

Episode of care—psychosocial complications indicator, yes/no code N

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Episode of care—psychosocial complications indicator, yes/no code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Psychosocial complications indicator (FIHS code)
METEOR identifier:	575085
Registration status:	Independent Hospital Pricing Authority , Standard 17/03/2016
Definition:	An indicator of the presence of one or more factors impacting on the relationship between social interaction/environment with behaviour and thoughts which has a negative effect on an individual's psychological health and requires additional clinical input during an episode of care, as represented by a code.
Data Element Concept:	Episode of care—psychosocial complications indicator
Value Domain:	Yes/no/unknown/not stated/inadequately described code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	1	Yes
	2	No
Supplementary values:	8	Unknown
	9	Not stated/inadequately described

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

Guide for use:

CODE 1 Yes

This code is used to indicate the presence of one or more factors, as listed in the Factors Influencing Health Status (FIHS) chapter in the International Classification of Diseases and Related Health Problems-10th Revision-Australian Modification (ICD-10-AM).

CODE 2 No

This code is used to indicate that there were no present factors, as listed in the FIHS chapter in ICD-10-AM.

CODE 8 Unknown

This code is used to indicate that it was not possible to determine the presence of factors, as listed in the FIHS chapter in ICD-10-AM.

CODE 9 Not stated/inadequately described

This code is used to indicate that the presence of any factors, as listed in the FIHS chapter in the ICD-10-AM, was not stated or was missing.

Collection methods:

The FIHS code set is derived from the Factors Influencing Health Status chapter in ICD-10-AM.

The FIHS contain seven categories:

- Maltreatment syndromes
- Problems related to negative life events in childhood
- Problems related to upbringing
- Problems related to primary support group, including family circumstances
- Problems related to social environment
- Problems related to certain psychosocial circumstances
- Problems related to other psychosocial circumstances

The FIHS is a simple checklist used to indicate whether one or more psychosocial factors are present during an episode of care.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Australian Mental Health Outcomes and Classification Network 2005. Training Manual: Child & Adolescent All Service Settings. Viewed 22 May 2014,

http://amhocn.org/static/files/assets/7ceb5dda/Child_Adolescent_Manual.pdf

Relational attributes

Related metadata references:

Has been superseded by [Episode of care—FIHS psychosocial complications indicator, yes/no/unknown/not stated/inadequately described code N Health!](#), Superseded 25/01/2018

Implementation in Data Set Specifications:

[Activity based funding: Mental health care DSS 2016-17](#)

[Independent Hospital Pricing Authority](#), Superseded 28/02/2017

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

Conditional obligation:

Reporting of FIHS at the commencement of the second and subsequent mental health phase of care in an episode of mental health care is mandatory for patients in all settings.

If an episode of mental health care only contains one phase of care, then the FIHS is required to be reported at the end of the phase of care.

FIHS should only be reported for patients aged 17 years and under.

[Admitted patient mental health care cluster](#)

[Independent Hospital Pricing Authority](#), Standard 15/10/2014

Conditional obligation:

Reporting of FIHS at separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.

FIHS should only be reported for patients aged 17 years and under.

[Ambulatory patient mental health care cluster](#)

[Independent Hospital Pricing Authority](#), Standard 15/10/2014

Conditional obligation:

For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.

Reporting of FIHS is mandatory for the last service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.

FIHS should only be reported for patients aged 17 years and under.

DSS specific information:

The FIHS for the last service contact may be derived from the FIHS discharge value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

[Residential patient mental health care cluster](#)

[Independent Hospital Pricing Authority](#), Standard 15/10/2014

Conditional obligation:

Reporting of FIHS at separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.

FIHS should only be reported for patients aged 17 years and under.