Hospital service—care type, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Care type
METEOR identifier:	711010
Registration status:	• Health, Standard 03/04/2019
Definition:	The overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or **posthumous organ procurement** (care other than admitted care), as represented by a code.
Context:	Admitted patient care and hospital activity: For admitted patients, the type of care received will determine the appropriate casemix classification employed to classify the episode of care.
Data Element Concept:	Hospital service—care type

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:

Value	Meaning
Admitted care	
1	Acute care
2	Rehabilitation care
3	Palliative care
4	Geriatric evaluation and management
5	Psychogeriatric care
6	Maintenance care
7	Newborn care
11	Mental health care
88	Other admitted patient care
Care other than admitted care	
9	Organ procurement—posthumous
10	Hospital boarder

Collection and usage attributes

Guide for use:	**Admitted care** can be one of the following: CODE 1 Acute care

Acute care is care in which the primary clinical purpose or treatment goal is to:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of an illness or injury
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function
- perform diagnostic or therapeutic procedures.

Acute care excludes care which meets the definition of mental health care.

CODE 2 Rehabilitation care

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.

Rehabilitation care is always:

- 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.

Rehabilitation care excludes care which meets the definition of mental health care.

CODE 3 Palliative care

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-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.

Palliative care excludes care which meets the definition of mental health care.

CODE 4 Geriatric evaluation and management

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.

Geriatric evaluation and management excludes care which meets the definition of mental health care.

CODE 5 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.

Psychogeriatric care excludes care which meets the definition of mental health care.

CODE 6 Maintenance care

Maintenance (or non-acute) care is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period.

Maintenance care excludes care which meets the definition of mental health care.

CODE 7 Newborn care

Newborn care is initiated when the patient is born in hospital or is nine days old or less at the time of admission. Newborn care continues until the care type changes or the patient is separated:

- patients who turn 10 days of age and do not require clinical care are separated and, if they remain in the hospital, are designated as boarders
- patients who turn 10 days of age and require clinical care continue in a newborn episode of care until separated
- patients aged less than 10 days and not admitted at birth (for example, transferred from another hospital) are admitted with a newborn care type
- patients aged greater than 9 days not previously admitted (for example, transferred from another hospital) are either boarders or admitted with an acute care type
- within a newborn episode of care, until the baby turns 10 days of age, each day is either a qualified or unqualified day
- a newborn is qualified when it meets at least one of the criteria detailed in **Newborn qualification status**.

Within a newborn episode of care, each day after the baby turns 10 days of age is counted as a qualified patient day. Newborn qualified days are equivalent to acute days and may be denoted as such.

CODE 11 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;
- is 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 88 Other admitted patient care

Other admitted patient care is care that does not meet the definitions above.

Care other than admitted care can be one of the following:

CODE 9 Organ procurement—posthumous

Organ procurement—posthumous is the procurement of human tissue for the purpose of transplantation from a donor whose brain function or circulation of blood has permanently stopped.

Any diagnoses and procedures related to this activity, including mechanical ventilation and tissue procurement, should be recorded in accordance with the relevant ICD-10-AM Australian Coding Standards. These patients are not admitted to the hospital but are registered by the hospital.

CODE 10 Hospital boarder

A hospital boarder is a person who is receiving food and/or accommodation at the hospital but for whom the hospital does not accept responsibility for treatment and/or care.

Hospital boarders are not admitted to the hospital. However, a hospital may register a boarder. Babies in hospital at age 9 days or less cannot be boarders. They are admitted patients with each day of stay deemed to be either qualified or unqualified.

Comments: Unqualified newborn days (and separations consisting entirely of unqualified newborn days) are not to be counted for all purposes, and they are ineligible for health insurance benefit purposes.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

Guide for use:

Only one type of care can be assigned at a time. In cases when a patient is receiving multiple types of care, the care type that best describes the primary clinical purpose or treatment goal should be assigned.

The care type is assigned by the clinician responsible for the management of the care, based on clinical judgements as to the primary clinical purpose of the care to be provided and, for mental health and subacute care types, the specialised expertise of the clinician who will be responsible for the management of the care. At the time of mental health or subacute care type assignment, a multidisciplinary management plan may not be in place but the intention to prepare one should be known to the clinician assigning the care type.

Where the primary clinical purpose or treatment goal of the patient changes, the care type is assigned by the clinician who is taking over responsibility for the management of the care of the patient at the time of transfer. Note, in some circumstances the patient may continue to be under the management of the same clinician. Evidence of care type change (including the date of handover, if applicable) should be clearly documented in the patient's medical record.

The clinician responsible for the management of care may not necessarily be located in the same facility as the patient. In these circumstances, a clinician at the patient's location may also have a role in the care of the patient; the expertise of this clinician does not affect the assignment of care type.

The care type should not be retrospectively changed unless it is:

- for the correction of a data recording error, or
- the reason for change is clearly documented in the patient's medical record and it has been approved by the hospital's director of clinical services.

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 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.

While psychogeriatric care is a subspecialty of mental health, it is an established component of subacute care. Therefore, if a patient meets the definition of psychogeriatric care, then the psychogeriatric care type should be allocated.

It is highly unlikely that, for care type changes involving subacute or mental health care types, more than one change in care type will take place within a 24-hour period. Changes involving subacute or mental health care types are unlikely to occur on the date of formal separation.

Patients who receive intervention(s) (for example dialysis, chemotherapy or radiotherapy) during the course of a subacute episode of care do not change care type. Instead, procedure codes for the acute same-day intervention(s) and an additional diagnosis (if relevant) should be added to the record of the subacute episode of care.

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.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes Hospital service—care type, code N[N]

- ACT Health (retired), Candidate 09/08/2018
- Health, Superseded 03/04/2019

Implementation in Data Set Specifications:

Admitted patient care NMDS 2020–21Health, Superseded 05/02/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

DSS specific information:

Code 11 - Mental health care is not restricted to care provided by a specialised mental health unit.

Admitted patient care NMDS 2021–22Health, Superseded 20/10/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

DSS specific information:

Code 11 - Mental health care is not restricted to care provided by a specialised mental health unit.

Admitted patient care NMDS 2022–23Health, Standard 20/10/2021

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

DSS specific information:

Code 11 - Mental health care is not restricted to care provided by a specialised mental health unit.

Implementation in Indicators:

Number of lumbar spinal decompression (excluding lumbar spinal fusion) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of lumbar spinal fusion (with or without lumbar spinal decompression) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of myringotomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of myringotomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of myringotomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of potentially preventable hospitalisations - cellulitis per 100,000 people of all ages, 2014-15 to 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of potentially preventable hospitalisations - chronic obstructive pulmonary disease (COPD) per 100,000 people of all ages, 2014-15 to 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of potentially preventable hospitalisations - diabetes complications per 100,000 people of all ages, 2014-15 to 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of potentially preventable hospitalisations - heart failure per 100,000 people, of all ages, 2014-15 to 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of potentially preventable hospitalisations - kidney and urinary tract infections per 100,000 people of all ages, 2014-15 to 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of tonsillectomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of tonsillectomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Number of tonsillectomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Palliative Care and End-of-Life Care: PI 02-Average length of palliative care inpatient stay, 2021Health, Qualified 21/10/2021

Palliative Care and End-of-Life Care: PI 02-Average length of palliative care inpatient stay, 2021Health, Qualified 21/10/2021