

# Hospital service—care type, Tasmanian code X[XXXX]

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# Hospital service—care type, Tasmanian code X[XXXX]

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Care type
<b>METEOR identifier:</b>	417672
<b>Registration status:</b>	<a href="#">Tasmanian Health</a> , Superseded 05/09/2016
<b>Definition:</b>	The overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or <a href="#">posthumous organ procurement</a> (care other than admitted care), as represented by a code.
<b>Context:</b>	Admitted patient care and hospital activity:  For admitted patients, the type of care received will determine the appropriate casemix classification employed to classify the episode of care.
<b>Data Element Concept:</b>	<a href="#">Hospital service—care type</a>
<b>Value Domain:</b>	<a href="#">Tasmanian hospital care type code X[XXXX]</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	X[XXXX]
<b>Maximum character length:</b>	5

	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Nursing home type
	4	Acute incl qual newborn
	8	Palliative care
	9	Geriatric evaluation and management
	BOR	Boarder
	NEO	Neonate (unqualified)
	ORG	Organ procurement (posthumous)
	OTH	Other
	PSY	Psychogeriatric
	REHAB	Rehabilitation
	RES	Respite
	SOC	Social
<b>Supplementary values:</b>	NSP	Not specified

## Collection and usage attributes

<b>Guide for use:</b>	Persons with mental illness may receive any one of the care types (except newborn and organ procurement). Classification depends on the principal clinical intent of the care received.
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Admitted care can be one of the following:

CODE 1 Nursing home type

Patients whose care needs could have been adequately met by placement in a nursing home facility, but for whom a bed in such a facility is not available.

CODE 4 Acute incl qual newborn

Acute care is care in which the clinical intent or treatment goal is to:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of an illness or injury
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function
- perform diagnostic or therapeutic procedures.

A newborn can be allocated an care type of Acute incl qual newborn if the newborn is nine days old or less and meets at least one of the following criteria:

- the newborn is the second or subsequent live born infant of a multiple birth; or
- the newborn is admitted to a special care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care (i.e. a 'special care nursery'); or
- the newborn is in hospital without its mother.

CODE 8 Palliative care

Palliative care is care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family. It includes care provided:

- in a palliative care unit; or
- in a designated palliative care program; or
- under the principal clinical management of a palliative care physician or, in the opinion of the treating doctor, when the principal clinical intent of care is palliation.

Palliative care includes cases of chemotherapy, surgery and/or radiotherapy when the principal clinical intent is relief of symptoms rather than curing the disease.

CODE 9 Geriatric evaluation and management

Geriatric evaluation and management is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient. This may also include younger adults with clinical conditions generally associated with old age. This care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames. Geriatric evaluation and management includes care provided:

- in a geriatric evaluation and management unit;
- in a designated geriatric evaluation and management program;
- under the principal clinical management of a geriatric evaluation and management physician;
- in the opinion of the treating doctor, when the principal clinical intent of care is geriatric evaluation and management; and or
- undergoing assessment by ACAT.

CODE BOR Boarder

- Admission for a person (usually a carer or relative) accompanying the patient.

- Hospital boarder is a person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.
- As boarders receive no formal care or treatment they are therefore not considered admitted patients. However, boarders are within the scope of the Tasmanian activity based funding model and are required for costing purposes as hospital resources are allotted to their supervision. Therefore hospitals are required to register and record ('admitted') such persons on the hospital Patient Admission System. Hotel services such as meals and a bed/chair must be provided.

#### CODE NEO Neonate (unqualified)

To be used when the patient is born in hospital or is nine days old or less and doesn't meet at least one to be considered an admission as an Acute incl qual newborn care type at the time of admission and do not require clinical care. Neonate admission type continues until the care type changes or the patient is separated. The following points should be noted:

- Patients who turn 10 days of age and do not require clinical care are separated and, if they remain in the hospital, are designated as boarders.
- Patients who turn 10 days of age and require clinical care continue in a neonate episode of care until separated.
- Patients aged less than 10 days and not admitted at birth (eg transferred from another hospital) are either boarders or admitted with an acute care type.
- Patients aged greater than 9 days not previously admitted (eg transferred from another hospital) are either boarders or admitted with an acute care type.
- A neonate is qualified when it meets at least one of the criteria detailed in newborn qualification status.

#### CODE ORG Organ procurement (posthumous)

- Organ procurement - posthumous is the procurement of human tissue for the purpose of transplantation from a donor who has been declared brain dead.
- Diagnoses and procedures undertaken during this activity, including mechanical ventilation and tissue procurement, should be recorded in accordance with the relevant ICD-10-AM Australian Coding Standards. These patients are not admitted to the hospital but are registered by the hospital on the Patient Admission System.

#### CODE OTH Other

Other admitted patient care is care where the principal clinical intent does not meet the criteria for any of the above but should not be used except for persons accepted to the Transition Care Program.

A patient can only enter a Transitional Care Program immediately on discharge from their Acute or Subacute episode of care. Can ca be delivered in either a residential or community setting.

#### CODE PSY Psychogeriatric

Psychogeriatric care is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. The care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames. It includes care provided:

- in a Psychogeriatriccare unit;
- in a designated Psychogeriatric care program; and or
- under the principal clinical management of a Psychogeriatric physician (or, in the opinion of the treating doctor, when the principal clinical intent of care is psychogeriatric care).

#### CODE REHAB Rehabilitation

Rehabilitation care is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure. It includes care provided:

- in a designated rehabilitation unit, or
- in a designated rehabilitation program, or in a psychiatric rehabilitation program as designated by the state health authority for public patients in a recognised hospital, for private patients in a public or private hospital as approved by a registered health benefits organisation, or
- under the principal clinical management of a rehabilitation physician or, in the opinion of the treating doctor, when the principal clinical intent of care is rehabilitation.

#### CODE RES Respite

Respite is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Respite care is planned and booked and the sole reason for admission is the care normally provided in the persons usual residence by a relative or guardian is not available in the short term.

Examples may include:

- Planned respite due to carer unavailability.
- Short term closure of care facility.
- Short term unavailability of community services.

#### CODE SOC Social

These are patients who would not normally require hospitalisation, but due to factors in the home environment have been admitted as an interim measure. Includes unplanned respite.

Examples may include:

- Admission due to carer illness or fatigue.
- The carer becoming unavailable at short notice.
- Urgent closure of care facility.

#### CODE NSP Not specified

Not to be used.

#### Comments:

Hospital boarder, Organ procurement (posthumous) and Unqualified newborn days (and separations consisting entirely of unqualified newborn days) are not to be counted under the National Health Care Reform Agreements Health Insurance Act 1973 and Australian Health Care Agreements, and they are ineligible for health insurance benefit purposes.

## Data element attributes

### Collection and usage attributes

**Collection methods:** This data element is collected at the time of patient's admission and discharge.

The data fields on Health Central are [AdmissionCareTypeRefId] and [DischargeCareTypeRefId].

**Comments:** The care type at the time of discharge is used for national reporting.

### Relational attributes

**Related metadata references:** Has been superseded by [Hospital service—care type, Tasmanian code X\[XXXXX\]](#) [Tasmanian Health](#), Superseded 12/04/2019

**Implementation in Indicators:**

**Used as Numerator**

[Service Agreement - Department of Health and Human Services Tasmania: 2012, KPI11-Weighted separations, 2012](#)

[Tasmanian Health](#), Superseded 09/12/2016

[Service Agreement - Department of Health and Human Services Tasmania: 2013, KPI??-Weighted separations, 2013](#)

[Tasmanian Health](#), Superseded 09/12/2016

[Service Agreement - Department of Health and Human Services Tasmania: 2014, Weighted separations, 2014](#)

[Tasmanian Health](#), Superseded 09/12/2016