



Data Reporting Requirements for Episodes of Admitted Maintenance Care Policy

1. Purpose

The Independent Hospital Pricing Authority (IHPA) is the statutory body responsible for the implementation of a nationally consistent Activity Based Funding (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, the Subacute and Non-Acute Data Collection (SANADC) has been established to source the specialised clinical assessment data from Health Service Providers and Contracted Health Entities and facilitate compilation and submission of the data sets to IHPA.

Maintenance Care (also known as non-acute) 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 Maintenance Care episodes, IHPA requires mandatory reporting of Resource Utilisation Groups – Activities of Daily Living (RUG-ADL) scores.

The *Data Reporting Requirements for Episodes of Admitted Maintenance Care Policy* (the policy) specifically outlines the mandate for Health Service Providers and Contracted Health Entities to collect and report RUG-ADL data to the SANADC for publicly funded, admitted Maintenance Care episodes.

This policy is a mandatory requirement under the *Information Management Policy Framework*.

2. Applicability

This policy is applicable to all Health Service Providers and Contracted Health Entities that provide publicly funded, admitted Maintenance Care services.

3. Policy requirements

3.1. Collecting and Reporting of RUG-ADL data

For any publicly funded patient who is admitted with a Care Type of Maintenance Care, the Health Service Provider or Contracted Health Entity must record the following data items:

- Assessment Date

- Clinical Assessment Only Indicator
- Type of Maintenance Care
- RUG-ADL Assessment:
 - RUG-ADL Bed Mobility score
 - RUG-ADL Toileting score
 - RUG-ADL Transfer score
 - RUG-ADL Eating score

These required data items must be recorded in accordance with the METeOR definitions as listed under *5. Related documents* and *7. Definitions* in this policy.

The required data items must be documented in the medical record and entered in the applicable patient administration system (e.g., webPAS, TOPAS, HCARE).

If the patient administration system used by the Health Service Provider or Contracted Health Entity is not equipped to collect the above data items alternative collection arrangements may be arranged in consultation with the Subacute Care Data Collection Team (SACDT).

Once entered, the SACDT will routinely obtain extracts of the data for processing and reporting to IHPA.

3.2. Key Business Rules for Data Collection

The following are key business rules that need to be observed when collecting RUG-ADL data and are applicable to all reporting Health Service Providers and Contracted Health Entities:

- RUG-ADL scores must be collected by a clinician within 72 hours of the patient's admission to hospital as a Maintenance Care patient.
- The assessment date must be on or after the admission date and before the separation date.
- If a patient, during a single hospital stay, moves between Maintenance Care and other Care Types (e.g., Acute → Maintenance → Acute → Maintenance), then a complete set of RUG-ADL scores must be captured for each instance of Maintenance Care. This is because the RUG-ADL scores could change following an episode of acute care.
- If the patient is assessed multiple times during a single episode of Maintenance Care (e.g., assessed on admission and assessed on discharge), only the scores for the first RUG-ADL assessment need to be reported to the SANADC.

4. Compliance, monitoring and evaluation

Data governed by this policy is subject to national reporting requirements under the *National Health Reform Act 2011*.

Health Service Providers and Contracted Health Entities are responsible for compliance with this policy in the delivery of Maintenance Care services and the associated data capture. Health Service Providers and Contracted Health Entities must:

- Establish mechanism(s) to ensure compliance with the requirements of this policy.

- Ensure that all required information about the patient’s Maintenance Care episode is documented in the medical record and entered into the applicable patient administration system, or alternative data collection tool, in a timely manner.
- Respond to and, where required, address data quality issues from the SACDT.

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 Maintenance Care activity.

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

- Regular analysis and review of Maintenance 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 Health Service Providers and Contracted Health Entities 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 effect to this policy (i.e., the documents included are mandatory):

Meteor definitions for data items requirements for Maintenance Care:

- <http://meteor.aihw.gov.au/content/index.phtml/itemId/550492>
- <http://meteor.aihw.gov.au/content/index.phtml/itemId/496467>
- <http://meteor.aihw.gov.au/content/index.phtml/itemId/495909>

6. Supporting information

The *Subacute and Non-acute Care Data Collection Manual* is also available to all applicable Health Service Providers and Contracted Health Entities to assist with the implementation of the data collection requirements for Maintenance Care.

The *Subacute and Non-acute Care Data Collection 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 8. *Policy owner*.

7. Definitions

Term	Definition
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.
Maintenance Care	<p>Care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation of participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation.</p> <p>Patients with a Maintenance Care Type often require care over an indefinite period.</p>
Resource Utilisation Groups – Activities of Daily Living	<p>A RUG-ADL assessment is a 4-item scale measuring motor function while performing the following key activities of daily living:</p> <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>
Type of Maintenance Care	<p>The nature of the Maintenance Care provided to an admitted patient during an episode of care. The type of Maintenance Care delivered can be:</p> <ul style="list-style-type: none"> • Convalescent • Respite • Nursing home type • Other type • Unknown

8. Policy owner

Assistant Director General, Purchasing and System Performance Division

Enquiries relating to this policy may be directed to:

Title: Subacute Care Data Collection Team
Division: Purchasing and System Performance Division
Email: sana.data@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 3 years after first issue and at least every 3 years thereafter.

Version	Effective from	Effective to	Amendment(s)
MP 0036/16	1 July 2016	30 June 2017	Original version
MP 0036/16 v.2.0	1 July 2017	30 June 2020	Major Amendment Alignment with <i>Health Services Act 2016</i>

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
Approval date	23 June 2017
Published date	30 June 2017
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