

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

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Palliative care phase
<b>METEOR identifier:</b>	638918
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Independent Hospital Pricing Authority</a>, Standard 03/11/2016</li></ul>
<b>Definition:</b>	The patient's stage of illness or situation within the episode of care in terms of the recognised <a href="#">phases of palliative care</a> , as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Episode of admitted patient care—palliative care phase</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>Stable</td></tr><tr><td>2</td><td>Unstable</td></tr><tr><td>3</td><td>Deteriorating</td></tr><tr><td>4</td><td>Terminal</td></tr></tbody></table>	Value	Meaning	1	Stable	2	Unstable	3	Deteriorating	4	Terminal
Value	Meaning										
1	Stable										
2	Unstable										
3	Deteriorating										
4	Terminal										
<b>Supplementary values:</b>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>9</td><td>Not reported</td></tr></tbody></table>	Value	Meaning	9	Not reported						
Value	Meaning										
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](#)  
[Independent Hospital Pricing Authority](#), Recorded 04/08/2016  
[Health](#), Superseded 25/01/2018

**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.

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