therapist at metropolitan children's hospital B. The occupational therapist assesses the patient and provides advice on equipment and activities of daily living skills. A nurse is present at regional hospital A to assist in the consultation. Hospital B has determined the clinic providing the service is most appropriately classified to 40.06 Occupational therapy.

Outcome: this consultation substitutes for the patient attending an appointment in person with the occupational therapist at hospital B. It meets the criteria in the non-admitted patient service event definition and is counted as a non-admitted patient service event at for the clinic hospital B.

## Example 3

A healthcare provider recently saw a patient at an outpatient clinic at hospital A. Following the clinic appointment the healthcare provider telephones a specialist at hospital B for follow up advice.

Outcome: the patient is not present for this telephone consultation and therefore this interaction does not meet the definition of a non-admitted patient service event.

## Example 4

A patient and psychiatrist cannot be in the same location for a consultation. The patient teleconferences the psychiatrist, who is at a hospital clinic, from their home. The psychiatrist assesses the patient, provides counselling and prescribes medication – the prescription is posted to the patient after the consultation.

Outcome: the consultation substitutes for the patient attending an appointment in person and is counted as a non-admitted patient service event and classified as per the clinic's normal classification.

## Example 5

A patient and a social worker from a palliative care clinic cannot be in the same location for a consultation. Following the patient's recent discharge from hospital, they have a consultation using ICT while the patient is located at home and the social worker is at a hospital clinic. The social worker provides counselling, assists the patient with accessing services in their local area, and documents the interaction in the patient's medical record.

Outcome: the consultation substitutes for the patient attending an appointment in person and is counted as a non-admitted patient service event and classified as per the clinic's normal class classification.

## 8. Patient education services

Patient education services can be counted as non-admitted patient service events provided they meet all the criteria included in the definition of a non-admitted patient service event.

### Counting rules

- a) The patient education service must contain therapeutic/clinical content in order to be counted as a non-admitted patient service event.
- b) The patient education service must be documented in the patient's medical record in order to be counted as a non-admitted patient service event.
- c) Staff education and training must not be counted as a non-admitted patient service event.

#### Example 1

A patient newly diagnosed with diabetes, attends a booked appointment for an education session with a diabetes educator (Note: this session may include multiple patients). The diabetes educator provides the patient with clinical advice relating to the management of the condition and records the interaction in the patient's medical record. The facility has determined the clinic is most appropriately classified to 40.46 Endocrinology.

Outcome: this would be counted as a non-admitted patient service event.

#### Example 2

A hospital offers an informal group educational classes targeted at people who have suffered a heart attack, and their families. These classes provide general information on diet, exercise and self-management of risk factors. The classes do not lead to entries in the patient's medical records.

Outcome: these services would not meet the criteria in the definition of a non-admitted patient service event and would not be counted as non-admitted patient service events.

#### Example 3

A hospital offers a drop-in support group for patients with dementia and their carers. A healthcare provider facilitates the group discussion and provides information on dementia and services that are available to patients and their carers. The number of members attending each month varies and no medical records are created.

Outcome: this service would not meet the criteria in the definition of a non-admitted patient service event as no entry was made in their medical records and hence would not be counted as a non-admitted patient service event.



## 9. Services provided to groups

Care provided to two or more patients by the same service provider(s) at the same time can also be referred to as a group session.

One service event is recorded for each patient who attends a group session regardless of the number of healthcare providers present, where the definition of a non-admitted patient service event is met.<sup>4</sup>

A group indicator flag is included in the *Non-admitted patient care data set specification* to record this type of non-admitted patient service event.

### Counting rules

- a) The group session must contain therapeutic/clinical content for each patient in the group in order to be counted as non-admitted patient service events.
- b) The interaction must be documented in the individual patient medical records in order to be counted as non-admitted patient service events.
- c) Family members seen together can each be counted as non-admitted patient service events as long as each family member was provided with therapeutic/clinical input and a dated entry was made in each family member's medical record.
- d) Family members/carers accompanying a patient to an appointment must not be counted as additional non-admitted patient service events.

#### Example 1

Five patients participate in a hydrotherapy session where a physiotherapist directs the patients through a range of exercises. A dated entry is made in each patient's medical record following the session. The facility has determined the clinic is most appropriately classified to 40.05 Hydrotherapy.

Outcome: this session would be counted as five non-admitted patient service events.

#### Example 2

A family has two children with cystic fibrosis. The children attend a single outpatient appointment at a general metropolitan hospital. Therapeutic/clinical advice is provided for each child and a dated entry is made in each child's medical record. The facility has determined the most appropriate classification of the clinic would be 20.20 Respiratory - cystic fibrosis.

Outcome: this session would be counted as two non-admitted service events (i.e. it is reported from the perspective of the patient).

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<sup>4</sup> Australian Government, Australian Institute of Health & Welfare. [National Health Data Dictionary](http://meteor.aihw.gov.au/content/index.phtml/itemId/400604) (2012). Retrieved from (http://meteor.aihw.gov.au/content/index.phtml/itemId/400604)

### Example 3

A child attends an ear, nose and throat clinic at a children's hospital, accompanied by his parent and grandparent. Therapeutic/clinical advice is provided for the child to the mother and grandmother and a dated entry is made in the child's medical record. The facility determined 20.18 Ear, nose and throat (ENT) as the most appropriate classification of the clinic.

Outcome: this session would be counted as one non-admitted patient service event.

## 10. Non-admitted services provided to admitted patients

Any service provided to a patient while they are admitted must not be counted as a non-admitted patient service event.

### Counting rules

- a) Any service provided by non-admitted clinic staff to an admitted patient of the hospital must not be counted as a non-admitted patient service event.
- b) Any attendance or appointment by an admitted patient of the hospital at a non-admitted service must not be counted as a non-admitted patient service event.

#### Example 1

A patient is admitted to hospital for treatment of a fracture. The patient is unable to attend a pre-existing appointment at the psychiatry clinic of the same hospital so the psychiatrist conducts the consultation on the ward.

Outcome: this must not be counted as a non-admitted patient service event.

#### Example 2

A patient is admitted to hospital for treatment of a cardiac condition. The patient has a pre-existing appointment at the nutrition and dietetics clinic of the same hospital and is transported from the ward to attend this appointment.

Outcome: this must not be counted as a non-admitted patient service event.

#### Example 3

A patient is admitted to hospital A for treatment following a stroke. The patient is referred to a haematology specialist at hospital B, as none are available at hospital A. The patient attends the haematology clinic at hospital B while they are still an inpatient at hospital A.

Outcome: this must not be counted as a non-admitted patient service event.

## 11. Diagnostic services

For activity based funding purposes, services from stand-alone diagnostic clinics (30.01 to 30.08) are not counted or reported as non-admitted patient service events.

### Counting Rules

- a) Services provided by diagnostic clinics are an input or intermediate product to a non-admitted patient service event. They must be included with the non-admitted patient service event.
- b) Non-admitted services provided by diagnostic clinics should be linked to the related non-admitted patient service event in the costing data.
- c) Where hospital costing systems do not enable a diagnostic service to be linked directly to a non-admitted patient service event, the diagnostic service should be linked to an appropriate non-admitted patient service event within a thirty day range. The thirty day range is thirty days either side of the date the diagnostic service was provided.
- d) Diagnostic services that are not able to be linked, either directly or using the thirty day range, should not be counted or reported as non-admitted patient service events.

#### Example 1

A patient attends an appointment at radiology and undergoes a Magnetic Resonance Imaging (MRI) scan. Three days later the patient attends an orthopaedic clinic and a specialist reviews the MRI scan. The facility has determined that the orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics.

Outcome: this would be counted as one non-admitted patient service event and counted at the orthopaedic clinic. The radiology service does not meet the criteria of a non-admitted patient service event, as it is a diagnostic service that is an integral part of the orthopaedic clinic non-admitted patient service event.

#### Example 2

A patient with paraplegia, following a spinal cord injury, attends an appointment with a rehabilitation physician. The physician refers the patient for an urodynamics study, which is undertaken three weeks later. The facility has determined that the rehabilitation clinic providing the rehabilitation consultation is most appropriately classified to 20.47 Rehabilitation.

Outcome: this would be counted as one non-admitted patient service event and counted for the rehabilitation clinic. The urodynamics assessment does not meet the criteria of a non-admitted patient service event, as it is a diagnostic service that is an integral part of the rehabilitation clinic non-admitted patient service event.

### Example 3

A pregnant patient attends an appointment at radiology and undergoes an ultrasound. Two weeks later the patient attends an obstetrics clinic and an obstetrician reviews the ultrasound scans. The facility has determined 20.40 Obstetrics is the most appropriate classification of the obstetrics clinic.

Outcome: this would be counted as one non-admitted patient service event counted at the obstetrics clinic. The radiology service does not meet the criteria of a non-admitted patient service event, as it is a diagnostic service that is an integral part of the obstetrics clinic non-admitted patient service event.

### Example 4

A patient is referred by their GP for an ultrasound. The patient attends an appointment at radiology and undergoes the ultrasound. Two weeks later the patient attends an appointment with their GP who reviews the ultrasound scans.

Outcome: this would not be counted as a non-admitted patient service event because the radiology service does not meet the criteria of a non-admitted patient service event as it is a diagnostic service.

## 12. Services not counted as non-admitted patient service events

There are a number of services provided by healthcare providers which do not meet the criteria of a non-admitted patient service event and must not be counted.

### Counting rules

- a) Travel by a healthcare provider, or transport services provided to a patient, must not be counted as a non-admitted patient service event.
- b) Care planning or case coordination activities conducted on behalf of a patient but without the patient being present must not be counted as a non-admitted patient service event.
- c) Services which do not deliver clinical care do not meet the criteria of a non-admitted patient service event and must not be counted. For example, home cleaning, meals on wheels and home maintenance.

#### Example 1

A patient is collected by hospital transport to attend an outpatient clinic appointment.

Outcome: the transport does not meet the definition of a non-admitted patient service event and must not be counted.

#### Example 2

A specialist has a telephone consultation with another specialist to discuss a mutual patient.

Outcome: the patient is not present for this telephone consultation and therefore this interaction does not meet the definition of a non-admitted patient service event.

#### Example 3

A social worker spends time collating a report for a guardianship tribunal hearing, including gathering information from the patient's friends and family, liaising with Centrelink and writing the report.

Outcome: the patient is not present and therefore these interactions do not meet the definition of a non-admitted patient service event.

#### Example 4

A team made up of medical practitioners, nurses and allied health professionals attend a case conference and discuss their current list of patients, diagnoses and treatment plans. Notes from the case conference are documented in the patients' medical records.

Outcome: the patients are not present and therefore this does not meet the definition of a non-admitted patient service event.

## 13. Counting of home delivered renal dialysis, nutrition procedures, and invasive ventilation

Renal dialysis, Total Parenteral Nutrition (TPN), Home Enteral Nutrition (HEN), and invasive ventilation performed by the patient in their own home without the presence of a healthcare provider may be counted as a non-admitted patient service event, provided there is documentation of the procedures in the patient's medical record.

### Counting rules

When reporting *Non-admitted patient care data set specifications* the following are counted as non-admitted patient service events:

- a) Each session where a patient undergoes haemodialysis.
- b) Each day that a patient undertakes peritoneal dialysis.
- c) Each day that a patient undertakes TPN.
- d) Each day that a patient undertakes HEN.
- e) Each day that a patient undergoes home ventilation.

When reporting to the *Non-admitted patient care aggregate NMDS*:

A patient census approach using agreed prescribing norms may be used for counting non-admitted patient service events. For example:

- 12 non-admitted patient service events may be counted for a month during which a patient undergoes haemodialysis three times per week.
- 31 non-admitted patient service events may be counted in a 31 day month during which a patient undertakes HEN every day.
- 29 non-admitted patient service events may be counted in a 29 day month during which a patient undergoes invasive ventilation.

#### Example 1

A patient performs haemodialysis in their own home for three sessions a week. There were no disruptions or changes to this schedule for the month.

Outcome: 12 non-admitted patient service events should be counted for the month and classified to 10.15 Renal Dialysis – haemodialysis– home delivered.

#### Example 2

A patient performs TPN every day in their own home. In October (a 31 day month), the patient is admitted to hospital for five days and during their admission TPN is performed by the patient in the hospital.

Outcome: 26 non-admitted patient service events should be counted for this month and classified to 10.17 Total parenteral nutrition – home delivered.

### Example 3

A patient performs peritoneal dialysis in their own home on a daily basis. There were no disruptions or changes to this routine in August (a 31 day month).

Outcome: 31 non-admitted patient service events should be counted for the month and classified to 10.16 Renal dialysis – peritoneal dialysis – home delivered.

### Example 4

A patient performs HEN every day in their own home. On January 25<sup>th</sup> the patient is admitted to hospital for a same day procedure. The patient is discharged the same day and HEN is performed by the patient in their own home later the same day.

Outcome: 31 non-admitted patient service events should be counted for this month and classified to 10.18 Enteral nutrition – home delivered.

### Example 5

A patient undergoes ventilation via tracheostomy in their own home on a daily basis in the month of February (not a leap year). There were no disruptions or changes to this routine for the month.

Outcome: 28 non-admitted patient service events should be counted for the month and classified to 10.19 Ventilation – home delivered.



## Appendix A. Abbreviations

ABF	Activity Based Funding
CNS	Clinical Nurse Specialist
DSS	Data Set Specification
ENT	Ear, Nose and Throat
HEN	Home Enteral Nutrition
IHPA	Independent Hospital Pricing Authority
ICT	Information and Communication Technology
MRI	Magnetic Resonance Imaging
NMDS	National Minimum Data Set
TPN	Total Parenteral Nutrition