

# Service provider organisation—partner organisation type, palliative care code N[N]

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Partner organisation type
<b>METEOR identifier:</b>	290715
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Retired 02/12/2015</li></ul>
<b>Definition:</b>	The type of organisation with which a palliative care service provider organisation has formal working partnership(s) in place, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Service provider organisation—partner organisation type</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	N[N]
<b>Maximum character length:</b>	2
<b>Permissible values:</b>	

Value	Meaning
1	Palliative care services
2	Hospitals
3	Community nursing agencies
4	Residential aged care facilities
5	Allied health services
6	Aboriginal health services
7	Medical practices
8	Integrated health centres
9	Universities/research centres
10	Volunteer support services
99	Other

# Data element attributes

## Collection and usage attributes

### Guide for use:

A formal working partnership involves arrangements between a service provider organisation and other service providers and organisations, aimed at providing integrated and seamless care, so that clients are able to move smoothly between services and service settings.

A formal working partnership is a verbal or written agreement between two or more parties. It specifies the roles and responsibilities of each party, including the expected outcomes of the agreement.

Key elements of a formal working partnership are that it is organised, routine, collaborative, and systematic. It excludes ad hoc arrangements. Examples of formal working partnerships include the existence of: written service agreements; formal liaison; referral and discharge planning processes; formal and routine consultation; protocols; partnership working groups; memoranda of understanding with other providers; and case conferencing.

Where partnerships exist for case conferencing purposes, record all partners involved.

#### CODE 1 Palliative care services

Includes services whose substantive work is with patients who have a life-limiting illness. These palliative care services may provide services in the community and/or in admitted patient settings (including hospices).

#### CODE 2 Hospitals

Includes emergency departments. Excludes hospices/designated palliative care units in a hospital, and other palliative care agencies as defined under Code 1. Also excludes hospital-based allied health services and individual medical practitioners.

#### CODE 7 Medical practices

Includes practices of general practitioners and individual specialist physicians such as specialists in palliative care, oncologists, urologists and neurologists.

#### CODE 8 Integrated health centres

Includes multipurpose centres, aged care centres and specialist care centres such as cancer centres.

#### CODE 9 Universities/research centres

Includes universities that may undertake research and development projects.

#### CODE 99 Other

Includes organisations based in the community such as schools, clubs, workplaces, organisations that provide respite care or pastoral care and 'Meals on wheels'.

### Collection methods:

More than one code can be recorded.

## Source and reference attributes

### Submitting organisation:

Palliative Care Intergovernmental Forum

## Relational attributes

**Implementation in Data Set Specifications:**

[Palliative care performance indicators DSS Health](#), Retired 02/12/2015

***Conditional obligation:***

Recorded when the data element *Service provider organisation—working partnerships indicator*, yes/no code N is 'yes' (code 1).

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