MCZ1

This information is not reported to the DSU for QHAPDC; it is for hospital use only. It is useful because fees charged to the patient may depend on whether the patient has been an admitted patient in any recognised or licensed hospital within the seven days before this admission. In addition, if the patient has been admitted in any hospital, this may affect eligibility for acute care entitlements.

HBCIS

Record the number of days in the specified field "Days Carried Forward".

If yes, which hospital?

This information is not reported to the DSU for QHAPDC; it is for hospital use only.

HBCIS

Record the name of the previous hospital in the specified field other hospital.

Total length of stay without breaks of more than seven days in previous hospitals. This information is not reported to the DSU for QHAPDC; it is for hospital use only.

HBCIS

Calculated automatically.

7.28 SEPARATION NUMBER

This information is not reported to the DSU for QHAPDC; it is for hospital use only.

PAPER HOSPITAL

Record the separation number as recorded in the discharge register.

HBCIS

Not recorded.

7.29 ELECTIVE PATIENT STATUS

An elective admission is an admission of a patient for care or treatment, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least 24 hours.

Admissions for which an elective status is usually not assigned are:

- admissions for normal delivery (obstetric);
- admissions which begin with the birth of the patient, or when it was intended that the birth occur in the hospital, commence shortly after the birth of the patient;
- statistical admissions: and
- planned readmissions for the patient to receive limited care or treatment for a current condition, for example dialysis or chemotherapy.

An emergency admission is an admission of a patient for care or treatment in which, in the opinion of the treating clinician, is necessary and admission for which should occur within 24 hours.

Although the following list is not definitive an emergency patient would be:

- at risk of serious morbidity or mortality and requiring urgent assessment and/or resuscitation; or
- suffering from suspected acute organ or system failure; or
- suffering from an illness or injury where the viability or function of a body part or organ is acutely threatened; or
- suffering from a drug overdose, toxic substance or toxin effect; or
- experiencing severe psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
- suffering severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
- suffering acute significant haemorrhage and requiring urgent assessment and treatment; or
- suffering gynaecological or obstetric complications; or
- suffering an acute condition which represents a significant threat to the patients physical or psychological wellbeing; or
- suffering a condition which represents a significant threat to public health.

PAPER HOSPITAL

Record the following codes to indicate the elective patient status:

Code	ra
COUG	Description

1 Emergency admission 2 Elective admission 3 Not assigned

HBCIS

Record the following codes to indicate the elective patient status:

Code Description

- Emergency admission
 Elective admission
- 3 Not assigned

7.30 QUALIFICATION STATUS

All babies 9 days old or less should be admitted with a newborn care type. On admission the newborn will be have a qualification status of either acute (qualified) or unqualified (see section 4.5 Newborns).

Record the qualification status on admission. If the qualification status of the newborn changes after admission then the <u>change in qualification status is recorded as an activity (see section 8.9).</u>

PAPER HOSPITAL

Record the following codes to indicate the qualification status of the newborn:

Code	Description
Α	Acute
U	Unqualified

HBCIS

Qualification status of a newborn is derived from the account class code by HQI:

Account Class Code	Description
xxQ	Acute
xxUQ	Unavalified