

**Royal Hospital for Women (RHW)**  
**GUIDELINE**  
**COVER SHEET**



**Health**  
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<b>SUMMARY</b>	This guideline has been developed to assist in defining clear Collaborative Care arrangements between The Royal Hospital for Women (RHW) and other facilities/external service providers

## Collaborative and Contract Care Arrangement Guidelines

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### 1. Background

This guideline has been developed in accordance with the Admitted Patient Data Collection to assist in defining clear **Collaborative Care** arrangements between Royal Hospital for Women (RHW) and other facilities/external service providers. It provides a generic set of steps that act as a guide to be customised based on the specific requirements of each collaborative care agreement. The purpose of collecting this data as part of the Admitted patient Data Collection is to monitor the value and outcomes of contracted care services; eliminate double counting of inpatient activity during aggregate data analysis; and to monitor patient flows.

Collaborative Care arrangements include both public to private contract arrangements, and arrangements between two public facilities where both facilities provide a continuous service to the patient, and one facility provides a same day service on behalf of the other hospital.

### 2. Principles

Before a Collaborative Care agreement can be entered into, the following requirements must be met:

- The agreement has been approved by the RHW General Manager
- There is a contract in place between RHW and other facility/external service provider
- The relevant stakeholders have been communicated with (refer to 4. Responsibilities)

### 3. Definitions

#### **Collaborative Care:**

'*Collaborative Care*' is care provided to a patient under an agreement between a purchaser and a provider of admitted patient services. Collaborative Care includes:

- Contracted care, between a private sector facility and a public sector facility where a financial agreement is in place; AND
- arrangements between two public hospitals where both sites provide part of the continuous care, and where at least one provides a same-day service, regardless of financial arrangements.

Collaborative care excludes:

- Additional services provided to a patient in a separate facility during their episode of care where the patient is directly responsible for all payments (medical and accommodation);
- Pathology or other investigations performed at another location on specimens gathered at the purchasing hospital;
- Arrangements with privately owned and/or operated public hospitals (eg Hawkesbury);
- Services provided by one public hospital on behalf of another public hospital within the same Area Health Service where the patient receives full admitted patient service at one hospital only;
- Services provided by two public hospitals where the patient does not return to the hospital where they were first admitted on the same calendar day they were transferred to the second hospital;
- Care provided to patients admitted to Commonwealth block funded residential aged care beds in multi-purpose services or residential aged care facilities;
- Overnight admitted patient services provided by a public hospital to a private patient of a private hospital where the patient accepts additional charges that could accrue if they are admitted to the private hospital outside a contract arrangement (such as charges above the schedule fee for clinical services). (Note: this situation must involve a discharge from the first hospital and a formal admission

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at the second hospital. It may also be followed by a discharge from the second hospital, then a formal readmission at the first hospital);

- Overnight admitted patient services provided to public patients by a public hospital or multi-purpose service, that is, a patient is referred from, and returns to another public hospital or multi-purpose service on different calendar days. (Note: this situation must involve a discharge from the first hospital, admission at the second hospital followed by a discharge, then a re-admission at the first hospital).

### Contracted Care:

'Contracted Care' is a subset of 'Collaborative Care' and includes the following:

- A purchasing facility (a recognised public hospital, public multi-purpose service, private hospital or private day procedure centre) or a purchasing Area Health Service; AND
- a contracted admitted patient service provider (a recognised public hospital, public multi-purpose service, private hospital or private day procedure centre); AND
- a formal agreement or arrangement between the purchaser and the service provider to provide specific admitted patient services, which may or may not include a financial payment, AND
- The patient being physically present in the contracted hospital for the provision of an admitted patient contracted service.

### 1. Responsibilities

Role	Purchasing Facility/ LHD eg. RHW	Contracted Service Provider Eg. POWP	Responsible for
General Manager	X	X	<ul style="list-style-type: none"> <li>Approval of collaborative care agreement and endorsement of contract</li> </ul>
Finance Director and/or Revenue Manager	X		<ul style="list-style-type: none"> <li>Maintaining awareness of services contracted in regards to Revenue performance</li> <li>Ensuring that all patients under contract care are non-chargeable/Medicare/ Reciprocal</li> <li>Providing Finance advice as required</li> </ul>
Co - Directors Maternity and Gynaecology Services	X		<ul style="list-style-type: none"> <li>Advise/agree to clinical aspects of the collaborative care arrangement based on the <b>{model of care}</b> eg. <i>Maternity and Gynaecology Services</i></li> <li>Ensuring Site and District collaborative care reporting requirements can be met.</li> </ul>
Health Information Unit (HIU) Manager	X	X	<ul style="list-style-type: none"> <li>Identifying requirements for the patient health record (paper based and electronic) under a collaborative care agreement.</li> <li>Ensuring that HIU Staff are aware of their responsibilities in terms of maintaining the patient health record for an episode of collaborative care (both paper based and electronic).</li> </ul>
PAS Team Manager	X		<ul style="list-style-type: none"> <li>Ensuring accurate collection of collaborative care data in iPM in accordance with requirements of the Admitted Patient Data Collection.</li> </ul>

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Administration Staff (including ward clerks and HIU Staff)	X	X	<ul style="list-style-type: none"> <li>Completing the necessary steps in iPM PAS for recording Collaborative Care Leave.</li> <li>Collection and filing of patient notes related to the episode of collaborative care in the patient's record (both physical and electronic record).</li> </ul>
Clinical Coders	X		<ul style="list-style-type: none"> <li>Coding the episode of collaborative care and allocation of DRG in accordance with current coding practices and standards.</li> </ul>
Patient Flow/ Access Demand Manager -Waitlist Manager	X	X	<ul style="list-style-type: none"> <li>Maintaining awareness of contract care wards for bed management purposes</li> <li>Contact patients on the Waiting List to offer a procedure/service at a collaborative care facility where applicable</li> <li>Maintaining/updating all required admission documentation (paper based and electronic) for a collaborative care episode including but not limited to waiting list and RFA.</li> </ul>
Nutrition and Dietetics Manager	X		<ul style="list-style-type: none"> <li>Maintaining awareness of contract care wards so that meals are not delivered to the virtual wards</li> </ul>

## 2. Business Work Flow

### 2.1 Planned Admissions (Obstetric or Surgical)

Where collaborative care arrangements are offered to patients currently on a surgical or medical waiting list, the business flow provided in Appendix A should be used as a guide to ensure that all relevant activities are confirmed/agreed. The following table provides a description of each step in the business flow:

Activity		Responsible	Activity Description
1.0	Admissions Booking	Access Demand Manager/AHNM/ Admissions Office Manager	Depending on the <i>{model of care}</i> , a planned admission suitable for collaborative care may be initiated via an <b>Admission Booking</b> . In this scenario: <ul style="list-style-type: none"> <li>The patient has an admission booking but is not on a Waiting List (eg. Obstetric booking)</li> <li>Patient arrives on day of admission</li> </ul> <b>Proceed to 3.0</b>
2.0	Waiting List (RFA)	Waitlist Manager	Depending on the <i>{model of care}</i> , a planned admission suitable for collaborative care may be initiated via the <b>Waiting List</b> . In this scenario: <ul style="list-style-type: none"> <li>The Patient is on the Waiting List for a specific procedure</li> <li>Patient has an RFA form</li> </ul> <i>NB. Collaborative care arrangements may also be initiated via Emergency/from a ward – refer to 5.2</i>

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Activity	Responsible	Activity Description	
2.1	Identify patient based on clinical criteria and contract care requirements in place	Waitlist Manager	Patient is selected for Collaborative Care from the Waiting List based on specific clinical criteria and contract care requirements in place <i>{model of care}</i>
2.2	Contact patient to offer procedure at relevant CC Facility	Waitlist Manager/ Booking Office	Selected patient from the waiting list is contacted to offer procedure at Collaborative Care Facility and provided further details as required etc.
2.3	Patient agrees to procedure at CC Facility?	Patient	The patient is required to make a decision regarding whether or not they accept the offer of their procedure under a collaborative care arrangement.
2.4	Note on patient's RFA that offer was declined	Booking Office	If the patient declines the offer of collaborative care, details are noted on the patient's RFA form. <i>The process may terminate here.</i>
2.5	Offer patient procedure date & update booking in RHW iPM PAS	Booking Office Manager	If the patient accepts the offer of collaborative care: <ul style="list-style-type: none"> <li>• A procedure date is offered</li> <li>• The booking in iPM PAS is updated with the relevant contract care ward</li> </ul>
2.6	Attend pre-assessment appointments	Patient	The patient may be required to attend pre-assessment appointment(s) prior to surgery/procedure depending on the <i>{model of care}</i> .
2.7	Patient appears on <b>Planned Admission Report</b> for next day	Admissions Office	The day before a planned admission, the patient will appear on the RHW <b>Planned Admission Report</b> in iPM. Bed Managers are aware of these patients for bed management
3.0	Arrive for admission at RHW or CC Facility directly	Patient	Depending on the collaborative care arrangements in place, the patient will arrive at the RHW Admissions Office or directly at the Collaborative Care Facility eg. Prince of Wales Private (POWP) Hospital.
4.0	In RHW iPM admit patient to CC Facility	Admissions Office	On the day of admission, in RHW iPM, the patient is admitted to the applicable Collaborative Care Facility
4.1	RHW Admissions Office faxes booking paperwork to CC Facility	Admissions Office	On admission RHW booking paperwork faxed to POWP Hospital
5.0	In RHW iPM, place patient on Collaborative Care Leave to CC Facility	Admissions Office	In RHW iPM, once admitted, the patient is placed on Collaborative Care Leave to the applicable Collaborative Care Facility, for the duration of their admission.
6.0	Patient ready for discharge/transfer	Patient	At the conclusion of the admission, and depending on the <i>{model of care}</i> in place, a decision is made regarding the patient's discharge/ transfer (see 6.1)
6.1	Discharge home or transfer to original RHW ward/ other facility	Patient	Depending on the <i>{model of care}</i> in place, the patient may be discharged directly home from the Collaborative Care Facility or transferred back to the original ward/other facility.

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Activity		Responsible	Activity Description
7.0	In RHW iPM return patient from <i>Collaborative Care Leave</i>	Admissions Office	Once the patient has physically been discharged or transferred from the Collaborative Care Facility, RHW iPM is updated. The patient is returned from Collaborative Care Leave in RHW iPM. This may occur retrospectively, if the discharge/transfer occurred out of business hours.
8.0	In RHW iPM, patient is discharged	Admissions Office	Once the patient has been returned from Collaborative Care Leave in iPM, one of the following options is entered for the patient: <ul style="list-style-type: none"> <li>Discharged directly home/other</li> </ul> Transferred back to original RHW ward or to a different facility
9.0	Forward RHW patient notes as ' <i>Loose Admission</i> ' to HIU	Admissions Office	The RHW Admissions Office paperwork is forwarded to the HIU as a ' <i>Loose Admission</i> '. This may include: <ul style="list-style-type: none"> <li>Frontsheet</li> <li>RFA</li> </ul> Pre-Anaesthetic notes
10.0	Receive loose admission (RHW patient notes)	HIU Staff	In accordance with current HIU practices
11.0	Retrieve existing or create new physical patient record	HIU Staff	In accordance with current HIU practices
12.0	File Loose Admission within patient record; track in iPM to coding; place record on coding shelf	HIU Staff	In accordance with current HIU practices
13.0	Receive patients notes from CC Facility as a paper copy or electronically (scanned)	HIU Staff	Where applicable and required for coding, patient notes from the Collaborative Care Facility are forwarded to the HIU. This may be as a paper copy or electronically as a scanned copy.
14.0	Retrieve physical medical record from coding shelf	HIU Staff	In accordance with current HIU practices
15.0	File patient notes: A. Upload scanned notes to relevant encounter in eMR OR B. File paper copy in patient record	HIU Staff	In accordance with current HIU practices.
16.0	In RHW iPM identify CC discharge to be coded	Coding Staff	In accordance with current coding practices.
17.0	In RHW eMR access any relevant clinical documentation &or results	Coding Staff	In accordance with current coding practices.
18.0	In RHW iPM complete coding and allocate DRG	Coding Staff	Collaborative Care episode is coded in accordance with current coding practices.
19.0	Automatic upload of coded episode into HIE (24 hrs post coding) for Site & District Performance review	Coding Staff	This is an automated process that occurs for all coded episodes. Once uploaded into the HIE, the coded episode data is available for Site and District performance review activities.
20.0	Off Contract		Process terminates here.

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### 2. References

- Health Information Resources Directory (HIRD)  
[http://internal4.health.nsw.gov.au/hird/view\\_data\\_element.cfm?ItemID=1978](http://internal4.health.nsw.gov.au/hird/view_data_element.cfm?ItemID=1978)
- Collaborative Care Business Rule  
[collaborative-care-business-rules-v-1-3.doc](#)

### 3. Revision and Approval History

Date	Revision No.	Author and Approval
January 2024	1	Wendy Hudson. New guideline. Endorsed by RHW Safety and Quality Committee.



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### Appendix A: Checklist

The following checklist will assist with ensuring that all relevant aspects of the process are considered in establishing Collaborative Care arrangements:

Activity	yes	n/a
1. Relevant approval has been granted by the RHW General Manager	<input type="checkbox"/>	<input type="checkbox"/>
2. Contract has been documented and agreed between RHW and external service provider	<input type="checkbox"/>	<input type="checkbox"/>
3. Finance Director and/or Revenue Manager regarding costing arrangements under the collaborative care agreement	<input type="checkbox"/>	<input type="checkbox"/>
4. Performance Unit Manager has been engaged to ensure that data is captured for reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>
5. Co - Directors of all relevant services impacted have been consulted eg. Maternity and Gynaecology Services	<input type="checkbox"/>	<input type="checkbox"/>
6. Health Information Manager, HIU has provided advice regarding administration activities, documentation in eMR etc.	<input type="checkbox"/>	<input type="checkbox"/>
7. PAS Team Manager, HIU has been consulted regarding documentation required in iPM to capture collaborative care leave	<input type="checkbox"/>	<input type="checkbox"/>
8. Admissions Office Manager has been consulted for planned admissions	<input type="checkbox"/>	<input type="checkbox"/>
9. Clinical Coding Manager has been consulted regarding the documentation required to code the episode of collaborative care	<input type="checkbox"/>	<input type="checkbox"/>
10. Access Demand Manager has been consulted regarding creation of virtual ward and/or ongoing bed management	<input type="checkbox"/>	<input type="checkbox"/>
11. Nutrition and Dietetics Manager has been consulted regarding 'virtual wards' under collaborative care arrangements	<input type="checkbox"/>	<input type="checkbox"/>