Person—level of functional independence, Resource



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Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N

Identifying and definitional attributes

Metadata item type: Data Element

Short name: Level of functional independence (RUG-ADL score)

METEOR identifier: 730829

Registration status: Health, Superseded 09/12/2022

Definition: A person's level of functional independence to carry out activities of daily living

safely and autonomously, as represented by a Resource Utilisation Groups-

Activities of Daily Living (RUG-ADL) score-based code.

Data Element Concept: Person—level of functional independence

Value Domain: Resource Utilisation Groups—Activities of Daily Living score code N

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

	Value	Meaning
Permissible values:	1	Independent or supervision only
	2	Limited assistance
	3	Limited physical assistance or Extensive assistance/total dependence/tube fed
	4	Other than two persons physical assist
	5	Two or more persons physical assist
Supplementary values:	8	Unknown

Collection and usage attributes

Guide for use:

The <u>Resource Utilisation Groups –Activities of Daily Living</u> (RUG-ADL) is an assessment tool that assesses a person's motor function for activities of daily living for the following four items:

Item number	Activity of daily living
1	Bed mobility
2	Toileting
3	Transfers
4	Eating

Values 1, 3, 4 and 5 are valid for items 1, 2 and 3.

Values 1, 2 and 3 are valid for item 4.

CODE 1 Independent or supervision only

Tasks/transfers are performed independently or with prompting from carer. No hands-on assistance is required and may be undertaken independently with the use of a device. Specifically for the activity Eating, value 1 refers to the ability to cut, chew and swallow food, independently or with supervision, once meal has been presented in the customary fashion.

CODE 2 Limited assistance

Refers to the act of assistance without manual handling. It is used for the activity Eating and is not eligible for other activities.

CODE 3 Limited physical assistance or Extensive assistance/total dependence/tube fed

For activities Bed mobility, Toileting, and Transfer value 3 refers to the act of assistance requiring manual handling (hence the inclusion of 'physical' in the title). For the activity Eating, value 3 refers to more significant assistance with feeding either through physical assistance or the use of medical assistance.

CODE 4 Other than two persons physical assist

For activities Bed mobility, Toileting and Transfers value 4 refers to the use of a device for assistance and may require the additional assistance of only one other person.

For the activity Bed mobility value 4 refers to use of a hoist or other assisting device to readjust position in bed and physical assist pressure relief. For the activity Toileting value 4 refers to the use of a catheter, uridome or urinal, or a colostomy, bedpan or commode chair, or insertion of enema or suppository. For the activity Transfer value 4 requires the use of a device for any of the transfers performed in the day or night. Value 4 is not eligible for the activity Eating.

CODE 5 Two or more persons physical assist

Refers to the requirement of two assistants to perform any step of the task/transfer. Value 5 is not eligible for the activity Eating.

Scores are summed for the four ADL items: bed mobility, toileting, transfer and eating. A total RUG-ADL scores ranges from a minimum 4 and maximum 18.

CODE 8 Unknown

This code should be used for Resource Utilisation Groups - Activities of Daily Living (RUG-ADL) values that are missing or recorded in the RUG-ADL tool as '7 - Unable to rate' and '9 - Not stated/missing'.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Data element attributes

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Fries BE, Schneider DP, Foley WJ, Gavazzi M, Burke R & Cornelius E 1994.

Refining a case-mix measure for nursing homes: Resource Utilization Groups

(RUG-III). Medical Care 32(7):668-685.

Relational attributes

Related metadata references:

Supersedes Person—level of functional independence, Resource Utilisation

Groups - Activities of Daily Living score code N

Health, Superseded 23/12/2020

Has been superseded by Person—level of functional independence, Resource

Utilisation Groups - Activities of Daily Living score code N

Health, Standard 09/12/2022

See also Person—level of functional independence, Resource Utilisation Groups—

Activities of Daily Living total score code N[N]

Health, Superseded 18/12/2019

See also Person—level of functional independence, Resource Utilisation Groups—

Activities of Daily Living total score code N[N]

Health, Superseded 20/12/2022

Tasmanian Health, Superseded 28/03/2023

Implementation in Data Set Specifications:

Implementation in Data Set Activity based funding: Mental health care NBEDS 2021–22

Health, Superseded 17/12/2021

Implementation start date: 01/07/2021 Implementation end date: 30/06/2022

Conditional obligation:

Reporting of the RUG-ADL at the commencement of a mental health phase of care is mandatory for admitted and residential patients.

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Reporting of the RUG-ADL is not mandatory if mental health phase of care is reported as Assessment Only.

Reporting of the RUG-ADL should only be reported for patients aged 65 years and

over.

Activity based funding: Mental health care NBEDS 2022-23

Health, Superseded 20/12/2022

Implementation start date: 01/07/2022 Implementation end date: 30/06/2023

Conditional obligation:

Reporting of the RUG-ADL at the commencement of a mental health phase of care is mandatory for admitted and residential patients.

Reporting of the RUG-ADL is not mandatory if the response to <u>Episode of care—clinical assessment only indicator, yes/no/not stated/inadequately described, code N is CODE 1 'Yes'.</u>

Reporting of the RUG-ADL should only be reported for patients aged 65 years and over.