

Non-admitted patient aggregate activity based funding DSS 2012-2013

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Non-admitted patient aggregate activity based funding DSS 2012-2013

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	496794
Registration status:	Independent Hospital Pricing Authority , Superseded 31/10/2012
DSS type:	Data Set Specification (DSS)
Scope:	<p>The scope of this aggregate DSS is outpatient clinic service events involving non-admitted patients in activity based funded public hospitals.</p> <p>The DSS is intended to capture instances of service provision from the point of view of the patient.</p> <p>For the purpose of this DSS, an outpatient clinic is a specialty unit or organisational arrangement under which a hospital provides outpatient clinic services. The nature of the service provided by the clinic is classified by clinic type. All outpatient clinic types classified to a Tier 2 Clinic structure are included in the DSS.</p>

The scope includes:

- **All arrangements made to deliver outpatient clinic service events** (not covered by the NMDSs listed below) to non-admitted patients: whose treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included; and **regardless of setting or mode.**

Excluded from scope are:

- **All services covered by NMDS for:** Admitted Patient Care, Admitted Patient Mental Health Care, Alcohol and Other Drug Treatment Services, Non-admitted Patient Emergency Department Care, e.g. all outpatient clinic services provided to admitted patients are excluded;
- **Service events which deliver non-clinical care** (activities such as home cleaning, meals on wheels, home maintenance);

Collection and usage attributes

Statistical unit:	Non-admitted patient service event
Guide for use:	<p>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.</p> <p>1. All non-admitted services that meet the criteria of 'service event' should be counted, and be counted only once regardless of the number of healthcare providers present.</p> <p>2. Patients can be counted as having multiple service events in one day, provided that every visit meets each of the criteria in the definition of a 'service event'.</p> <p>Examples:</p> <ul style="list-style-type: none">• A patient may have an appointment at an orthopaedic clinic and a subsequent appointment at a physiotherapy clinic. Each of these visits would be counted as separate service events provided they met the criteria in the definition of service event, including the provision of therapeutic/clinical content and dated entry into the patient's medical record.• A patient may have an appointment at an orthopaedic clinic. At that clinic, the

specialist refers the patient to have imaging, after which the patient returns immediately with the imaging results to the specialist as part of the original booked appointment. The two visits to the specialist would be counted as one service event as the therapeutic/clinical content is ongoing.

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

Examples:

- 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 clinical advice relating to the management of the condition for the patient and records this interaction in the patient's medical record. This would be counted as a non-admitted patient service event in the NAP ABF DSS.
- A hospital offers educational classes targeted at people who have suffered a heart attack or at risk of heart disease. These classes provide information on diet, exercise and self-management of risk factors. These educational classes are unlikely to materially meet the criterion relating the provision of therapeutic/clinical content; there is also no reporting in the medical records of individual patients. These services would not meet the criteria in the definition of a non-admitted patient 'service event' and would not be counted in the DSS.

4. Non-admitted services involving multiple health professionals (such as multidisciplinary clinics) are counted as one non-admitted patient service event.

Example:

- A patient with breast cancer attends a multidisciplinary clinic which involves a wide range of staff routinely scheduled to participate in this clinic (for example, staff from disciplines such as oncology, radiation medicine, radiology, pathology, surgery and breast care nursing). The typical time for each non-admitted appointment at this multidisciplinary clinic is between 1-1.5 hours, reflecting the involvement of multiple staff in evaluating care options and providing therapeutic advice.

5. Each patient attending a group session is counted as an individual non-admitted patient service event, providing that the session included the provision of therapeutic/clinical advice for each patient and that this was recorded using dated entry in each patient's medical record.

Example:

- A family has two children with cystic fibrosis that attend an outpatient clinic at the same time, with the management of each child's condition being included in the one outpatient visit. Assuming that therapeutic/clinical advice was provided for each child and that each child's medical record included a dated entry reporting this visit, this session would be reported as two non-admitted patient service events. This is because it is reported from the perspective of the patient, not through counting booked appointments. In accordance with Recommendation 6, this visit would still be counted as two service events irrespective of the number of participating health professionals.

6. Telephone and other telehealth consultations can be counted as service events if they substitute for a face-to-face consultation, provided that they meet all the criteria included in the definition of non-admitted patient 'service event'. A telephone/telehealth consultation is only counted as one service event, irrespective of the number of health professionals/locations participating in the consultation.

Examples:

- A health professional telephones a specialist at another hospital for follow-up advice regarding the management of a patient who has been recently seen by the health professional at an non-admitted clinic in the first hospital. 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.
- A health professional organises a scheduled telephone or telehealth session

during an non-admitted visit involving the patient. This consultation includes an assessment of tremors and gait problems in an elderly patient by a neurologist in another hospital using videoconferencing, telemetry or other resources, while the health professional who is physically with the patient may provide information on the patient's medical history. This consultation substitutes for the patient attending an appointment in person with the neurologist at the second hospital. It meets the other criteria in the definition and is counted as a non-admitted patient service event.

7. Services provided to inpatients (including services provided by staff working in non-admitted clinics who visit admitted patients in wards, or other types of consultation and liaison services involving inpatients) are not counted as non-admitted patient service events.

8. Travel by a health professional is not counted as a non-admitted patient service event.

9. All non-admitted services that meet the criteria in the definition of non-admitted patient service events be counted, irrespective of funding source (including Medicare Benefits Schedule [MBS]) for the non-admitted clinic.

10. For activity based funding purposes, services from stand-alone diagnostic (ancillary) clinics are not counted as service events; these are integral part of the 'requesting' Tier 2 clinic service event.

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Has been superseded by [Activity based funding: Non-admitted patient care aggregate DSS 2013-2014](#)
[Independent Hospital Pricing Authority](#), Superseded 01/03/2013

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Establishment—number of group sessions, total N[NNNNN]	Mandatory	1
-	Establishment—number of non-admitted patient service events, total N[NNNNNN]	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Non-admitted patient service event—outpatient clinic tier 2 type, code NN.NN	Mandatory	1