Admitted subacute and non-acute hospital care DSS 2014-15

Exported from METEOR (AIHW's Metadata Online Registry)

Admitted subacute and non-acute hospital care DSS 2014-15

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 556874

Registration status: Health!, Superseded 13/11/2014

DSS type: Data Set Specification (DSS)

Scope: The Admitted subacute and non-acute hospital care data set specification (DSS) aims to ensure national consistency in relation to defining and collecting information about care provided to subacute and non-acute admitted public and private patients in **activity based funded public hospitals.**

Subacute care in this DSS is identified as admitted episodes in rehabilitation care, palliative care, geriatric evaluation and management care and psychogeriatric care, whereas maintenance care is identified as non-acute care.

The scope of the DSS is:

- **Same day and overnight admitted subacute and non-acute care episodes.**
- **Admitted public patients provided on a contracted basis by private hospitals.**
- **Admitted patients in rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric and maintenance care treated in the hospital-in-the-home.**

Excluded from the scope are:

- **Hospitals operated by the Australian Defence Force, correctional authorities and Australia's external territories.**

Collection and usage attributes

Statistical unit: Episodes of care for admitted patients

Collection methods: Hospitals forward data to the relevant state or territory health authority.

National reporting arrangements

State and territory health authorities provide the data to the Independent Hospital Pricing Authority (IHPA) for national collection, on a quarterly basis as required under national health reform arrangements.

For designated palliative care type episodes, data elements for each change in phase of care will be required to be reported.

Periods for which data are collected and nationally collated

Financial years ending 30 June each year.

Quarterly data collection commencing 1 July each year.

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

Comments:

Scope links with other NMDSs

The Admitted subacute and non-acute hospital care data set specification includes the collection and reporting of additional metadata which forms part of the broader Admitted patient care NMDS.

Data collected using this DSS can be related to national data collections:

Admitted patient care NMDS

Admitted patient palliative care NMDS

Admitted patient mental health NMDS

Glossary items

Glossary terms that are relevant to this data set specification are included here.

Activity based funding

Functional Independence Measure

Health of the Nation Outcome Scale 65+

Palliative care phase

Resource Utilisation Groups - Activities of Daily Living

Source and reference attributes

Reference documents:

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. Viewed 26 October 2012, http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/documents/doc/uow082315.pdf

Relational attributes

Related metadata references:

Supersedes Activity based funding: Admitted sub-acute and non-acute hospital care DSS 2013-2014
Independent Hospital Pricing Authority, Standard 11/10/2012

Has been superseded by Admitted subacute and non-acute hospital care DSS 2015-16
Health!, Superseded 19/11/2015

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Admitted patient care NMDS 2014-15	Mandatory	1
-	Elective surgery waiting times cluster	Conditional	99
	Conditional obligation: This data element cluster is to be reported for patients on waiting lists for elective surgery, which are managed by public acute hospitals and have a category 1 or 2 assigned for the reason for removal from the elective surgery waiting list.		
-	Elective care waiting list episode—listing date for care, DDMMYYYY	Mandatory	1
-	Elective surgery waiting list episode—clinical urgency, code N	Mandatory	1
-	Elective surgery waiting list episode—extended wait patient indicator, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Elective surgery waiting list episode—indicator procedure, code NN	Mandatory	1
-	Elective surgery waiting list episode—overdue patient status, code N	Mandatory	1
-	Elective surgery waiting list episode—reason for removal from a waiting list, code N	Mandatory	1
-	Elective surgery waiting list episode—surgical specialty (of scheduled doctor), code NN	Mandatory	1
-	Elective surgery waiting list episode—waiting time (at removal), total days N[NNN]	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN ***Conditional obligation:*** This is the establishment identifier of the contracting hospital and is reported for contracted patients only.	Conditional	1
-	Address—Australian postcode, Australian postcode code (Postcode datafile) {NNNN} ***DSS specific information:*** To be reported for the address of the patient.	Mandatory	1
-	Contracted hospital care—organisation identifier, NNX[X]NNNNN	Mandatory	1
-	Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN] ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of newborn care.	Conditional	1
-	Episode of admitted patient care—admission date, DDMMYYYY ***DSS specific information:*** Right justified and zero filled. admission date ≤ separation date admission date ≥ date of birth	Mandatory	1
-	Episode of admitted patient care—admission mode, code N	Mandatory	1
-	Episode of admitted patient care—admission urgency status, code N	Mandatory	1
-	Episode of admitted patient care—condition onset flag, code N	Mandatory	99
-	Episode of admitted patient care—duration of continuous ventilatory support, total hours NNNN ***Conditional obligation:*** This data element is only required to be reported for episodes of care where the admitted patient spent time on continuous ventilatory support.	Conditional	1
-	Episode of admitted patient care—intended length of hospital stay, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—length of stay in intensive care unit, total hours NNNN ***Conditional obligation:*** The data element is only required to be reported for episodes of care where the admitted patient spent time in an intensive care unit.	Conditional	1
-	Episode of admitted patient care—number of days of hospital-in-the-home care, total {N[NN]}	Mandatory	1
-	Episode of admitted patient care—number of leave days, total N[NN] ***DSS specific information:*** For the provision of state and territory hospital data to Commonwealth agencies: (Episode of admitted patient care—separation date, DDMMYYYY minus Episode of admitted patient care—admission date, DDMMYYYY) minus Admitted patient hospital stay—number of leave days, total N[NN] must be ≥ 0 days.	Mandatory	1
-	Episode of admitted patient care—patient election status, code N	Mandatory	1
-	Episode of admitted patient care—procedure, code (ACHI 8th edn) NNNNN-NN ***DSS specific information:*** As a minimum requirement procedure codes must be valid codes from the Australian Classification of Health Interventions (ACHI) procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems. An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected. Record all procedures undertaken during an episode of care in accordance with the ACHI (8th edition) Australian Coding Standards. The order of codes should be determined using the following hierarchy: • procedure performed for treatment of the principal diagnosis • procedure performed for the treatment of an additional diagnosis • diagnostic/exploratory procedure related to the principal diagnosis • diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.	Mandatory	99
-	Episode of admitted patient care—referral source, public psychiatric hospital code NN ***Conditional obligation:*** The data element is only required to be reported for episodes of care where the admitted patient spent time in a public psychiatric hospital.	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—separation date, DDMMYYYY	Mandatory	1
	DSS specific information: For the provision of state and territory hospital data to Commonwealth agencies this field must: • be ≤ last day of financial year • be ≥ first day of financial year • be ≥ Admission date		
-	Episode of admitted patient care—separation mode, code N	Mandatory	1
-	Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}	Conditional	99
	Conditional obligation: This data element is only to be reported if the episode of care results in more than one diagnosis code being allocated. ***DSS specific information:*** An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.		
-	Episode of care—inter-hospital contracted patient status, code N	Mandatory	1
-	Episode of care—mental health legal status, code N	Mandatory	1
-	Episode of care—number of psychiatric care days, total N[NNNN]	Mandatory	1
	DSS specific information: Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.		
-	Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}	Mandatory	1
	Conditional obligation: The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories. Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.		
-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
-	Establishment—Australian state/territory identifier, code N	Mandatory	1
	DSS specific information: This data element applies to the location of the establishment and not to the patient's area of usual residence.		
-	Establishment—geographic remoteness, admitted patient care remoteness classification (ASGS-RA) N	Mandatory	1
-	Establishment—organisation identifier (state/territory), NNNNN	Mandatory	1
-	Establishment—region identifier, X[X]	Mandatory	1
-	Establishment—sector, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Hospital service—care type, code N[N]	Mandatory	1
-	Injury event—activity type, code (ICD-10-AM 8th edn) ANNNN	Mandatory	99
	DSS specific information: As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.		
-	Injury event—external cause, code (ICD-10-AM 8th edn) ANN{.N[N]}	Mandatory	99
	DSS specific information: As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.		
-	Injury event—place of occurrence, code (ICD-10-AM 8th edn) ANN{.N[N]}	Mandatory	99
	DSS specific information: To be used with ICD-10-AM external cause codes.		
-	Patient—hospital insurance status, code N	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
	DSS specific information: This field must not be null. National minimum data sets: For the provision of state and territory hospital data to Commonwealth agencies this field must: • be less than or equal to 'Admission date', 'Date patient presents' or 'Service contact date' • be consistent with diagnoses and procedure codes, for records to be grouped.		
-	Person—eligibility status, Medicare code N	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1
-	Person—weight (measured), total grams NNNN	Conditional	1
	Conditional obligation: Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days. ***DSS specific information:*** For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.		

Seq No.	Metadata item	Obligation	Max occurs
-	Record—identifier, X[X(79)]	Mandatory	1

DSS specific information:

In the context of the Admitted patient care NMDS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose.

When stipulated in a data specification, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database.

Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.

This field cannot be left blank.

-	Episode of admitted patient care—clinical assessment only indicator, yes/no/unknown/not stated/inadequately described code N	Conditional	1

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as:

- Code 2, Rehabilitation care;
- Code 3, Palliative care;
- Code 4, Geriatric evaluation and management;
- Code 5, Psychogeriatric care; or
- Code 6, Maintenance care.

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

-	Episode of admitted patient care—palliative care phase, code N	Conditional	11

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative 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.

DSS specific information:

For episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative care, the palliative care phase **must be reported for each palliative care phase if the episode of admitted patient care had more than one phase.**

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—palliative phase of care end date, DDMMYYYY	Conditional	11

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative 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.

DSS specific information:

For episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative care, the palliative care phase **end date must be reported for each palliative care phase if the episode of admitted patient care had more than one phase.**

-	Episode of admitted patient care—palliative phase of care start date, DDMMYYYY	Conditional	11

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative 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.

DSS specific information:

For episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative care, the palliative care phase start date must be reported for each **palliative care phase** if the episode of admitted patient care had more than one phase.

-	Episode of admitted patient care—primary impairment type, code (AROC 2012) NN.NNNN	Conditional	1

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 2, Rehabilitation 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.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—type of maintenance care provided, code N[N] ***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.	Conditional	1
-	Person—level of functional independence, Functional Independence Measure score code N ***Conditional obligation:*** Only the Functional Independence Measure scores at admission are required to be reported. Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: • Code 2, Rehabilitation care; or • Code 4, Geriatric evaluation and management. 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.	Conditional	18

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N	Conditional	44

Conditional obligation:

Only the Resource Utilisation Groups - Activities of Daily Living (RUG-ADL) scores at admission are required to be reported for maintenance care episodes.

RUG-ADL scores at palliative care phase start should be reported for all palliative care phases.

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as:

- Code 3, Palliative care; or
- 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.

DSS specific information:

For episodes of admitted patient care with Hospital service—care type, code N[N] recorded as 3 Palliative care, the RUG-ADL scores must be reported for each **palliative care phase** if the episode of admitted patient care had more than one phase.

-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N	Conditional	12

Conditional obligation:

Only the HoNOS65+ scores at admission are required to be reported.

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 5, Psychogeriatric 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.