Total leave days

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary:	NHDD		
Knowledgebase ID:	000163	Version number:	1
Metadata type:	DATA ELEMENT		
Registration Authority:	NHIMG	Admin status:	SUPERSEDED
		Effective date:	30-JUN-95

Definition: Sum of length of leave (date returned from leave minus date went on leave) for all leave periods* within the episode (excluding one-day leave periods for acute and private psychiatric hospital in-patients).

Context: Institutional health care: recording of leave periods allows for the calculation of patient days excluding leave. This is important for analysis of costs per patient and for planning. The maximum limit allowed for leave affects admission and separation rates, particularly for long-stay patients who may have several leave periods.

Relational and Representational Attributes

Datatype: Numeric

Representational form: QUANTITATIVE VALUE

Representation layout: NNN

Minimum Size: 1

Maximum Size: 3

Guide For Use: Acute hospitals and private psychiatric hospitals
For each leave period, calculate leave days as date of return minus date of leave. Total leave days are the sum of all leave days excluding one-day (that is, overnight) leave periods.

Public psychiatric hospitals
- Total leave days in the episode
- Number of leave periods
- Number of leave periods of length of stay greater than ten days from which patient returned.

Related metadata: is used in the derivation of Length of stay version 1
has been superseded by Total leave days version 2

Administrative Attributes

Source Document:

Source Organisation: National Health Data Committee

Comments: Acute hospitals and private psychiatric hospitals
Many hospitals have patients who are allowed out of hospital on leave, for example, patients undergoing rehabilitation or psychiatric treatment. Hospitals may differ in their admissions procedures for these patients. For example, some hospitals may formally discharge and readmit these patients while others will simply record that such patients are on leave.

Despite these differences, 'on leave' patients should be able to be commonly identified across all hospitals.

It emerged at the meetings of the Morbidity Working Party that there were considerable variations between States in the definition and recording of periods of leave for acute hospital in-patients.
New South Wales: Temporary leave of up to four days allowed. If leave exceeds four days, patients are discharged and readmitted. Leave periods are not currently recorded in the morbidity collection.
Victoria:Leave cannot last more than seven days. This is the period agreed by the Commonwealth Department of Community Services and Health when the new classification system for private patients in public hospitals was introduced on 1 April 1988 (previously the limit was ten days).
The present collection is unsatisfactory in that it counts each segment of treatment as a separate episode but only expects a diagnosis for the final discharge. Thus, the Victorian collection could have the following:
- episode of 100 days (discharged to leave: no codes)
- episode of five days (discharged to leave: no codes)
- episode of five days (final discharge: code = spinal injury).
The present system cannot join up the episodes. It allows any number of leave episodes, however. In the revised system, the record will show admission and final discharge dates with a count of the leave days which will be subtracted from the computed length of stay to give occupied bed-days. The new system will allow any number of leave episodes and will allow lengths of stay to be adjusted for leave days. The number of leave episodes will not be recorded.
Queensland: Authorisation of leave is at the discretion of the medical practitioner. Practices of granting leave and recording

leave vary from hospital to hospital. Where the duration of leave exceeds five occupied bed-days for acute in-patients or seven occupied bed-days for long-stay nursing home type patients, the in-patient is discharged from hospital and formal admission procedures are required for any subsequent return to hospital. Until a few years ago, the limit was three days; however, representations from hospitals had it increased to the current five days to seven days.

Hospitals using a manual system of admissions and discharges have provision to record up to three leave periods. In practice, hospitals on manual systems rarely use leave passes, but discharge and readmit patients when they leave hospital. This occurs even when the patient is considered to be 'on leave' by clinical staff (particularly relevant in the case of psychiatric patients).

The computerised hospitals (those non-metropolitan hospitals on the ADAM system, the metropolitan hospitals on the QHIS system, and those hospitals in the Health Care Information System) are also required to record leaves. Up to 12 periods of leave are allowed for on the computerised systems. Where hospitals are computerised it appears that they tend to use leave passes more frequently than do those hospitals still on manual systems.

In the Queensland hospital morbidity collection, length of stay and occupied bed-days are derived from 'date of discharge' less 'date of admission', and no allowance would be made for leave days. In the past, this would probably have been of little consequence in inflating an occupied bed-day figure. Firstly, it is generally only the computerised hospitals which use leave passes rather than discharge / readmit, and until recently only the large metropolitan hospitals were computerised. Secondly, even with the computerised metropolitan hospitals, there was a limit of three days leave imposed until a few years ago when representations from the hospitals had it increased to the current five days to seven days.

South Australia: Records up to four periods of leave. Leave is defined as temporary leave over a weekend or other short holiday period up to a maximum of three days for patients who intend to resume their treatment after that period.

Western Australia: Leave data is not reported to the hospital morbidity system. Interpretation of leave is not uniform in Western Australia but generally refers to weekend leave in the public hospital system. Private hospital data is further complicated by leave / readmission ruling of rebates from health benefits funds which define leave to have a maximum limit of seven days.

Tasmania: A variety of definitions of leave are used in Tasmanian hospitals. Definitions noted include 'no set minimum or maximum'

and 'no leave patients always discharged'. However, leave is mostly defined in terms of minimum and maximum periods. Values for the minimum were one hour, overnight and one day. Maximums used are 23 hours, 48 hours, seven days and no limit.
The Tasmanian member advised that the Department of Health Services in Tasmania has developed the following definition of leave for use in all Tasmanian hospitals:
An in-patient, other than a 'same-day' patient, is on 'leave' if he or she leaves a medical establishment, for any period up to three days, with the intention of returning to that establishment for the continuation of current treatment. Patients absent for more than three days should be discharged and readmitted on return.
Leave occurs infrequently from private hospitals and their ability to enter the required number of leave periods for National Minimum Data Set purposes is unclear at this stage. Tasmanian public hospitals will be able to record an unlimited number of periods of leave.
Length of stay calculations:
- Normal: date of discharge less date of admission
- Same day: one day
- With leave: date went on leave less date of admission plus date of discharge less date back from leave

It should be noted that this calculation is logically extended for more than one period of leave.
Example:
date of admission 1.2.89
date of discharge 24.2.89
leave periods 10.2.89-12.2.89; 17.2.89-21.2.89
Length of stay (1st admission)= (1.2.89 to 10.2.89) + (12.2.89 to 17.2.89)= 14 days
Length of stay (2nd admission) = (21.2.89 to 24.2.89) = 3 days
Northern Territory: Patients are discharged if they are to be out of the hospital for more than three days.
The Commonwealth Department of Community Services and Health has defined a continuous period of hospitalisation for private hospital patients for health benefits purposes under s.3 (1) of the Health Insurance Act 1973 (Cwlth) as follows:
A continuous period of hospitalisation is deemed to be any two periods, being periods during which a patient was, or is, an in-patient in a hospital (whether or not the same hospital), that are separated from each other by a period of not more than seven days during which a patient was not an in-patient in any hospital.
This determination flows through to the definition of leave for basic table health benefits purposes as set out in Health Benefit Fund Circular No. 125 (PS No. 78, 20/6/88):

'On leave' patients are patients who are allowed out of hospital when there is a decision by the hospital that the patients shall be back in the same hospital within a short time, for example, weekend leave. Hospitals may, for example, save beds for these patients.

To be regarded as an 'on leave' patient, the break between the two periods of hospitalisation shall be not more than seven days.

The patient classification and day count for 'on leave' patients continues for the first period of hospitalisation. For example, a patient is allowed on leave from Friday and comes back to hospital on Monday morning. At Friday, the last day of the first period of hospitalisation, the patient's classification was 'other' (medical) and the day count was five days. Saturday and Sunday are not included in the day count. However, when the patient comes back to hospital on Monday, the classification continues as 'other' (medical) and Monday is counted as day six.

The Morbidity Working Party decided that, for National Minimum Data Set purposes, the maximum allowed period of leave for acute hospital in-patients should be seven days. Patients on leave for longer than seven days are to be discharged (whether formally or statistically) and, if necessary, later readmitted. Where State or Territory policy restricts leave to a lower maximum, this is accepted.

The decision was made because the seven day limit is consistent with the limit applied to patients in private hospitals (and private patients in Victorian public hospitals) for health fund benefit purposes. It is also consistent with Queensland practice for public patients (where the limit was raised from three days to five to seven days after representations by hospitals).

Data from Victoria show that, in 1987-1988 in public 'extended care' facilities approximately 5,440 leaves occurred and in acute public hospitals, approximately 3,800 leaves. These represent approximately 1.6 per cent of all discharges in Victoria. Leaves may represent a similar small proportion in other States.

The working party also decided that the data set should contain the single data item 'total leave days' rather than the dates in and out for each leave period up to five periods (as recommended by the Taskforce on National Hospital Statistics 1988).

As New South Wales does not record leave for patients who go out overnight, the working party decided to exclude one-day leave periods from the 'total leave days' item for consistency. The working party recommended that the data set should be evaluated after a few years for the effect on consistency of the varying treatment of leave in the different States and Territories.

Public psychiatric hospitals

The working party on Mental Health Statistics (1975), which developed national definitions for a proposed ABS publication on psychiatric hospital in-patients, adopted the following definitions relating to discharge and leave:

A discharge relates to the event where a patient leaves in-patient care in a psychiatric institution or unit and is not expected to return to it, rather than to the event of actual removal from the register, with additional provisions as follows:

- a discharge is recognised in all cases where the patient is absent from in-patient care for a period exceeding ten days, with the exception of absences on 'leave for special care', such as for treatment in a general hospital, irrespective of the length of that period of leave;
- a transfer between in-patient institutions is not recognised as a discharge and admission unless the period between leaving the one and entering the other exceeds ten days.

Although the proposed national mental health data set did not eventuate, this definition of leave was adopted by most of the State mental health authorities. The current situation for maximum allowed leave in public psychiatric hospitals is as follows:

New South Wales: Leave of absence (of any type including unauthorised leave) for a period of more than ten days results in a 'statistical separation'.

Victoria: All leave is recorded. Maximum leave for voluntary patients is seven days, followed by discharge if the patient does not return. There is no maximum leave period for involuntary patients.

Queensland: All leave is recorded, including short leave, trial leave, leave for special care and absconded patients. The Queensland Mental Health Collection is an admission and discharge reporting system in which all periods of leave are reported on form MSS:7. It is possible to statistically discharge and readmit all patients on leave beyond a certain limit (see below).

South Australia: Leave is restricted to a maximum of ten days. Beyond this point, the patient is discharged.

Western Australia: Not known.

Tasmania: Not known.

The imposition of statistical definitions assists in overcoming apparent differences between facilities which can result from differences in leave policy and in the recording of leave. These differences can affect most measures commonly used in relation to psychiatric and related facilities' number of admissions and discharges, length of stay, average number daily resident, and so on.

Requirements for statistical comparability between facilities, or between systems, should not necessarily influence the clinical

recording practices within a facility. Because of this, an attempt has been made to develop methods which will permit comparisons to be made without requiring facilities to change their own practices. The imposition of a statistical definition overcomes potential problems in two main areas--the use of long periods of leave in some facilities, and the use of discharge / admission to cover short absences in others.

Periods of absence from in-patient care, or leave, can be used as an integral part of a planned treatment program in a psychiatric facility. Clinical and administrative provisions may be framed to take into account treatment requirements at a particular facility. The use of leave is extremely variable in Queensland psychiatric facilities. Among the acute units, some do not use leave at all, and others have almost twice as many returns from leave as admissions during a specified period. Most of the leave which is used occurs during an episode of care, rather than immediately pre-discharge. Among the psychiatric hospitals, even more extensive use is made of leave, with the number of returns from leave often exceeding the number of admissions by a very large factor.

About ten per cent of all nights on the register for Queensland psychiatric in-patient facilities are actually 'leave' nights. This proportion varies from none in some facilities to over 30 per cent in others.

Treating long leave as discharge / admission

In facilities which use long periods of leave, leave periods of up to four weeks or longer may not be uncommon.

These can contribute to bed-day counts and calculation of length of stay for individual patients if leave periods are not recorded. Such differences can be overcome by recording on statistical discharge a specified number of days after a patient or client has left the residential facility, and a statistical readmission if the individual returns after that period. The effect of imposing a statistical limit of ten days leave on Queensland psychiatric facilities for 1987 was to increase the number of separations by 3.5 per cent for psychiatric hospitals and 8.7 per cent for psychiatric units in acute hospitals.

This involves recording the dates of leave, at least when it exceeds the statistically allowable duration.

Treating 'short discharges' as leave

A second source of apparent difference occurs in centres which do not use leave at all, or which use only minimal periods. In such cases, a patient who leaves the hospital for a very short period, say overnight, will be recorded as having been discharged and readmitted. Such absences may occur quite frequently during a treatment episode, for example, weekend leave.

For centres which do not allow leave, this can be overcome by deleting from the statistical file discharges and subsequent admissions when these occur within a specified period. Such absences can be statistically treated as leave.

The effect of linking all episodes separated by ten days or less for Queensland psychiatric facilities for 1987 was to reduce the number of separations by 23 per cent for psychiatric hospitals and 0.37 per cent for psychiatric units in acute hospitals.

Psychiatric Working Party recommendation

Although some members wished the maximum to be set at seven days for consistency with acute hospitals and private psychiatric hospitals, the working party agreed with the general concept of setting a maximum period for formal or statistical separation of less than ten days, as it results in improved comparability of rates. Most systems already have a maximum period of leave, and by choosing the upper end, most leave periods that occurred were covered, thus minimising the consistency problems. The problem of not being able to statistically discharge a patient after ten days leave until the actual separation occurred was discussed at length. This is only a problem for those systems which do not have an admission and discharge-based reporting system (New South Wales, South Australia) and it was pointed out that such episodes were a problem anyway as they would not get into the tabulations for the most recent year if the actual separation had not occurred by the time tabulations were performed.

The Psychiatric Working Party decided that leave for in-patients of public psychiatric hospitals be limited to a maximum of ten days. Beyond this point patients should be statistically discharged.

Queensland proposed a statistical definition of discharge, which goes one step further than the above proposal, by proposing that episodes separated by less than ten days be statistically linked into a single episode with the intervening days treated as leave. This proposal was rejected by the Psychiatric Working Party.

Reported admissions and discharges should be recorded for those hospitals which impose a lower maximum leave length. Uniformity of practice is a matter for State authorities and there should not be an attempt to statistically link episodes separated by less than ten days for National Minimum Data Set purposes.

The working party decided to include the following data items relating to leave:

- total leave days in the episode
- number of leave periods.

It was agreed that 'trial leave' should not be counted as leave for data set purposes as, in general, there is not a firm intention that the patient is returning to the facility within ten days for further in-

patient treatment.
Queensland further proposed that the following data item also be included as an interim step:
- number of leave periods of length of stay greater than ten days from which patient returned.
Until algorithms for statistical discharge were developed and implemented in each State where relevant, this data item would allow analysis of the comparability problems caused by differing use of long leave periods.
It should be noted that most such problems relate to summary activity data and hence this data item would go a long way to solving these problems.
Tasmania agreed with the above proposal.
Nursing homes
For nursing homes, residents may temporarily leave for a variety of reasons including leave home to be with families and respite type leave for nursing homes for the young disabled.
The Nursing Homes Working Party decided that leave periods should not be recorded at the patient level but be recorded at the establishment level. However, this was based partially on incorrect advice at the working party meeting that the Department of Community Services and Health kept only aggregate leave days at the establishment level, but not at the individual level (see below). The approach would be to record actual bed-days at establishment level, then obtain leave days by subtraction; that is, patient bed-days gives total days (separations minus admissions).
The Nursing Homes Working Party recommended the Commonwealth definition of leave as an appropriate standard for nursing homes.
The Commonwealth approach to leave is that residents in nursing homes can take up to 28 days leave in a financial year (for which homes receive the department's contribution). Data are available for this paid leave at the resident level.
Tasmania indicated that their practice in relation to leave for State nursing homes is consistent with the Commonwealth approach.
South Australia restricts short-term leave in its State nursing homes to 72 hours, after which the patient is discharged and readmitted.

Data Element Links

Information Model Entities linked to this Data Element

NHIM Exit / leave from service event

Data Agreements which include this Data Element