

Episode of admitted patient care—palliative care phase, code N

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Episode of admitted patient care—palliative care phase, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Palliative care phase
METEOR identifier:	638918
Registration status:	Independent Hospital Pricing Authority , Standard 03/11/2016
Definition:	The patient's stage of illness or situation within the episode of care in terms of the recognised phases of palliative care , as represented by a code.
Data Element Concept:	Episode of admitted patient care—palliative care phase
Value Domain:	Palliative care phase code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Stable
	2	Unstable
	3	Deteriorating
	4	Terminal
Supplementary values:	9	Not reported

Collection and usage attributes

Guide for use:

The palliative care phase is the stage of the palliative care patient's illness.

CODE 1 Stable

Patient problems and symptoms are adequately controlled by established plan of care and

- Further interventions to maintain symptom control and quality of life have been planned and
- Family/carer situation is relatively stable and no new issues are apparent.

CODE 2 Unstable

An urgent change in the plan of emergency treatment is required because

- Patient experiences a new problem that was not anticipated in the existing plan of care, and/or
- Patient experiences a rapid increase in the severity of a current problem; and/or
- Family/ carers circumstances change suddenly impacting on patient care.

CODE 3 Deteriorating

The care plan is addressing anticipated needs but requires periodic review because

- Patients overall functional status is declining and
- Patient experiences a gradual worsening of existing problem and/or
- Patient experiences a new but anticipated problem and/or
- Family/carers experience gradual worsening distress that impacts on the patient care.

CODE 4 Terminal

Death is likely within days.

CODE 9 Not reported

The phase of the illness has not been reported.

Palliative care phases are not sequential and a patient may move back and forth between phases. Palliative care phases provide a clinical indication of the type of care required and have been shown to correlate strongly with survival within longitudinal prospective studies.

Source and reference attributes

Origin:

Palliative Care Outcomes Collaboration 2014. Palliative Care Outcomes Collaboration Clinical Manual. Australian Health Services Research Institute, University of Wollongong, Sydney. Viewed 19 May 2016, <http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow129133.pdf>

Data element attributes

Collection and usage attributes

Guide for use:

The bereavement phase of palliative care must not be recorded when reporting this data element.

Collection methods:

The type of phase is to be recorded at the start of the episode of admitted patient palliative care and for every subsequent change in phase thereafter during the same admitted patient episode.

The palliative care provider reviews the patient daily (or at each visit) and records phase changes if and when they occur during the episode.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Green J, Gordon R, Kobel C, Blanchard M and Eagar K. 2015. AN-SNAP V4 User Manual. Independent Hospital Pricing Authority, Sydney. Viewed 15 June 2015, [http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/C48C490F92D74111CA257AD900132744/\\$File/AN-SNAP%20classification%20version%204%20User%20Manual.pdf](http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/C48C490F92D74111CA257AD900132744/$File/AN-SNAP%20classification%20version%204%20User%20Manual.pdf)

Relational attributes

Related metadata references: Supersedes [Episode of admitted patient care—palliative care phase, code N Health](#), Superseded 25/01/2018
[Tasmanian Health](#), Superseded 19/05/2020

Has been superseded by [Episode of admitted patient care—palliative care phase, code N Health](#), Standard 25/01/2018
[Independent Hospital Pricing Authority](#), Standard 01/01/2018
[Tasmanian Health](#), Standard 19/05/2020

Implementation in Data Set Specifications: [Admitted subacute and non-acute hospital care NBEDS 2017-18 Health](#), Superseded 25/01/2018
[Independent Hospital Pricing Authority](#), Recorded 04/08/2016
Implementation start date: 01/07/2017
Implementation end date: 30/06/2018
Conditional obligation:

Only required to be reported for episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as Code 3, Palliative care.

DSS specific information:

For episodes of admitted patient care with [Hospital service—care type, code N\[N\]](#) recorded as Code 3, Palliative care, the palliative care phase must be reported for each [palliative care phase](#) if the episode of admitted patient care had more than one phase.