Admitted sub-acute and non-acute care activity based funding DSS 2012-2013

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Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 444303

Registration status: Independent Hospital Pricing Authority, Superseded 11/10/2012

DSS type: Data Set Specification (DSS)

Scope: This DSS 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 activity based funded public hospitals.

Subacute care in this DSS is identified as admitted episodes in rehabilitation care, palliative care, geriatric evaluation and management care and psychogeriatric care whereas maintenance care is identified as non-acute care.

The scope of the collection is:

- Same day and overnight subacute and non-acute care episodes in designated subacute and non-acute care units, programs or hospitals.
- Admitted public patients provided on a contracted basis by private hospitals in designated subacute and non-acute care units, programs or hospitals.
- Admitted patients in rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric and maintenance care designated programs treated in the hospital-in-the-home.

Excluded from the scope are:

- Subacute and non-acute episodes in non-designated units, programs or hospitals.
- Hospitals operated by the Australian Defence Force, correctional authorities and Australia's external territories.

This DSS includes the collection and reporting of additional metadata which forms part of the broader Admitted patient care NMDS.

Data collected using this DSS can be related to national data collections:

- Admitted patient care NMDS
- Admitted patient palliative care NMDS
- Admitted patient mental health NMDS

Collection and usage attributes

Statistical unit: Episodes of care for admitted patients

Collection methods: Hospitals forward data to the relevant state or territory health authority.

National reporting arrangements

State and territory health authorities provide the data to the Independent Hospital Pricing Authority (IHPA) for national collection, on a quarterly basis as required under national health reform arrangements.

For designated palliative care type episodes, data elements for each change in phase of care will be required to be reported.

Periods for which data are collected and nationally collated

Financial years ending 30 June each year.

Quarterly data collection commencing 1 July each year.

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Eagar K. et al (1997) The Australian National Sub-acute and Non-acute Patient Classification (AN-SNAP): Report of the National Sub-acute and Non-acute Casemix Classification Study. Centre for Health Service Development, University of Wollongong.

Relational attributes

Related metadata references: Has been superseded by Activity based funding: Admitted sub-acute and non-acute hospital care DSS 2013-2014
Independent Hospital Pricing Authority, Standard 11/10/2012

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Admitted patient care NMDS 2012-13	Mandatory	1
-	Elective surgery waiting times cluster	Conditional	99
	Conditional obligation: 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.		
-	Elective care waiting list episode—listing date for care, DDMMYYYY	Mandatory	1
-	Elective surgery waiting list episode—clinical urgency, code N	Mandatory	1
-	Elective surgery waiting list episode—extended wait patient indicator, code N	Mandatory	1
-	Elective surgery waiting list episode—indicator procedure, code NN	Mandatory	1
-	Elective surgery waiting list episode—overdue patient status, code N	Mandatory	1
-	Elective surgery waiting list episode—reason for removal from a waiting list, code N	Mandatory	1
-	Elective surgery waiting list episode—surgical specialty (of scheduled doctor), code NN	Mandatory	1
-	Elective surgery waiting list episode—waiting time (at removal), total days N[NNN]	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN ***Conditional obligation:*** This is the establishment identifier of the contracting hospital and is reported for contracted patients only.	Conditional	1
-	Address—Australian postcode, Australian postcode code (Postcode datafile) {NNNN} ***DSS specific information:*** To be reported for the address of the patient.	Mandatory	1
-	Contracted hospital care—organisation identifier, NNX[X]NNNNN	Mandatory	1
-	Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN]	Conditional	1
-	Episode of admitted patient care—admission date, DDMMYYYY ***DSS specific information:*** Right justified and zero filled. admission date ≤ separation date admission date ≥ date of birth	Mandatory	1
-	Episode of admitted patient care—admission mode, code N	Mandatory	1
-	Episode of admitted patient care—admission urgency status, code N	Mandatory	1
-	Episode of admitted patient care—condition onset flag, code N	Mandatory	99
-	Episode of admitted patient care—diagnosis related group, code (AR-DRG v 6) ANNA	Mandatory	1
-	Episode of admitted patient care—intended length of hospital stay, code N	Mandatory	1
-	Episode of admitted patient care—major diagnostic category, code (AR-DRG v 6) NN	Mandatory	1
-	Episode of admitted patient care—number of days of hospital-in-the-home care, total {N[NN]}	Mandatory	1
-	Episode of admitted patient care—number of leave days, total N[NN] ***DSS specific information:*** For the provision of state and territory hospital data to Commonwealth agencies: (Episode of admitted patient care—separation date, DDMMYYYY minus Episode of admitted patient care—admission date, DDMMYYYY) minus Admitted patient hospital stay—number of leave days, total N[NN] must be ≥ 0 days.	Mandatory	1
-	Episode of admitted patient care—patient election status, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—procedure, code (ACHI 7th edn) NNNNN-NN	Mandatory	99

DSS specific information:

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 (7th edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for the treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

-	Episode of admitted patient care—referral source, public psychiatric hospital code NN	Conditional	1
-	Episode of admitted patient care—separation date, DDMMYYYY	Mandatory	1

DSS specific information:

For the provision of state and territory hospital data to Commonwealth agencies this field must:

- be ≤ last day of financial year
- be ≥ first day of financial year
- be ≥ Admission date

-	Episode of admitted patient care—separation mode, code N	Mandatory	1
-	Episode of care—additional diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]}	Conditional	99

DSS specific information:

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.

-	Episode of care—inter-hospital contracted patient status, code N	Mandatory	1
-	Episode of care—mental health legal status, code N	Mandatory	1
-	Episode of care—number of psychiatric care days, total N[NNN]	Mandatory	1

DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—principal diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]} ***DSS specific information:*** 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
-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
-	Establishment—Australian state/territory identifier, code N ***DSS specific information:*** This data element applies to the location of the establishment and not to the patient's area of usual residence.	Mandatory	1
-	Establishment—geographic remoteness, admitted patient care remoteness classification (ASGC-RA) N	Mandatory	1
-	Establishment—organisation identifier (state/territory), NNNNN	Mandatory	1
-	Establishment—region identifier, X[X]	Mandatory	1
-	Establishment—sector, code N	Mandatory	1
-	Hospital service—care type, code N[N].N	Mandatory	1
-	Injury event—activity type, code (ICD-10-AM 7th edn) ANNNN ***DSS specific information:*** To be used with ICD-10-AM external cause codes.	Mandatory	99
-	Injury event—external cause, code (ICD-10-AM 7th edn) ANN{.N[N]} ***DSS specific information:*** As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.	Mandatory	99
-	Injury event—place of occurrence, code (ICD-10-AM 7th edn) ANN{.N[N]} ***DSS specific information:*** To be used with ICD-10-AM external cause codes.	Mandatory	99
-	Patient—hospital insurance status, code N	Mandatory	1
-	Person—area of usual residence, geographical location code (ASGC 2011) NNNNN	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—date of birth, DDMMYYYY	Mandatory	1

DSS specific information:

This field must not be null.

National Minimum Data Sets:

For the provision of state and territory hospital data to Commonwealth agencies this field must:

- be less than or equal to Admission date, Date patient presents or Service contact date
- be consistent with diagnoses and procedure codes, for records to be grouped.

-	Person—eligibility status, Medicare code N	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1
-	Person—weight (measured), total grams NNNN	Conditional	1

Conditional obligation:

Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9000g and age is less than 365 days.

DSS specific information:

For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.

-	Record—identifier, X[X(14)]	Mandatory	1

DSS specific information:

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.

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.

Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.

This field cannot be left blank.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—Australian national sub-acute and non-acute patient class, code NNNN ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care or maintenance care.	Conditional	1
-	Episode of admitted patient care—Australian national sub-acute and non-acute patient classification version, code N ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care or maintenance care.	Conditional	1
-	Episode of admitted patient care—clinical assessment only indicator, yes/no/unknown code N ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care or maintenance care.	Conditional	1
-	Episode of admitted patient care—clinical assessment score, code NN ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care or maintenance care.	Conditional	1
-	Episode of admitted patient care—clinical assessment tool used, code AAAAAA	Conditional	1
-	Episode of admitted patient care—palliative care phase, code N ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of palliative care.	Conditional	1
-	Episode of admitted patient care—palliative phase of care end date, DDMMYYYY ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of palliative care.	Conditional	1
-	Episode of admitted patient care—palliative phase of care start date, DDMMYYYY ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of palliative care.	Conditional	1
-	Episode of admitted patient care—primary impairment type, code NN.NNNN ***Conditional obligation:*** Only required to be reported for episodes of care for patients with a care type of rehabilitation care.	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—type of maintenance care provided, code N	Conditional	1

Conditional obligation:

Only required to be reported for episodes of care for patients with a care type of maintenance care.