

Episode of admitted patient care—type of maintenance care provided, code N[N]

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Episode of admitted patient care—type of maintenance care provided, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Type of maintenance care provided
METEOR identifier:	496467
Registration status:	Independent Hospital Pricing Authority, Standard 11/10/2012 Health! , Standard 11/04/2014
Definition:	<p>The type of maintenance care provided to an admitted patient during an episode of care, as represented by a code.</p> <p>Maintenance care is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment.</p>
Data Element Concept:	Episode of admitted patient care—type of maintenance care provided
Value Domain:	Type of maintenance care code N[N]

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N[N]	
Maximum character length:	2	
	Value	Meaning
Permissible values:	1	Convalescent care
	2	Respite care
	3	Nursing home type care
	8	Other maintenance care
Supplementary values:	98	Unknown
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:**CODE 1 Convalescent care**

Following assessment and/or treatment, the patient does not require further complex assessment or stabilisation but continues to require care over an indefinite period. Under normal circumstances the patient would be discharged but due to factors in the home environment, such as access issues or lack of available community services, the patient is unable to be discharged. Examples may include:

- Patients awaiting the completion of home modifications essential for discharge.
- Patients awaiting the provision of specialised equipment essential for discharge.
- Patients awaiting rehousing.
- Patients awaiting supported accommodation such as hostel or group home bed.
- Patients for whom community services are essential for discharge but are not yet available.

CODE 2 Respite care

An episode where the primary reason for admission is the short-term unavailability of the patient's usual care. Examples may include:

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

CODE 3 Nursing home type care

The patient does not have a current acute care certificate and is awaiting placement in a residential aged care facility.

CODE 8 Other maintenance care

Any other reason the patient may require a maintenance episode other than those already stated.

CODE 98 Unknown

It is not known what type of maintenance care the patient is receiving.

CODE 99 Not stated/inadequately described

The type of maintenance care has not been reported.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Origin: Eagar K. et al (1997). The Australian National Sub-acute and Non-acute Patient Classification (AN-SNAP): Report of the National Sub-acute and Non-acute Casemix Classification Study. Centre for Health Service Development, University of Wollongong.

Data element attributes

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Relational attributes

Related metadata references:

Supersedes [Episode of admitted patient care—type of maintenance care provided, code N](#)
[Independent Hospital Pricing Authority](#), Superseded 11/10/2012

Implementation in Data Set Specifications:

[Activity based funding: Admitted sub-acute and non-acute hospital care DSS 2013-2014](#)

[Independent Hospital Pricing Authority](#), Standard 11/10/2012

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

Conditional obligation:

Only required to be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 6.0 maintenance care.

[Admitted subacute and non-acute hospital care DSS 2014-15](#)

[HealthI](#), Superseded 13/11/2014

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

Conditional obligation:

Only required to be reported for episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as Code 6, Maintenance care.

Only required to be reported when the [Episode of admitted patient care—assessment only indicator, yes/no code N](#) value is recorded as Code 2, No.

Not required to be reported for patients aged 16 years and under at admission.

[Admitted subacute and non-acute hospital care DSS 2015-16](#)

[HealthI](#), Superseded 19/11/2015

Implementation start date: 01/07/2015

Implementation end date: 30/06/2016

Conditional obligation:

Conditional obligation:

Only required to be reported for episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as Code 6, Maintenance care.

Only required to be reported when the [Episode of admitted patient care—clinical assessment only indicator, yes/no code N](#) value is recorded as Code 2, No.

Not required to be reported for patients aged 16 years and under at admission.

[Admitted subacute and non-acute hospital care NBEDS 2016-17](#)

[HealthI](#), Superseded 03/11/2016

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

Conditional obligation:

Only required to be reported for episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as Code 6, Maintenance care.

Only required to be reported when the [Episode of admitted patient care—clinical assessment only indicator, yes/no code N](#) value is recorded as Code 2, No.

Not required to be reported for patients aged 17 years and under at admission.

If an episode of care has more than one maintenance care type, than the maintenance type which was responsible for the majority of the episode should be reported.