Guideline

Non-admitted Patient Classification Principles

Summary Principles for the identification and classification of Non-admitted Patient service units.

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GUIDELINE SUMMARY

NON-ADMITTED PATIENT CLASSIFICATION PRINCIPLES

PURPOSE

The purpose of the Non-Admitted Patient (NAP) Classification Principles is to provide a set of rules for determining what constitutes a non-admitted patient service unit and how to classify it to the appropriate Establishment Type. Each class is defined in terms of a specified range of activities, usual providers, potential inclusions and exclusions, and other descriptive information.

KEY PRINCIPLES

The NAP Classification Principles are rules for determining what constitutes a non-admitted patient service unit and how to classify it to the appropriate Establishment Type. Each class is defined in terms of a specified range of activities, usual providers, potential inclusions and exclusions, and other descriptive information.

USE OF THE GUIDELINE

Each non-admitted service unit must be classified to a single Establishment Type class. Every non-admitted patient service provided by that service unit is reported against that Establishment Type class.

NSW Health Establishment Types are mapped to a national Tier 2 class for the purposes of reporting to the Commonwealth and national ABF and costing.

This document should be read in conjunction with the:

- Non-admitted Patient Establishment Type Definitions Manual
- Non-admitted Patient Classification Reporting Rules
- Non-admitted Patient Care Data Set Specifications.

REVISION HISTORY

Version	Approved by	Amendment notes
August 2017 (GL2017_014)	Deputy Secretary, System Purchasing and Performance Division	Initial Document

ATTACHMENTS

1. Non-admitted Patient Classification Principles: Guideline

Non-admitted Patient Classification Principles

NSW GOVERNMENT Health

GUIDELINE

Issue date: August-2017

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1 BACKGROUND

About the Classification Principles

The NSW Health Non-admitted Patient (NAP) Data Collection is a mandated state wide data collection whose primary classification focuses on grouping service units. The classification used for this is the NSW Health Establishment Types.

The Establishment Type Classification provides detailed information on non-admitted patient services provided by NSW Health. The information provided by the data collection supports data management, requests for information about the services NSW Health offers, health service directories and the ongoing application of activity based funding (ABF) for non-admitted patient services in the NSW Health system.

As a clinic based classification, Establishment Types provide a standard framework under which service units providing similar health services can be grouped into classes.

The NAP Classification Principles are rules for determining what constitutes a non-admitted patient service unit and how to classify it to the appropriate Establishment Type. Each class is defined in terms of a specified range of activities, usual providers, potential inclusions and exclusions, and other descriptive information.

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2 Glossary of terms

Term	Definition
Administered/ Managed by	Refers to the Health Organisation responsible for clinical governance of the service unit, and for engaging its personnel.
Clinical Measurement	The use of physiological monitoring tools and diagnostic procedures to assist in measuring, processing, storing and analysing physiological parameters of health and wellbeing of clients. Examples include, but are not limited to: • Electrocardiography (ECG) • Respiratory Spirometry • Urinary cystometry • Clinical photography
Consultation	An interaction between clinician (medical, nursing, allied health) and patient which may include but is not limited to: • Assessment of the patient's current health status and problems (e.g. general examination, blood pressure monitoring, range of motion testing) • Diagnosis of conditions (e.g. using patient history and test results to determine diagnoses/issues) • Treatment or management of conditions (e.g. hydrotherapy to treat chronic pain, speech pathology for language disorder, maintenance of chemotherapy access devices, management of changes to drug therapy for patients with Parkinson's Disease) • Education pertaining to the condition (e.g. diabetes education, provision of breathing advice to COPD patients) • Support services
Dedicated session	A session (defined below) specifically set aside for the provision of procedures or clinical measurements.
Establishment Type	A classification of a service unit, based on the services provided and the discipline/speciality of the lead provider. Maps to the Tier 2 national classification.
Health Organisation	• A hospital; • Community health service; • Multipurpose service; or • Integrated health service.
Individual Health care provider	A person who delivers a health service to a patient of a Health Organisation. Includes but is not limited to:

	• Doctor; • Nurse; • Midwife; • Nurse practitioner; and • Allied health practitioner. For the purposes of the classification, any references to health care providers should be understood as a reference to the role being fulfilled, not the individual in the position. For example, if a health care provider is qualified both as a nurse and an occupational therapist, but is employed exclusively as a nurse, the health care provider to be reported is *nurse*.
Individual Provider Discipline/Specialty	The occupational field of practice required for the role/position for which the activity is being reported.
Lead health care provider	The member of the service unit with primary responsibility for decisions relating to treatment of patients. The lead health care provider provides services as a part of the service unit, other than on an ad hoc basis, but does not necessarily provide the majority of the services or work the majority of hours in the service unit.
Multidisciplinary Team	A team, comprising multiple providers from different disciplines/specialties, working together.
Procedure[1]	A clinical intervention that: • Is surgical in nature, and/or • Carries a procedural risk, and/or • Carries an anaesthetic risk, and/or • Requires specialised training, and/or • Requires special facilities or equipment
Service Unit	A health professional or group of health professionals who work in co-operation and share common facilities or resources to provide services to clients/patients for the assessment, diagnosis and treatment of a specific set of health related problems/conditions in a hospital (outpatient, admitted or outreach) or in the community. Service units may deliver their services at a variety of settings and via a variety of modalities (e.g. In Person, Telephone, Video conference).
Session	A period of time within 24 hours, allocated for health care providers of a single service unit to see clients/patients. Excludes time allotted for administrative tasks, training sessions, etc.

[1] METeOR: 641379 Australian Institute of Health and Welfare 2016.
Australian Coding Standards for ICD-10-AM and ACHI, 9th Edition, 1 July 2015. Australian Consortium for Classification Development.

3 Classification Principles

Principle 1:

A non-admitted patient service unit is a team with a common clinical purpose administered/managed by a single parent health organisation (hospital or LHD/SHN). It may:

- provide services at different geographical locations;
- consist of one or more health care providers;
- include health care professionals based at multiple health care campuses; and/or
- be composed of providers paid from multiple cost centres.

Examples:

1. An orthopaedic clinic is based in a single hospital, and delivers orthopaedic care to non-admitted patients. The clinic is administered by the facility in which it is based.

   OUTCOME: The orthopaedic clinic is registered as a single non-admitted patient service unit, through one single parent health organisation.

2. A midwifery team provides services at a large regional hospital on Mondays, Thursday and Fridays, and at satellite clinics at two smaller hospitals on Tuesday and Wednesday respectively. The team is administered by the large regional hospital, where the patients are all registered.

   OUTCOME: The midwifery team is registered as a single non-admitted patient service unit, as the team is administered by one parent health organisation only despite multiple service delivery locations.

3. Another LHD has a similarly sized hospital and two smaller hospitals, each of which has its own midwifery team. The patients are registered at the respective hospitals (i.e. three different parent organisations).

   OUTCOME: The three midwifery teams are registered as three separate non-admitted patient service units.

4. A large teaching hospital has a rehabilitation clinic, in which services are provided by doctors and physiotherapists. The doctors are paid from the Medical Consultant Cost Centre and the physiotherapists are paid from the Physiotherapy Cost Centre.

   OUTCOME: The rehabilitation clinic is registered as a single non-admitted service unit, as it is administered/managed by a single health organisation.

5. An LHD operates a Community Drug Health Counselling service, provided by one team at four locations across the LHD, each with its own cost centre. The team is administered/managed centrally by the LHD.

   OUTCOME: The Community Drug Health Counselling service is registered as a single non-admitted patient service unit.

Principle 2:

When classifying a non-admitted service unit, its characteristics should be considered in the following order:

1. The type of services provided by the service unit i.e. procedure, diagnostic/clinical measurement, or consultation.
2. The clinical discipline/specialty of the lead service provider(s).
3. The clinical specialty and focus of the service provision. What is the common health concern of the clients/patients?

Examples:

1. A pain management team comprising a pain medicine physician, an anaesthetist, and a nurse provides services in one location, five days a week. In addition, consultation services are provided to the clinic by a neurologist three times a week and a physiotherapist twice a week. While the anaesthetist primarily does consultations, she occasionally provides interventional pain management services.

	Mon	Tue	Wed	Thu	Fri
Pain Medicine Physicians	✓	✓	✓	✓	✓
Anaesthetist	✓	✓	✓	✓	✓
Nurse	✓	✓	✓	✓	✓
Neurologist	✓	✓	✓	×	×
Physiotherapist	×	×	✓	×	✓
Service Unit	Pain Management Medical Consultation				
Establishment type code	39.13				

OUTCOME: A single service unit is registered, as the team has a common clinical purpose and does not have dedicated sessions for procedures or clinical measurements. The service unit is classified as **39.13 – Pain Management Medical Consultation** as the clinical focus is pain management consultation and the service unit is physician-led. The changes in personnel throughout the course of the week do not alter the clinical focus of the service unit.

2. A pain management team comprising pain medicine physicians, an anaesthetist, and a nurse provide services at one location, five days a week. Three days a week the anaesthetist provides consultation services. On Wednesdays, only the nurse and physiotherapist are present. The pain medicine physicians, neurologist and physiotherapist are absent on Fridays. On Fridays, the anaesthetist carries out interventions.

	Mon	Tue	Wed	Thu	Fri
Pain Medicine Physicians	✓	✓	×	✓	×
Anaesthetist	✓	✓	×	✓	✓
Nurse	✓	✓	✓	✓	✓
Neurologist	✓	✓	×	×	×
Physiotherapist	×	✓	✓	×	×
Service Unit	Pain Management Medical Consultation				Pain Management Interventions
Establishment type code	39.13				39.12

OUTCOME: The team is registered as two separate service units. On Monday – Thursday, it is classified as **39.13 – Pain Management Medical Consultation** as the clinical focus is pain management consultation and the service unit is physician-led. On Friday, it is classified as **39.12 – Pain Management Interventions Unit** as the types of services provided are predominantly pain management interventions.

3. A fracture team is composed of an orthopaedic registrar, a nurse and a physiotherapist. On arrival, each patient is seen by the registrar, who reviews their x-rays and assesses the fracture. The nurse attends to wound care and education. If the fracture is assessed as having healed sufficiently, the patient is then seen by the physiotherapist, who removes the plaster cast.

   OUTCOME: A single service unit is registered, as the team has a common clinical purpose and does not have dedicated sessions for procedures or clinical measurements. The service unit is classified as **29.03 – Fracture Medical Consultation Unit**, as the clinical focus is fracture management and the service unit is led by an orthopaedic registrar.

4. A Nurse-led Palliative Care Clinic composed of a nurse, physiotherapist, Social Worker, and a pastoral care worker, has ad hoc services provided as required by a Palliative care specialist and a registrar.

	Mon	Tue	Wed	Thu	Fri
Nurse	✓	✓	✓	✓	✓
Physiotherapist	✓	✓	✓	✓	×
Social Worker	×	×	✓	✓	✓
Pastoral care worker	×	×	✓	✓	×
Palliative care specialist	**(Ad hoc)**				
Registrar	**(Ad hoc)**				
Service Unit	Palliative Care Allied Health / Nursing Unit				
Establishment type code	31.03				

OUTCOME: A single service unit is registered, as the team has a common clinical purpose and does not have dedicated sessions for procedures or clinical measurements. The service unit is classified as **31.03 – Palliative Care Allied Health / Nursing Unit,** as the clinic is nurse-led.

Principle 3:

When a clinical team performs multiple functions (such as procedures and clinical measurements), consider the following:

a) If the functions are split into dedicated sessions providing different health services, separate service units are registered.

b) If the mix of health care services is consistent across and within the sessions, a single service unit is registered.

(See figure i)

Examples:

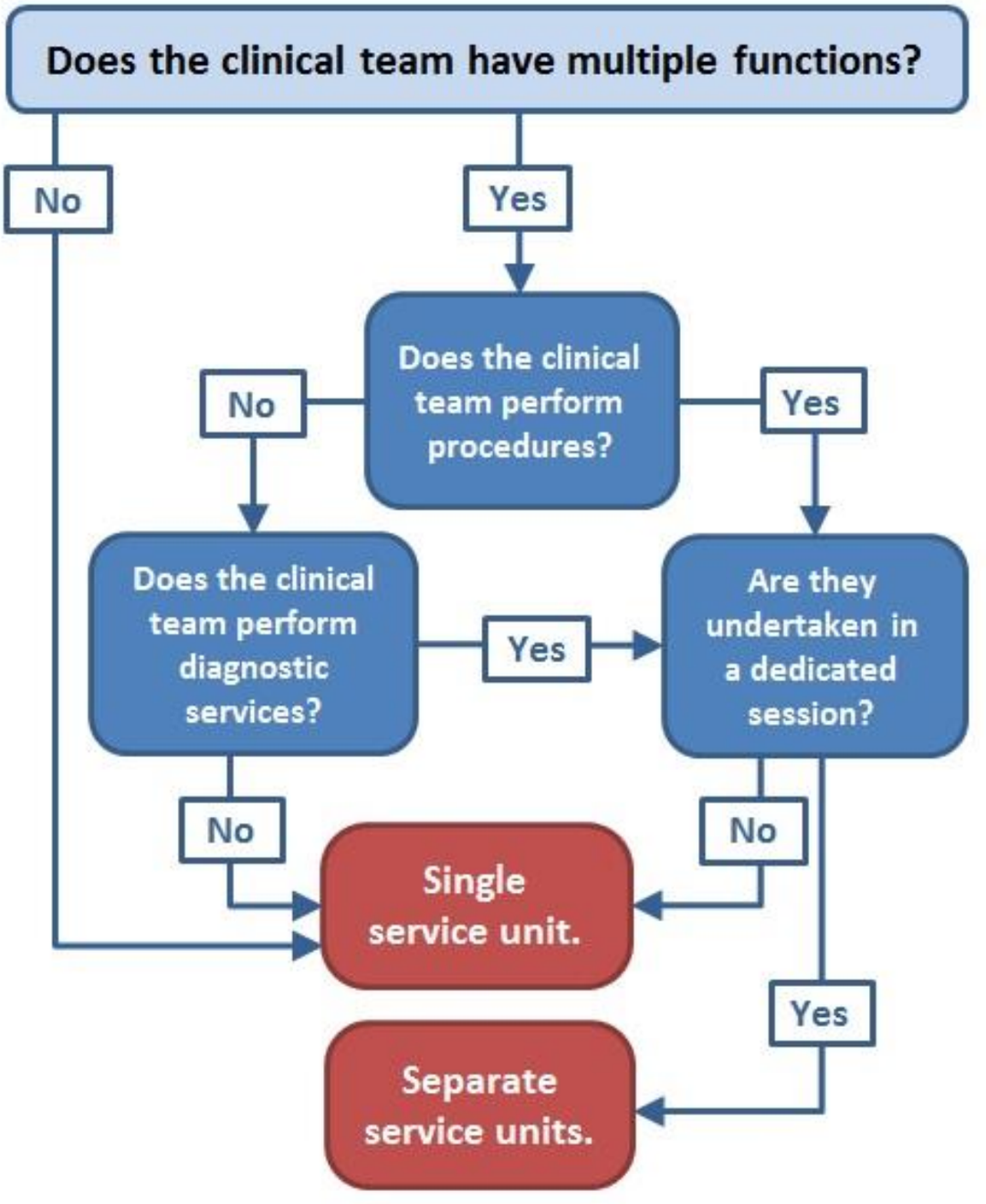
1. An ophthalmology clinic, comprising two ophthalmologists, an orthoptist, and a nurse, operates at a city hospital. On Mondays, Tuesdays and Wednesdays, the clinic administers eye tests. On Thursdays the clinic exclusively provides cataract extractions, and on Fridays, the clinic provides medical consultations with the ophthalmologists.

   OUTCOME: The three different sessions are registered as three different non-admitted patient service units, as the clinical team has multiple functions, and performs clinical procedures and clinical measurements, each in dedicated sessions.

2. In a small rural hospital, the ophthalmology clinic comprises one ophthalmologist and one nurse and operates only on Wednesdays and Thursdays. The functions of this clinic are mixed and the ophthalmologist carries out eye tests, cataract extractions and medical consultations in each session.

OUTCOME: The clinic is registered as one non-admitted patient service unit, as the procedures and measures are undertaken in mixed sessions.

Figure i: Flowchart for determining single or multiple service units



Principle 4:

A service unit can only be classified to a single establishment type.

Principle 5:

An individual health care provider may be attached to more than one service unit at different times.

Examples:

1. An occupational therapist (OT) works as part of a palliative care multidisciplinary team on Mondays, Tuesdays and Wednesdays, and as part of a Rehabilitation multidisciplinary team on Thursdays and Fridays. The two teams have been registered as separate service units.

   OUTCOME: The service unit against which the OT's activity should be reported for Mondays, Tuesdays and Wednesdays is **Palliative Care**. The service unit against which the OT's activity should be reported for Thursdays and Fridays is **Rehabilitation**. The OT is thus attached to two separate service units, both of which are registered as separate non-admitted patient service units.

Principle 6:

Where a team provides services to both admitted/ED and non-admitted patients, a service unit must be registered to report the non-admitted component. While services provided to admitted and ED patients may be reported, they are not considered to be non-admitted activity.

Examples:

1. A hospital has a dedicated physiotherapy team of three physiotherapists. The team provides services in the physiotherapy outpatient clinic and to admitted patients in rehabilitation wards.

   OUTCOME: A non-admitted patient service unit is registered to report the non-admitted activity.

2. A hospital has a nutrition and dietetics unit consisting of a single dietitian, providing services to inpatients only.

OUTCOME: The nutrition and dietetics unit is not registered as a non-admitted patient service unit, as it provides services only to inpatients.

Principle 7:

When a non-admitted service unit undergoes permanent changes to clinical focus and/or provider type that are significant enough to meet the definition of a different establishment type, it must be closed and a new service unit registered to reflect the revised clinical focus and/or providers.

Examples:

1. A general respiratory clinic operates in a metropolitan hospital. Due to a change in patient profile, the focus of the clinic changes to pulmonary rehabilitation.

   OUTCOME: The respiratory clinic is closed and a new pulmonary rehabilitation clinic is registered in HERO.

2. An obstetrics clinic comprising an obstetrician and two midwives is operating in a small district hospital. The obstetrician resigns and the hospital is unable to attract a suitable replacement. A decision is made that the midwives will continue to provide antenatal/postnatal services but patients must travel to a larger hospital in a nearby town for obstetrics services.

   OUTCOME: The obstetrics clinic is closed and a midwifery clinic is registered in HERO. When the clinic stops the process of recruiting to the position, it can be presumed that the position is no longer a permanent part of the clinic, and the intention of the clinic can then be seen to have changed.

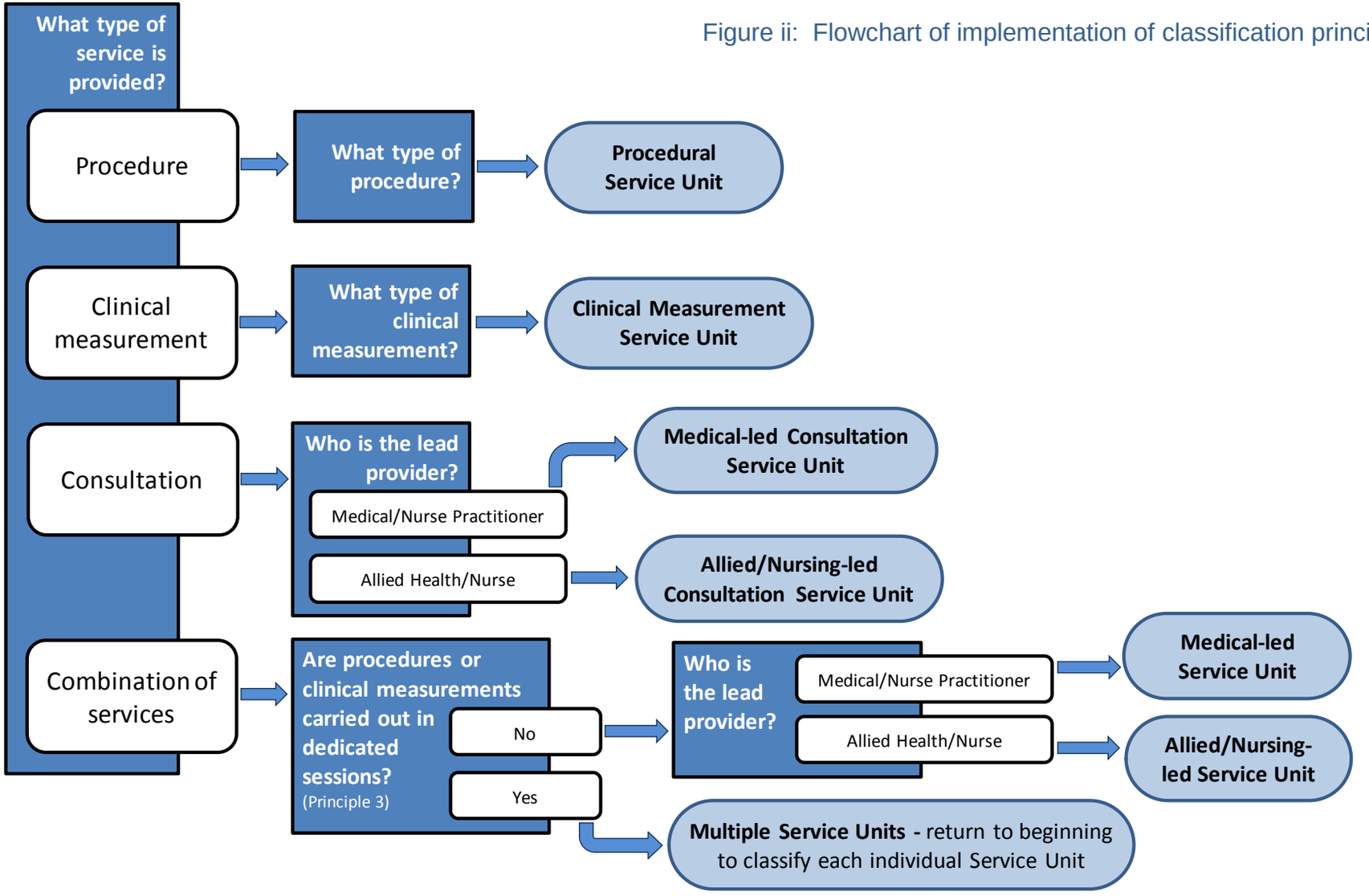
3. An obstetrics clinic comprising an obstetrician and two midwives is operating in a small district hospital. The obstetrician resigns and takes up a position elsewhere. In the obstetrician's absence, the midwives continue to provide antenatal/postnatal services but obstetrics services are provided by a larger hospital in a nearby town. After two months of searching, the hospital successfully recruits a replacement obstetrician.

   OUTCOME: The clinic continues to be classified as an obstetrics clinic, as there has been no change to the clinical focus and no permanent change to the provider mix. As long as the clinic is still in the process of trying to recruit to the existing position, it is presumed that the position is still a permanent part of the clinic, and the intention of the clinic thus stays the same.

4. A midwife, who operates as the sole health care provider in a midwifery clinic, undergoes further education and qualifies as a nurse practitioner. While he/she has achieved a higher level of qualification, no changes have been made to the role or the services it provides.

   OUTCOME: The service unit is not changed or closed, and continues as before. The role of the health care provider has not changed, in spite of the higher level qualifications attained by the midwife and there is thus no change to the type of service, the clinical focus or discipline of the service provider.

Figure ii: Flowchart of implementation of classification principles



4 LIST OF ATTACHMENTS

1. NAP Classification Principles – A3 printout

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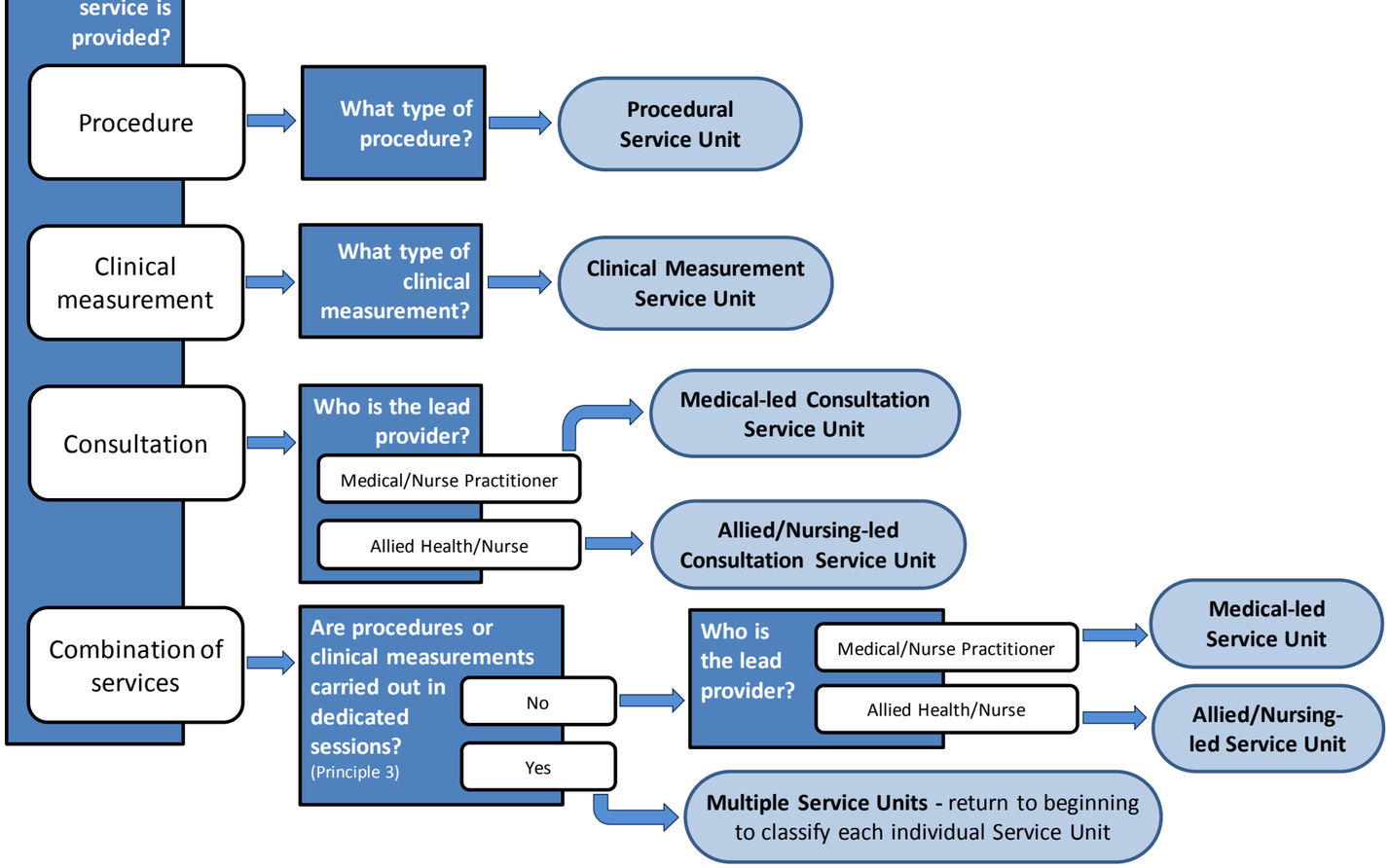

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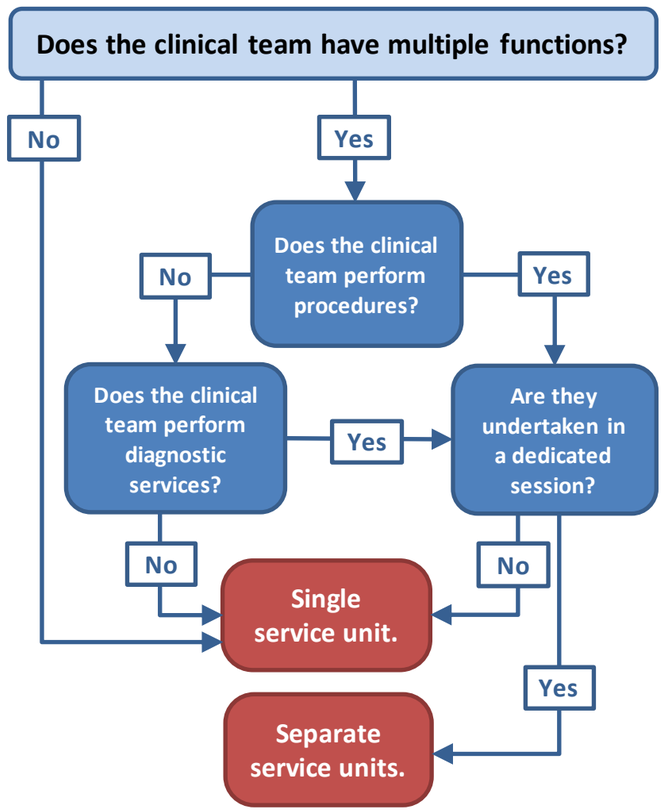

Figure i: Flowchart for determining single or multiple service units.