

Overview

The Australian National Subacute and Non-Acute Patient Classification (AN-SNAP) is a casemix classification that provides a nationally consistent way of categorising admitted subacute and non-acute hospital care.

AN-SNAP Version 5.0 (V5.0) classifies episodes on the basis of four subacute care types: rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care, and non-acute care.

Care types and associated variables



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.

- Variables**
- Palliative care phase (stage of illness)
 - Resource Utilisation Group – Activities of Daily Living Scale
 - Age



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.

- Variables**
- Age
 - Impairment
 - Weighted Functional Independence Measure™ Motor Subscale
 - Functional Independence Measure™ Cognition Subscale



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.

- Variables**
- Functional Independence Measure Motor™ Subscale
 - Frailty Related Index of Comorbidities



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.

- Variables**
- Length of stay
 - Health of the Nation Outcome Scale



Non-acute care

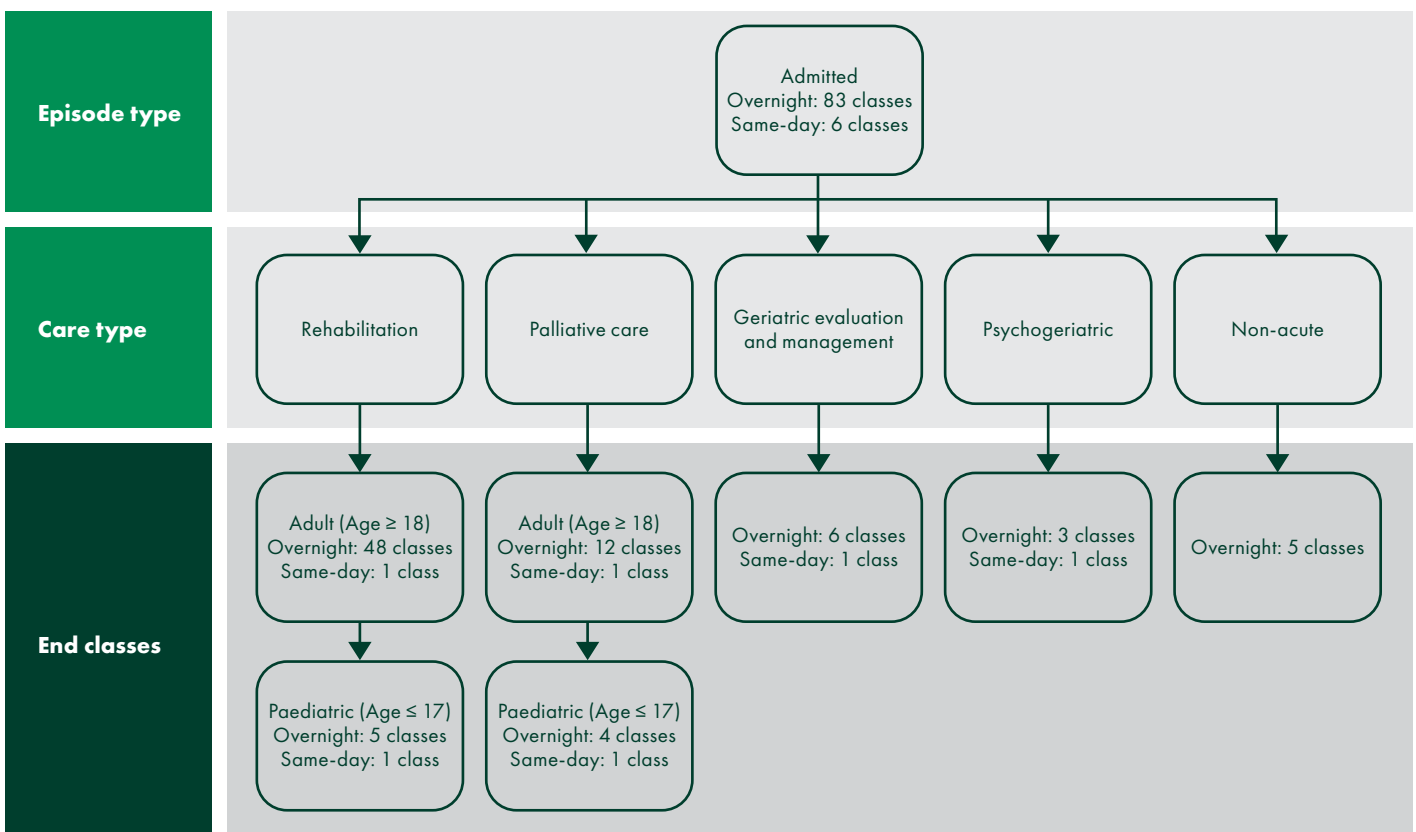
Non-acute care is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation.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

- Variables**
- Age
 - Length of stay
 - Frailty Related Index of Comorbidities

Structure of AN-SNAP Version 5.0

AN-SNAP V5.0 is comprised of two main branches, the first includes admitted patient episodes (same-day and overnight) and the second non-admitted episodes (outpatients and community). The admitted patient branch is split by care type and subsequently other variables which represent how the classification sorts subacute and non-acute presentations into different end classes. The non-admitted branch is not utilised to price non-admitted subacute care in Australia.

AN-SNAP V5.0 has 89 valid end classes for admitted care consisting of six same-day classes, one for each of adult rehabilitation, paediatric rehabilitation, adult palliative care, paediatric palliative care, geriatric evaluation and management, and psychogeriatric care and 83 overnight classes across all five care types.



Frailty Related Index of Comorbidities

AN-SNAP V5.0 introduces the Frailty Related Index of Comorbidities (FRIC), to classify episodes of geriatric evaluation and management care (GEM) and non-acute care.

The FRIC is a cost predictor, not a clinical measure of frailty. It is a statistically useful score derived from a patient's diagnosis that allows the AN-SNAP V5.0 classification to better explain costs for GEM and non-acute care.

The FRIC uses International Statistical Classification of Diseases and Related Health Problems, Tenth Revision Australian Modification (ICD-10-AM) diagnoses codes as proxy markers of frailty. IHPA developed the FRIC by adapting another frailty index that had been developed and validated overseas (known as the Hospital Frailty Risk Score) to make it fit for Australian activity based funding purposes.

Further information

Further information about the **AN-SNAP classification** is available on the IHPA website.

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