Episode of admitted patient care—clinical assessment only indicator, yes/no/unknown code N

Exported from METEOR (AIHW's Metadata Online Registry)

Episode of admitted patient care—clinical assessment only indicator, yes/no/unknown code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Clinical assessment only indicator
Synonymous names:	Assessment only indicator
METEOR identifier:	471807
Registration status:	Independent Hospital Pricing Authority, Standard 31/10/2012
Definition:	An indicator of whether an episode of admitted patient care resulted in the patient undergoing a clinical assessment only, as represented by a code.
Data Element Concept:	Episode of admitted patient care—clinical assessment only indicator
Value Domain:	Yes/no/unknown/not stated/inadequately described code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	1	Yes
	2	No
Supplementary values:	3	Unknown
	9	Not stated/inadequately described

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

Guide for use:	An episode of care is regarded as 'assessment only' if a patient was seen for clinical assessment only and no treatment or further intervention was planned by the assessing clinical team.

CODE 1   Yes

This code is used when the patient was assessed by a clinical team but received no treatment during an episode. These episodes are usually of short duration, normally less than 3 days.

CODE 2   No

This code is used when the patient was assessed and then goes on to receive treatment.

CODE 3   Unknown

This code is used when it is unknown whether the patient was seen for assessment only.

CODE 9   Not stated/inadequately described

This code is used when it is has not been reported whether the patient was seen for assessment only.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Has been superseded by Episode of admitted patient care—clinical assessment only indicator, yes/no/unknown/not stated/inadequately described code N
   Health, Standard 11/04/2014

Implementation in Data Set Specifications: Activity based funding: Admitted sub-acute and non-acute hospital care DSS 2013-2014
   Independent Hospital Pricing Authority, Standard 11/10/2012
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014
Conditional obligation:

Only required to be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as:

- 2.0 rehabilitation care;
- 3.0 palliative care;
- 4.0 geriatric evaluation and management;
- 5.0 psychogeriatric care; or
- 6.0 maintenance care.

Admitted sub-acute and non-acute care activity based funding DSS 2012-2013
   Independent Hospital Pricing Authority, Superseded 11/10/2012
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013
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.