

# HOSPITAL ACCESS PROGRAM

## BUSINESS RULES 2000/2001

ACCESS UNIT  
QUALITY AND CARE CONTINUITY BRANCH, ACUTE HEALTH  
DEPARTMENT OF HUMAN SERVICES  
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# 1 Overview

## 1.1 The Purpose of this Document

This document provides a ready reference for hospitals in relation to the Hospital Access Program performance indicators. It draws together data definitions, coding and other information relevant to reporting, as well as describing in detail the way performance against the program indicators is calculated. Information about the relationship between performance indicators and Hospital Access Program bonus payments is also provided.

The information provided in this document complements the relevant sections of the manuals for the Victorian Admitted Episode Dataset (VAED), the Victorian Emergency Minimum Dataset (VEMD) and the Elective Surgery Information System (ESIS), as well as *Victoria - Public Hospitals Policy and Funding Guidelines 2000-2001*.

Additional copies of the HAP Business Rules can be obtained via the Access Unit's section of the Acute Health Division's website (<http://www.dhs.vic.gov.au/ahs/>).

## 1.2 The Hospital Access Program

The Hospital Access Program was introduced in 1998-99 to provide incentive funding to the former Health Care Networks and hospitals to improve patient access to the key areas of elective surgery, emergency and critical care services. It incorporated elective and emergency services indicators that had been operating for some time. The HAP monitors hospital performance against key indicators and sets targets in relation to each of these indicators. If a hospital fails to meet targets, its incentive funding is reduced in accordance with a specified formula. In 2000-2001, HAP incentive funding totals \$30 million.

The provision of this incentive funding linked to performance, indicators and targets has been modified over time to take account of changing pressures in the system and advancements in management and monitoring processes and refinement of data. Further detail on each of the components is provided below.

Bonus payments for the elective surgery and emergency services components of the program are calculated quarterly. Bonus payments for the critical care inter-hospital transfer component of the program are calculated half-yearly. Bonus payments are made retrospectively, after data for the period are finalised.

The maximum quarterly bonus that each hospital can receive for each of the program components is determined at the beginning of each financial year. The maximum bonus payable to each hospital is listed in the *Policy and Funding Guidelines 2000-2001*.

A list of hospitals participating in each component of the HAP is provided in Appendix 1.

**Please note: Any hospital that artificially reduces its transfers, waiting list numbers or waiting times, or otherwise misreports its performance, will have its bonus payments adjusted by the Department.**

### 1.2.1 Process for Bonus Reduction Exemptions

From time to time, events may occur that impact on the HAP indicator performance by a hospital. Examples of such events are an internal disaster in the emergency department leading to ambulance bypass, or third party related failures leading to interruption of service delivery (eg power failure). In such circumstances, a hospital may request that its quarterly bonus payment be exempted from a reduction because of the impact of that event.

The intent of the HAP exemption process is to address extraordinary events that affect service delivery or data provision and that are genuinely beyond the control of the organisation. The process is not intended to be applied to ad hoc operational difficulties.

Further, when a hospital is reliant on services provided by a third party, the hospital is responsible for ensuring that, as far as practicable, the service is of an acceptable quality and delivered in a timely way. For this reason, failure of a third party to deliver a product or service is not regarded as acceptable grounds for the granting of an exemption unless it is the result of an extraordinary event.

Hospital requests for exemptions are to be forwarded:

- By electronic or conventional mail.
- To the Department with the monthly VEMD data submissions or with the final submission of the relevant month's ESIS data or with confirmation of critical care data (as applicable).

The request for exemption must provide the Department with the following details:

- Description of the event (campus affected, date, time, and type of event).
- Nature, extent or duration of impact on performance against the HAP indicators. Quantitative data should be provided wherever possible.

The Department may request the hospital to supply additional information to verify details of the request for exemption.

Each case for exemption is assessed on its merits by the Department with particular regard to the impact of the event on the hospital's performance and the extent to which the event was avoidable or predictable.

If the request for an exemption is granted, the hospital will be advised via the HAP quarterly bonus payment advice process.

## 2 Elective Surgery

### 2.1 Introduction

The elective surgery component of the HAP has been operating since 1994-95, aiming to encourage continued improvement in the management of health care provision to elective surgery patients and to provide incentive funds to hospitals which achieve targeted waiting times for elective surgery.

Hospitals with waiting lists submitting waiting list performance data to the Department via the Elective Surgery Information System (ESIS) on a monthly basis are eligible for bonus funding under the Hospital Access Program. All calculations relating to performance are based on this ESIS data. The data items referred to in this section reflect definitions included in the *Elective Surgery Information System (ESIS) User Manual* (Version 3.0, July 2000).

### 2.2 The Performance Indicators

#### 2.2.1 Performance Indicators linked to Bonus Payments

The performance of participating hospitals in 2000/2001 will be measured against the following indicators for the purposes of calculating each hospital's quarterly bonus:

- The proportion of Category 1 patients admitted within the recommended time (30 days).
- The proportion of Category 2 patients admitted within the recommended time (90 days).
- The average waiting times of Category 2 and Category 3 patients on the waiting list.
- The total number of patients on the waiting list (including booked patients).
- Data quality and timeliness.

Details of the targets for each of these indicators, including examples of how bonus payments are calculated, are provided in section 2.4

#### 2.2.2 New Performance Indicator - Hospital Initiated Postponements of Elective Surgery

A new indicator has been included for 2000/2001 that will measure the number of multiple postponements experienced by patients as a proportion of admitted patients. Details of how this new indicator is calculated are provided below.

This indicator has been introduced in line with the Government's commitment to reduce hospital-initiated postponements of elective surgery. In acknowledgment that some postponements are unavoidable, the performance indicator excludes the first postponement. That is, the postponement will only be counted if the patient has experienced more than one hospital-initiated postponement.

A postponement is considered to be hospital initiated if the "Reason for Rebooking" is coded as:

- H - postponed due to lack of hospital resources, or
- D - postponed due to the surgeon being unavailable.

Whenever one of these codes is used, the count appearing in the Hospital Initiated Postponement field of the patient record is increased by one.

As this is a new performance indicator, no performance targets have been set for 2000/2001. Bonus reductions will therefore not be implemented for this indicator for the current financial year.

### **2.2.2.1 Calculating Multiple Hospital Initiated Postponements.**

#### The Numerator

The numerator for this indicator is the number of Hospital Initiated Postponements, greater than one, experienced by patients during the quarter.

The Hospital Initiated Postponements, greater than one, of any patient patients who has been on the waiting list at any time during the quarter are considered, regardless of the patient's status at the census date at the end of the quarter (including those who are Ready For Care, Not Ready for Care, or Admitted).

The number of Hospital Initiated Postponements according to this indicator will be calculated as follows:

1. Patient records are selected where the number of Hospital Initiated Postponements is greater than zero at the beginning of the quarter and greater than one at the end of the quarter.
2. The number of Hospital Initiated Postponements experienced by each patient in that group is derived by subtracting the number of Hospital Initiated Postponements at the beginning of the quarter from the number of Hospital Initiated Postponements at the end of the quarter.

For Example:

Beginning of Quarter	End of Quarter	Hospital Initiated Postponements during the Quarter
2	2	0
4	5	1
1	4	3
3	5	2
5	5	0

3. Select patient records that have no Hospital Initiated Postponements at the beginning of the quarter.
4. Calculate the number of Hospital Initiated Postponements (greater than one) from the value at the end of the period.

For example:

Beginning of Quarter	End of Quarter	Hospital Initiated Postponements during the Quarter
0	2	(2-1)=1
0	3	(3-1)=2

4. To calculate the total number of hospital initiated postponements (greater than one) sum the results of steps 2 and 4 above.

### Denominator

The denominator for this performance indicator is the total number of patients admitted during the quarter.

## 2.3 ESIS Data

### 2.3.1 Types of Errors in the Elective Surgery Information System

As part of efforts to improve data quality, the revised ESIS has a list of edits, or reasons for a patient record to be rejected or flagged. Edits have been classified into three types:

- Type 1: Fatal error: rejected and must be fixed by the hospital as a priority. Processing of data affected.
- Type 2: Non-fatal error: rejected and must be fixed by the hospital, but does not stop the further processing of data.
- Type 3: Warning: this record may be correct but is unusual and should be brought to the attention of the hospital for confirmation or amendment.

For 2000/2001, a number of errors that were previously listed as "Type 2" have been upgraded to "Type 1". These changes were described in detail in the *Specification for Revisions of the Elective Surgery Information System (ESIS) for 1.7.2000 (April 2000)*. As well, all edits are listed in details in the *Elective Surgery Information System (ESIS) User Manual, (Version 3.0, July 2000)*.

### 2.3.2 Submission Dates

Participating hospitals are required to submit ESIS data monthly. For 2000/2001, initial and subsequent data submissions are required on specific dates. This approach is consistent with that taken in other program components, and improves clarity. Previously, submission dates have been calculated according to the number of working days that have elapsed since the last day of the previous month.

Timelines for the submission of data are as follows:

Action	Responsible Organisation	Due Date
Submit monthly data file.	Hospital	The tenth of the following month (eg. initial March 2001 data due on the 10 <sup>th</sup> April 2000).
Provide error report to hospital.	Department of Human Services	On or before the 15 <sup>th</sup> of the month (eg. error report for March 2001 provided by 15 <sup>th</sup> April 2001).
Submit monthly data file with all Type 1 errors corrected.	Hospital	On or before the 21 <sup>st</sup> of the month (eg. all Type 1 errors in March 2001 file corrected by 21 <sup>st</sup> April 2001).
Provide error reports.	Department of Human Services	As required until the last day of the following calendar month (eg. 30 <sup>th</sup> April 2001).

Submit monthly data file with all Type 1 and Type 2 errors corrected.	Hospital	On or before the last day of the following calendar month (eg. March 2001 data correct by 30th April 2001)
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The required format for the submission of files is described in detail in the *Elective Surgery Information System Volume 3 Manual*.

### 2.3.3 Data Quality and Timeliness

Bonus payments will be adjusted if hospitals do not meet the data requirements listed above. The approach to bonus reductions differs significantly from that adopted in previous years, and reflects a more integrated approach across HAP to data quality and data timeliness, and a strong emphasis on ensuring that monthly data is finalised in a timely way.

The performance indicator now establishes that a single month's data file can be submitted no more than five times. Hospitals will therefore be required to ensure that all errors are corrected before resubmitting the file. This change aims to minimise unnecessary reprocessing of files.

Details of the bonus reductions applicable for ESIS data quality and timeliness are provided in section 2.4.7.

**To ensure adequate data quality, all Type 1 and 2 errors require correction, even when they continue to appear after the 5<sup>th</sup> submission.** In these cases, the 2% bonus reduction applying to the final submission will be implemented for any subsequent months in which these errors remain in the submitted file.

### 2.3.4 Modifications to ESIS

Some modifications have been incorporated into ESIS version 3.0 to assist with capturing data on the number of Hospital Initiated Postponements. This includes the addition of new codes into the "Reasons for Rebooking" field to ensure that postponements which impact on the patient can be clearly identified.

As well, a new data item has been added which counts the number of Hospital Initiated Postponements. This item includes a count which is increased by one each time the code H or the code D is used in the "Reason for Rebooking" field.

For further information about these and other modifications, please refer to the document *Specifications for Revisions for the Elective Surgery Information System for 1.7.2000* which was distributed to all hospitals in April 2000, and the *Elective Surgery Information System (ESIS) User Manual* (version 3.0, July 2000)

## 2.4 Elective Surgery Performance Indicators and Bonus Calculations

Performance Indicator	Bonus Calculation
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Performance Indicator		Bonus Calculation	
<b>2.4.1 Category 1 Admitted Patients</b>		The elective surgery bonus will be reduced by 20% for each patient admitted during the quarter whose total waiting time is more than 30 days.	
<b>Indicator</b>	The percentage of Category 1 patients admitted from the waiting list during the quarter with a total waiting time prior to admission of 30 days or less.	<i>Example:</i>	
<b>Target</b>	100% of Category 1 patients to be admitted from the waiting lists within 30 days.	<i>Total Cat. 1 patients admitted during the quarter</i>	= 78
<b>Denominator</b>	The total number of Category 1 patients admitted from the waiting lists during the quarter.	<i>Total Cat. 1 patients admitted within 30 days or less during the quarter</i>	= 75
<b>Numerator</b>	The total number of Category 1 patients admitted from the waiting list during the quarter whose total waiting time prior to admission is 30 days or less.	<i>Target (100%)</i>	= 78
		<i>Patients waiting longer than recommended</i>	= 3
		<b>Percentage Bonus Reduction (20% per patient)</b>	<b>60%</b>
<b>2.4.2 Category 2 Admitted Patients</b>		The elective surgery bonus will be reduced by 2% for each percentage point by which the Category 2 patients admitted from the waiting list during the quarter within 90 days is below target.	
<b>Indicator</b>	The percentage of Category 2 patients admitted from the waiting list during the quarter with a total waiting time of 90 days or less.	<i>Example:</i>	
<b>Target</b>	75% of Category 2 patients admitted from the waiting list during the quarter with a total waiting time of 90 days or less.	<i>Total Cat. 2 patients admitted from the waiting list during the quarter</i>	= 1050
<b>Denominator</b>	The total number of Category 2 patients admitted from the waiting or booking list during the quarter.	<i>Total Category 2 patients admitted from the waiting list during the June quarter in 90 days or less</i>	= 819
<b>Numerator</b>	The total number of Category 2 patients admitted from the waiting list during the quarter with a total waiting time prior to admission of 90 days or less.	<i>Percentage admitted within 90 days</i>	= 73.5%
		<i>Target</i>	= 75%
		<b>Bonus reduction (2 x 1.5)</b>	= <b>3.0%</b>

Performance Indicator		Bonus Calculation	
<b>2.4.3 Average Waiting Time: Category 2 Patients on the Waiting List</b>		A 2% reduction for each percentage point by which the average total waiting time of Category 2 patients on the waiting list at the census date is below target.	
<b>Indicator</b>	The average total waiting time of Category 2 patients on the waiting list at the census date.	<i>Example:</i>	
<b>Target</b>	85 days.	<i>Sum of the total waiting time of all Category 3 patients on the waiting list at the end of the quarter</i> = 20,675 days	
<b>Denominator</b>	The number of Category 2 patients on the waiting list at the census date.	<i>Total number of Category 3 patients on the waiting list at the end of the quarter</i> = 175	
<b>Numerator</b>	The sum of the total waiting time of all Category 2 patients on the waiting list at the census date.	<i>Average total waiting time of Category 3 patients on the waiting list at the end of the quarter.</i> = 118.1 days	
		<i>Target</i> = 85 days	
		<i>Days over target (118.1-85)</i> = 33.1	
		<i>Percent over target (33.1/85 * 100)</i> = 38.9%	
		<b>Bonus Reduction</b> = 77.8%	
		<b>(2 x 38.9)</b>	

Performance Indicator		Bonus Calculation
<p><b>2.4.4 Average Waiting Time of Category 3 Patients on the Waiting List</b></p> <p><b>Indicator</b> The average total waiting time of Category 3 patients on the waiting list at the census date.</p> <p><b>Target</b> 300 days.</p> <p><b>Denominator</b> The number of Category 3 patients on the waiting list at the census date.</p> <p><b>Numerator</b> The sum of the total waiting time of all Category 3 patients on the waiting list at the census date.</p>		<p>A 1% reduction for each percentage point by which the average total waiting time of Category 3 patients on the waiting list at the census date is below target.</p> <p><i>Example:</i></p> <p><i>Sum of the total waiting time of all Category 3 patients on the waiting list at the end of the quarter</i> = 141,100 days</p> <p><i>Total number of Category 3 patients on the waiting list at the end of the quarter</i> = 452</p> <p><i>Average total waiting time of Category 3 patients on the waiting list at the end of the quarter.</i> = 312.2 days</p> <p><i>Target</i> = 300 days</p> <p><i>Days over target (312.2-300)</i> = 12.2 days</p> <p><i>Percentage over target (12.2/300*100)</i> = 4.1%</p> <p><b>Bonus Reduction (1 x 4) = 4.1%</b></p>
<p><b>2.4.5 Multiple Postponements of Elective Surgery</b></p> <p><b>Indicator</b> The total number of multiple Hospital-Initiated Postponements experienced by patients during the quarter as a proportion of quarterly admitted patients.</p> <p><b>Target</b> Not applicable.</p> <p><b>Denominator</b> The number of patients admitted during the quarter.</p> <p><b>Numerator</b> The number of postponements (greater than one) experienced by patients who were on the waiting list at any time during the quarter.</p>		<p><b>As this is a new performance indicator, no performance targets have been set.</b></p> <p><b>Bonus reductions will not be attached to this indicator for the 2000/2001 financial year.</b></p>

Performance Indicator		Bonus Calculation	
<b>2.4.6 Total Number of Patients on the Waiting List</b>		A 1% reduction for each percentage point by which the total waiting list exceeds the targeted reduction at the end of each quarter.	
<b>Indicator</b>	The total number of patients (all Categories) on each hospital's waiting list.	<i>Example:</i>	
<b>Target</b>	The number of patients (all Categories) on the waiting list at 31 December 1999.	<i>Total number of patients on the waiting list at 31 December 1999</i>	= 2,356
<b>Denominator</b>	The number of patients on each hospital's waiting list at 31 December 1999	<i>Quarterly target</i>	= 2,356
<b>Numerator</b>	The total number of patients on the elective surgery waiting list (including booked patients) at the census date.	<i>Total number of patients on the waiting list at census date</i>	= 2,470
		<i>Patients waiting at census date as a percentage of target</i>	= 104.8%
		<b><i>Bonus reduction</i></b>	= <b>4.8%</b>

Performance Indicator		Bonus Calculation
<b>2.4.7 Data Quality and Timeliness</b>		
<b>Indicator</b>	Finalisation of ESIS data containing no Type 1 or 2 within 1 month.	A reduction of 1% for each month that the first submission is received after the 10 <sup>th</sup> of the following month.
<b>Targets</b>	Initial submission of monthly file on or before the 10 <sup>th</sup> of the following calendar month.	PLUS
	Resubmission of monthly file containing no Type 1 errors on or before the 21 <sup>st</sup> of the following calendar month.	A reduction of 1% for each month in which either of the following occurs:
	Submission of monthly file containing no Type 1 or 2 errors on or before the last day of the following calendar month.	<ul style="list-style-type: none"> <li>• The monthly file, containing no Type 1 errors, is resubmitted after the 21<sup>st</sup> day of the following month</li> </ul>
	A maximum of five submissions to be made before finalisation of data.	OR
		<ul style="list-style-type: none"> <li>• The monthly file is submitted by the 21<sup>st</sup> day of the following month , but the file contains one or more Type 1 errors.</li> </ul>
		PLUS
		A reduction of 2% for each month in which one or more of the following occurs:
		<ul style="list-style-type: none"> <li>• The monthly file, containing no Type 1 or Type 2 errors, is resubmitted after the last day of the following month.</li> </ul>
		OR
		<ul style="list-style-type: none"> <li>• The file is submitted by the last day of the following month but contains any Type 1 or Type 2 error.</li> </ul>
		OR
		<ul style="list-style-type: none"> <li>• The data has been submitted a total of 6 or more times by the last day of the following month.</li> </ul>
<b>NB: To ensure adequate data quality, all Type 1 and 2 errors require correction, even when they continue to appear after the 5<sup>th</sup> submission.</b> In these cases, the 2% bonus reduction applying to the final submission will be implemented for any subsequent months in which these errors remain in the submitted file.		

## **2.5 DHS Contacts - Elective Surgery**

For queries regarding the elective surgery component of the Hospital Access Program please contact:

- **Bridget Weller, Project Officer, Access Unit**  
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Phone: 9616 7896  
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## **3 Critical Care**

### **3.1 Introduction**

A critical care inter-hospital transfer (CCIHT) is the transfer of a critical care patient between hospitals participating in the CCIHT component of the Hospital Access Program (HAP) for intensive or coronary care.

The CCIHT component of the HAP was introduced in 1998-1999 to encourage better bed management and quality of care for patients requiring intensive or coronary care. Specifically, the CCIHT program was introduced to:

- enhance patient access to critical care through maximising bed availability; and
- reduce inappropriate inter-hospital transfers between public hospitals.

An inappropriate transfer of a critically ill patient from a public hospital occurs when a patient is transferred because a service normally available at that hospital is not available. In the case of critical care transfers, this is because an intensive or coronary care bed is not available at that hospital.

Whilst the intention of the CCIHT program is to minimise the number of inappropriate transfers between acute tertiary hospitals that provide an equivalent level of care, some inter-hospital transfers are inevitable and suitable.

The adult critical care system in Victoria provides comprehensive support and care of patients within the full range of medical and surgical services/specialties. Most hospitals with critical care units have the capability of providing care for patients requiring the majority of service/specialties. There are, nonetheless, a number of major hospitals which do not provide all services/specialties and certain hospitals which provide critical care for statewide services not normally available in most public hospitals. In addition, patients often present at the closest rather than the most suitable facility. Under these circumstances, it is appropriate for patients to be transferred.

The CCIHT program applies to public hospitals with Level 2 or 3 Intensive Care Units (ICUs) and/or Level 2, 3 or 4 Coronary Care Units (CCUs) in the Melbourne metropolitan area.

From 2000/2001, monitoring will be extended to transfers of all public critical care patients from participating hospitals regardless of the transfer destination; i.e. transfers to private hospitals will now be monitored. Whilst a bonus reduction will not be attached to public patients transferring to private hospitals during this financial year, it is intended to include private transfers in the CCIHT program from 2001/2002.

### 3.2 The Performance Indicators

The CCIHT program measures inappropriate transfers of intensive care and coronary care patients as follows:

- The total number of intensive care patients transferred to public hospitals due to an intensive care bed not being available as a percentage of the total number of intensive care separations; and
- The total number of coronary care patients transferred to public hospitals due to a coronary care bed not being available as a percentage of the total number of coronary care separations.

### 3.3 Performance Targets

In 1999/2000, CCIHT targets were set at the individual hospital level. However, as more comprehensive data is now available on inter-hospital transfers, standardised targets have been set for 2000/2001. These targets have been determined by grouping participating hospitals separately on the basis of demand for ICU and CCU. These standardised targets are listed below.

<b>HOSPITAL</b>	<b>ICU TARGET 2000-2001 (%)</b>	<b>CCU TARGET 2000-2001 (%)</b>
Alfred Hospital	1.7	4
Angliss Health Service	N/A	7
Austin Campus	1.7	4
Box Hill Hospital	7	7
Dandenong Hospital	7	7
Frankston Hospital	7	7
Maroondah Hospital	7	7
Monash Medical Centre	3	4
Northern Hospital	7	8
Royal Melbourne Hospital	1.7	4
St Vincent's Hospital	3	7
Western Hospital	3	4

Performance against targets is assessed six monthly, enabling hospitals to flexibly respond to changes in demand influenced by seasonal factors.

## 3.4 Calculating Bonus Payments

Transfers are counted according to the date of separation. For example, the six monthly period July-December includes transfers separated on or after 1 July up to and including 31 December.

Bonus reductions for each six monthly period are determined by calculating transfers due to an intensive or coronary care bed not being available at the sending hospital which are in excess of the CCU and ICU targets. Each transfer in excess of the agreed number attracts a 6% bonus reduction.

The maximum bonus reduction for failing to meet targets *in either category* is 70%. The maximum reduction for failing to meet *both targets* is 100% of the total six monthly bonus allocation.

All calculations are based on data submitted by hospitals through the Victorian Admitted Episodes Dataset (VAED) and the Victorian Emergency Minimum Dataset (VEMD).

## 3.5 Critical Care and Inter-Hospital Transfer Data

### 3.5.1 Coding Information in the Victorian Admitted Episodes Dataset (VAED)

Transfers are coded according to the following protocols.

Receiving and Sending public hospitals report the reason for transfer of critical care patients in the data field 'Reason for Critical Care Transfer' on the VAED using the appropriate code as detailed below.

#### Receiving Hospitals

Hospitals which *receive* a patient following their transfer from another hospital for the provision of critical care, report *the first appropriate value* from:

- 'X' Transfer from acute hospital - Specialty not available at *sending* hospital
- 'E' Transfer from acute hospital - ICU bed not available at *sending* hospital
- 'J' Transfer from acute hospital - CCU bed not available at *sending* hospital
- 'W' Other reason for transfer from acute hospital for critical care

#### Sending Hospitals

Hospitals which *send* an admitted patient to another hospital for the provision of critical care, report the *first appropriate value* from:

- 'Y' Transfer from acute hospital - Specialty not available at *this* hospital
- 'F' Transfer from acute hospital - ICU bed not available at *this* hospital
- 'K' Transfer from acute hospital - CCU bed not available at *this* hospital
- 'Z' Other reason for transfer from acute hospital for critical care

### **Sent and Received**

Where, in a single episode, a patient was *received* by the hospital for the provision of critical care and later *sent* by the hospital to another hospital for the provision of critical care, the hospital should report *the sending code only* for this episode, ie the sending code will overwrite the receiving code.

#### **3.5.1.1 VAED Coding Rules**

##### **Receiving = 'X' and Sending = 'Y' - Specialty Not Available at Sending Hospital**

The 'X' code is used by receiving hospitals and the 'Y' code is used by sending hospitals when a patient is transferred:

##### **ICU**

- From a hospital without an ICU to a hospital with an ICU, for treatment in the ICU.
- From a hospital to the Alfred for major burns, heart lung transplant, pre-transplant mechanical cardiac supports or hyperbaric treatment.
- From a hospital to the Alfred or Royal Melbourne Hospital for the treatment of major trauma.
- From a hospital to the Austin and Repatriation Medical Centre for a spinal injury or liver transplant.
- From a hospital to the Alfred or Royal Melbourne Hospital for a bone marrow transplant or complication of a bone marrow transplant.
- From a hospital with a Level 1, 2 or rural ICU to a hospital with a Level 3 ICU for neurology/neurosurgery, cardiac surgery or thoracic surgery.
- From Box Hill Hospital or Frankston Hospital to a hospital with a Level 3 ICU for neurology/neurosurgery, or cardiac surgery.
- From the Western Hospital to a hospital with a Level 3 ICU for cardiac surgery.

##### **CCU**

- From a hospital without a CCU to a receiving hospital with a CCU, for treatment in the CCU.
- From a hospital with a Level 2 cardiac care service to a hospital with a Level 3 or Level 4 cardiac care service for consideration or provision of angiography, angioplasty, cardiac surgery, assist device or electrophysiology.
- From St Vincent's Hospital to a hospital with a Level 4 cardiac care service for electrophysiology.

**Both ICU and CCU**

For the purpose of the CCIHT 'X' or 'Y' code, a 'Specialty Not Available' includes a service or expertise not offered at the sending hospital. This reason may be used in the following circumstances:

- From a hospital without the clinician responsible for the patient's original and on-going treatment to a hospital for on-going care by the original treating clinician.
- From a hospital without a requested or clinically needed specialist to one with a requested or clinically needed specialist.

Note: The determination as to whether transfers fall into either of the latter two categories is the decision of the sending hospital clinician.

**Receiving = 'E' and Sending = 'F' - ICU Bed Not Available at Sending Hospital**

The 'E' code is used by receiving hospitals and the 'F' code is used by sending hospitals when a patient is transferred to a hospital with an ICU for treatment in the ICU, *outside the circumstances listed under X/Y*. Such circumstances include:

- When a patient is transferred from a hospital where the service/specialty/procedure is normally provided but:
  - ⇒ an ICU bed;
  - ⇒ facilities;
  - ⇒ equipment; or
  - ⇒ staff - medical/nursing/ancillary;

are not available for the care of the patient, this transfer should be categorised as 'Bed Not Available'.

- Return transfer of an admitted patient to the original sending hospital's ICU for continued care (ie., a 'Downtransfer').
- Where a patient is sent for critical care, but critical care is not provided at the receiving hospital.

**Receiving = 'J' and Sending = 'K' - CCU Bed Not Available at Sending Hospital**

The 'J' code is used by receiving hospitals and the 'K' code is used by sending hospitals when a patient is transferred to a hospital with a CCU for treatment in the CCU, outside the circumstances listed under X/Y. Such circumstances include:

- When a patient is transferred from a hospital where the service/specialty/procedure is normally provided but:
  - ⇒ a CCU bed;
  - ⇒ facilities;
  - ⇒ equipment; or
  - ⇒ staff - medical/nursing/ancillary

are not available for the care of this patient, this transfer should be categorised as 'Bed Not Available'.

- Return transfer of an admitted patient to the original sending hospital's CCU for continued care (ie., a 'Downtransfer').
- Where a patient is sent for critical care, but critical care is not provided at the receiving hospital.

### Receiving = 'W' - Other Reason for Transfer from Acute Hospital

The 'W' code is used by receiving hospitals when a patient is transferred:

- To the receiving hospital but not for admission to the ICU or CCU. However, the patient *later* spends time in the receiving hospital's ICU or CCU. (The *sending* hospital does not report a 'Reason for Critical Care Transfer' in this instance.)
- From extended care/rehabilitation/geriatric centre and *later* spends time in the receiving hospital's ICU or CCU.
- For the provision of critical care in an ICU/CCU when the *sending* hospital *is able* to provide the care required, but the following circumstances apply:
  - ⇒ Transfer is required to a hospital closer to home;
  - ⇒ Transfer is required to another hospital due to family convenience.

### Sending = 'Z' - Other Reason for Transfer from Acute Hospital

The 'Z' code is used by *sending* hospitals when a patient is transferred for the provision of critical care in an ICU/CCU when the *sending* hospital *is able* to provide the care required, but the following circumstances apply:

- ⇒ Transfer is required to a hospital closer to home;
- ⇒ Transfer is required to another hospital due to family convenience.

## 3.5.2 Coding Information in the Victorian Emergency Minimum Dataset (VEMD)

*Sending hospitals* report the reason for transfer of critical care patients in the data field 'Reason for Transfer to Another Hospital or Health Service' on the VEMD using the appropriate code as detailed below.

### Sending Hospitals

Hospitals that *send* a patient to another hospital for the provision of critical care, report the *first appropriate value* from:

- '1' Transfer from acute hospital - ICU bed not available at *this* hospital
- '2' Transfer from acute hospital - CCU bed not available at *this* hospital
- '4' Transfer from acute hospital - Specialty not available at *this* hospital
- '5' Transfer from acute hospital - Previous patient of *receiving* hospital
- '7' Other reason for transfer from acute hospital for critical care

**Note:** Codes '3' and '6' are not applicable for CCIHT. Code '9' is also not applicable as all circumstances are covered by other codes.

### **3.5.2.1 VEMD Coding Rules**

#### **Sending = '1' - ICU Bed Not Available at Sending Hospital**

- When a patient is transferred from a hospital where the service/specialty/procedure is normally provided but:
  - ⇒ an ICU bed;
  - ⇒ facilities;
  - ⇒ equipment; or
  - ⇒ staff - medical/nursing/ancillary;are not available for the care of the patient, this transfer should be categorised as 'Bed Not Available'.

#### **Sending = '2' - CCU Bed Not Available at Sending Hospital**

- When a patient is transferred from a hospital where the service/specialty/procedure is normally provided but:
  - ⇒ a CCU bed;
  - ⇒ facilities;
  - ⇒ equipment; or
  - ⇒ staff - medical/nursing/ancillaryare not available for the care of this patient, this transfer should be categorised as 'Bed Not Available'.

#### **Sending = '4' - Specialty Not Available at Sending Hospital**

##### ***ICU***

- From a hospital without an ICU to a hospital with an ICU, for treatment in the ICU.
- From a hospital to the Alfred or Royal Melbourne Hospital for the treatment of major trauma.
- From a hospital to the Alfred for major burns, heart lung transplant, pre-transplant mechanical cardiac supports or hyperbaric treatment.
- From a hospital to the Austin and Repatriation Medical Centre for a spinal injury or liver transplant.
- From a hospital to the Alfred or Royal Melbourne Hospital for a bone marrow transplant or complication of a bone marrow transplant.
- From a hospital with a Level 1, 2 or rural ICU to a hospital with a Level 3 ICU for neurology/neurosurgery, cardiac surgery or thoracic surgery.
- From Box Hill Hospital or Frankston Hospital to a hospital with a Level 3 ICU for neurology/neurosurgery or cardiac surgery.
- From the Western Hospital to a hospital with a Level 3 ICU for cardiac surgery.

### **CCU**

- From a hospital without a CCU to a receiving hospital with a CCU, for treatment in the CCU.
- From a hospital with a Level 2 cardiac care service to a hospital with a Level 3 or Level 4 cardiac care service for consideration or provision of angiography, angioplasty, cardiac surgery, assist device or electrophysiology.
- From St Vincent's Hospital to a hospital with a Level 4 cardiac care service for electrophysiology.

### **Both ICU and CCU**

- 'Specialty Not Available' may be used when needed expertise is not offered at the sending hospital, for example, from a hospital without a requested or clinically needed specialist to one with a requested or clinically needed specialist.

### **Sending = '5' - Previous Patient of Receiving (or Destination) Hospital**

'Previous Patient of Destination Hospital' may be used when the patient is transferred from a hospital without the clinician responsible for the patient's original and on-going treatment to a hospital for on-going care by the original treating clinician.

### **Sending = '7' - Patient Need**

This should be used by *sending* hospitals when a patient is transferred for the provision of critical care in an ICU/CCU when the *sending* hospital *is able* to provide the care required but the following circumstances apply:

- ⇒ Transfer is required to a hospital closer to home;
- ⇒ Transfer is required to another hospital due to family convenience.

### 3.5.3 Data Confirmation

The CCIHT program involves the confirmation and verification of data by both receiving and sending hospitals. This process will take approximately eight weeks from the time data is first sent to hospitals for confirmation. It is expected that hospitals will achieve a 10 working day turnaround time for the return of data.

1. The original CCIHT code is recorded on the VAED by both the receiving hospital and the sending hospital in the 'Reason for Critical Care Transfer' field which is part of the diagnosis record.
2. The original CCIHT code is recorded on the VEMD by the sending hospital in the 'Reason for Transfer to Another Hospital or Health Service' field which is part of the diagnosis record.
3. Data extraction dates for the VAED and VEMD are as follows:

Data Collection	When Data Extracted	Example
VAED	On or near the 21 <sup>st</sup> in second month after separation*	January data is downloaded on 21 <sup>st</sup> March
VEMD	On or near the last day in first month after separation	January data is downloaded on 31 February

\*Delay occurs because completed diagnosis records do not appear in the VAED consolidation until two months after the month in which the separation occurred.

4. Unmatched or mismatched records are forwarded to sending and receiving hospitals as appropriate. The CCIHT code should be checked and amended where necessary for mismatched records, and added for unmatched records where appropriate. Explanations for corrections or other actions should be noted in the 'comments' column. Any transfers coded 'W' (other reason for transfer from acute hospital) should include an explanation as to why this code was used.

Unmatched records will include:

- Transfers to private hospitals - Sending hospitals will need to manually confirm the reason for the critical care transfer unless the private hospital/s involved choose to transmit this data. The data may appear in the VAED or VEMD. (Reporting this data item is optional for private hospitals.)
- Patients who are transferred to another hospital other than for critical care, but later receive care in an ICU/CCU will be reported by the receiving hospital only.
- Patients transferred to another hospital with the intention of receiving critical care, but who do not receive critical care, will be reported by the sending hospital only.

Unmatched records will also include records where the reason for transfer field has been left blank in error.

4. Inaccuracies identified by sending and receiving hospitals will be reconciled and notified for correction on the VAED and the VEMD by the sending and receiving hospitals as appropriate.

### **3.5.4 Resolving Coding Differences**

The transfer code recorded by the receiving hospital may differ to that of the sending hospital's reason for transfer. The resolution of these transfers will occur through the provision of additional information and data clarification by the sending hospital. However, the sending hospital's original intent for the transfer shall determine the finalisation of the confirmed CCIHT code.

Contact between receiving hospitals and sending hospitals and exchange of information is encouraged under the Critical Care Inter-Hospital Transfer Program and is essential in ensuring that the correct information is captured for the VAED and the VEMD. Often the factor underlying the decision on whether a transfer is categorised as 'Specialty Not Available' or 'Bed Not Available' is the receiving hospital's knowledge of the availability of the service/specialty at the sending hospital. These business rules should therefore be used in conjunction with industry knowledge of the services available at certain hospitals, to verify the reason for transfer.

### **3.6 Critical Care Performance Indicators and Bonus Calculations**

<b>Performance Indicator</b>	<b>Bonus Calculation</b>
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Performance Indicator		Bonus Calculation	
<b>3.6.1 Intensive Care Patients</b>		The CCIHT bonus will be reduced by 6% for each transfer above the target (to a maximum of 70%)	
<b>Indicator</b>	<i>The total number of intensive care patients transferred due to an intensive care bed not being available as a percentage of total intensive care separations.</i>	<i>Example:</i>	
<b>Target</b>	<i>Standardised target for hospital groupings.</i>	<i>Total number of intensive care patients transferred due to an intensive care bed not being available</i>	<i>= 18</i>
<b>Denominator</b>	<i>The total number of intensive care separations.</i>	<i>Total number of intensive care separations</i>	<i>= 208</i>
<b>Numerator</b>	<i>The total number of intensive care patients transferred due to an intensive care bed not being available.</i>	<i>Target number of transfers (3%)</i>	<i>= 7</i>
		<i>Number in excess of target</i>	<i>= 11</i>
		<i>Bonus recall calculated (6% per transfer)</i>	<i>= 77%</i>
		<b><i>Bonus reduction (to a maximum of 70%)</i></b>	<b><i>= 70%</i></b>
		<i>Note: 70% rule only applies if it is only the ICU or CCU's target exceeded.</i>	

Performance Indicator		Bonus Calculation	
<b>3.6.2 Coronary Care Patients</b>		The CCIHT bonus will be reduced by 6% for each transfer above the target (to a maximum of 70%).	
<b>Indicator</b>	The total number of coronary care patients transferred due to an intensive care bed not being available as a percentage of total coronary care separations.	<i>Example:</i>	
<b>Target</b>	Standardised target for hospital groupings.	<i>Total number of coronary care patients transferred due to a coronary care bed not being available</i> = 22	
<b>Denominator</b>	The total number of coronary care separations.	<i>Total number of coronary care separations</i> = 249	
<b>Numerator</b>	The total number of coronary care patients transferred due to a coronary care bed not being available.	<i>Target (7%)</i> = 18	
		<i>Number in excess of target</i> = 4	
		<i>Bonus recall calculated (6% per transfer)</i> = 24%	
		<b><i>Bonus reduction (to a maximum of 70%)</i></b> = <b>24%</b>	
		<i>Note: 70% rule only applies if it is only the ICU or CCU's target exceeded.</i>	

### **3.7 DHS Contacts - Critical Care Inter-Hospital Transfers**

For queries regarding the critical care inter-hospital transfer indicator business rules please contact:

- **Maree Roberts, Project Officer, Access Unit**  
Phone: 9616 7964  
Email: maree.roberts@dhs.vic.gov.au
- **Nette Lowe, Project Officer, Access Unit**  
Phone: 9616 7670  
Email: nette.lowe@dhs.vic.gov.au

## 4 EMERGENCY SERVICES

### 4.1 Introduction

The Emergency Services component of the Hospital Access Program (HAP) aims to provide incentive funding to hospitals to measure, report and enhance access to emergency services.

To participate in the program, hospitals must:

- have a 24 hour emergency department
- be a Group A or B hospital
- have provided more than 4200 multi-day projected emergency WIES7 during 1999-2000, and
- be able to provide data via the Victorian Emergency Minimum Dataset (VEMD).

The WIES cut off point has varied over the life of the program from 4,000 - 5,000 WIES and is set to achieve a focus on major emergency departments. Individual allocations are determined on the basis of the proportion of total multi-day projected WIES7 for 1999-2000 provided by each participating hospital. That is, if Hospital A has provided 13% of the total multi-day projected emergency WIES7, they will be allocated 13% of the total amount of funds available for the component.

There are 18 hospitals participating in the Emergency Services component of HAP in 2000-2001: 13 are metropolitan hospitals and 5 are in rural Victoria.

### 4.2 The Performance Indicators

Under the HAP Emergency Services component, there are four main performance measures:

- the time patients (triage categories 1-5) wait to be treated in the emergency department
- the time emergency patients wait for admission to an inpatient ward
- the number of occasions of ambulance bypass (applicable to metropolitan, non-specialist hospitals only).
- data quality and timeliness

Triage refers to the system of classifying patients according to their clinical need and priority. Patients are triaged according to the National Triage Scale developed by the Australasian College of Emergency Medicine (ACEM) in 1993. The scale has five categories of severity. Each category has a recommended time in which treatment should commence.

Quarterly performance targets are set for each of the Emergency Services performance indicators and quarterly bonus payments are made on the basis of performance against the targets. Performance against targets is reported monthly and assessed quarterly.

The definition, targets and VEMD data items used to calculate bonus payments are explained in more detail below.

#### 4.2.1 Blocked Admissions

A “Blocked Admission” is an emergency patient who has waited more than 12 hours for admission to an inpatient ward. In 1999/2000, targets for blocked admissions were set at the individual hospital level and were seasonally adjusted. However, for financial year 2000/2001 a standardised target has been set. The target has been determined by reviewing performance prior to 1999 and is set at 95% of all emergency patients awaiting admission to an inpatient ward not waiting longer than 12 hours. In keeping with the Triage indicators this indicator is expressed as the percentage of patients admitted within 12 hours, rather than the percentage of blocked admissions.

#### 4.2.2 Triage

Patients are calculated as treated within the recommended time if VEMD data shows:

- |                   |   |
|-------------------|---|
| Triage Category 1 | The time interval between 'First Seen By Doctor Date/First Seen By Doctor Time' and 'Arrival Date/Arrival Time' is less than or equal to 60 seconds.  |
| Triage Category 2 | The time interval between 'First Seen By Doctor Date/First Seen By Doctor Time' and 'Arrival Date/Arrival Time' is less than or equal to 10 minutes.  |
| Triage Category 3 | The time interval between 'First Seen By Doctor Date/First Seen By Doctor Time' and 'Arrival Date/Arrival Time' is less than or equal to 30 minutes.  |
| Triage Category 4 | The time interval between 'First Seen By Doctor Date/First Seen By Doctor Time' and 'Arrival Date/Arrival Time' is less than or equal to 60 minutes.  |
| Triage Category 5 | The time interval between 'First Seen By Doctor Date/First Seen By Doctor Time' and 'Arrival Date/Arrival Time' is less than or equal to 120 minutes. |

Please note that from 2000-2001, monitoring will be extended to Triage Category 4 and 5, although a bonus reduction will not be attached to patients not being seen within target during this financial year.

#### 4.2.3 Ambulance Bypass

Since 1996, the target for ambulance bypass has been set uniformly at 5 occasions of ambulance bypass per quarter per hospital. During 2000-2001, the same quarterly target and bonus reduction (2% reduction per occasion of bypass over target) will apply.

Metropolitan Ambulance Service (MAS) records and submits data on occasions of ambulance bypass to DHS daily. In addition, MAS provides monthly summary data on ambulance bypass. The MAS data is used for bonus reduction calculations for ambulance bypass.

#### 4.2.4 Length of Stay

Data relating to length of stay in emergency departments will be examined and reported back to hospitals. Developmental work will be undertaken to determine if this is a suitable indicator for emergency services, and if so, what form such an indicator would take.

#### 4.2.5 ED Stay Greater than 24 hours

Data relating to stays in the emergency department greater than 24 hours will be examined and reported back to hospitals. A target of zero has been set for this financial year for patients who wait for 24 hours prior to admission to a ward, though no bonus reduction applies.

### 4.3 VEMD Data

For complete details and descriptions of the VEMD data items, refer to *Victorian Emergency Minimum Dataset (VEMD) User Manual, Version 5.0, July 2000*. Data items used to derive the Emergency Services performance are detailed below.

#### 4.3.1 Triage Performance Data

The “time to treatment” for each Triage category and blocked admissions performance data is derived from VEMD. The following VEMD fields are used to derive 'Waiting Time To Treatment' data:

- 'Arrival Date' and 'Arrival Time.'
- 'First Seen By Doctor Date' and 'First Seen By Doctor Time.'
- 'Triage Category'

Note:

- Patients who leave before being treated (VEMD data item 'Departure Status' Code 6 - Left before being seen by doctor or definitive service provider) are excluded from the calculation of triage performance data.
- If the triage category of a patient changes during their emergency attendance, the **original** triage category is to be transmitted to the VEMD (regardless of whether the recategorisation is higher or lower).
- If the patient is not treated by a Doctor (or 'First Seen by Doctor Date/Time' is null) the default for calculating “time to treatment” will be data items 'First Seen by Treating Nurse Date'/'First Seen by Treating Nurse Time' is used.

#### 4.3.2 Blocked Admissions

An admission is a “Blocked Admission” if the interval between 'Departure Date'/'Departure Time' and 'Arrival Date'/'Arrival Time' for 'Departure Status Code 2' patients is greater than 12 hours.

Blocked admissions data is derived from the VEMD using the following data items:

- 'Arrival Date' and 'Arrival Time'

- 'Departure Date' and 'Departure Time'
- 'Departure Status - Code 2' - Admission to ward (including HITH)/return to inpatient ward.

### 4.3.3 Submitting VEMD Data

#### 4.3.3.1 Submission Dates

Submission dates for VEMD data are as described in the following table.

Action	Responsible Organisation	Due Date
Submit monthly electronic data file.	Hospital	The tenth of the following month (eg. initial May 2001 data due on the 10 <sup>th</sup> April 2001).
Submission of aggregate paper based reports.	Hospitals	by the 10 <sup>th</sup> day of the following month.
Provide reject report to hospital.	Department of Human Services	On or before the 5 <sup>th</sup> working day from receipt of the hospital file.
Correct rejected data and resubmit file to DHS.	Hospital	Within seven days of receipt of the DHS rejection file.
Submit monthly data file with all edits passed (zero rejections).	Hospital	On or before the last date of the following calendar month (eg. 30th April 2001).
Response to comparative process.	Hospital	As specified in covering correspondence from DHS.

#### 4.3.3.2

#### 4.3.3.3 Format for Data Submission

For 2000-2001, VEMD data will continue to be reported in two formats:

- electronic reports of patient level data
- aggregate paper based reports that contain information from extracted from the VEMD.

The required format for the submission of electronic files is described in detail in the *Victorian Emergency Minimum Dataset (VEMD) User Manual, Version 5.0, July 2000*, section 4.

Aggregate “paper” reports are to be forwarded to the Quality Branch of DHS addressed to

Jennifer Phan, Executive Assistant, Quality Branch  
Fax: 9616 8347  
Email: jennifer.phan@dhs.vic.gov.au

#### **4.3.4 VEMD Comparative Process**

As part of the quality assurance process of the VEMD during 1999-2000, the Department commenced comparison of the VEMD electronic data with the aggregate paper based reports. The majority of hospitals have completed the comparative process for July to March (inclusive) 1999-2000 data.

The comparative process will continue during 2000-2001 and is described in more detail in the *Victorian Emergency Minimum Dataset (VEMD) User Manual, Version 5.0, July 2000*. Section 4. It may not be possible in all instances to achieve complete consistency between the electronic and paper based reports. However, hospitals should address data issues progressively to ensure that preventable inconsistencies do not recur in subsequent months.

Some inconsistencies may not be amenable to correction. For example, differing dates of extraction of the data (ie paper reports are extracted early in the following month, electronic data undergoes modification throughout the month) may lead to small, regular inconsistencies. Where small data inconsistencies recur that have previously been explained to the Department, hospitals will not be required to continually submit the reasons for these inconsistencies. However, an extract of the electronic data will be sent for confirmation.

As a final quality assurance check, confirmation of electronic data by hospitals will also occur where there are no inconsistencies between the electronic and paper reports. During 2000-2001, consideration will be given to discontinuing most of the paper-based reporting. This will occur in a staged manner and be dependent on the performance of each hospital in relation to the provision of timely and accurate electronic data. Further details about the process of discontinuing paper-based reports will be sent to hospitals progressively during 2000-2001.

#### **4.3.5 Data Quality and Timeliness**

Bonus payments will be adjusted if hospitals do not meet the data requirements listed above. This reflects a more integrated approach across HAP to data quality and data timeliness, and a strong emphasis on ensuring that monthly data is finalised in a timely way.

VEMD files go through an edit process after submission to DHS to ensure data quality. A reject report is then sent to the relevant hospital for action. Wherever possible, edits should be maintained within the emergency department’s in-house data information system to minimise rejection of records from the DHS editing program (Refer to *Victorian Emergency Minimum Dataset (VEMD) User Manual, Version 5.0, July 2000*, section 5: Editing).

Edits can result in three types of errors being identified. The table below outlines the problem and remedy for the three possible edit effects:

<b>Effect:</b>	<b>Problem</b>	<b>Remedy</b>
<b>Run Terminated</b>	<p>The monthly data file is corrupt or contains data that may compromise the dataset integrity.</p> <p><i>Example:</i></p> <p><i>File format is incorrect</i></p>	<p>The hospital determines the cause of the edit effect, resolves the data problem and resubmits the data file.</p>
<b>Rejection</b>	<p>Data item/s in the attendance record did not meet the criteria specified in the business rules.</p> <p><i>Example:</i></p> <p><i>Mandatory item not completed</i></p> <p><b>NOTE: this type of rejection is unacceptable and the file cannot be loaded.</b></p>	<p>The hospital determines the cause of the rejection, corrects it and resubmits the monthly data file</p> <p>Zero rejections must be achieved for each monthly data file to be accepted into the VEMD (See also VEMD User Manual , Schedule Requirements, Section 4-14)</p>
<b>Warning</b>	<p>Record was acceptable but data item/s in the attendance record were questionable.</p> <p><i>Example:</i></p> <p><i>Inpatient bed request time precedes arrival time</i></p> <p>This would not generally occur however on rare occasions a patient being transferred to the hospital may be known to require admission and a bed requested ahead of time of arrival.</p>	<p>The hospital checks that the data is valid. If necessary, correct the data and resubmit the data file</p>

**NB: To ensure adequate data quality, all rejection errors require correction, even when they continue to appear after the 5<sup>th</sup> submission.** In these cases, the 2% bonus reduction applying to the final submission will be implemented for any subsequent months in which these errors remain in the submitted file.

#### **4.4 Emergency Services Performance Indicators and Bonus Calculations**

<b>Performance Indicator</b>	<b>Bonus Calculation</b>
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Performance Indicator		Bonus Calculation	
<b>4.4.3 Waiting time for Triage Category 2 patients</b>		A 5% reduction of the maximum quarterly bonus allocation applied for each percentage point under the quarterly target.	
<b>Indicator</b>	The percentage of Triage Category 2 patients who receive treatment within 10 minutes.	The maximum reduction for failing to meet the target is 100% of the total quarterly bonus allocation.	
<b>Target</b>	80% of Triage Category 2 patients to receive treatment within 10 minutes.	<i>Example:</i>	
<b>Denominator</b>	The total number of Triage Category 2 patients treated during the quarter.	<i>Total number of Triage Category 2 patients treated during the quarter</i>	= 232
<b>Numerator</b>	The total number of Triage Category 2 patients whose time to treatment was 10 minutes or less during the quarter.	<i>Total number of Triage Category 2 patients whose time to treatment was 10 minutes or less during the quarter</i>	= 182
		<i>Quarterly performance for Triage Category 2</i>	= 78.5%
		<i>Quarterly target for Triage Category 2</i>	= 80%
		<b>Bonus Reduction</b> <i>(5% for each percent)</i>	= 7.5%

Performance Indicator		Bonus Calculation	
<b>4.4.4 Waiting time for Triage Category 3 patients</b>		A 1% reduction in the maximum quarterly bonus allocation applied for each percentage point under the quarterly target.	
<b>Indicator</b>	The percentage of Triage Category 3 patients who receive treatment within 30 minutes.	The maximum reduction for failing to meet the target is 100% of the total quarterly bonus allocation.	
<b>Target</b>	75% of Triage Category 3 patients to receive treatment within 30 minutes.	<i>Example</i>	
<b>Denominator</b>	The total number of Triage Category 3 patients treated during the quarter.	<i>Total number of Triage Category 3 patients treated during the quarter</i>	= 786
<b>Numerator</b>	The total number of Triage Category 3 patients whose time to treatment was 30 minutes or less during the quarter.	<i>Total number of Triage Category 3 patients whose time to treatment was 30 minutes or less during the quarter</i>	= 532
		<i>Quarterly performance for Triage Category 3</i>	= 68 %
		<i>Quarterly target for Triage Category 3</i>	= 75 %
		<b>Bonus Reduction</b> <i>(1% for each percent)</i>	= 7%
<b>4.4.5 Waiting time for Triage Category 4 patients</b>			
<b>Indicator</b>	The percentage of Triage Category 4 patients who receive treatment within 60 minutes.		
<b>Target</b>	60% of Triage Category 4 patients to receive treatment within 60 minutes.		
<b>Denominator</b>	The total number of Triage Category 4 patients treated during the quarter.		
<b>Numerator</b>	The total number of Triage Category 4 patients whose time to treatment was 60 minutes or less during the quarter.		
		<b>Bonus reductions will not be attached to this indicator for the 2000/2001 financial year.</b>	

Performance Indicator		Bonus Calculation
<b>4.4.6 Waiting time for Triage Category 5 patients</b>		<b>Bonus reductions will not be attached to this indicator for the 2000/2001 financial year.</b>
<b>Indicator</b>	The percentage of Triage Category 5 patients who receive treatment within 120 minutes.	
<b>Target</b>	60% of Triage Category 5 patients to receive treatment within 120 minutes.	
<b>Denominator</b>	The total number of Triage Category 5 patients treated during the quarter.	
<b>Numerator</b>	The total number of Triage Category 5 patients whose time to treatment was 120 minutes or less during the quarter.	

Performance Indicator		Bonus Calculation		
<b>4.4.7</b>	<b>Waiting time of emergency department patients requiring admission to a ward</b>	A 7% reduction of the maximum quarterly bonus allocation for each percentage point under the quarterly target in the performance range of 90-95%. (Tier 1)		
<b>Indicator</b>	The number of emergency department patients requiring admission to a ward who spend more than 12 hours in the emergency department prior to be admitted to an inpatient ward (Blocked Admission)	A 10% bonus reduction will be applied for each percent under target for performance less than 90%. (Tier 2) <i>Example:</i>		
<b>Target</b>	95% of all Emergency patients requiring admission to ward to be admitted within 12 hours.	<i>Hospital A (close to target)</i>	<i>Hospital B (Outlier)</i>	
<b>Denominator</b>	The total number of emergency department patients requiring admission to a ward during the quarter.	<i>The total no. of emergency department patients requiring admission to a ward during the Quarter</i>	849	909
<b>Numerator</b>	The total number of emergency department patients requiring admission to a ward during the quarter who spend more than 12 hours in the emergency department prior to being admitted to an inpatient ward (ie. "Blocked admissions").	<i>The total no. of "blocked admissions" during the quarter</i>	50	133
		<i>Quarterly performance for Blocked Admission</i>	94.1	85.4
		<i>Quarterly target for Blocked Admission</i>	95%	95%
		<i>Variance from target</i>	0.9%	9.6%
		<i>Bonus Reduction @ 7% per percentage point over target (Tier 1)</i>	6.3%	35%
		<i>Bonus Reduction @ 10% per percentage point over target (Tier 2)</i>	0%	46%
		<b><i>Total bonus Reduction</i></b>	<b>6.3%</b>	<b>81%</b>
		<i>If Bonus available is:</i>	\$100,000	\$100,000
		<i>Bonus Reduction @ 7% (Tier1)</i>	\$6,300	\$35,000
		<i>Bonus reduction @ 10% (Tier 2)</i>	n/a	\$46,000
		<b><i>Total Bonus Reduction</i></b>	<b>\$6,300</b>	<b>\$75,600</b>

Performance Indicator	Bonus Calculation
<p><b>4.4.8 Data Quality and Timeliness</b></p> <p><b>Indicator</b> Submission of electronic VEMD files and aggregate paper-based reports containing no errors within the required timelines</p> <p><b>Targets</b></p> <p>Submission of monthly electronic file by 10<sup>th</sup> day of the following month.</p> <p>Monthly electronic file to have passed all edits by the end of the following month.</p> <p>Submission of aggregate paper-based reports by the 10<sup>th</sup> day of the following month.</p> <p>Response to comparative process by required date.</p> <p><b>NB: To ensure adequate data quality, all rejection errors require correction, even when they continue to appear after the 5<sup>th</sup> submission.</b> In these cases, the 2% bonus reduction applying to the final submission will be implemented for any subsequent months in which these errors remain in the submitted file.</p>	<p>A reduction of 1% for each month that the first submission of the electronic file is not received by the 10<sup>th</sup> day of the following month.</p> <p>PLUS</p> <p>A reduction of 2% for each month in which either of the following occurs:</p> <ul style="list-style-type: none"> <li>• the monthly electronic file contains rejections at the end of the following month</li> </ul> <p style="text-align: center;">AND/OR</p> <ul style="list-style-type: none"> <li>• the file has been resubmitted more than 5 times at the end of the following month.</li> </ul> <p>PLUS</p> <p>A reduction of 0.5% for each month that the paper based aggregate report is not submitted by the 10<sup>th</sup> day of the following month.</p> <p>PLUS</p> <p>A reduction of 0.5% for each month that the response the comparative process is not received by the required date.</p>

## **4.5 DHS Contacts - Emergency Services**

For queries regarding the emergency services indicator business rules please contact:

- **Angela Edwards, Project Officer, Access Unit**  
Phone: 9616 8441  
Email: [angela.edwards@dhs.vic.gov.au](mailto:angela.edwards@dhs.vic.gov.au)
- **Katy Fielding, Project Officer, Access Unit**  
Phone: 9616 8072  
Email: [katy.fielding@dhs.vic.gov.au](mailto:katy.fielding@dhs.vic.gov.au)

Aggregate paper reports forwarded to:

**Jennifer Phan, Executive Assistant, Quality Branch**  
Fax: 9616 8347  
Email: [jennifer.phan@dhs.vic.gov.au](mailto:jennifer.phan@dhs.vic.gov.au)

## 5 Appendix: List of Participating Hospitals

Hospital	Elective Surgery	Emergency Services	Critical Care
The Alfred	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Angliss Health Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Austin & Repatriation Medical Centre	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ballarat Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Barwon Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bendigo Health Care Group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Box Hill Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dandenong Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Frankston Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Goulburn Valley Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
New Latrobe Regional Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maroondah Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Monash Medical Centre	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Northern Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Royal Children's Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Royal Melbourne Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Royal Victorian Eye and Ear Hospital	<input checked="" type="checkbox"/>		
Royal Women's Hospital	<input checked="" type="checkbox"/>		
Sandringham & District Memorial Hospital	<input checked="" type="checkbox"/>		
St Vincent's Hospital (Melbourne)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sunshine Hospital	<input checked="" type="checkbox"/>		
Wangaratta District Base Hospital	<input checked="" type="checkbox"/>		
West Gippsland Healthcare Group	<input checked="" type="checkbox"/>		
Western Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

