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

Exported from METEOR (AIHW's Metadata Online Registry)

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

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Clinical assessment only indicator
Synonymous names:	Assessment only indicator
METEOR identifier:	550492
Registration status:	Health, Standard 11/04/2014
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 attributes

Identifying and definitional attributes

Data element concept:	Episode of admitted patient care—clinical assessment only indicator
METEOR identifier:	471805
Registration status:	Health, Standard 11/04/2014 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.
Object class:	Episode of admitted patient care
Property:	Clinical assessment only indicator

Value domain attributes

Identifying and definitional attributes

Value domain:	Yes/no/unknown/not stated/inadequately described code N
METEOR identifier:	546669
Registration status:	Australian Institute of Health and Welfare, Qualified 17/01/2024 Health, Standard 11/04/2014 Indigenous, Standard 05/12/2017
Definition:	A code set representing 'yes', 'no', 'unknown' and 'not stated/inadequately described' responses.

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	1	Yes
	2	No

| **Supplementary values:** | 8 | 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 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 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:** | 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.