

Episode of admitted patient care—clinical assessment score, code NN

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Episode of admitted patient care—clinical assessment score, code NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Clinical assessment score
METEOR identifier:	497302
Registration status:	Independent Hospital Pricing Authority , Standard 30/10/2012
Definition:	The score achieved by an admitted patient via the application of an appropriate clinical assessment measurement scale or scheme, as represented by a number.
Data Element Concept:	Episode of admitted patient care—clinical assessment score
Value Domain:	Clinical assessment score NN

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Data element attributes

Collection and usage attributes

Guide for use: This data element captures the score achieved by an admitted patient via the application of one of the following recognised clinical assessment tools.

[Functional Independence Measure](#)

[Resource Utilisation Groups - Activities of Daily Living](#)

[Health of the Nation Outcome Scale 65+](#)

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Supersedes [Episode of admitted patient care—clinical assessment score, code NN](#)
[Independent Hospital Pricing Authority](#), Superseded 11/10/2012
See also [Episode of admitted patient care—clinical assessment tool used, code N.N](#)
[Independent Hospital Pricing Authority](#), Standard 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:

- 2.0 rehabilitation care;
- 3.0 palliative care;
- 4.0 geriatric evaluation and management;
- 5.0 psychogeriatric care; or
- 6.0 maintenance care.

Only required to be reported when Episode of admitted patient care-assessment only indicator, yes/no, code N value recorded as 2 no.

DSS specific information:

For the purposes of this DSS, the following clinical assessment scores are required to be reported:

- The [Functional Independence Measure](#) motor subscale score and social cognition subscale score must be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 2.0 rehabilitation care or 4.0 geriatric evaluation and management. The score must be collected within 72 hours of the commencement of the episode of admitted patient care.
- The [Resource Utilisation Groups -Activities of Daily Living](#) total score must be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 3.0 palliative care or 6.0 maintenance care. The score must be collected within 24 hours of the commencement of the episode of admitted patient care.
- The [Health of the Nation Outcome Scale 65+](#) activities of daily living scale score, overactive, aggressive, disruptive behaviour scale score and the total score must be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 5.0 psychogeriatric care. The score must be collected within 72 hours of the commencement of the episode of admitted patient care.

For episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 3.0 palliative care, the [Resource Utilisation Groups -Activities of Daily Living](#) total score must be reported for each [palliative care phase](#) if the episode of admitted patient care had more than one phase.