

SNAP Data Collection - Australian National Sub-Acute and Non-Acute Patient (AN_SNAP) Classification

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Functional Sub group Clinical/ Patient Services - Information and data

Summary This policy document relates to the continuation of the NSW Sub-Acute and Non-Acute Patient Data Collection, which began on 1 July 1999. One of its primary functions is to assist in the development of the casemix classification for benchmarking and costing service within sub-acute and non-acute care.

Replaces Doc. No. SNAP Data Collection - Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) [PD2005_591]

Author Branch Inter-Government and Funding Strategies

Branch contact Jill Marcus 9391 9897

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, NSW Dept of Health, Public Hospitals

Audience Administration, Clinical, Allied Health, Nursing

Distributed to Public Health System, NSW Ambulance Service, NSW Department of Health, Public Hospitals

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

AUSTRALIAN NATIONAL SUB-ACUTE AND NON-ACUTE PATIENT (AN-SNAP) CLASSIFICATION – SNAP DATA COLLECTION

This document supersedes PD2005_591 and is a Policy Directive that applies to the Department of Health and public health organisations listed under the Health Services Act and the Health Administration Corporation.

Introduction

This policy document relates to the continuation of the NSW Sub-acute and Non-Acute Patient Data Collection, which began on 1 July 1999. One of its primary functions is to assist in the development of the casemix classification for sub-acute and non-acute care. Its scope includes rehabilitation, palliative care, geriatric psychiatry, nursing home type maintenance care and some aged care. The project was undertaken in recognition that the DRG system is not appropriate for the classification of this form of care.

The collection has been modified from 1 July 2007 to ensure that it will:

- Continue to provide NSW with appropriate data for the casemix classification of sub- acute and non-acute patient care; and
- Satisfy all requirements for Commonwealth and NSW Health reporting.

Collection of all data elements should be backdated to 1st July 2007 to comply with Commonwealth reporting requirements.

Details of the following issues are included:

1. Summary of Changes
2. Intended Audience
3. Scope of the data collection
4. Reporting methods
5. Reporting requirements
6. Compliance Monitoring
7. Mandatory Data Elements / items
8. Data quality
9. Security of the data
10. Contact Information

1. Summary of Changes

- Submission deadline has been changed from “the fifth working day of the second month following end of each quarter” to “the last working day of the month following the end of each quarter”.
- Section 6 on Compliance Monitoring has been amended to reflect the specific areas for analysis and proposed feedback reporting to Area Health Services and submitting units.
- Data quality - validation and reconciliation instructions amended.
- Added list of abbreviations

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1.1 Added a list of abbreviations for reference purposes

AHCA	Australian Health Care Agreements
AN-SNAP	Australian Sub-Acute and Non-Acute Patient Classification
DOH	Department of Health
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
FIM	Functional Independence Measure
GEM	Geriatric Evaluation & Management
HIE	Health Information Exchange
HoNOS	Health of the Nation Outcome Scales
NSW	New South Wales
PD	Policy directive
RUG-ADL	Resource Utilisation Group – Assisted Daily Living
SNAP	Sub-Acute and Non-Acute Patient

1.2 Data items changed to “Optional”

Please note: Provision of these data items has been made “optional” and reporting of them through SNAPshot is no longer mandatory. SNAP Designated Units may still collect these data in the current software for local analysis and reporting purposes.

- Country of Birth
- Preferred Language
- Usual Address 1
- Usual Address 2
- Usual Suburb

1.3 Added data items

- Added Multidisciplinary Care Plan Established Prior to Discharge (Outpatient Care) - new data item for AHCA Quality Indicator Reporting) - added to collect data for referrals from SNAP Inpatient Rehabilitation services to Outpatient non-admitted patient care
- Added Multidisciplinary Care Plan Established Prior to Discharge (Other Non-admitted Patient Care) - new data item for AHCA Quality Indicator Reporting) - added to collect data for referrals from SNAP Inpatient Rehabilitation services to Community and Outreach non-admitted patient care

1.4 Modified data items

- Phase RUG-ADL scores – text change only
- Date of FIM Assessment At Start of rehabilitation episode (FIM on Admission) (AHCA Quality Indicator Reporting)* – Removed repetition of long title “Functional Independence Measure” and added (AHCA Quality Indicator Reporting) in the text

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- Date of FIM Assessment At End of rehabilitation episode (FIM on Admission) (AHCA Quality Indicator Reporting)* – Removed repetition of long title “Functional Independence Measure” and added (AHCA Quality Indicator Reporting) in the text
- Date Rehab Care Plan Established added but not a mandatory data item
- Date Discharge Care Plan Established added but not a mandatory data item
- GEM Data items for same as those reported for Rehabilitation Episodes and both case types have been bundled together
- HoNOS (Health of Nation Outcome Scales) removed repetition of long title from text

1.5 Changes to Code-sets

Mode of Episode End (Episode Type =1)

- 1 Discharged to usual accommodation
- 2 Discharged to interim accommodation
- 3 Death - *Bereavement phase end or death (Bereavement phase counted where Reason for Episode End = “Death” from 1st July 2007)*
- 4 Discharged/transferred to another hospital
- 5 Changed from sub-acute/non-acute to acute care - different ward
- 6 Changed from sub-acute/non-acute to acute care - same
- 7 Change of care type within sub-acute/non-acute
- 8 Discharge at own risk
- 9 Other

Mode of Episode End – (Episode Type = 2, 3 or 4)

- A Discharge/case closure
- B Bereavement phase end or death
- C Admitted to inpatient SNAP Unit
- D Change from SNAP ambulatory to acute hospital care
- E Transfer to another SNAP service provider or primary care
- F Chg of epis type (between sameday admit, outpatient or commun)
- G Not known

2. Intended Audience

This document is intended for distribution to staff involved in implementing, collecting and supplying data for the SNAP Data Collection. This includes:

- Area SNAP Data Collection Coordinators
- Facility SNAP Data Collection Coordinators
- Staff of SNAP services (palliative care, rehabilitation, psychogeriatric care, geriatric evaluation and management, and maintenance care services); and
- Medical records staff.

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3. Scope of the data collection

The SNAP data collection is a statewide collection which allows for benchmarking of functional outcomes across services, the planning of services, providing appropriate funding and a greater understanding of the diversity that exists within sub-acute and non-acute care.

SNAP data must be collected for all overnight episodes of care with one of the following care/case types: palliative care, rehabilitation, psychogeriatric care, geriatric evaluation and management, and maintenance care, if the care is provided in a **designated SNAP Inpatient service**.

A Designated SNAP inpatient service is one that meets the following criteria:

- The service has a distinct area and location within a hospital campus
- The service has dedicated clinical staff
- The service has 4 or more available beds
- Patients who meet the definition of one or more of the sub-acute and non-acute care types (palliative care, rehabilitation, psychogeriatric care, geriatric evaluation and management, and maintenance care) account for a minimum of 75 percent of the occupied bed days for the service.
- Less than 75% of all episodes of care are classified as maintenance type

4. Reporting methods

Proprietary software called SNAPshot is currently used by most services to collect and submit SNAP data. The current version of the software, SNAPshot 3.8, includes enhanced reporting/extract capabilities, which allow for extracted data to be loaded into Area Health Information Exchange (HIE). Data submissions should be provided to the NSW Department of Health via the HIE.

5. Reporting requirements

Reporting of SNAP data in NSW is necessary in order to comply with Australian Health Care Agreement reporting of quality indicators.

Quarterly extracts must be made for the period of 12.00am of the 1st calendar day of the quarter to 11.59pm on the last calendar day of the quarter.

The extracts should be submitted to Area Coordinators and pass data quality checks by the 15th working day of the month following each quarter. The Area SNAP Data Collection Coordinator should review data for completeness and to address any identified errors found in local submissions. Following extensive quality checks, Area Coordinators are to submit the data to the NSW SNAP Coordinator by the last working day of the month following the end of each quarter. The following table summarises the due dates for data submission.

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Time period		Submissions		
Financial Quarter	Date Range	Area SNAP Coordinator	HIE Extract Loaded	NSW SNAP Coordinator
1 Jul-Sep	1 January – 31 March	15 th April	30 th April	30 th April
2 Oct-Dec	1 April – 30 June	15 th July	31 st July	31 st July
3 Jan-Mar	1 July – 30 September	15 th October	31 st October	31 st October
4 Apr-Jun	1 October – 31 December	15 th January	31 st January	31 st January

Each Area SNAP Coordinator must ensure that the SNAP data extract files have been loaded successfully into each Area Health Service HIE by the due dates listed in the above table. The Area Health Service HIE should automatically upload to the Department’s Health Information Exchange following loading of new data at the local level.

6. Compliance Monitoring

The NSW Department of Health will monitor compliance with the reporting requirements set in this policy and the quality of data submitted. It will provide an analysis of compliance issues including timeliness of submission, number and frequency of non-reporting of mandatory data items and comparisons with previous submissions. Failure to comply with all reporting requirements and within the submission deadlines may incur penalties.

Quarterly compliance reports will be distributed to SNAP Coordinators, Area Chief Executives and Directors of Clinical Networks.

7. Mandatory Data Elements/items

The following data items, unless otherwise stated, are mandatory and must be collected and reported for all completed SNAP overnight admitted patient episodes of care provided in designated SNAP services in public facilities:

Demographic elements

- Accommodation post discharge
- Compensable status
- Date of Birth
- Department of Veterans’ Affairs (DVA) Card Type
- Department of Veterans’ Affairs File number
- Indigenous status
- Medical record number
- Mental health legal status
- Sex

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- Type of accommodation prior to admission
- Usual Post Code

Episode elements

- Facility code
- Provider Unit code
- Episode Begin Date
- Mode of Episode Start
- Assessment Only
- Assessment Type
- Case Type
- Episode Type
- Funding source for hospital patient
- Model of Care
- Episode End Date
- Mode of Episode End
- Leave Days

Palliative Care Phase elements

- Palliative Care Phase Begin Date
- Palliative Care Phase
- Phase RUG-ADL scores At Start of phase
- Phase RUG-ADL scores At End of phase
- Reason for Phase End
- Palliative Care Phase End Date
- AN-SNAP Classification
- SNAP Class Status
- Length of stay – Palliative Care phase

Rehabilitation and Geriatric Evaluation and Management (GEM) Episodes

- Impairment code
- FIM scores, Motor and Cognitive, at start and at end of rehabilitation episode
- Date of FIM Assessment At Start of rehabilitation episode (FIM on Admission)¹
- Date of FIM Assessment At End of rehabilitation episode (FIM on Discharge)²
- Multidisciplinary Care Plan Established Prior to Discharge (Outpatient Care)
- Multidisciplinary Care Plan Established Prior to Discharge (Other Non-admitted Patient Care)
- Barthel Index score – begin³

¹ AHCA Quality Indicator Reporting

² ibid

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- Barthel Index score – end
- Barthel Maximum score – begin
- Barthel Maximum score – end
- AN-SNAP Classification
- SNAP Class Status
- Length of stay – Overnight stay episode

Psychogeriatric Care Episodes

- Focus of Care
- HoNOS Scores At Start of episode
- HoNOS Scores At End of episode
- AN-SNAP Classification
- SNAP Class Status
- Length of stay – Overnight stay episode

Maintenance Care Episodes

- Maintenance Type
- RUG-ADL scores At start of episode.
- RUG-ADL scores At End of episode.
- AN-SNAP Classification
- SNAP Class Status
- Length of stay – Overnight stay episode

8. Data quality

Data quality checks are made to ensure that all fields are complete and there are no inconsistencies in the data in a particular record.

The quality of data submitted to the NSW Department of Health for the SNAP data collection will be determined using standard data quality checks by the NSW SNAP Coordinator and feedback will be provided to Area Coordinators in a timely manner.

Incomplete and / or records with errors will be returned to the area of origin and must be corrected and returned to the Department of Health within 15 working days of receipt of the Data Quality Feedback reports.

In order to validate the number of SNAP episodes reported, Area SNAP Coordinators should reconcile the data submission against Health Information Exchange admitted patient episode data where possible.

³ Barthel scores required only where FIM Assessment scores not used

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9. Security of the data

Data not submitted through the Area and Departmental Health Information Exchange must comply with regulations outlined in the Privacy Manual (Version 2), 2004 NSW Health, (PD2005_593) and the Privacy Management Plan (PD2005_554 – July 2000).

10. Contact Information

For further information about this policy or the NSW SNAP Data collection, contact:

Jill Marcus
NSW SNAP Coordinator
Phone: (02) 9391 9897
Email: jmarc@doh.health.nsw.gov.au

Professor Debora Picone AM
Director-General