# Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N

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# Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N

# Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Level of psychiatric symptom severity (HoNOS 65+ score)
METEOR identifier:	449363
Registration status:	<u>Health</u> , Superseded 28/02/2017 <u>Independent Hospital Pricing Authority</u> , Standard 12/11/2015 <u>Tasmanian Health</u> , Superseded 19/01/2018
Definition:	An assessment of the severity of a person's psychiatric symptoms, as represented by a HoNOS 65+ score-based code.
Context:	Psychiatric symptom severity, persons aged 65 years and over.
Data Element Concept:	Person—level of psychiatric symptom severity
Value Domain:	Health of the Nation Outcome Scale 65+ score code N

# Value domain attributes

## **Representational attributes**

Representation class:	Code	
Data type:	Number	
Format:	Ν	
Maximum character length: 1		
	Value	Meaning
Permissible values:	0	No problems within the period stated
	1	Minor problem requiring no action
	2	Mild problem but definitely present
	3	Moderately severe problem
	4	Severe to very severe problem

# Collection and usage attributes

Guide for use:

The Health of the Nation Outcome Scale for elderly people (HoNOS65+) is used to rate adult mental health service users. Together, the scales rate various aspects of mental and social health.

HoNOS65+ is answered on an item-specific anchored 4-point scale with higher scores indicating more problems. Each scale is assigned a value of between 0 and 4. The twelve scales are as follows:

- Behavioural disturbance
- Non-accidental self injury
- Problem drinking or drug use
- Cognitive problems
- Problems related to physical illness or disability
- Problems associated with hallucinations and delusions
- Problems associated with depressive symptoms
- Other mental and behavioural problems
- · Problems with social or supportive relationships
- Problems with activities of daily living
- · Overall problems with living conditions
- Problems with work and leisure activities and the quality of the daytime environment

The sum of the individual scores of each of the scales represents the total HoNOS65+ score. The total HoNOS65+ score ranges from 0 to 48, and represents the overall severity of an individual's psychiatric symptoms.

### Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

# Data element attributes

### Source and reference attributes

Submitting organisation:	Independent Hospital Pricing Authority
Reference documents:	Health of the Nation Outcome Scales (HoNOS), Royal College of Psychiatrists 1996. Viewed 17 October 2013,

http://www.rcpsych.ac.uk/training/honos/whatishonos.aspx

## **Relational attributes**

Related metadata references:	Has been superseded by <u>Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N</u> <u>Health</u> , Superseded 25/01/2018 <u>Independent Hospital Pricing Authority</u> , Recorded 04/08/2016 <u>Tasmanian Health</u> , Superseded 19/01/2018
	See also Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N Independent Hospital Pricing Authority, Standard 15/10/2014
Implementation in Data Set Specifications:	Activity based funding: Mental health care DSS 2016-17 Independent Hospital Pricing Authority, Superseded 28/02/2017 Implementation start date: 01/07/2016 Implementation end date: 30/06/2017 Conditional obligation:
	Reporting of the HoNOS 65+ at the start of the mental health phase of care is mandatory for patients in all settings.
	Reporting of the HoNOS 65+ is not mandatory if mental health phase of care is reported as Assessment Only.
	The HoNOS 65+ should only be reported for patients aged 65 years and over.

#### Admitted patient mental health care cluster

## Independent Hospital Pricing Authority, Standard 15/10/2014

Conditional obligation:

Reporting of the HoNOS65+ at admission and separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.

The HoNOS65+ should only be reported for patients aged 65 years and over.

The HoNOS65+ discharge rating is not required if the episode of admitted care had a length of stay of 3 days or less.

#### Admitted subacute and non-acute hospital care DSS 2014-15 Health, Superseded 13/11/2014

Implementation start date: 01/07/2014 Implementation end date: 30/06/2015 Conditional obligation:

Only the HoNOS65+ scores at admission are required to be reported.

Only required to be reported for episodes of admitted patient care with <u>Hospital</u> <u>service—care type, code N[N]</u> recorded as Code 5, Psychogeriatric care.

Only required to be reported when the <u>Episode of admitted patient care</u><u>clinical</u> <u>assessment only indicator, yes/no code N</u> value is recorded as Code 2, No.

Admitted subacute and non-acute hospital care DSS 2015-16 Health, Superseded 19/11/2015 Implementation start date: 01/07/2015

Implementation end date: 30/06/2016 Conditional obligation:

Only the HoNOS65+ scores at admission are required to be reported.

Only required to be reported for episodes of admitted patient care with <u>Hospital</u> <u>service—care type, code N[N]</u> recorded as Code 5, Psychogeriatric care.

Admitted subacute and non-acute hospital care NBEDS 2016-17

<u>Health</u>, Superseded 03/11/2016 Implementation start date: 01/07/2016 Implementation end date: 30/06/2017 Conditional obligation:

Only the HoNOS65+ scores at admission are required to be reported.

Only required to be reported for episodes of admitted patient care with <u>Hospital</u> <u>service—care type, code N[N]</u> recorded as Code 5, Psychogeriatric care.

Ambulatory patient mental health care cluster

Independent Hospital Pricing Authority, Standard 15/10/2014 **Conditional obligation:** 

For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.

Reporting of the HoNOS65+ is mandatory for the first and last service contacts of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by nonspecialised mental health services.

The HoNOS65+ should only be reported for patients aged 65 years and over.

The HoNOS65+ discharge rating is not required if the episode of ambulatory care had a length of stay of 3 days or less.

#### DSS specific information:

The HoNOS65+ for the first service contact may be derived from the HoNOS65+ admission rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

The HoNOS65+ for the last service contact may be derived from the HoNOS65+ discharge rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.

#### Residential patient mental health care cluster

Independent Hospital Pricing Authority, Standard 15/10/2014

Conditional obligation:

Reporting of HoNOS65+ at admission and separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.

The HoNOS65+ should only be reported for patients aged 65 years and over.

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 Used as Numerator KPIs for Australian Public Mental Health Services: PI 01J – Change in consumer's clinical outcomes, 2015 Health, Superseded 11/05/2016

KPIs for Australian Public Mental Health Services: PI 01J – Change in consumer's clinical outcomes, 2016 Health, Superseded 14/06/2017

Implementation in Indicators: