Type of episode (type of care)

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000168   Version number: 1

Metadata type: DATA ELEMENT

Registration Authority: NHIMG   Admin status: SUPERSEDED

Effective date: 30-JUN-95

Definition: Mode of care provided in patient episode is classified into three categories:
- Section 3 of the Health Insurance Act 1973 (Cwlth) as a nursing home type patient;
- rehabilitation patient: patient, other than nursing home type patient, who is admitted or transferred to a designated rehabilitation unit within a recognised hospital. Rehabilitation units are designated by the State health authority.
- other patient: all other patients.

Context: Institutional health care: this data element is required in order to exclude these two identifiable types of non-acute episodes before analysis of hospital casemix. Partitioning out long-stay patients is a fundamental first step in any casemix analysis, particularly in relation to use of Diagnosis Related Groups. It will also assist in analyses of hospital activity by program (or mode of care).

Relational and Representational Attributes

Datatype: Numeric

Representational form: CODE

Representation layout: N

Minimum Size: 1

Maximum Size: 1

Data Domain:
1   Nursing home type
2   Rehabilitation unit
3   Other

Related metadata: relates to the data element concept Acute care episode for admitted patients version 1

relates to the data element concept Admitted patient version 1
has been superseded by Type of episode of care version 2

Administrative Attributes

Source Document:

Source Organisation: National minimum data set working parties

Comments: Acute hospitals and private psychiatric hospitals

The Morbidity Working Party substantially revised the
establishment-level activity matrix recommended by the Taskforce
on National Hospital Statistics (1988) and recommended that it be
derived for each establishment from the hospital morbidity
collections. The working party decided that only the nursing home
type and rehabilitation episodes should be identified using the data
element Type of episode and that the other types of episode should
be derived using principal diagnosis codes for patients in acute
hospitals and private psychiatric hospitals.

It was also seen as necessary to identify these two groups of
patients in order to properly interpret Diagnosis Related Group
data. Several Diagnosis Related Groups were reported as being
unreliable due to rehabilitation patients in some States.

The problem of identifying rehabilitation patients was discussed. It
was decided that although not perfect, the only implementable
scheme was to flag those individuals attending designated
rehabilitation units within a hospital. These units would be
designated by each State or Territory health authority.

Queensland non-computerised hospitals discharge and readmit
after a change of status. On-line computerised metropolitan
hospitals in Queensland do not discharge and readmit.

Victorian hospitals are able to report change of status between
nursing home type, rehabilitation and other patients and allocate
bed-days accordingly.

After some discussion, the working party agreed that discharge
and readmission on status change was the preferred method and
should be recommended as such. However, the implementation on
the ground could vary from State to State as long as the same data
relating to acute and non-acute episodes can be generated. In
particular, those States such as South Australia which use change-
of-status fields (with dates) can produce data relating to the acute

episode (length of stay and diagnosis) and data relating to the non-acute nursing home type and rehabilitation episodes (number, length of stay). A minimum of two change-of-status fields would be necessary to cope with patients who go from acute care to rehabilitation to nursing home type care. In this approach, the principal diagnosis relates to the acute episode. The only difference between the South Australian and Victorian approach is that in the South Australian approach, there may be considerable time lags (many months or even years) before the acute episode enters the morbidity collection.

The working party considered that the problems in data comparability across States due to these implementation differences would be much less than the problems in comparability resulting from lack of identification of long-stay episodes or parts of episodes.

It was suggested by some States that the latter approach would be easier to administer.

The Western Australian Health Department does not currently include a nursing home type field in their morbidity system. However, a phased introduction of a variable indicating whether any period during that episode was nursing home type and if so the number of days as nursing home type will begin in 1989 for public hospitals. It was considered too cumbersome to discharge and readmit patients at status change.

The Queensland representative advised that there were no discrete rehabilitation units in Queensland public hospitals. There may be a certain amount of rehabilitation during the in-patient episode, but this is considered an integral part of the treatment. In general, the larger part of rehabilitation is administered as non-in-patient treatment. It would therefore not be possible to identify any in-patients as rehabilitation type of episode in Queensland.

The Morbidity Working Party recognised that implementing the collection of this data item represented a major system change for most States and that this item may take some years to be introduced. The working party recommended that the situation in relation to this data item should be reviewed in three years time.

Public psychiatric hospitals
The Psychiatric Working Party considered the applicability of nursing home type and rehabilitation categories for patients of

psychiatric hospitals. South Australia is currently the only State which categorises patients in psychiatric hospitals as rehabilitation patients, and these do not form a significant proportion of patients. The working party agreed that there are clearly better labels for type of episode in psychiatric hospitals; for example, acute, short-term rehabilitation and long-term rehabilitation/continuing care. These are used in Victoria for activity data by ward but not currently linked to morbidity data. The working party was not prepared to consider these labels as they would involve discharge/readmission or recording of status changes. In any case, the working party considered that it was generally not significant to differentiate between acute and long-stay patients in the psychiatric setting. The working party ultimately decided to exclude type of episode from the data set for patients of psychiatric hospitals at this stage, although it was agreed that this item should be flagged for review in the future.

Data Element Links

Information Model Entities linked to this Data Element

NHIM   Service provision event

Data Agreements which include this Data Element