

# Episode of admitted patient care—clinical assessment only indicator, yes/no/unknown/not stated/inadequately described code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Clinical assessment only indicator
<b>Synonymous names:</b>	Assessment only indicator
<b>METEOR identifier:</b>	550492
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 11/04/2014</li></ul>
<b>Definition:</b>	An indicator of whether an episode of admitted patient care resulted in the patient undergoing a clinical assessment only, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Episode of admitted patient care—clinical assessment only indicator</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code						
<b>Data type:</b>	Number						
<b>Format:</b>	N						
<b>Maximum character length:</b>	1						
<b>Permissible values:</b>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></tbody></table>	Value	Meaning	1	Yes	2	No
Value	Meaning						
1	Yes						
2	No						

## Supplementary values:

Value	Meaning
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8	Unknown
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9	Not stated/inadequately described
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## 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 8 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 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:

Supersedes [Episode of admitted patient care—clinical assessment only indicator, yes/no/unknown code N](#)

- [Independent Hospital Pricing Authority](#), Standard 31/10/2012

### Implementation in Data Set Specifications:

[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 required to be reported for episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as:

- Code 2, Rehabilitation care;
- Code 3, Palliative care;
- Code 4, Geriatric evaluation and management;
- Code 5, Psychogeriatric care; or
- Code 6, Maintenance care.

Not required to be reported for patients aged 16 years and under at admission.

[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 required to be reported for episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as:

- Code 2, Rehabilitation care;
- Code 3, Palliative care;
- Code 4, Geriatric evaluation and management;
- Code 5, Psychogeriatric care; or
- Code 6, Maintenance care.

Not required to be reported for patients aged 16 years and under at admission.

[Admitted subacute and non-acute hospital care NBEDS 2016-17 Health](#), Superseded 03/11/2016

**Implementation start date:** 01/07/2016

**Implementation end date:** 30/06/2017

**Conditional obligation:**

Only required to be reported for episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as:

- Code 2, Rehabilitation care;
- Code 3, Palliative care;
- Code 4, Geriatric evaluation and management;
- Code 5, Psychogeriatric care; or
- Code 6, Maintenance care.

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