



Tier 2

Non-admitted services
compendium
2015-2016
February 2015

Tier 2 Non-admitted services compendium 2015-16

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1. Introduction

The purpose of the *Tier 2 non-admitted services compendium* is to assist with the collection of 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.

1.1. 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.

The Tier 2 classification system is built around the concept of 'non-admitted care clinics'. For the purposes of ABF, the term 'non-admitted care clinics' can be used interchangeably with the term 'non-admitted patient service units'. A service unit is a recognised clinical team of one or more healthcare providers within a hospital, multi-purpose service or community health service that provides non-admitted patient services and/or non-admitted patient support activities. Non-admitted care clinics may otherwise be referred to as:

- Outpatient clinics
- Ambulatory care clinics.

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

These documents contain the data items required to be reported on a biannual basis to the Independent Hospital Pricing Authority (IHPA) for non-admitted service events. These documents provide 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. This document provides 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 non-admitted care clinics are classified to an appropriate Tier 2 class, in a consistent manner.

Other reference documents

Tier 2 makes use of the Australian Institute of Health & Welfare national standards for the broader health sector as found in the METeOR, the national repository for health metadata. As METeOR is applicable to the broader national health sector, IHPA may place additional counting qualifications on the standards for ABF purposes.

2. Counting rules

The counting rules in the compendium are specific to the national ABF program and detail what is a non-admitted patient service event for ABF purposes.

The non-admitted services counting rules are from the perspective of the patient and aim to reflect their healthcare provision experience.

This chapter contains the unit of count for ABF non-admitted services, associated counting rules and examples of how the counting rules are applied in specific circumstances.

2.1. The non-admitted patient service event

The non-admitted patient service event is used to count healthcare services delivered to patients in the non-admitted sector of the public hospital system for ABF purposes.

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.

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

2.2 General counting rules for ABF purposes

1. Regardless of the number of healthcare providers involved, a non-admitted patient service event must be counted once only.
2. Only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.
3. Services provided to patients in the admitted or emergency department settings must not be counted as non-admitted patient service events.
4. Non-admitted services events delivered via telehealth where two public hospital service non-admitted clinics are involved are counted twice. One service event is counted at the clinic where the patient attends and one service event is counted at the clinic providing the consultation. Please refer to section 2.5 for further information on counting telehealth services.
5. Procedures 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. Please refer to section 2.11 for further information.

2.3. Non-admitted patient service events involving multiple healthcare providers

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

In 2015-16, the multiple health care provider indicator will identify non-admitted patient service events where three or more health care providers are involved.

Counting rules

- a) Non-admitted services involving multiple healthcare providers are counted as one non-admitted patient service event.
- b) Irrespective of whether the patient was seen jointly or separately by multiple providers, only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.
- c) The multiple health care provider indicator can be used to identify service events with three or more health care providers.
- d) The health care providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event.

The data element *Multiple health care provider status* is included in the *Non-admitted patient care data set specification* to record this type of non-admitted patient service event.

The following examples are provided in the context of reporting non-admitted activity data for activity based funding:

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 and the multiple health care provider indicator would indicate that direct care was provided by multiple health care providers.

Example 2

A patient attends a brain injury rehabilitation clinic led by a rehabilitation specialist. Their visit involves a:

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

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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 and the multiple health care provider indicator would indicate that direct care was provided by multiple health care providers.

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 and the multiple health care provider indicator would indicate that direct care was not provided by multiple health care providers. This is because there were only two health care providers involved in delivering the 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 and the multiple health care provider indicator would indicate that direct care was not provided by multiple health care providers. This is because there were only two health care providers involved in delivering the 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 as nursing and allied health are the usual providers for the clinic.

Outcome: each patient attending the clinic would be counted as a non-admitted patient service event; the case conferencing would not be separately counted. The multiple health care provider indicator would indicate that direct care was provided by multiple health care providers for each non-admitted patient service event.

Example 6

A patient has an appointment at the orthopaedic clinic for a fractured wrist. As part of the visit:

- An intern removes the cast and assesses the patient's wrist.
- A physiotherapist provides information about several functional exercises.
- The patient is reviewed by the orthopaedic registrar before leaving the orthopaedic clinic.

The facility has determined that 20.29 Orthopaedics is the most appropriate classification of the clinic.

Outcome: this would be counted as one non-admitted patient service event and the multiple health care provider indicator would indicate that direct care was not provided by multiple health care providers. This is because there were two health care providers from one specialty and another health care provider from another speciality involved in delivering the one non-admitted patient service event.

2.4. Multiple services on the same day

Only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.

A non-admitted patient service event may be counted for each non-admitted clinic a patient attends on a given calendar day where the service received meets the definition of a non-admitted patient service event.

Counting rules

- a) For multiple non-admitted patient service events to be counted on a given day, the patient must have attended separate clinics where they received a service that meets the definition of a non-admitted patient service event.
- b) 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.
- c) 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 count increased non-admitted patient service events.
- d) Clinics where services are provided by multiple healthcare providers must not be registered as separate clinics in order to count 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 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 two visits to the specialist occur on the same day and would therefore 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.

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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.

2.5. Services delivered via Information and Communication Technology (ICT)

Consultations delivered via ICT (including but not limited to telehealth and where the patient is participating via a video link) must be equivalent to a face to face consultation to be counted as a non-admitted patient service event. That is, the event must be necessary and if the event were not delivered via ICT then the patient would have been required to receive that service in a face to face consultation.

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. The interaction must be the equivalent of a face to face consultation. That is, both health care provider and patient interacting in a mutually responsive manner within a short timeframe).
- 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. That is, the consultation must contain therapeutic/clinical content and be equivalent in content in the sense that if the consultation could not be provided via ICT, a face to face consultation would have occurred.
- 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 may be counted by the public hospital service providing the consultation service (provider end), and by the public hospital service where the patient is present (receiver end).

Example 1

During an outpatient visit involving an elderly patient at hospital A, a neurologist in hospital B assesses tremors and gait problems using teleconferencing, video link, telemetry or other resources. A nurse is with the patient during the outpatient visit at hospital A. Hospital B has determined the clinic providing the service is most appropriately classified to 20.15 Neurology.

Outcome: this consultation is equivalent to the patient attending an appointment in person with the neurologist at hospital B. It meets the definition of the non-admitted patient service event and is counted as a non-admitted patient service event for the clinic at hospital B in the class 20.15 Neurology and for hospital A in the class 40.61 Telehealth-patient location.

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 is equivalent to the patient attending an appointment in person with the occupational therapist at hospital B. It meets the definition of the non-admitted

patient service event and is counted as a non-admitted patient service event for the clinic of hospital B in class 40.06 Occupational therapy and for hospital A in the class 40.61 Telehealth-patient location.

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 is equivalent to the patient attending an appointment in person and is counted as one 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 is equivalent to the patient attending an appointment in person and is counted as one non-admitted patient service event and classified as per the clinic's normal class classification.

2.6. Patient education services

Patient education services can be counted as non-admitted patient service events where they meet 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. Entries are not made in the patients' medical records.

Outcome: these services would not meet 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 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.

2.7. 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 when the patients within the group receive the same service.

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.

The data element *Group session indicator* included in the *Non-admitted patient care data set specification* to record this type of non-admitted patient service event.

Counting rules

- a) A non-admitted patient service event is to be counted for each member of the group that receives a service containing therapeutic/clinical content.
- 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 when they did not receive a service meeting the definition of a non-admitted patient service event.

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 counted from the perspective of the patient).

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

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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 as the accompanying family members did not receive a service that met the definition of a non-admitted patient service event.

2.8. Non-admitted services provided to admitted patients

Any service provided to a patient while they are admitted or in an emergency department 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 admitted patient at hospital A.

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

Example 4

A resident of an aged care facility, that is not a public hospital, receives speech therapy following a stroke. The speech pathologist undertakes the consultation at the aged care facility. The facility has determined 40.18 Speech pathology as the most appropriate classification of the clinic.

Outcome: the consultation meets the definition of a non-admitted patient service event as the patient was not admitted or in the emergency department of a public hospital.

2.9. Diagnostic services

For activity based funding purposes, services from diagnostic clinics (30 series) are not counted 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.
- b) Non-admitted services provided by diagnostic clinics must 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 must 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, must not be counted 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 definition 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 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 is an input to the rehabilitation clinic non-admitted patient service event and therefore not counted as an additional 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 is an input to the obstetrics clinic non-admitted patient service event and therefore not counted as an additional 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 definition of a non-admitted patient service event as it is a diagnostic service.

2.10. Services not counted as non-admitted patient service events

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

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 definition 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.

2.11. Counting of home delivered renal dialysis, nutrition procedures, and home ventilation

Renal dialysis, Total Parenteral Nutrition (TPN), Home Enteral Nutrition (HEN), and home 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.

In 2015-16, temporal care bundling of these service events will apply.

Counting rules

When reporting to the *Non-admitted patient care data set specifications*, temporal care bundling applies to the following services:

- a) Haemodialysis – home delivered
- b) Peritoneal dialysis – home delivered
- c) TPN – home delivered
- d) Enteral Nutrition – home delivered
- e) Ventilation – home delivered

In relation to the above services, all non-admitted patient sessions performed per month are to be bundled and counted as one non-admitted patient service event per patient per calendar month regardless of the number of sessions.

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

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Example 4

A patient performs HEN every day in their own home. On January 25th 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: One non-admitted patient service event 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: One 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