

Episode of admitted patient care—palliative care phase, code N

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Episode of admitted patient care—palliative care phase, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Palliative care phase
METEOR identifier:	611627
Registration status:	Health , Superseded 25/01/2018 Tasmanian Health , Superseded 19/05/2020
Definition:	The patient's stage of illness or situation within the episode of care in terms of the recognised phases of palliative care , as represented by a code.
Data Element Concept:	Episode of admitted patient care—palliative care phase
Value Domain:	Palliative care phase code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Stable
	2	Unstable
	3	Deteriorating
	4	Terminal
Supplementary values:	9	Not reported

Collection and usage attributes

Guide for use:

The palliative care phase is the stage of the palliative care patient's illness.

CODE 1 Stable

The patient symptoms are adequately controlled by established management. Further interventions to maintain symptom control and quality of life have been planned. The situation of the family/carers is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.

CODE 2 Unstable

The patient experiences the development of a new unexpected problem or a rapid increase in the severity of existing problems, either of which require an urgent change in management or emergency treatment. The family/carers experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.

CODE 3 Deteriorating

The patient experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment. The family/carers experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the person. This requires a planned support program and counselling as necessary.

CODE 4 Terminal

Death is likely in a matter of days and no acute intervention is planned or required. The typical features of a person in this phase may include the following:

- Profoundly weak.
- Essentially bed bound.
- Drowsy for extended periods.
- Disoriented for time and has a severely limited attention span.
- Increasingly disinterested in food and drink.
- Finding it difficult to swallow medication.

This requires the use of frequent, usually daily, interventions aimed at physical, emotional and spiritual issues. The family/carers recognise that death is imminent and care is focussed on emotional and spiritual issues as a prelude to bereavement.

CODE 9 Not reported

The phase of the illness has not been reported.

Palliative care phases are not sequential and a patient may move back and forth between phases. Palliative care phases provide a clinical indication of the type of care required and have been shown to correlate strongly with survival within longitudinal prospective studies.

Source and reference attributes

Origin:

Palliative Care Outcomes Collaboration (PCOC) 2009. PCOC V2 Data Definitions and Guidelines. Australian Health Services Research Institute, University of Wollongong, Wollongong. Viewed 24 August 2012, <http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow090306.pdf>

Data element attributes

Collection and usage attributes

Guide for use: The bereavement phase of palliative care must not be recorded when reporting this data element.

There are only three phases in the paediatric palliative care branch in the Australian National Subacute and Non-Acute Patient (AN-SNAP) version 4: stable, complex and terminal. As there are no paediatric versions of the palliative care phase tool, a paediatric patient is considered to be in the complex phase when the palliative care phase tool indicates an unstable or deteriorating phase. Therefore, the unstable or deteriorating phase codes should be reported as assessed for paediatric patients.

Collection methods: The type of phase is to be recorded at the start of the episode of admitted patient palliative care and for every subsequent change in phase thereafter during the same admitted patient episode.

The palliative care provider reviews the patient daily (or at each visit) and records phase changes if and when they occur during the episode.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Green J, Gordon R, Kobel C, Blanchard M and Eagar K. 2015. AN-SNAP V4 User Manual. Independent Hospital Pricing Authority, Sydney. Viewed 15 June 2015, [http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/C48C490F92D74111CA257AD900132744/\\$File/AN-SNAP%20classification%20version%204%20User%20Manual.pdf](http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/C48C490F92D74111CA257AD900132744/$File/AN-SNAP%20classification%20version%204%20User%20Manual.pdf)

Relational attributes

Related metadata references: Supersedes [Episode of admitted patient care—palliative care phase, code N Health](#), Superseded 19/11/2015
[Independent Hospital Pricing Authority](#), Standard 31/10/2012
Has been superseded by [Episode of admitted patient care—palliative care phase, code N](#)
[Independent Hospital Pricing Authority](#), Standard 03/11/2016

Implementation in Data Set Specifications: [Admitted subacute and non-acute hospital care NBEDS 2016-17](#)
[Health](#), Superseded 03/11/2016

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

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.

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.

[Tasmanian Subacute/Non-acute Data Set - 2016](#)

[Tasmanian Health](#), Superseded 18/01/2018

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

[Tasmanian Subacute/Non-acute Data Set - 2017](#)

[Tasmanian Health](#), Superseded 18/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

[Tasmanian Subacute/Non-acute Data Set - 2018](#)

[Tasmanian Health](#), Superseded 06/05/2020

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

[Tasmanian Subacute/Non-acute Data Set - 2019](#)

[Tasmanian Health](#), Superseded 06/05/2020

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020