

# Admitted subacute and non-acute hospital care NBEDS 2021–22

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# Admitted subacute and non-acute hospital care NBEDS 2021–22

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Set Specification
<b>METEOR identifier:</b>	727327
<b>Registration status:</b>	<a href="#">Health!</a> , Superseded 20/10/2021
<b>DSS type:</b>	Data Set Specification (DSS)
<b>Scope:</b>	<p>The Admitted subacute and non-acute hospital care national best endeavours data set (ASNAHC NBEDS) 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 <a href="#">activity based funded</a> public hospitals.</p> <p>Subacute care in this NBEDS is identified as admitted episodes in rehabilitation care, palliative care, geriatric evaluation and management care and psychogeriatric care.</p> <p>Non-acute care in this NBEDS is identified as admitted episodes of maintenance care.</p> <p>The scope of the NBEDS is:</p> <ul style="list-style-type: none"><li>• same-day and overnight admitted subacute and non-acute care episodes</li><li>• admitted public patients provided on a contracted basis by private hospitals</li><li>• admitted patients in rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care and maintenance care treated in the hospital-in-the-home.</li></ul> <p>Excluded from the scope are:</p> <ul style="list-style-type: none"><li>• hospitals operated by the Australian Defence Force, correctional authorities and Australia's external territories.</li></ul>

## Collection and usage attributes

<b>Statistical unit:</b>	<a href="#">Episodes of care for admitted patients</a>
<b>Collection methods:</b>	<p>Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (e.g. monthly).</p> <p><i>National reporting arrangements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p>State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a quarterly basis.</p> <p>For palliative care type episodes, data elements for each change in phase of care will be required to be reported.</p> <p><i>Periods for which data are collected and nationally collated:</i></p> <p>Quarterly or annually (financial year) ending 30 June each year.</p>
<b>Implementation start date:</b>	01/07/2021
<b>Implementation end date:</b>	30/06/2022

**Comments:**

Scope links with other National Minimum Data Sets (NMDSs):

The ASNAHC NBEDS includes the collection and reporting of additional metadata which forms part of the broader Admitted patient care NMDS.

Terms that are relevant to this data set specification are included here:

[Activity based funding](#)

[Admission](#)

[Clinical intervention](#)

[Clinical review](#)

[Diagnosis](#)

[Elective surgery](#)

[Episode of acute care](#)

[Functional Independence Measure](#)

[Geographic indicator](#)

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

[Hospital boarder](#)

[Hospital-in-the-home care](#)

[Intensive care unit](#)

[Live birth](#)

[Neonate](#)

[Newborn qualification status](#)

[Number of days of hospital-in-the-home care](#)

[Organ procurement-posthumous](#)

[Palliative care phase](#)

[Palliative care phase end date](#)

[Resident](#)

[Residential mental health care service](#)

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

[Same-day patient](#)

[Separation](#)

## Source and reference attributes

**Reference documents:**

Green J, Gordon R, Kobel C, Blanchard M & Eagar K. 2015. AN-SNAP V4 User Manual. Independent Hospital Pricing Authority, Sydney. Viewed 24 May 2019, [https://www.ihpa.gov.au/sites/g/files/net636/f/Documents/an-snap\\_classification\\_version\\_4\\_user\\_manual.pdf](https://www.ihpa.gov.au/sites/g/files/net636/f/Documents/an-snap_classification_version_4_user_manual.pdf)

## Relational attributes

**Related metadata references:**

Supersedes [Admitted subacute and non-acute hospital care NBEDS 2020–21 Health!](#), Superseded 05/02/2021

Has been superseded by [Admitted subacute and non-acute hospital care NBEDS 2022–23 Health!](#), Standard 20/10/2021

See also [Admitted patient care NMDS 2020–21 Health!](#), Superseded 05/02/2021

See also [Admitted patient care NMDS 2021–22 Health!](#), Superseded 20/10/2021

## Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Admitted patient care NMDS 2021–22</a>	Mandatory	1
-	<a href="#">Elective surgery waiting times cluster</a>	Conditional	99
	<b>Conditional obligation:</b>		
	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.		
	<b>DSS specific information:</b>		
	Establishment sector component of organisation identifier to be reported as:		
	1. Public (excluding psychiatric hospitals)		
	2. Private (excluding free-standing day hospital facilities)		
	3. Public psychiatric		
	4. Private free-standing day hospital facility		
-	<a href="#">Elective care waiting list episode—listing date for care, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—clinical urgency, code N</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—intended procedure, code NNN</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—overdue patient status, code N</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—reason for removal from a waiting list, code N</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—surgical speciality of scheduled doctor, code NN</a>	Mandatory	1
-	<a href="#">Elective surgery waiting list episode—waiting time at removal, total days N[NNN]</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<p><a href="#">Establishment—organisation identifier (Australian), NNX[X]NNNNN</a></p> <p><b>Conditional obligation:</b></p> <p>This is the establishment identifier of the contracting hospital and is reported for contracted patients only.</p> <p><b>DSS specific information:</b></p> <p>Establishment sector component of organisation identifier to be reported as:</p> <ol style="list-style-type: none"> <li>1. Public (excluding psychiatric hospitals)</li> <li>2. Private (excluding free-standing day hospital facilities)</li> <li>3. Public psychiatric</li> <li>4. Private free-standing day hospital facility</li> </ol>	Conditional	1
-	<p><a href="#">Address—Australian postcode, code (Postcode datafile) NNNN</a></p> <p><b>DSS specific information:</b></p> <p>To be reported for the address of the patient.</p>	Mandatory	1
-	<p><a href="#">Contracted hospital care—organisation identifier, NNX[X]NNNNN</a></p> <p><b>DSS specific information:</b></p> <p>Establishment sector component of organisation identifier to be reported as:</p> <ol style="list-style-type: none"> <li>1. Public (excluding psychiatric hospitals)</li> <li>2. Private (excluding free-standing day hospital facilities)</li> <li>3. Public psychiatric</li> <li>4. Private free-standing day hospital facility</li> </ol>	Mandatory	1
-	<p><a href="#">Episode of admitted patient care (mental health care)—referral destination, code N</a></p> <p><b>Conditional obligation:</b></p> <p>Only supplied for specialised mental health care patients.</p>	Conditional	1
-	<p><a href="#">Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN]</a></p> <p><b>Conditional obligation:</b></p> <p>Only required to be reported for episodes of care for patients with a care type of newborn care.</p>	Conditional	1
-	<p><a href="#">Episode of admitted patient care—admission date, DDMMYYYY</a></p> <p><b>DSS specific information:</b></p> <p>Right justified and zero filled.</p> <p>Admission date must be less than or equal to Separation date.</p> <p>Admission date must be greater than or equal to Date of birth.</p>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of admitted patient care—admission mode, code N</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—admission urgency status, code N</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—condition onset flag, code N</a>	Mandatory	99
-	<a href="#">Episode of admitted patient care—duration of continuous ventilatory support, total hours NNNNN</a>	Conditional	1
	<b>Conditional obligation:</b>		
	This data element is only required to be reported for episodes of care where the admitted patient spent time on continuous ventilatory support.		
-	<a href="#">Episode of admitted patient care—intended length of hospital stay, code N</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—length of stay in intensive care unit, total hours NNNNN</a>	Conditional	1
	<b>Conditional obligation:</b>		
	The data element is only required to be reported for episodes of care where the admitted patient spent time in an intensive care unit.		
-	<a href="#">Episode of admitted patient care—number of days of hospital-in-the-home care, total {N[NN]}</a>	Mandatory	1
-	<a href="#">Episode of admitted patient care—number of leave days, total N[NN]</a>	Mandatory	1
	<b>DSS specific information:</b>		
	For the provision of state and territory hospital data to Australian Government agencies:		
	<p>(<a href="#">Episode of admitted patient care—separation date, DDMMYYYY</a> minus <a href="#">Episode of admitted patient care—admission date, DDMMYYYY</a>) minus Admitted patient hospital stay—number of leave days, total N[NN] must be greater than or equal to 0 days.</p>		
-	<a href="#">Episode of admitted patient care—patient election status, code N</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of admitted patient care—procedure, code (ACHI 11th edn) NNNNN-NN</a>  <b>DSS specific information:</b>  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 (11th edition) Australian Coding Standards.  The order of codes should be determined using the following hierarchy: <ul style="list-style-type: none"> <li>• procedure performed for treatment of the principal diagnosis</li> <li>• procedure performed for the treatment of an additional diagnosis</li> <li>• diagnostic/exploratory procedure related to the principal diagnosis</li> <li>• diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.</li> </ul>	Mandatory	99
-	<a href="#">Episode of admitted patient care—referral source, public psychiatric hospital code NN</a>  <b>Conditional obligation:</b>  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
-	<a href="#">Episode of admitted patient care—separation date, DDMMYYYY</a>  <b>DSS specific information:</b>  For the provision of state and territory hospital data to Australian Government agencies this field must: <ul style="list-style-type: none"> <li>• be less than or equal to the last day of the financial year</li> <li>• be greater than or equal to the first day of the financial year</li> <li>• be greater than or equal to Admission date.</li> </ul>	Mandatory	1
-	<a href="#">Episode of admitted patient care—separation mode, code NN</a>	Mandatory	1
-	<a href="#">Episode of care—additional diagnosis, code (ICD-10-AM 11th edn) ANN{N[N]}</a>  <b>Conditional obligation:</b>  This data element is only to be reported if the episode of care results in more than one diagnosis code being allocated.  <b>DSS specific information:</b>  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.	Conditional	99
-	<a href="#">Episode of care—inter-hospital contracted patient status, code N</a>	Mandatory	1
-	<a href="#">Episode of care—mental health legal status, code N</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of care—number of psychiatric care days, total N[NNNN]</a>  <i>DSS specific information:</i>  Total days in psychiatric care must be greater than or equal to zero;  Total days in psychiatric care must be less than or equal to Length of stay.	Mandatory	1
-	<a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 11th edn) ANN{,N[N]}</a>  <i>Conditional obligation:</i>  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.	Mandatory	1
-	<a href="#">Episode of care—source of funding, patient funding source code NN</a>	Mandatory	1
-	<a href="#">Establishment—Australian state/territory identifier, code N</a>  <i>DSS specific information:</i>  This data element applies to the location of the establishment and not to the patient's area of usual residence.	Mandatory	1
-	<a href="#">Establishment—geographic remoteness, admitted patient care remoteness classification (ASGS-RA) N</a>	Mandatory	1
-	<a href="#">Establishment—organisation identifier (state/territory), NNNNN</a>	Mandatory	1
-	<a href="#">Establishment—region identifier, X[X]</a>	Mandatory	1
-	<a href="#">Establishment—sector, code N</a>  <i>DSS specific information:</i>  To be reported as:  1. Public (excluding psychiatric hospitals) 2. Private (excluding free-standing day hospital facilities) 3. Public psychiatric 4. Private free-standing day hospital facility	Mandatory	1
-	<a href="#">Hospital service—care type, code N[N]</a>  <i>DSS specific information:</i>  Code 11 - Mental health care is not restricted to care provided by a specialised mental health unit.	Mandatory	1
-	<a href="#">Injury event—activity type, code (ICD-10-AM 11th edn) ANN{,N[N]}</a>  <i>DSS specific information:</i>  As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.	Mandatory	99



Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Injury event—external cause, code (ICD-10-AM 11th edn) ANN{.N[N]}</a>  <b>DSS specific information:</b>  As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.	Mandatory	99
-	<a href="#">Injury event—place of occurrence, code (ICD-10-AM 11th edn) ANN{.N[N]}</a>  <b>DSS specific information:</b>  To be used with ICD-10-AM external cause codes.	Mandatory	99
-	<a href="#">Patient—hospital insurance status, code N</a>	Mandatory	1
-	<a href="#">Patient—previous specialised treatment, code N</a>  <b>Conditional obligation:</b>  Only supplied for mental health care patients and palliative care patients.  <b>DSS specific information:</b>  For palliative care patients, the value of this item is in its use in enabling approximate identification of the number of new palliative care patients receiving specialised treatment. The use of this metadata item in this way would be improved by the reporting of this data by community-based services.	Conditional	1
-	<a href="#">Person—accommodation type (prior to admission), code N</a>  <b>Conditional obligation:</b>  Only supplied for specialised mental health care patients.	Conditional	1
-	<a href="#">Person—accommodation type (usual), code N[N]</a>  <b>Conditional obligation:</b>  Only supplied for specialised mental health care patients.	Conditional	1
-	<a href="#">Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2016) N(9)</a>  <b>DSS specific information:</b>  The following codes should be assigned as the admitted patient's area of usual residence in the following specialised situations: <ul style="list-style-type: none"> <li>• Overseas resident: 099999299</li> <li>• No fixed abode: state/territory identifier + 99999499               <ul style="list-style-type: none"> <li>◦ Where the state/territory of the admitted patient's usual residence is not known, assign '0' as the state/territory identifier</li> </ul> </li> <li>• Migratory - Offshore - Shipping: state/territory identifier + 97979799</li> <li>• Unknown SA2: state/territory identifier + 99999999               <ul style="list-style-type: none"> <li>◦ Where the state/territory of the admitted patient's usual residence is not known, assign a blank space as the state/territory identifier</li> </ul> </li> </ul>	Mandatory	1
-	<a href="#">Person—country of birth, code (SACC 2016) NNNN</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—date of birth, DDMMYYYY</a>  <b>DSS specific information:</b>  This field must not be null.  National minimum data sets:  For the provision of state and territory hospital data to Australian Government agencies this field must: <ul style="list-style-type: none"> <li>• be less than or equal to Admission date, Date patient presents or Service contact date</li> <li>• be consistent with diagnoses and procedure codes, for records to be grouped.</li> </ul>	Mandatory	1
-	<a href="#">Person—eligibility status, Medicare code N</a>	Mandatory	1
-	<a href="#">Person—Indigenous status, code N</a>	Mandatory	1
-	<a href="#">Person—labour force status, acute hospital and private psychiatric hospital admission code N</a>  <b>Conditional obligation:</b>  Only supplied for specialised mental health care patients.	Conditional	1
-	<a href="#">Person—labour force status, public psychiatric hospital admission code N</a>  <b>Conditional obligation:</b>  Only supplied for specialised mental health care patients.	Conditional	1
-	<a href="#">Person—marital status, code N</a>  <b>Conditional obligation:</b>  Only supplied for specialised mental health care patients.	Conditional	1
-	<a href="#">Person—person identifier, XXXXXX[X(14)]</a>	Mandatory	1
-	<a href="#">Person—sex, code X</a>	Mandatory	1
-	<a href="#">Person—weight (measured), total grams NNNN</a>  <b>Conditional obligation:</b>  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.  <b>DSS specific information:</b>  For the provision of state and territory hospital data to Australian government agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
-	<p data-bbox="295 168 606 190"><a href="#">Record—identifier, X[X(79)]</a></p> <p data-bbox="327 224 638 257"><b>DSS specific information:</b></p> <p data-bbox="327 280 1109 436">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.</p> <p data-bbox="327 459 1141 672">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.</p> <p data-bbox="327 694 1037 761">Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.</p> <p data-bbox="327 784 654 817">This field cannot be left blank.</p>	Mandatory	1
-	<p data-bbox="295 862 1141 884"><a href="#">Episode of admitted patient care—palliative care phase end date, DDMMYYYY</a></p> <p data-bbox="327 918 574 952"><b>Conditional obligation:</b></p> <p data-bbox="327 974 1077 1041">Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul data-bbox="327 1064 622 1097" style="list-style-type: none"> <li>• Code 3, Palliative care.</li> </ul> <p data-bbox="327 1120 606 1153"><b>DSS specific information:</b></p> <p data-bbox="327 1176 1141 1310">The palliative care phase end date must be reported for each <b>palliative care phase</b> if the episode of admitted patient care had more than one phase for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as Code 3, Palliative care.</p>	Conditional	11
-	<p data-bbox="295 1355 1141 1377"><a href="#">Episode of admitted patient care—palliative care phase start date, DDMMYYYY</a></p> <p data-bbox="327 1411 574 1444"><b>Conditional obligation:</b></p> <p data-bbox="327 1467 1077 1534">Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul data-bbox="327 1556 622 1590" style="list-style-type: none"> <li>• Code 3, Palliative care.</li> </ul> <p data-bbox="327 1612 606 1646"><b>DSS specific information:</b></p> <p data-bbox="327 1668 1141 1803">The palliative care phase start date must be reported for each <b>palliative care phase</b> if the episode of admitted patient care had more than one phase for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as Code 3, Palliative care.</p>	Conditional	11

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Episode of admitted patient care—palliative care phase, code N</a>	Conditional	11
	<p><b>Conditional obligation:</b></p> <p>Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul style="list-style-type: none"> <li>• Code 3, Palliative care.</li> </ul> <p><b>DSS specific information:</b></p> <p>The palliative care phase must be reported for each <a href="#">palliative care phase</a> if the episode of admitted patient care had more than one phase for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as Code 3, Palliative care.</p>		
-	<a href="#">Episode of admitted patient care—primary impairment type, code (AROC 2012) NN.NNNN</a>	Conditional	1
	<p><b>Conditional obligation:</b></p> <p>Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul style="list-style-type: none"> <li>• Code 2, Rehabilitation care.</li> </ul>		
-	<a href="#">Person—level of cognitive ability, Standardised Mini-Mental State Examination item score code N</a>	Conditional	12
	<p><b>Conditional obligation:</b></p> <p>Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul style="list-style-type: none"> <li>• Code 4, Geriatric evaluation and management.</li> </ul> <p><b>DSS specific information:</b></p> <p>Only one array of SMMSE scores (i.e. 12 individual scores) per Geriatric evaluation and management episode are required to be reported.</p> <p>If multiple sets of SMMSE scores are recorded in the patient's record, the set of scores (12 individual scores) which demonstrate the lowest level of cognitive ability recorded during the Geriatric evaluation and management episode should be reported.</p>		

Seq No.	Metadata item	Obligation Max occurs
-	<p data-bbox="255 156 1165 224"><a href="#">Person—level of functional independence, Functional Independence Measure score code N</a></p> <p data-bbox="287 246 574 291"><b>Conditional obligation:</b></p> <p data-bbox="287 313 1085 380">Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul data-bbox="319 392 877 459" style="list-style-type: none"> <li>• Code 2, Rehabilitation care; or</li> <li>• Code 4, Geriatric evaluation and management.</li> </ul> <p data-bbox="287 481 606 526"><b>DSS specific information:</b></p> <p data-bbox="287 537 1085 604">Only the <a href="#">Functional Independence Measure</a> scores at admission are required to be reported.</p> <p data-bbox="287 627 1101 672">Not required to be reported for patients aged 17 and under at admission.</p>	Conditional 18
-	<p data-bbox="255 694 1165 761"><a href="#">Person—level of functional independence, Resource Utilisation Groups—Activities of Daily Living total score code N[N]</a></p> <p data-bbox="287 784 574 828"><b>Conditional obligation:</b></p> <p data-bbox="287 840 1085 907">Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul data-bbox="319 918 670 996" style="list-style-type: none"> <li>• Code 3, Palliative care; or</li> <li>• Code 6, Maintenance care.</li> </ul> <p data-bbox="287 1008 606 1052"><b>DSS specific information:</b></p> <p data-bbox="287 1064 1133 1164">Only the <a href="#">Resource Utilisation Groups—Activities of Daily Living</a> (RUG-ADL) scores at admission are required to be reported for maintenance care episodes.</p> <p data-bbox="287 1187 1085 1254">RUG-ADL scores at palliative care phase start should be reported for all palliative care phases.</p> <p data-bbox="287 1276 1101 1321">Not required to be reported for patients aged 17 and under at admission.</p> <p data-bbox="287 1332 1149 1456">For episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as Code 3, Palliative care, the RUG-ADL scores must be reported for each <a href="#">palliative care phase</a> if the episode of admitted patient care had more than one phase.</p>	Conditional 11
-	<p data-bbox="255 1512 1165 1579"><a href="#">Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N</a></p> <p data-bbox="287 1601 574 1646"><b>Conditional obligation:</b></p> <p data-bbox="287 1657 1085 1724">Only required to be reported for episodes of admitted patient care with <a href="#">Hospital service—care type, code N[N]</a> recorded as:</p> <ul data-bbox="319 1736 702 1780" style="list-style-type: none"> <li>• Code 5, Psychogeriatric care.</li> </ul> <p data-bbox="287 1803 606 1848"><b>DSS specific information:</b></p> <p data-bbox="287 1859 1149 1926">Only the <a href="#">Health of the Nation Outcome Scale 65+</a> scores at admission are required to be reported.</p>	Conditional 12