



Data Reporting Requirements for Episodes of Admitted Palliative Care Policy

1. Purpose

The Independent Hospital Pricing Authority (IHPA) is the statutory body responsible for the implementation of a nationally consistent ABF approach. The *National Health Reform Act 2011* gives IHPA powers to mandate data collection requirements that facilitate classification and calculation of the Commonwealth's contribution to public hospital funding.

For subacute and non-acute funding, IHPA requires each state and territory to provide a bi-annual data set containing all publicly funded subacute and non-acute activity. This data set includes all scores and measures relating to specialised clinical assessment tools that enable classification under the Australian National – Subacute and Non-acute Patient (AN-SNAP) Classification.

In Western Australia (WA), the Subacute and Non-Acute Data Collection (SANADC) has been established to source the specialised clinical assessment data from Health Service Providers (HSPs) and facilitate compilation and submission of the data sets to IHPA.

Palliative Care is one of the five care types in scope for reporting of specialised clinical assessment data and for classification and funding under AN-SNAP.

For all publicly funded, admitted Palliative Care episodes, IHPA requires mandatory reporting of Phase(s) of Care and Resource Utilisation Group – Activities of Daily Living (RUG-ADL) scores. This mandate is also specified in and enforceable under the *Admission, Readmission, Discharge and Transfer (ARDT) Policy*.

The *Data Reporting Requirements for Episodes of Palliative Care Policy* (the policy) specifically outlines the mandate for HSPs to collect and report Phase(s) of Care and RUG-ADL data to the SANADC for publicly funded, admitted Palliative Care episodes.

This policy is incorporated within the *Information Management Policy Framework*. The Framework provides a coherent set of principles, policies, standards and guidelines for managing information across all stages of the information lifecycle. Having clear data governance roles and responsibilities is a fundamental principle of the Framework.

2. Applicability

This policy is applicable to all Health Service Providers and contracted health entities that provide publicly funded, admitted Palliative Care services and to the extent this policy forms part of the contract.

3. Policy requirements

3.1. Collecting and Reporting of Phase(s) of Care and RUG-ADL data

For any publicly funded patient who is admitted with a Care Type of Palliative Care, the HSP must collect a series of clinical data items each time the patient changes Palliative Care Phase Type (i.e., Stable, Unstable, Deteriorating, Terminal and Unknown). The specific data items that need to be collected each time the patient changes Phase Type within an admitted episode include:

- Assessment Date
- Clinical Assessment Only Indicator*
- Palliative Care Phase Start Date(s)
- Palliative Care Phase Type(s)
- RUG-ADL Assessment:
 - RUG-ADL Bed Mobility score
 - RUG-ADL Toileting score
 - RUG-ADL Transfer score
 - RUG-ADL Eating score
- Palliative Care Phase End Date(s)

Please note that to be in scope for collection of the above, the episode must have a Care Type of Palliative Care and must meet the minimum palliative care admission criteria as specified in the ARDT Policy.

Specialist palliative care clinicians are responsible for the capture of the above information. The information must be documented in the medical record and entered in the applicable patient administration system (e.g. ePalCIS or webPAS Subacute Module).

Once entered, the Subacute Care Data Collection Team (SACDT) will routinely extract the data for processing and reporting to IHPA.

** This data item can only be captured in the webPAS Subacute Module*

3.2. Key Business Rules for Data Collection

The following are some key business rules that need to be observed when collecting Phase(s) of Care and RUG-ADL(s) data and are applicable to all reporting HSPs:

- A palliative care phase must not have the same Palliative Care Phase Type as the previous or next phase within an episode.
- Each time the Palliative Care Phase Type changes, all of the above variables must be captured on phase change.
- Palliative Care Phase Start and End Dates must fall within the Admission and Separation Dates for the admitted episode.
- The Assessment Date must be on or after the Admission Date and before the Separation Date.
- Palliative Care Phase Start Date must be on or after the Assessment Date.

3.3. Information Communication and Technology

ePalCIS is the approved statewide palliative care information system that has provision for electronic capture of the required data items. ePalCIS is available to and accessed by specialist palliative care teams involved in the care of publicly funded palliative care patients.

The webPAS Subacute Module also has provision for electronic capture of the required data items. This module should be utilised by HSPs who do not have access to ePalCIS.

3.4. HSP Responsibilities

- Establish mechanism(s) to ensure compliance with the requirements of this policy.
- Ensure that the relevant health service personnel are advised that compliance with this policy is part of their data reporting responsibilities.
- Ensure that line managers are advised that they are accountable for implementation of this policy.
- Ensure that all required information about the patient's Palliative Care episode is documented in the medical record and entered into the applicable patient administration system in a timely manner.
- Respond to and, where required, address data quality queries from the SACDT.

4. Compliance, monitoring and evaluation

Data governed by this policy is subject to National Reporting Obligations requirements. HSPs are responsible for compliance with this policy in the delivery of Palliative Care services and the associated data capture as outlined in section 3.4 of this policy. Non-compliance with this policy may result in poor quality or incomplete data, leading to impaired ability to fulfil mandated national reporting requirements and failure to secure premium Commonwealth funding for Palliative Care activity.

Evaluation of this policy is to be carried out by the Policy Owner (SACDT, Information Data and Standards, Purchasing and System Performance, Department of Health). The following tools may be employed:

- Regular analysis and review of Palliative Care data to ascertain quality, completeness and timeliness.
- Review of data in the SANADC as part of the biannual submission to IHPA.
- Regular feedback to reporting HSPs of any errors or omissions in the collection and reporting of data.

Record level auditing to ensure compliance with ARDT Policy and clinical documentation requirements for the Care Type.

5. Related documents

The following documents are required to give affect to this policy (i.e. the documents included are mandatory):

Meteor Definitions for data items requirements for Palliative Care:

- <http://meteor.aihw.gov.au/content/index.phtml/itemId/445942>

- <http://meteor.aihw.gov.au/content/index.phtml/itemId/445598>
- <http://meteor.aihw.gov.au/content/index.phtml/itemId/495909>
- <http://meteor.aihw.gov.au/content/index.phtml/itemId/445858>
- <http://meteor.aihw.gov.au/content/index.phtml/itemId/550492>

6. Supporting information

The following resources are also available to all applicable health services to assist with the implementation of the data collection requirements for Palliative Care.

a. Subacute and Non-acute Care Data Collection Manual 2016/17

This Manual sets out the definitions, business rules and data collection requirements for all admitted subacute and non-acute care activity. This Manual also specifies the processes for extracting and processing subacute and non-acute data. To access this manual, please contact SACDT. Contact details are specified under 9. *Policy Custodian*.

b. ePaICIS

The WA Cancer and Palliative Care Network (WACPCN) coordinates the implementation of and training in the use of ePaICIS. It can also provide guidance to HSPs on clinician training/credentialing requirements for capturing Phase of Care and RUG-ADL information for palliative care patients. Contact details are specified under 8. *Policy owner*.

7. Definitions

Detailed data definitions, specifications and business rules for each of the data items required for collection for Palliative Care episodes are outlined in the Subacute and Non-acute Data Collection Manual 2016/17.

The following are high level definitions of the data items required for collection:

Term	Definition
Palliative Care	<p>As per the ARDT Policy, 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.</p> <p>Palliative care is always:</p> <ul style="list-style-type: none"> • 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 medical record that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.
Assessment Date	The date on which the patient was assessed against the

	functional tool associated with the patient's subacute/non-acute care type.
Clinical Assessment Only Indicator	An indicator of whether an episode of admitted patient care resulted in the patient undergoing a clinical assessment only. If this data item is marked "Yes" then the patient was simply assessed and did not proceed for further treatment or intervention based on care type.
Palliative Care Phase Start Date	The date on which an admitted patient commences a phase of palliative care.
Palliative Care Phase Type	The patient's stage of illness or situation within the episode of care in terms of the recognised phases of palliative care: <ul style="list-style-type: none"> • Stable • Unstable • Deteriorating • Terminal • Unknown
Resource Utilisation Groups – Activities of Daily Living	A RUG-ADL assessment is a 4-item scale measuring motor function while performing the following key activities of daily living: <ul style="list-style-type: none"> • Bed mobility • Toileting • Transfers • Eating <p>The assessment is designed to measure what the patient actually does, not what they are capable of doing.</p> <p>The results of the assessment provide valuable information about a patient's functional status, the assistance they require to carry out these activities and the resources needed for patient care.</p>
Palliative Care Phase End Date	The date on which an admitted patient completes a phase of palliative care.

8. Policy owner

Deputy Director General, Governance and System Support

Enquiries relating to this policy may be directed to:

Subacute Care Data Collection Team:

For any comments or queries regarding this policy or to access the available data collection resources please contact the SACDT via email: sana.data@health.wa.gov.au.

WA Cancer and Palliative Care Network:

For information on clinician training and credentialing requirements for capturing palliative care data, please contact the WACPCN via email: palliativecare.cpcn@health.wa.gov.au.

9. Review

This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within three years after first issue and at least every two years thereafter.

Version	Effective from	Effective to	Amendment(s)
MP0061/17	02 Aug 2017	Current	Original version

The review table indicates previous versions of the mandatory policy and any significant changes.

10. Approval

This mandatory policy has been approved and issued by the Director General of the Department of Health.

Approval by	Dr David Russell-Weisz, Director General, Department of Health
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