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CIRCULAR H 57 / 2020

TO: ALL HEADS OF DIVISIONS/DIRECTORATES/CHIEF DIRECTORATES/INSTITUTIONS/DISTRICTS/SUB-DISTRICTS/IM UNITS

COVID-19 Hospital Patient Administration – *revision of H40/2020*

1. **TARGET AUDIENCE:** All officials, and their supervisors, who currently record and capture hospital patient data.

2. **PURPOSE:** To inform all users about the standard processes to administer (to record and capture screening, testing and admissions) COVID-19 patients at hospital level.

3. **PROBLEM STATEMENT:** Administration and monitoring COVID-19 beds, patients and services is required to monitor COVID-19 services at hospitals. In order to do this, beds must be allocated correctly, and attendances related to COVID-19 must be recorded for hospital inpatients and outpatients (testing) on Clinicom. The correct diagnosis and procedure codes must be used. This will allow us to monitor utilisation rates of facilities and beds and inpatient outcomes. This circular replaces circular H40 of 2020.

4. **EXECUTIVE SUMMARY:** This document aims to standardise administration and data collection for COVID-19 patients (suspect and confirmed) in order to monitor throughput of these patients at our facilities. There are three services provided by hospitals. These are screening, testing and admissions. There are different service models at each hospital, but the following generic principles apply:

- Patients who are only screened for COVID-19 will not be captured as an attendance on Clinicom at hospitals I.e. there will be no visit or headcount for these screenings. This was decided due to the vast numbers and administrative burden.
- Hospitals with dedicated screening and testing centres - Patients seen in these dedicated centres will be captured on Clinicom only if they are tested. Patients who are only screened will not be captured on Clinicom.
- If any patients receive services over and above screening, they should be recorded in Clinicom.
- Patients (suspect and confirmed) who require admission will be admitted into COVID-19 designated beds/wards using the new sub-specialties Infectious Disease-CVD19 or Paed Infectious Disease CVD-19 and if tested negative will be transferred out to an appropriate ward and speciality.

The circular further references a billing instruction and diagnosis and procedure coding guidelines already distributed which should be used for these patients.

5. HOSPITAL ADMINISTRATION FOR COVID-19 PATIENTS:

Two new sub-specialties (within the Medical specialty group) have been created which must be used for COVID-19 patients (confirmed or suspect) admitted to the hospital and for creating COVID-19 clinics for testing. These are:

- Paed Infectious Diseases-CVD19 *(for under 13 years old patients)*
- Infectious Diseases-CVD19

5.1. INPATIENTS:

5.1.1. Wards and Beds set up: Identify designated ward/s and bed/s for COVID-19 patients:

5.1.1.1. The hospital identifies which of their **existing** wards/beds will be used for COVID-19 patients. Change the specialty of these beds/wards to one of the new COVID specialties – see bullet 5 above. Make sure that the category of care is correctly assigned i.e. general ward, high care, intensive care.

5.1.1.2. The hospital identifies **new** wards to be used for COVID-19 patients. These wards must use the new COVID specialties – see bullet 5 above. Make sure that the category of care is correctly assigned i.e. general ward, high care, intensive care.

5.1.1.3. Add beds to these wards:

- To add <u>temporary</u> beds, add extra beds. This will increase your operational beds and not your actual beds and only requires the hospital CEO's approval. These beds will be closed after COVID-19 pandemic.
- To add <u>permanent</u> beds, add actual beds. This will change your operational and your actual beds and requires all levels of management approval as per the bed change control process. These beds will remain after the COVID-19 pandemic.

➢ *Please contact your Clinicom system controller to assist with adding beds and/or wards.*

5.1.2. Consultant:

Identify the consultant/s responsible for the sub-speciality: All hospitals must add the above sub-specialties to a consultant/s identified by the hospital i.e. add these sub-specialities to a designated consultant so that they are available for selection when admitting a patient. A generic name can be used for the consultant e.g. COVID-19 consultant.

➢ *Please contact your Clinicom system controller to assist with adding a specialty to a consultant/s.*

5.1.3. Admissions:

5.1.3.1. Patients (confirmed and suspect) should be admitted against the identified ward/s, category of care, consultant and COVID-19 specialty.

5.1.3.2. If the patient's lab results confirm that they are negative for COVID-19, then <u>transfer</u> them out of the COVID specialty into an appropriate specialty, consultant, category of care and ward on the correct date.

5.1.3.3. The appropriate ICD 10 Diagnosis codes should be captured against each transfer **and** discharge (see section 5.4 on coding below). Ideally the doctor should capture the discharge summary and diagnosis codes on eCCR on discharge.

5.1.3.4. If the patient is ventilated, use the intervention/procedure (ICD-9CM Procedure) codes below to capture any mechanical ventilation or extracorporeal membrane oxygenation:

- 96.70 Continuous invasive mechanical ventilation of unspecified duration
- 96.71 Continuous invasive mechanical ventilation for less than 96 consecutive hours
- 96.72 Continuous invasive mechanical ventilation for 96 consecutive hours or more
- 39.65 Extracorporeal membrane oxygenation [ECMO]

5.2. OUTPATIENTS:

5.2.1. Screening for COVID-19

Due to the vast numbers of people being screened and the subsequent large administrative burden, no screening for COVID-19 will be captured on Clinicom as an attendance. Therefore, no visit or headcounts will be generated for this service.

5.2.2. Testing for COVID-19
Any patient tested for COVID-19 at a hospital must be captured as an attendance in the clinic where the service took place. A visit count and a headcount (if it's the first attendance of the day) will therefore be generated for this service.

5.2.3. Emergency Centre or OPD visits
Patients who attend the EC or OPD clinic for normal services and are screened and/or tested for COVID-19 as part of the service should be attended against that clinic as per normal. Services should be captured against each clinic attended as per normal. As per bullet 5.2.1, patients who are only screened should not be captured on Clinicom.

5.2.4. Specially designated high throughput screening and/or testing areas e.g. dedicated screening centre (tent/prefab etc) outside the hospital:
Some hospitals have designated screening and testing areas set up outside their hospitals. Only patients who are tested for COVID-19 must be captured as an attendance on Clinicom. Patients who are only screened should not be captured on Clinicom.
For patients who do not have an existing folder number on Clinicom, create a PMI, but do not open a physical folder.

5.3. BILLING: Please refer to Revenue Notice 4 of 2020 (Amendment 1) - Hospital fees - Services rendered in respect of COVID-19 (Novel Coronavirus).

5.4. DIAGNOSIS CODING: Diagnosis codes must be captured for all patients with inpatient and/or outpatient services at hospitals. Please refer to communique CCS_05_2020 ICD-10 Corona Virus - Update_20200415.

Your co-operation is appreciated.

Dr Melvin Moodley
Director: Health Impact Assessment
DATE: 21 April 2020

Dr. Krish Vallabhjee
Chief Director: Strategic Cluster
DATE: 23 April 2020