# Episode of admitted patient care—rapid response outcome, code N[N]

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# Episode of admitted patient care—rapid response outcome, code N[N]

# Identifying and definitional attributes

Metadata item type: Data Element

Short name: Rapid response outcome

METEOR identifier: 593135

Registration status: Health!, Standard 04/09/2015

**Definition:** Patient disposition at the completion of the care provided by a <u>rapid response</u>

team called to attend to manifest or suspected urgent clinical deterioration during

an episode of admitted patient care, as represented by a code.

Data Element Concept: Episode of admitted patient care—rapid response outcome

Value Domain: Rapid response outcome

# Value domain attributes

# Representational attributes

Representation class: Code

Data type: Number

Format: N[N]

Maximum character length: 2

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	Value	Meaning
Permissible values:	1	Patient died
	2	Patient remained in same location
	3	Patient transferred to Intensive Care Unit
	4	Patient transferred to critical care area
	5	Patient transferred to transitional care area
	6	Patient transferred to cardiac monitoring area
	7	Patient transferred to another area for procedural intervention
	8	Patient transferred to another acute care hospital
	88	Other

### Source and reference attributes

Submitting organisation: Australian Commission for Safety and Quality in Health Care/Australian Institute of

Health and Welfare

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# Data element attributes

Supplementary values:

# Collection and usage attributes

Guide for use: CODE 1 Patient died

Code 1 is used when a patient was dead at the time of the completion of the care

Not stated/inadequately described

provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care.

#### CODE 2 Patient remained in same location

Code 2 is used when the patient remained in the same location at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care.

#### CODE 3 Patient transferred to Intensive Care Unit

Code 3 is used when a patient was transferred to an <u>Intensive Care Unit</u> at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care.

#### CODE 4 Patient transferred to critical care area

Code 4 is used when a patient was transferred to a critical care area other than the Intensive Care Unit at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care.

#### CODE 5 Patient transferred to transitional care area

Code 5 is used when, at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care, a patient was transferred to an area providing a level of care in between a critical care area and a general admitted patient care area. Transfers to transitional care areas exclude transfers to beds for patients who only require cardiac monitoring and transfers to beds for acute psychiatric care.

#### CODE 6 Patient transferred to cardiac monitoring area

Code 6 is used when, at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care, a patient was transferred to an area (outside of critical care and transitional care areas) dedicated to real-time monitoring of the patient's cardiac rhythm. Real-time cardiac monitoring refers to the ability of staff caring for the patient to observe the patient's cardiac rhythm at all times.

#### CODE 7 Patient transferred to another area for procedural intervention

Code 7 is used when, at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care, a patient was transferred to another specific area where diagnostic or therapeutic operations or procedures are performed. Examples of areas for procedural intervention include the operating theatre, cardiac catheterisation area, endoscopy area, and interventional radiology area.

#### CODE 8 Patient transferred to another acute care hospital

Code 8 is used when a patient was discharged or transferred to an(other) acute care hospital at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care.

#### CODE 88 Other

Code 88 is used when a patient was alive at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of admitted patient care, but none of the above options apply.

#### CODE 99 Not stated/inadequately described

Code 99 is used when it is not clear or there is inadequate documentation on

whether a patient was alive or dead or where the patient was transferred to, at the time of the completion of the care provided by a rapid response team called to attend to manifest or suspected urgent clinical deterioration during an episode of

admitted patient care.

Comments: The time of the completion of the care provided by the rapid response team is the

time when the team activation was formally declared as completed by the team

leader and/or the time that all of the team members departed.

# Source and reference attributes

**Submitting organisation:** Australian Commission on Safety and Quality in Health Care/Australian Institute of

Health and Welfare

#### Relational attributes

Implementation in Data Set Hospital rapid response calls cluster Specifications:

Health!, Standard 04/09/2015

Conditional obligation: Conditional on a rapid response call being made during

the episode of admitted patient care