

Non-admitted patient service event—care type, code N

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Non-admitted patient service event—care type, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Care type
Synonymous names:	Care type
METEOR identifier:	652569
Registration status:	Health , Superseded 25/01/2018
Definition:	A descriptor of the overall nature of care delivered during a non-admitted patient service event, as represented by a code.
Data Element Concept:	Non-admitted patient service event—care type
Value Domain:	Care type code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	1	Rehabilitation care
	2	Palliative care
	3	Geriatric evaluation and management (GEM)
	4	Psychogeriatric care
	5	Mental health care
	8	Other care

Collection and usage attributes

Guide for use:	<p>CODE 1 Rehabilitation care</p> <p>Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.</p> <p>Rehabilitation care is always:</p> <ul style="list-style-type: none">• delivered under the management of or informed by a clinician with specialised expertise in rehabilitation; and• evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability. <p>CODE 2 Palliative care</p> <p>Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-</p>
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limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care; and
- evidenced by an individualised multidisciplinary assessment and management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

CODE 3 Geriatric evaluation and management (GEM)

Geriatric evaluation and management is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.

Geriatric evaluation and management is always:

- delivered under the management of or informed by a clinician with specialised expertise in geriatric evaluation and management; and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

CODE 4 Psychogeriatric care

Psychogeriatric care is care in which the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition.

Psychogeriatric care is always:

- delivered under the management of or informed by a clinician with specialised expertise in psychogeriatric care; and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Psychogeriatric care is not applicable if the primary focus of care is acute symptom control.

CODE 5 Mental health care

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder.

Mental health care is:

- delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

CODE 8 Other care

Any care provided that does not fall within the categories above, e.g. maintenance care, and acute care.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Data element attributes

Collection and usage attributes

Guide for use:

Subacute care is specialised multidisciplinary care in which the primary need for care is optimisation of the patient's functioning and quality of life. A person's functioning may relate to their whole body or a body part, the whole person, or the whole person in a social context, and to impairment of a body function or structure, activity limitation and/or participation restriction.

Subacute care comprises the defined care types of rehabilitation, palliative care, geriatric evaluation and management (GEM) and psychogeriatric care.

A multidisciplinary management plan comprises a series of documented and agreed initiatives or treatments (specifying program goals, actions and timeframes) which has been established through multidisciplinary consultation and consultation with the patient and/or carers.

Palliative care episodes can include grief and bereavement support for the family and carers of the patient where it is documented in the patient's medical record.

The Non-admitted patient (NAP) data set is intended to capture instances of healthcare provision from the point of view of the patient. This may be for assessment, examination, consultation, treatment and/or education.

One service event is recorded for each interaction, regardless of the number of healthcare providers present.

Events broken in time:

The period of interaction can be broken but still regarded as one service event if it was intended to be unbroken in time. This covers those circumstances in which treatment during a service event is temporarily interrupted for unexpected reasons, for example, a healthcare provider is called to assess another patient who requires more urgent care. Where a healthcare provider is unable to complete the interaction, it is considered to be a service event only if the definition of service event (above) is met.

Setting:

Service events can occur in an outpatient clinic or other setting.

Mode:

Service events delivered via Information and Communication Technology (ICT) (including but not limited to telephone and where the patient is participating via a video link) are included if:

- they are a substitute for a face-to-face service event, and
- the definition of a service event (above) is met.

Accompanied patients:

If a patient is accompanied by a carer/relative, or the carer/relative acts on behalf of the patient with or without the patient present (e.g. the mother of a two-year-old patient, or the carer for an incapacitated patient), only the patient's service event is recorded unless the carer/relative interaction meets the definition of a service event (above).

Note: carer refers to an informal carer only.

Service events delivered in groups:

Care provided to two or more patients by the same service provider(s) at the same

time can also be referred to as a group session.

One service event is recorded for each patient who attends a group session regardless of the number of healthcare providers present, where the definition of a service event (above) is met.

Service requests:

A service event is the result of a service request (including formal referral and self-referral or attendance at a walk-in clinic).

Activities which do not meet the definition of a service event include:

- Work-related services provided in clinics for staff.
- Non-attendances for a booked outpatient or booked outpatient services that did not go ahead.

Classification of care type depends on an assessment of the overall nature of care provided, based on other service event characteristics collected at the jurisdiction level such as clinic type, provider type and/or referral details. The method used to derive the care type should be submitted with the dataset.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Supersedes [Non-admitted patient service event—care type, \(derived\) code N Health](#), Superseded 05/10/2016

Has been superseded by [Non-admitted patient service event—care type, code N Health](#), Standard 25/01/2018

See also [Appointment—care type, code AAA WA Health](#), Standard 24/04/2015

Implementation in Data Set Specifications: [Non-admitted patient NBEDS 2017-18 Health](#), Superseded 25/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018