Episode of admitted patient care—clinical assessment tool used, code N.N

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Episode of admitted patient care—clinical assessment tool used, code N.N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Clinical assessment tool
METEOR identifier:	497304
Registration status:	Independent Hospital Pricing Authority, Standard 11/10/2012
Definition:	The tool used to conduct the clinical assessment of an admitted patient, as represented by a code.
Data Element Concept:	Episode of admitted patient care—clinical assessment tool used
Value Domain:	Clinical assessment tool code N.N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N.N	
Maximum character length:	2	
	Value	Meaning
Permissible values:	1.1	Functional Independence Measure (FIM) - Motor subscale total
	1.2	Functional Independence Measure (FIM) - Social cognition subscale total
	2.0	Resource Utilisation Groups - Activities of Daily Living (RUG-ADL) total
	3.0	Health of the Nation Outcome Scale 65+ (HoNOS 65+) total
	3.1	Health of the Nation Outcome Scale 65+ (HoNOS 65+) Problems with Activities of Daily Living
	3.2	Health of the Nation Outcome Scale 65+ (HoNOS 65+) Overactive, Aggressive, Disruptive Behaviour
Supplementary values:	9.0	Not stated/inadequately described

Collection and usage attributes

Guide for use:	The following METeOR glossary items provide further information on the listed clinical assessment tools.
	Functional Independence Measure
	Resource Utilisation Groups - Activities of Daily Living
	Health of the Nation Outcome Scale 65+

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

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Relational attributes

Related metadata references:	Supersedes Episode of admitted patient care—clinical assessment tool used, code AAAAAA
	Independent Hospital Pricing Authority, Superseded 11/10/2012
	See also Episode of admitted patient care—clinical assessment score, code NN Independent Hospital Pricing Authority, Standard 30/10/2012
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.
	Only required to be reported when Episode of admitted patient care-assessment only indicator, yes/no, code N value recorded as 2 no.
	DSS specific information:
	For the purposes of this DSS, the following clinical assessment tools are required to be reported:
	• The <u>Functional Independence Measure</u> motor subscale and social cognition subscale must be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 2.0 rehabilitation care or 4.0 geriatric evaluation and management.

- The <u>Resource Utilisation Groups -Activities of Daily Living</u> total must be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 3.0 palliative care or 6.0 maintenance care.
- The <u>Health of the Nation Outcome Scale 65+</u> activities of daily living scale , overactive, aggressive, disruptive behaviour scale and the total must be reported for episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 5.0 psychogeriatric care.

For episodes of admitted patient care with hospital service-care type, code N[N].N recorded as 3.0 palliative care, the <u>Resource Utilisation Groups -Activities of</u> <u>Daily Living</u> total must be reported for each <u>palliative care phase</u> if the episode of admitted patient care had more than one phase.

The type of clinical assessment tool must be collected at the commencement of the episode of admitted patient care.