

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

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has been superseded by Mode of separation version 3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

Administrative Attributes

Source Document:

Source Organisation: National Health Data Committee

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

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

1. True Diagnosis Related Groups

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

2. Pre-acute transfer Diagnosis Related Groups

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

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

3. Social disadvantage Diagnosis Related Groups

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

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

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

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

Group.

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

4. Status transfer Diagnosis Related Groups

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

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

5. Non-acute in-patients

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

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

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

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

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

