Mode of separation

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: 000096 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 30-JUN-93

Definition: Status at separation of patient (discharge/transfer/death) and place

to which patient is released (where applicable).

Context: Institutional health care: required for outcome analyses, analyses of

intersectoral patient flows and to assist in the classification of

episodes into Diagnosis Related Groups.

Relational and Representational Attributes

Datatype: Numeric

Representational CODE

form:

Representation N

layout:

Minimum Size: 1 Maximum Size: 1

Data Domain: 1 Discharge home

2 Discharge/transfer to another nursing home

3 Discharge/transfer to other institution

4 Death

5 Left against medical advice

6 Other 7 Unknown

1 Discharge/transfer to acute hospital

2 Discharge/transfer to public psychiatric hospital

and other psychiatric health care institutions

3 Discharge/transfer to other residential health care

or welfare institution, for example, nursing homes,

hostels, prisons, group homes

4 Statistical discharge due to long leave in middle of

episode (after ten days leave)

5	Died
6	Other (includes discharge to private
	accommodation, discharge to own arrangements,
	discharge at own risk)
7	Left against medical advice
8	Unknown
1	Died
2	Discharge/transfer to another acute hospital for
	nursing home type or rehabilitation unit care
3	Other discharge/transfer to another acute hospital
4	Discharge/transfer to nursing home
5	Discharge/transfer to other health care
	accommodation, for example, psychiatric hospital,
	mothercraft hospital
6	Reclassified nursing home type or rehabilitation
	unit, this hospital
7	Reclassified other, this hospital
8	Other (includes usual residence of patient, left at
	own risk, orphanages, gaols, welfare
	accommodation)
9	Left against medical advice

Related metadata: is supplemented by the data element Source of referral to public psychiatric hospital version 3 is supplemented by the data element Source of referral to acute hospital or private psychiatric hospital version 3 is supplemented by the data element Source of referral version 1 has been superseded by Mode of separation version 3 is used in the derivation of Diagnosis related group version 1

Administrative Attributes

Source Document:

Source Organisation: National Health Data Committee

Comments: Acute hospitals and private psychiatric hospitals

This is a first-level item recommended by the National Committee on Health and Vital Statistics (1979) for acute hospital in-patients.

Hindle (1988b) argued that this item needs an expanded set of categories to distinguish acute episodes which can be classified into Diagnosis Related Groups from other types of episodes which should be distinguished from true Diagnosis Related Groups. Hindle identifies five types of episode.

1. True Diagnosis Related Groups

These are patients admitted to hospital for acute care and subsequently discharged immediately after the acute condition has been treated.

2. Pre-acute transfer Diagnosis Related Groups
This type of Category 2 in-patient is one who is admitted to a
hospital for acute care, but the hospital does not have facilities to
provide that care. Thus the patient is almost immediately
transferred to another hospital, after stabilisation where necessary.

These in-patients may be termed 'pre-acute transfers'. The source hospital does not provide a complete episode of acute care. The major part will be provided by the destination hospital. For this reason, the pre-acute transfer patient should not be reported in statistics as if he or she were a Diagnosis Related Group of the same type as those in Category 1. The Diagnosis Related Group classification might, however, be used to distinguish different forms of pre-acute care. Pre-acute transfers are most common in country hospitals.

3. Social disadvantage Diagnosis Related Groups
The third category is more common in metropolitan areas and
consists of patients who are admitted for acute care, which is
provided in full. However, they differ from Category 1 patients,
because they remain in hospital for one or more days after acute
care is completed, until discharge arrangements can be made.

A typical reason for delayed discharge is social: for example, there may be no-one at the patient's home to give post-discharge support. Therefore, these types of patients are often termed 'social disadvantage' patients, and the non-acute days prior to discharge have sometimes been termed 'administrative days'.

Some hospitals have more than average numbers of these types of patients. If the non-acute days were not counted separately, the performance of such hospitals would be undervalued. It could be wrongly concluded that they are badly managed because their mean lengths of stay and production costs per Diagnosis Related Group are above average.

It follows that discharge abstracting systems must not only allow the acute part of the episode to be counted as a Diagnosis Related Group, but also ensure that the non-acute days are separately counted. The latter are products of the hospital, like the Diagnosis Related Group; but they are additional to the Diagnosis Related

Group.

These patients differ from the following Category 4, because the intention is to discharge as soon as a non-hospital setting can be identified, better than to provide indefinite non-acute care.

4. Status transfer Diagnosis Related Groups

This contains the patient who completes an acute episode and then remains in the same hospital for an indefinite period of non-acute care. This type of patient is common in hospitals in many country towns where there are no specialised nursing care facilities. The patient is a Diagnosis Related Group until the acute care ends; afterwards he or she is not.

The Morbidity Working Party has recommended that patients be discharged and readmitted upon status transfer (nursing home type, rehabilitation, other).

5. Non-acute in-patients

The final category contains patients who required no acute care during the entire episode. These patients have quite different cost structures and cannot sensibly be included in Diagnosis Related Groups. These patients would be identified by data element Type of episode.

There are many differences between States and Territories in respect of classifications of discharge disposition currently in use. However, no classification distinguishes between acute and non-acute transfers to other hospitals, nor does any classification identify a transfer after stabilisation only.

To assist in identifying the above groups of in-patients, Hindle recommended that the following discharge classes are needed:

- transfer to other hospital for acute care
- transfer to other hospital for non-acute care
- transfer to other hospital for acute care after stabilisation
- reclassified non-acute indefinitely, this hospital
- reclassified acute, this hospital
- continuing non-acute in-patient, end of period.

The final class relates to another proposal of Hindle's; that is, that a discharge form be completed for each continuing non-acute inpatient at the end of the year (or other reporting period) so that the occupied bed-days for that patient are included in each reporting year (see item P26).

Hindle noted that the above discharge classes would not identify Category 3 social disadvantage Diagnosis Related Groups. He proposed that these be distinguished from normal Diagnosis Related Groups by recording total non-acute days for each episode.

The Morbidity Working Party decided to partly adopt Hindle's recommendations with the proviso that non-acute care was defined as nursing home type or rehabilitation unit care, as these two types of care are the only types of non-acute care which have been defined for the National Minimum Data Set.

Australian Capital Territory and Western Australian members pointed out that they classified nursing homes as the usual residence of the patient when the patient was admitted from and discharged to the same nursing home. The working party endorsed this approach.

Category 3 includes Hindle's proposed category for transfer to another acute hospital after stabilisation. The Morbidity Working Party considered that it was not feasible to identify these episodes and that most such transfers could be distinguished as having a very short length of stay.

Hospices are not explicitly listed in one of the categories as local practice varies as to whether hospices are classed as acute hospitals or nursing homes. Local practice is to be followed.

Data Element Links

Information Model Entities linked to this Data Element

NHIM Exit / leave from service event

Data Agreements which include this Data Element

NMDS - Admitted patient care

From 01-Jul-89 to 30-Jun-93