

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:	681029
Registration status:	<ul style="list-style-type: none">• Health, Standard 25/01/2018• Independent Hospital Pricing Authority, Standard 01/01/2018• Tasmanian Health, Standard 19/05/2020
Definition:	The patient's stage of illness or situation within the episode of care in terms of the recognised palliative care phase , as represented by a code.
Data Element Concept:	Episode of admitted patient care—palliative care phase

Value domain attributes

Representational attributes

Representation class:	Code										
Data type:	Number										
Format:	N										
Maximum character length:	1										
Permissible values:	<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										
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4	Terminal										
Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	9	Not stated/inadequately described						
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9	Not stated/inadequately described										

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 an established plan of care and: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • the patient experiences a new problem that was not anticipated in the existing plan of care, and/or • the patient experiences a rapid increase in the severity of a current problem; and/or • the family/ carers circumstances change suddenly impacting on patient care.
	CODE 3 Deteriorating
	The care plan is addressing anticipated needs but requires periodic review because: <ul style="list-style-type: none"> • the patient's overall functional status is declining and • the patient experiences a gradual worsening of an existing problem and/or • the patient experiences a new but anticipated problem and/or • the family/carers experience gradual worsening distress that impacts on the patient care.
	CODE 4 Terminal
	Death is likely within days.
	CODE 9 Not stated/inadequately described
	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.

Source and reference attributes

Origin:	Palliative Care Outcomes Collaboration 2014. Palliative care outcomes collaboration: Clinical manual. Wollongong: University of Wollongong.
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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
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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 23 August 2017, https://www.ihoa.gov.au/sites/g/files/net636/f/Documents/an-snap_classification_version_4_user_manual.pdf

Relational attributes

Related metadata references: Supersedes [Episode of admitted patient care—palliative care phase, code N](#)

- [Health](#), Not progressed 17/07/2017
- [Independent Hospital Pricing Authority](#), Standard 03/11/2016

Implementation in Data Set Specifications:

[Admitted subacute and non-acute hospital care NBEDS 2018-19Health](#),
Superseded 17/10/2018

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

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.

[Admitted subacute and non-acute hospital care NBEDS 2019-20Health](#),
Superseded 18/12/2019

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

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.

[Admitted subacute and non-acute hospital care NBEDS 2020–21Health](#),
Superseded 05/02/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

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:

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

[Admitted subacute and non-acute hospital care NBEDS 2021–22Health](#),
Superseded 20/10/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

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:

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

[Admitted subacute and non-acute hospital care NBEDS 2022–23Health](#),
Standard 20/10/2021

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

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:

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

[Tasmanian Subacute/Non-acute Data Set - 2020 Tasmanian Health](#), Standard 15/06/2020

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

Conditional obligation:

Required when the Care Type is Palliative Care