DESDE-LTC

DESCRIPTION AND EVALUATION OF SERVICES AND DIRECTORIES IN EUROPE FOR LONG TERM CARE

CLASSIFICATION AND CODING SYSTEM

C. Romero, L.Salvador-Carulla, M. Poole, M. Roma- Ferri for the eDESDE-LTC Group

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Collaborating Partners

Dept. of Mental Health Sciences, UCL (UK); ASL-4 Centro Studi e Ricerche (Italy), Dept Research & Development, Division of Mental Health Serv. Akershus University Hospital (Norway), ETEA University of Cordoba (Spain), University of Alacant (Spain), University Politecnica of Barcelona (Spain), OECD – Health Division (France), Ministry of Health. National Center for Public Health Protection (Bulgaria), Catalan Department of Health, DG de Planificació i Avaluació (Spain), Psychiatry Research Unit of Cantabria   (WHO collaborating Centre) Univ. Hosp."Marqués de Valdecilla" (Spain), Fundació Villablanca (Spain), Delegación Municipal de Igualdad y Salud. Ayto Jerez (Equity & Health Department. Municipality) (Spain).

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eDESDE-LTC Group *(members[1], collaborating members[2] and main subcontractors[3])*

José Almenara (Spain)[1]

Federico Alonso (Spain)[1]

Jordi Balot (Spain)[1]

Murielle Bendeck (Spain)[3]

Anne Mette Bjerkan (Norway)[1]

Barbara Brehmer (Austria)[1]

Angel Broshtilov (Bulgaria)[1]

Maria Dolores Crespo (Spain)[2]

Mojca Z. Dernovsek (Slovenia)[1]

Hristo Dimitrov (Bulgaria)[1]

Nikolina Djurova (Bulgaria)[1]

Mónica Duaigües (Spain)[1]

Josep Fuste (Spain)[2]

Ana Fernandez (Spain)[3]

Luis Gaite (Spain)[2]

Carlos García-Alonso (Spain)[2]

Juan Carlos García Gutierrez (Spain)[1]

José García-Ibañez (Spain)[2]

Juan Luis Gonzalez-Caballero (Spain)[1]

Karina Gibert (Spain)[2]

Sonia Johnson (UK)[2]

Birgitte Kalseth (Norway)[1]

Martin Knapp (UK)[1]

Carolina Lagares (Spain)[1]

Paula Llull (Spain)[1]

Teresa Marfull (Spain)[3]

Rafael Martinez-Leal (Spain)[1]

Tihana Matosevic (UK)[1]

David McDaid (UK)[1]

Cristina Molina (Spain)[2]

Valerie Moran (France)[2]

Carlos Mur (Spain)[2]

Carmen Omist (Spain)[2]

Miriam Poole (Spain)[3]

Manuel Palomar (Spain)[2]

Rayna Popova (Bulgaria)[1]

Eugeni Rojas (Spain)[1]

Maria Teresa Romá-Ferri (Spain)[2]

Cristina Romero (Spain)[1]

Mencía Ruiz (Spain)[1]

Torleiff Ruud (Norway)[2]

Jose Alberto Salinas (Spain)[1]

Luis Salvador-Carulla (Spain)[1]

Antoni Serrano (Spain)[3]

Daniela Seyrlehner (Austria)[1]

Josep Solans (Spain)[1]

Lilijana Sprah (Slovenia)[1]

Giuseppe Tibaldi (Italy)[2]

Jose Luis Vazquez-Barquero (Spain)[2]

Britt Venner (Norway)[1]

Germain Weber (Austria)[1]

Elisabeth Zeilinger (Austria)[1]

CONTENTS

LIST OF ACRONYMS

BSIC   Basic Stable Inputs of Care

GP   General Practitioner

DESDE   Description and Evaluation of Services and Directories in Europe

EPCAT   European Psychiatric Care Assessment Team

ESMS   European Service Mapping Schedule

HMO   Health Maintenance Organisation

ICD   International Classification of Diseases

ICF   International Classification of Functioning, Disability and Health

ICHA   International Classification of Health Accounts

ICHI   International Classification of Health Interventions

ISCO   International Standard Classification of Occupations (ISCO-08) Code

LTC   Long Term Care

MTC   Main Types of Care

WHO   World Health Organization

1. INTRODUCTION

The 'Description and Evaluation of Services and Directories in Europe for Long Term Care' (DESDE-LTC) is a system focused on:

- Providing a standard description of the main characteristics that identify the services and care provided. Each description is identified with a brief descriptor based on DESDE-LTC instrument.

- The descriptors are organized into a classification scheme of hierarchy types. The hierarchy is determined by the common and specific characteristics of each component of the scheme (services).

- Each descriptor is associated with an alphanumeric code or identifier (**DESDE-LTC Classification**). The identifier provides accurate identification of the descriptor and facilitates grouping the information for a later statistical processing of data.

- The system is reusable to formalize an ontology. It has the explicit and accepted knowledge of the services for long-term care (descriptors, description and hierarchy).

The classification scheme corresponds with a DESDE-LTC coding that provides an internal code also associated to the descriptors (DESDE-LTC Coding List). This information is complemented with a Glossary of Terms that compiles an alphabetical list of definitions of key concepts that appear on DESDE-LTC Instrument.

2. DESDE-LTC CLASSIFICATION

DESDE-LTC Classification provides three elements of information from every code:

ID (identifier) **– *DESDE-LTC descriptor–*** [DESDE-LTC label]

DECIMAL IDENTIFIER	LEVEL	DESDE-LTC DESCRIPTOR	LABEL
I	1	**INFORMATION AND ASSESSMENT OF NEEDS FOR CARE**	
I0100000000	2	Information And Assessment: Guidance and assessment	I1
I0101000000	3	Information And Assessment: Guidance and assessment, Health related	I1.1
I0102000000	3	Information And Assessment: Guidance and assessment, Education & training related	I1.2
I0103000000	3	Information And Assessment: Guidance and assessment, Social and culture related	I1.3
I0104000000	3	Information And Assessment: Guidance and assessment, Work related	I1.4
I0105000000	3	Information And Assessment: Guidance and assessment,, Other (non work) related	I1.5
I0200000000	2	Information And Assessment: Information	I2
I0201000000	3	Information And Assessment: Information, Interactive	I2.1
I0201010000	4	Information And Assessment: Information, Face to face	I2.1.1
I0201020000	4	Information And Assessment: Information, Other Interactive	I2.1.2
I0202000000	3	Information And Assessment: Information, Non interactive	I2.2

A	1	**ACCESSIBILITY TO CARE**	
A0100000000	2	Accessibility to Care: Communication	A1
A0200000000	2	Accessibility to Care: Physical mobility	A2
A0300000000	2	Accessibility to Care: Personal accompaniment	A3
A0400000000	2	Accessibility to Care: Case coordination	A4
A0500000000	2	Accessibility to Care: Other accessibility care	A5
S	1	**SELF-HELP AND VOLUNTEER CARE**	
S0100000000	2	Self-help and volunteer care: Non professional staff	S1
S0101000000	3	Self-help and volunteer care: Non professional staff information on care	S1.1
S0102000000	3	Self-help and volunteer care: Non professional staff accessibility to care	S1.2
S0103000000	3	Self-help and volunteer care: Non professional staff outpatient care	S1.3
S0104000000	3	Self-help and volunteer care: Non professional staff day care	S1.4
S0105000000	3	Self-help and volunteer care: Non professional staff residential care	S1.5
S0200000000	2	Self-help and volunteer care: Professional staff	S2
S0201000000	3	Self-help and volunteer care: Professional staff information on care	S2.1
S0202000000	3	Self-help and volunteer care: Professional staff accessibility to care	S2.2
S0203000000	3	Self-help and volunteer care: Professional staff outpatient care	S2.3
S0204000000	3	Self-help and volunteer care: Professional staff day care	S2.4
S0205000000	3	Self-help and volunteer care: Professional staff residential care	S2.5
O	1	**OUTPATIENT CARE**	

O0100000000	2	Outpatient care: acute	
O0101000000	3	Outpatient care: acute, Home & mobile	
O0101010000	4	Outpatient care: acute, Home & mobile, 24 hours	O1
O0101010100	5	Outpatient care: acute, Home & mobile, 24 hours, Health related care	O1.1
O0101010200	5	Outpatient care: acute, Home & mobile, 24 hours, Other care	O.1.2
O0101020000	4	Outpatient care: acute, Home & Mobile, Limited-hours	O2
O0101020100	5	Outpatient care: Acute, Home & Mobile, Limited Hours, Health related care	O2.1
O0101020200	5	Outpatient care: Acute, Home & Mobile, Limited Hours, Other care	O2.2
O0200000000	2	Outpatient care: non acute	
O0201000000	3	Outpatient care: non acute, Home & mobile	
O0201010000	4	Outpatient care: non acute, Home & mobile, High intensity	O5
O0201010100	5	Outpatient care: non acute, Home & mobile, High intensity, Health related care	O5.1
O0201010101	6	Outpatient care: non acute, Home & mobile, High intensity, Health related care, 3 to 6 days a week care	O5.1.1
O0201010102	6	Outpatient care: non acute, Home & mobile, High intensity, Health related care, 7 days a week a minimum of 3 hours/day care	O5.1.2
O0201010103	6	Outpatient care: non acute, Home & mobile, High intensity, Health related care, 7 days a week including overnight care	O5.1.3
O0201010200	5	Outpatient care: non acute, Home & mobile, High intensity, Other care	*O5.2*
O0201010201	6	Outpatient care: non acute, Home & mobile, High intensity, Other care, 3 to 6 days a week care	O5.2.1
O0201010202	6	Outpatient care: non acute, Home & mobile, High intensity, Other care, 7 days a week a minimum of 3 hours/day care	O5.2.2
O0201010203	6	Outpatient care: non acute, Home & mobile, High intensity, Other care, 7 days a week including overnight care	O5.2.3
O0201020000	4	Outpatient care: non acute, Home & mobile, Med.inten.	O6
O0201020100	5	Outpatient care: non acute, Home & mobile, Medium intensity, Health related care	O6.1
O0201020200	5	Outpatient care: non acute, Home & mobile, Medium intensity, Other care	O6.2

O0201030000	4	Outpatient care: no acute, Home & mobile, Low intens.	O7
O0201030100	5	Outpatient care: Non acute, Home & mobile, Low intensity, Health related care	O7.1
O0201030200	5	Outpatient care: Non acute, Home & mobile, Low intensity, Other care	O7.2
O0202000000	3	Outpatient care: Non acute, Non- mobile	
O0202010000	4	Outpatient care: Non acute, N-mobile, High intensity	O8
O0202010100	5	Outpatient care: Non acute, Non- mobile, High intensity, Health related care	O8.1
O0202010200	5	Outpatient care: Non acute, Non- mobile, High intensity, Other care	O8.2
O0202020000	4	Outpatient care: Non acute, N-mobile, Medium intensity	O9
O0202020100	5	Outpatient care: Non acute, Non- mobile, Medium intensity, Health related care	O9.1
O0202020200	5	Outpatient care: Non acute, Non- mobile, Medium intensity, Other care	O9.2
O0202030000	4	Outpatient care: Non acute, No- mobile, Low intensity	O10
O0202030100	5	Outpatient care: Non acute, Non- mobile, Low intensity, Health related care	O10.1
O0202030200	5	Outpatient care: Non acute, Non- mobile, Low intensity, Other care	O10.2
D	**1**	**DAY CARE**	
D0100000000	2	Day Care: Acute	
D0101000000	3	Day Care: Acute, Episodic acute	D0
D0101010000	4	Day Care: Acute, Episodic acute, High intensity	D0.1
D0101020000	2	Day Care: Acute, Episodic acute, Other intensity	D0.2
D0102000000	1	Day Care: Acute, Continuous care	D1
D0102010000	4	Day Care: Acute, Continuous care, High intensity	D1.1
D0102020000	4	Day Care: Acute, Continuous care, Other intensity	D1.2
D0200000000	2	Day Care: Non Acute.	
D0201000000	3	Day Care: Non Acute, Work related	
D0201010000	4	Day Care: Non Acute, Work related, High intensity	D2
D0201010100	5	Day Care: Non Acute, Work related, High intensity, Ordinary employment	D2.1
D0201010200	5	Day Care: Non Acute, Work related, High intensity, Other work	*D2.2*

D0201020000	4	Day Care: Non Acute, Work related, Low intensity	D6
D0201020100	5	Day Care: Non Acute, Work related, Low intensity, Ordinary employment	D6.1
D0201020200	5	Day Care: Non Acute, Work related, Low intensity, Other work	D6.2
D0202000000	3	Day Care: Non Acute, Work related	
D0202010000	4	Day Care: Non Acute, Work related, High intensity	D3
D0202010100	5	Day Care: Non Acute, Work related, High intensity, Time limited	D3.1
D0202010200	5	Day Care: Non Acute, Work related, High intensity,Time indefinite	D3.2
D0202020000	4	Day Care: Non Acute, Work related care, Low intensity.	D7
D0202020100	5	Day Care: Non Acute, Work related care, Low intensity, Time limited	D7.1
D0202020200	5	Day Care: Non Acute, Work related care, Low intensity, Time indefinite	D7.2
D0203000000	2	Day Care: Non Acute, Non-work structured	
D0203010000	4	Day Care: Non Acute, Non-work structured. High intensit.	D4
D0203010100	5	Day Care: Non Acute, Non-work structured, High intensity, Health related .	D4.1
D0203010200	5	Day Care: Non Acute, Non-work structured, High intensity, Education related	D4.2
D0203010300	5	Day Care: Non Acute, Non-work structured, High intensity, Social and culture related.	D4.3
D0203010400	5	Day Care: Non Acute, Non-work structured, High intensity, Other structured	D4.4
D0203020000	4	Day Care: Non Acute, Non-work structured, Low intensity.	D8
D0203020100	5	Day Care: Non Acute, Non-work structured, Low intensity, Health related	D8.1
D0203020200	5	Day Care: Non Acute, Non-work structured, Low intensity, Education related	D8.2
D0203020300	5	Day Care: Non Acute, Non-work structured, Low intensity, Social and culture related	D8.3
D0203020400	5	Day Care: Non Acute, Non-work structured, Low intensity, Other structured day care	D8.4
D0204000000	3	Day Care: Non Acute, Non structured day care	
D0204010000	4	Day Care: Non Acute, Non structured day care, High intensity	D5
D0204020000	4	Day Care: Non Acute, Non structured day care, Low intensity	D9
R	**1**	**RESIDENTIAL CARE**	
R0100000000	2	Residencial Care: Acute	

R0101000000	3	Residencial Care: Acute, 24 hours physician cover	
R0101010000	4	Residencial Care: Acute, 24 hours physician cover**,** Non-hospital	R0
R0101020000	4	Residencial Care: Acute, 24 hours physician cover, Hospital	
R0101020100	5	Residencial Care: Acute, 24 hours physician cover, Hospital, High intensity	R1
R0101020200	5	Residencial Care: Acute, 24 hours physician cover, Hospital, Medium intensity	R2
R0102000000	3	Residencial Care: Acute, Non-24hours physician cover	R3
R0102010000	4	Residencial Care: Acute, Non-24hours physician cover, Hospital.	R3.0
R0102020000	4	Residencial Care: Acute, Non-24hours physician cover, Non-hospital.	R3.1
R0102020100	5	Residencial Care: Acute, Non-24hours physician cover, Non-hospital, Health related care.	R3.1.1
R0102020200	5	Residencial Care: Acute, Non-24hours physician cover, Non-hospital, Other care	R3.1.2
R0200000000	2	Residencial Care: Non Acute	
R0201000000	3	Residencial Care: Non Acute, 24 hours physician cover.	
R0201010000	4	Residencial Care: Non Acute, 24 hours physician cover, Hospital.	
R0201010100	5	Residencial Care: Non Acute, 24 hours physician cover, Hospital, Time-limited	R4
R0201010200	5	Residencial Care: Non Acute, 24 hours physician cover, Hospital, Indefinite stay	R6
R0201020000	4	Residencial Care: Non Acute, 24 hours physician cover, Non Hospital	
R0201020100	5	Residencial Care: Non Acute, 24 hours physician cover, Non Hospital, Time limited	R5
R0202020200	5	Residencial Care: Non Acute, 24 hours physician cover, Non Hospital, Indefinite stay	R7
R0202000000	4	Residencial Care: Non Acute, Non-24hours physician cover.	
R0202010000	4	Residencial Care: Non Acute, Non-24hours physician cover, Time limited	
R0202010100	5	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, 24-hours support	R8
R0202010101	6	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, 24-hours support, Less than 4 weeks	R8.1
R0202010102	6	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, 24-hours support. Over 4 weeks	R8.2
R0202010200	5	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, Daily support	R9

R0202010201	6	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, Daily support, Less than 4 weeks	R9.1
R0202010202	6	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, Daily support, Over 4 weeks	R9.2
R0202010300	5	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, Lower support	R10
R0202010301	6	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, Lower support, Less than 4 weeks	R10.1
R0202010302	6	Residencial Care: Non Acute, Non-24hours physician cover, Time limited, Lower support, Over 4 weeks	R10.2
R0202020000	4	Residencial Care: Non Acute, Non-24hours physician cover, Indefinite stay	
R0202020100	5	Residencial Care: Non Acute, Non-24hours physician cover, Indefinite stay, 24-hours support	R11
R0202020200	5	Residencial Care: Non Acute, Non-24hours physician cover, Indefinite stay, Daily support	R12
R0202020300	5	Residencial Care: Non Acute, Non-24hours physician cover, Indefinite stay, Lower support	R13
R0202020400	2	Residencial Care: Other non-acute	R14

3. DESDE-LTC CODING LIST

DESDE-LTC Coding List provides a list of descriptors associated to DESDE-LTC codes or labels. Every label corresponds with a decimal identifier in the classification system. It allows a quick search by DESDE-LTC codes.

INFORMATION SERVICES FOR CARE CODING BRANCH

Facilities whose main aim is to provide information and assessment to users with long term care needs. This care does not entail a subsequent monitoring/follow-up of the user.

I1: Guidance and Assessment. Facilities that offer professional assessment and guidance.

I1.1: Guidance and Assessment, Health related.

I1.2: Guidance and Assessment, Educational related.

I1.3: Guidance and Assessment, Social and culture related.

I1.4: Guidance and Assessment, Other (non work) related.

I1.5: Guidance and Assessment, Work related.

I2: Information. Facilities intended exclusively to provide information to users with long term care needs.

I2.1: Information, Interactive.
Information facilities where information exchange requires an interaction between the user (person with long term care need) and the professional.

I2.1.1: Information, Interactive, Face to face. Information facilities intended to inform users with long term care needs in a face to face interaction.

I2.1.2: Information, Interactive, Other interactive. Information facilities intended to inform users with long term care needs through information technologies.

I2.2: Information, Non interactive Information facilities aimed at informing users with long term care needs where there is no interaction with the user and/or where information is not updated on a monthly base

A. ACCESSIBILITY TO CARE CODING BRANCH (A)

Facilities which main aim (Main Type of Care- MTC) is to provide accessibility aids for users with long term care needs.

A1: Communication. Facilities which main aim is to facilitate the access to information.

A2: Physical Mobility. Facilities which main aim is to facilitate the physical mobility of users with long term care needs.

A3: Personal accompaniment. Facilities which main aim is to facilitate the paid personal accompaniment by non-care professionals of users with long term care needs.

A4: Case coordination. Facilities which main aim is to facilitate the care coordination and the related accessibility to different types of services, professionals and tests by users with long term care needs.

A5: Other accessibility care. Intended to facilitate the access to care which do not include any type of direct care provision.

SELF-HELP AND VOLUNTARY CARE CODING BRANCH (S)

The aim of these facilities is to provide users with long term care needs with support, self-help or contact, with un-paid staff that offers accessibility, information, day, outpatient and residential care (as described in other branches).

S1: Non-professional staff. Self-help and voluntary facilities where professionals providing assessment, interventions or support to users with long term care needs are below 60% of the total personnel. The 100% of the staff is unpaid.

S1.1: Non-professional staff, Information on Care. Self-help and voluntary facilities where professionals providing information on care to users with long term care needs are below 60% of the total personnel. The 100% of the staff is unpaid.

S1.2: Non-professional staff, Accessibility to Care. As in S1.1 except that these facilities provide accessibility to care.

S1.3: Non-professional staff, Outpatient Care. As in S.1.1 except that these facilities (i) involve contact between the staff and users with long term care needs and its associated clinical and social difficulties and (ii) is not provided as a part of delivery of residential or day and structured activity services, as defined above.

S1.4: Non-professional staff, Day Care. As in S.1.1 except that these facilities (i) are normally available to several users at a time (rather than delivering services to individuals one at a time); (ii) provide some combination of treatment for problems related to persons with Long-Term care needs: structured activity, social contact and/or support; (iii) have regular opening hours during which it is normally available: and (iv)

expect patients to stay at the facilities beyond the periods during which they have face-to-face contact with staff (i.e. the service is not simply based on patients coming for appointments with staff and then leaving immediately after their appointments).

S1.5: Non-professional staff, Residential Care. As in S.1.1 except that these facilities provide beds overnight for users for a purpose related to the clinical and social management of their long term care needs - users are not intended to sleep there solely because they have no home or are unable to reach home.

S2: Professional staff. Self-help and voluntary facilities designed for users with long term care needs that regularly at least 60% of staff are trained or specifically qualified for providing assessment, intervention and support to users with long term care needs. The 100% of the staff is un-paid.

S2.1: Professional staff, Information on Care. As in S1.1 except that at least 60% of staff is trained or specifically qualified.

S2.2: Professional staff, Accessibility to Care. As in S1.2 except that at least 60% of staff is trained or specifically qualified.

S2.3: Professional staff, Outpatient Care. As in S1.3 except that at least 60% of staff is trained or specifically qualified.

S2.4: Professional staff, Day Care. As in S1.4 except that at least 60% of staff is trained or specifically qualified.

S2.5: Professional staff, Residential Care. As in S1.5 except that at least 60% of staff is trained or specifically qualified.

OUTPATIENT CARE CODING BRANCH

These are facilities which (i) involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties and (ii) are not provided as a part of delivery of residential or day services, as defined above.

O1: Acute, Home & Mobile, 24-h: Emergency facilities (i) provide assessment and initial treatment in response to a crisis, deterioration in physical or mental state, behaviour or social functioning which is related to the condition; and (ii) can usually provide a same day response during working hours. In Home & mobile services, contact with patients occurs in a range of settings including patients' homes, as judged most appropriate by professionals and patients. For a service to be classified as 'home & mobile', at least 50% of contacts should take place away from the premises at which the service is based. If mobile care is provided at least for 20% of contacts a secondary mobile code should be added to the MTC Non-mobile code. In other cases of mobile outpatient care an additional qualifier "d" could be provided to describe its mobile activity. For some services, the main site of provision may vary from day to day (e.g. services in rural areas which move from village to village) – this does not mean they should be classified as 'home & mobile' unless staff go and do work at locations away

from that day's main site. 24-hours are services which are available 24 hours a day, 7 days per week.

O1.1: Acute, Home & Mobile, 24-h, Health related care. As in O.1 except that main goal of these facilities is the specific clinical care, during the period described by the code, and where some of the staff is qualified health care professionals (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine and Psychology).

O1.2: Acute, Home & Mobile, 24-h, Other care. As in O1 except that these facilities do not meet the criteria for health related care services.

O2: Acute, Home & Mobile, Limited hours: As in O1 except that these services are not always available (opening hours less than 24 hours, 7 days per week).

O2.1: Acute, Home & Mobile, Limited hours, Health related care. As in O1.1 except that these services are not always available (opening hours less than 24 hours, 7 days per week).

O2.2: Acute, Home & Mobile, Limited hours, Other care. As in O1.2 except that these services are not always available (opening hours less than 24 hours, 7 days per week).

O3: Acute, Non-mobile, 24-h: As in O.1 except that these services do not meet the criteria for 'Home & mobile'.

O3.1: Acute, Non-mobile, 24-h, Health related care. As in O1.1 except that these services do not meet the criteria for 'Home & mobile'.

O3.2: Acute, Non-mobile, 24-h, Other care. As in O1.2 except that these services do not meet the criteria for 'Home & mobile'.

O4: Acute, Non-mobile, Limited-hours: As in O2 except that these services do not meet the criteria for 'Home & mobile'.

O4.1: Acute, Non-mobile, Limited-hours, Health related care. As in O2.1 except that these services do not meet the criteria for 'Home & mobile'.

O4.2: Acute, Non-mobile, Limited-hours, Other care. As in O2.2 except that these services do not meet the criteria for 'Home & mobile'.

O5: Non acute, Home & Mobile, High intensity. These facilities provide service users with continuing care including regular contact with a health professional, which may be long term if required. For a service to be classified as 'home & mobile', at least 50% of contacts should take place away from the premises at which the service is based. If mobile care is provided at least for 20% of contacts a secondary mobile code should be added to the MTC Non-mobile code. For some services, the main site of provision may vary from day to day (e.g. services in rural areas which move from village to village) – this does not mean they should be classified as 'home & mobile' unless staff go and do work at locations away from that day's main site. These are facilities which have the capacity to make face to face contact with users at least three times per week when clinically indicated.

O5.1: Non acute, Home & Mobile, High intensity, Health related care. As in O5 except that main goal of these facilities is the specific clinical care, during the period described by the code, and where some of the staff is a qualified health care professional (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine, Psychology).

O5.1.1: Non acute, Home & Mobile, High intensity, Health related care, 3/6 days/week. As in O5.1 except that these facilities offer their users a specific clinical care with a frequency lower than 7 days/week 3 hours/day.

O5.1.2: Non acute, Home & Mobile, High intensity, Health related care, 7 days/week. As in O5.1 except that these facilities offer their users a specific clinical care with a frequency at least 7 days/week 3 hours/day.

O5.1.3: Non acute, Home & Mobile, High intensity, Health related care, 7d/w including overnight. As in O5.1 except that these facilities offer their users a specific clinical care with a frequency of 7 days/week including overnight.

O5.2: Non acute, Home & Mobile, High intensity, Other care. As in O5.1 except that these facilities do not meet the criteria for health related care services.

O5.2.1: Non acute, Home & Mobile, High intensity, Other care, 3/6 days/week. As in O5.1.1 except that these facilities do not meet the criteria for health related care services.

O5.2.2: Non acute, Home & Mobile, High intensity, Other care, 7 days/week. As in O5.1.2 except that these facilities do not meet the criteria for health related care services.

O5.2.3: Non acute, Home & Mobile, High intensity, Other care, 7d/w including overnight. As in O5.1.3 except that these facilities do not meet the criteria for health related care services.

O6: Non acute, Home & Mobile, Medium intensity. As in O5 except that these services do not have the capacity to supply three times weekly contact to patients, but which can provide contacts at least once a fortnight when indicated.

O6.1: Non acute, Home & Mobile, Medium intensity, Health related care. As in O6 except that main goal of these facilities is the specific clinical care, during the period described by the code, and where some of the staff is qualified on health care (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine and Psychology).

O6.2: Non acute, Home & Mobile, Medium intensity, Other care. As in O6 except that these facilities do not meet the criteria for health related care services.

O7: Non acute, Home & Mobile, Low intensity. As in O5 except that these services do not have the capacity to see patients as often as once a fortnight.

O7.1: Non acute, Home & Mobile, Low intensity, Health related care. As in O7 except that main goal of these facilities is the specific clinical care, during the period

described by the code, and where some of the staff is qualified on health care (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine and Psychology).

O7.2: Non acute, Home & Mobile, Low intensity, Other care. As in O7 except that these facilities do not meet the criteria for health related care services.

O8: Non acute, Non-mobile, High intensity. As in O5 except that these services do not meet the criteria for 'Home & mobile'.

O8.1: Non acute, Non-mobile, High intensity, Health related care. As in O8 except that main goal of these facilities is the specific clinical care, during the period described by the code, and where some of the staff is qualified on health care (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine and Psychology).

O8.2: Non acute, Non-mobile, High intensity, Other care. As in O8 except that these facilities do not meet the criteria for health related care services.

O9: Non acute, Non-mobile, Medium intensity. As in O6 except that these services do not meet the criteria for 'Home & mobile'.
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O9.1: Non acute, Non-mobile, Medium intensity, Health related care. As in O9 except that main goal of these facilities is the specific clinical care, during the period described by the code, and where some of the staff is qualified on health care (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine and Psychology).

O9.2: Non acute, Non-mobile, Medium intensity, Other care. As in O9 except that these facilities do not meet the criteria for health related care services.

O10: Non acute, Non-mobile, Low intensity. As in O7 except that these services do not meet the criteria for 'Home & mobile'.

O10.1: Non acute, Non-mobile, Low intensity, Health related care. As in O10 except that main goal of these facilities is the specific clinical care, during the period described by the code, and where some of the staff is qualified on health care (Medicine, Nursing, Physiotherapy, Rehabilitation Medicine and Psychology).

O10.2: Non acute, Non-mobile, Low intensity, Other care. As in O10 except that these facilities do not meet the criteria for health related care services.

DAY CARE CODING BRANCH (D):

These are facilities that (i) are normally available to several users at a time (rather than delivering services to individuals one at a time); (ii) provide some combination of treatment for problems related to long-term care needs: e.g. providing a structured activity, or social contact and/or support; (iii) have regular opening hours during which they are normally available: and (iv) expect service users to stay at the facilities beyond the periods during which they have face-to-face contact with staff (i.e. the service is not simply based on individuals coming for appointments with staff and then leaving immediately after their appointments). The care delivery is usually planned in advance.

D0.1: Acute, Episodic, High intensity. Facilities that usually provide high intensity acute day care to patients with a deterioration of their health state on a single or a limited number of episodes of care during a defined period of time. The care episode last less than 24 hours and the user is admitted and discharged during the same day. The care episode includes complex and coordinated care activities such as diagnosis and assessment, interventions, and other type of health care which require highly trained professional staff and which is not limited to a single face-to-face contact such as in planned outpatient care.

D0.2: Acute, Episodic, Other intensity. Facilities that usually provide episodic acute care but which do not fulfil high intensity criteria.

D1.1: Acute, Continuous, High intensity. Acute facilities where (i) users are regularly admitted because of a crisis or a deterioration in physical or mental state, behaviour or social functioning related to their health condition; (ii) alleviating this crisis/deterioration is the main purpose of the facility; (iii) Care is provided on a continuous base –non episodic, at least 5 days a week- during a limited period of time. These day facilities are organised to provide an alternative to hospitalisation or to accelerate discharge from inpatient units before the crisis is ended or the user is stable. Admission to the facility is usually available within 72 hours. At least 20% of the users in the last twelve months are admitted within 72 hours.

D1.2: Acute, Continuous, Other intensity. As in D1.1 except that admission to the facility is usually available within less than 4 weeks for user discharged from an acute unit (R2 or R3). At least 80% of the users in the last twelve months are admitted

D2: Non acute, Work, High intensity. Day care facilities that do not meet criteria for acute care for crisis. Work facilities provide users with the opportunity to work for pay. These are usually sheltered work services or opportunities on the open labour market. High intensity facilities are available for patients to attend for at least the equivalent of four half days per week. Not all the patients need attend as frequently as this for the service to be classified as 'high intensity', but it should at least be possible for them to do so.

D2.1: Non acute, Work, High intensity, Ordinary employment. As in D2 except that these are facilities where users with registered disabilities are paid at least the official minimum wage and the organisation follows standard work regulations in the open market. Where there is no minimum wage, DESDE-LTC suggest calculating an expected level based on starting salaries for similar jobs advertised in the local press over the past month.

D2.2: Non acute, Work, High intensity, Other work. As in D2 except that these are facilities where the organisation follows specific work regulations for users with registered disabilities. Employees are paid at least 50% of the usual local minimum wage for this form of work. Where there is no minimum wage, we suggest calculating an expected level based on starting salaries for similar jobs advertised in the local press over the past month. The work may be in a sheltered setting or in a setting where some workers are not users with Long-Term Care needs.

D3: Non acute, Work related care, High intensity. As in D2 except that these are services where users carry out an activity which closely resembles work for which

payment would be expected in the open market, but where users are not paid or are paid less than 50% of the usual local expected wage for this form of work. Where there is no minimum wage, we suggest calculating an expected level based on starting salaries for similar jobs advertised in the local press over the past month.

D3.1: Non acute, Work related care, High intensity, Time limited. As in D3 except that these are facilities where users perform a work related activity that has a time limit.

D3.2: Non acute, Work related care, High intensity, Time indefinite. As in D3 except that these are facilities where users carry out a work related activity that does not have a fixed time limit.

D4: **Non acute, Non-work structured care, High intensity.** As in D2 except that these services provide structured activities different from work and work-related care. Such activities may include skills training, creative activities such as art or music and group work. These activities should be available during at least 25% of the service's opening hours.

D4.1: **Non acute, Non-work structured care, High intensity, Health related care.** As in D.4 except that these facilities meet the criteria for programmed availability day care whose main function is to provide clinical long term care (physical, psychological and/or social). At least 20% of the staff is qualified health professionals.

D4.2: **Non acute, Non-work structured care, High intensity, Education related care.** As in D.4 except that these facilities offer training registered and approved as part of the official national or regional education and training system, with an official curriculum.

D4.3: **Non acute, Non-work structured care, High intensity, Social and cultural related care.** As in D.4 except that these facilities offer structured activities related to social and culture participation.

D4.4: **Non acute, Non-work structured care, High intensity, Other non-work structured care.** As in D.4 except that these facilities do not meet criteria for "health promotion, education or social and culture participation activities" which offer some kind of structured activity.

D5: **Non acute, Non-structured care, High intensity.** As in D.2 except that, although these services fulfil the criteria for non-acute day services, but where work or other structured activities are not available, or available only during less than 25% of opening hours, so that the main functions of the service are the provision of social contact, practical help and/or support.

D6: **Non acute, Work, Low intensity.** As in D2 except that in these facilities patients usually attend for less than the equivalent of four half days per week.

D6.1: **Non acute, Work, Low intensity, Ordinary employment.** As in D2.1 except that in these facilities users usually attend for less than the equivalent of four half days per week.

D6.2: **Non acute, Work, Low intensity, Other work.** As in D2.2 except that in these facilities users usually attend for less than the equivalent of four half days per week.

D7: **Non acute, Work-related care, Low intensity.** As in D3 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D7.1: **Non acute, Work-related care, Low intensity, Time limited.** As in D3.1 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D7.2: **Non acute, Work-related care, Low intensity, Time indefinite.** As in D3.2 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D8: **Non acute, Non-work structured care, Low intensity.** As in D4 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D8.1: **Non acute, Non-work structured care, Low intensity, Health related care.** As in D4.1 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D8.2: **Non acute, Non-work structured care, Low intensity, Education related care.** As in D4.2 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D8.3: **Non acute, Non-work structured care, Low intensity, Social and cultural related care.** As in D4.3 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D8.4: **Non acute, Non-work structured care, Low intensity, Other structured day care.** As in D4.4 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

D9: **Non acute, Non-work structured care, Low intensity.** As in D5 except that these are facilities where patients usually attend for less than the equivalent of four half days per week.

RESIDENTIAL CARE CODING BRANCH (R)

Facilities that provide beds overnight for patients for a purpose related to the clinical and social management of their long term care needs - patients are not intended to sleep there solely because they have no home or are unable to reach home.

R0: Acute, 24hours physician cover, non-hospital. On acute facilities (i) users are admitted because of a crisis, a deterioration of their physical or mental state, behaviour or social functioning which is related to their health condition,; (ii)admissions usually available within 24 hours; (iii) users usually retain their own accommodation during the admission. "24 hours physician cover" are facilities where there is 24 hour cover by a

registered physician (including medical residents). Non-hospital facilities attend users outside the location of a registered hospital.

R1: Acute, 24hours physician cover, hospital, high intensity. As in R0 except that services are located in a registered hospital. Hospitals are meso-organisations with a legal recognition in most countries. Exceptions are units that have fewer than 20 beds and/or no 24 hour physician resident cover (these should be classified as non-hospital facilities even if they have the legal status of hospitals). In those countries where there is no legal basis for deciding what are hospital services and what are not and where doubt exists, services should be classified as hospital services if they have 24 hour resident physician cover. A stakeholder group and/or local or regional health officers should be consulted where there is doubt about which services should be viewed as hospital services or not. In these facilities, users are admitted due to a deterioration of their physical or mental status severe enough to require continuous surveillance during 24-hours a day, and/or to require special isolation measures.

R2: Acute, 24 hours physician cover, hospital, medium intensity. As in R1 except that provide regular care (medium intensity) of surveillance and/or security for in-patient admission.

R3: Acute, non-24 hours physician cover. Acute residential facilities that do not meet criteria for 24hours physician cover.

R3.0: Acute, non-24 hours physician cover, hospital. Acute residential facilities that do not meet criteria for 24 hours physician cover and are located in a registered hospital.

R3.1: Acute, non-24 hours physician cover, non hospital. Acute residential facilities that do not meet criteria for 24 hours physician cover and are located outside a registered hospital.

R3.1.1: Acute, non-24 hour physician cover, non hospital, health related care. As in R3.1 except that the main goal of these facilities is the specific clinical care, during the period described by the code, and where some of the staff is qualified on health care (Psychology, Medicine, Physiotherapy, Nursing) or h as the equivalent training.

R3.1.2: Acute, non-24 hours physician cover, non hospital, other care. As in R3.1.1 except that these facilities do not meet criteria for health related care.

R4: Non-acute, 24 hours physician cover, hospital, time limited. Residential facilities that do not satisfy the criteria for acute care. These services are covered 24 hours for a physician and are located in a registered hospital. In these facilities a fixed maximum period of residence is routinely specified (temporary stay). A facility should be classified as time-limited if a maximum length of stay is fixed for at least 80% of those entering the facility.

R5: Non-acute, 24 hours physician cover, non hospital, time-limited. As in R4 except that these facilities are usually located outside a registered hospital.

R6: Non-acute, 24 hours physician cover, hospital, indefinite stay. As in R4 except that these facilities do not fulfil the criteria for 'time-limited' services.

R7: Non-acute, 24 hours physician cover, non hospital, Indefinite stay. As in R5 except that these facilities do not fulfil the criteria for 'time-limited' services.

R8: Non-acute, non-24 hours physician cover, time-limited, 24-h support. Non acute services that do not meet criteria for 24 hours physician cover. These facilities provide residential care during non working hours but there is a procedure that guarantees that the patient receives 24 hours care. A fixed maximum period of residence is routinely specified (temporary stay). A facility should be classified as time-limited if a maximum length of stay is fixed for at least 80% of those entering the facility.

R8.1: Non-acute, Non-24 hours physician cover, time-limited, 24-h support, **less than 4 weeks.** As in R.8 except that these services specify a maximum period of residence of less than 4 weeks.

R8.2: Non-acute, Non-24 hours physician cover, time-limited, 24-h support, over 4 weeks. As in R.8 except that these facilities the maximum period of residence is over 4 weeks.

R9: Non-acute, Non-24 hours physician cover, time-limited, daily support. As in R5 except that in these facilities members of staff are regularly on site at least five days a week for some part of the day, with responsibilities related to the monitoring and clinical and social care of the user.

R9.1: Non-acute, Non-24 hours physician cover, time-limited, daily support, less than 4 weeks. As in R9 except that these facilities specify a maximum period of residence of less than 4 weeks.

R9.2: Non-acute, Non-24 hours physician cover, time-limited, daily support, over 4 weeks. As in R9 except that in these facilities the maximum period of residence is over 4 weeks.

R10: Non-acute, Non-24 hours physician cover, time-limited, lower support. As in R8 except that these are facilities where there is a direct link between residing in the facility and some support from staff, but where staff are regularly present fewer than five days per week.

R10.1: Non-acute, Non-24 hours physician cover, time-limited, lower support, less than 4 weeks. As in R10 except that these facilities specify a maximum period of residence of less than 4 weeks.

R10.2: Non-acute, Non-24 hours physician cover, time-limited, lower support, over 4 weeks. As in R10 except that in these facilities the maximum period of residence is over 4 weeks.

R11: Non-acute, Non-24 hours physician cover, indefinite stay, 24-h support. As in R8 except that these facilities do not fulfil the criteria for 'time-limited' services.

R12: Non-acute, Non-24 hour physician cover, indefinite stay, daily support. As in R9 except that these facilities do not fulfil the criteria for 'time-limited' services.

R13: Non-acute, Non-24 hours physician cover, indefinite stay, lower support. As in R10 except that these facilities do not fulfil the criteria for 'time-limited' services.

R14: Other non-acute. Residential services not classified otherwise.

4. GLOSSARY OF TERMS

Acute: Facilities where (i) users are regularly admitted because of a crisis: deterioration in physical or mental state, behaviour or social functioning which is related to his or her condition; (ii) alleviating this deterioration is a purpose of the programme; (iii) admission to the programme is usually available within 72 hours.

Additional qualifiers: optional codes which provide additional information on the service characteristics.

Basic Stable Inputs of Care (BSIC): a minimal set of inputs organised for care delivery.

Branch: A level in the coding tree of the DESDE-LTC system. It includes a primary level with 5 Main or Large Branches, each of them divided in sub-branches based on main care descriptors at secondary and at tertiary level.

Case management: Services which main aim is defined as coordination of care but which include several forms of clinical care as part of the coordination of care process. These services may include intensive case management, assertive outreach, assertive community treatment, disease management, or even personalised care.

Case-Mix: Case mix is by definition a system that classifies people into groups that are homogeneous in their use of resources. The application of case mix is broad; it provides the basis, not only for reimbursement, but also for comparing facilities or programs, practice patterns, as an adjunct to quality of care and efficiency measurement, a staff planning tool, etc.

Catchment area: In the DESDE system it refers, mainly, to smallest catchment areas within every field. Social areas may be broader than health areas, and areas for specialised care (Mental Health) may be smaller than areas for LTC but larger than Primary Care areas. Areas between 50 and 250.000 inhabitants were outlined in the original instrument intended for use in mental health. Comparison areas in DESDE-LTC may be extended to 50-500.000 inhabitants depending on the location used in the country or region of reference and the territorial divisions of the geographical region being evaluated.

Clinical units: (or care units). Units of analysis that fulfil some of the criteria but do not fulfil overall criteria for being coded as a service (i.e a unit of eating disorders within an acute psychiatric ward in a General Hospital).

Closed care: Secluded services with high level of security which is provided under locked doors. Usually these units are for crime & justice patients or persons with mental illness with high risk for themselves or others.

Continuing care services: These services provide patients with regular contact with a mental health professional, which may be long term if required.

Counting Trees: These provide a standardized method of measuring levels of main types of care use by the population of a catchment area

Crisis: deterioration in physical or mental state, behaviour or social functioning which is related to his or her condition

Day care main branch: These are facilities that (i) are normally available to several users at a time (rather than delivering services to individuals one at time); (ii) provide some combination of treatment for problems related to long term care, structured activity, social contact and/or support; (iii) have regular opening hours during which they are normally available: and (iv) expect users to stay at the facilities beyond the periods during which they have face-to-face contact with staff (i.e. the service is not simply based on-patients coming for appointments with staff and then leaving immediately after their appointments).

Domiciliary care: Services provided at the users home and nowhere else.

eCare: It includes all medical healthcare services, social services and technologies relying on modern information and communication technologies (ICTs) (e.g. telecare/telemedicine, teleconsultation, teleradiology, telemonitoring).

eHealth: eCare in the health sector

Emergency facilities: Acute facilities that (i) provide assessment and initial treatment in response to a crisis, deterioration in physical or mental state, behaviour or social functioning which is related to the condition; and (ii) can usually provide a same day response during working hours.

Facility: Physical location of the care provision (setting)

Function (of care): (Health care functions - ICHA). The health care functions of ICHA-HC refer to the health purpose of activities and determine the boundaries of health care consumption in the strict sense. The transactions related to the consumption of health care goods and services on the one hand and the transactions related to capital formation, education and training, as well as research and development for future health care provision on the other hand serve different purposes.

Generic services: Services designed for the general population or large groups, (i.e. elderly people, immigrant population etc.) which are important for many users with long term care needs although they have not been specifically planned for this population.

Health (in service research): As a generic term it refers to a care sector which includes all the care organisations providing assistance and information for the

promotion, prevention and treatment of health-related conditions. The limits of health care sector with other sectors (justice, social, education) are imprecise. In the DESDE-LTC it refers to all organisations funded and managed throughout the official health system in any single country, region or area.

Health related care: Facilities which main goal is the specific clinical care, during the period described by the code, and where a part of the staff is qualified on health care (Psychology, Medicine, Physiotherapy, Nursing) or has the equivalent training

24 Hour physician cover: Facilities within hospitals or within other residential meso-organisations where there is 24 hour cover by a registered physician (including medical residents).

Health Maintenance Organisation (HMO): A type of managed care organization that provides a form of health care coverage that is fulfilled through hospitals, doctors, and other providers with which the HMO has a contract.

Hospital: Hospitals are meso-organisations with a legal recognition in most countries. This legal recognition can be used as the basis for identifying hospital services (registered hospitals). Exceptions are units that have fewer than 20 beds and/or no 24 hour physician resident cover (these should be classified as non-hospital facilities even if they have the legal status of hospitals). In those countries where there is no legal basis for deciding what are hospital services and what are not and where doubt exists, services should be classified as hospital services if they have 24 hour resident physician cover. A stakeholder group and/or local or regional health officers should be consulted where there is doubt about which services should be viewed as hospital services or not.

Institutional Care: Residential services characterised by indefinite stay for a defined population group, which usually have over 100 beds and which is described as "Institutional care".

Integrative care: A generic term which describes a model of care which incorporates all the relevant sectors involved in care for persons with a health condition and not only the health sector (ie social, crime and justice, education). It is related to Holistic care model. In the DESDE-system it refers mainly to the social and health care model.

Intensity: This is secondary descriptor of MTC in Day care and Outpatient care in the DESDE system. It refers to the actual 'capacity' of a service to provide a main type of care as shown by the pattern of maximum use by its clients in routine practice. It excludes theoretical capacity or the any exceptional use of the facility.

Intensity (High for Continuing Care): These are facilities that have the capacity to make face to face contact with users at least three times per week when clinically indicated.

Intensity (Medium for Continuing Care): These facilities do not have the capacity to supply three times weekly contact to users, but which can provide contacts at least once a fortnight when indicated.

Intensity (Low for Continuing Care): These services do not have the capacity to see users as often as once a fortnight.

Intensity (High for Day Care): High intensity day facilities are available for users to attend for at least the equivalent of four half days per week. Not all the users need attend as frequently as this for the service to be classified as 'high intensity', but it should at least be possible for them to do so.

Intensity (Low for Day Care): Day facilities where users usually attend for less than the equivalent of four half days per week.

Intervention Programmes: A set of activities programmed within a limited period of time (normally less than 1 year, and no longer than 3 years) without a stable structure in time. In some occasions services develop from programmes which are reedited through the years.

Justice care: Services which main aim is to provide crime & justice patients (security or prison hospitals, surveillance wards for patients under crime & justice custody, physical disability and psychiatric units in prisons and regional security units).

Liaison care: services where specific consultation on a subgroup of patients is provided to other area (e.g. outpatient consultation on Intellectual Disabilities to a general medical service or consultation on mental disorders to the general medical services of a hospital).

Levels of care: Classification services system according to a number of descriptors: Status of user, Type general of care, Intensity of care, Subtype of care and Additional Qualifiers.

Long-Term Care (LTC): Long-Term Care (LTC) is a blanket term that "brings together a range of services for persons who are dependent on help with basic activities of daily living (ADLs) over an extended period of time" (OECD, 2005). This range includes 'medical and/or social services designed to help people who have disabilities or chronic care needs. Services may be short- or long-term and may be provided in a person's home, in the community, or in residential facilities' (US Dept of Health). At present Member States use a variety of definitions of LTC that do not always concur (EC, 2008).

Macro-organisation (within the care system): This refers to the care system of a country or a region. It may also refers to a Large Maintenance Health Organisation which provides care in several setting across a country)

Main Types of Care (MTC): Unit of analysis in service research which describes the main characteristic of the care provided in every single service or 'micro-organisation' within a catchment area (meso-organization). MTCs are the building blocks of the classification provided by the DESDE-LTC system. This system describes 89 MTCs using a tree approach with branches and sub-branches according to a series of descriptors based on activity, location, time-frame, intensity, and type of staff required. Main branches include information on care, accessibility to care, self-help and voluntary care, outpatient care, day care and residential care. Services are arranged or organised either as a single MTC or in cluster combination of MTCs. These clusters

emulate "bar codes", identifying service characteristics according to MTCs. Thus, the same service might include one main type of care coded in Branch D as a Day service and other classified as residential in Branch R. MTC availability and use can be compared across areas regardless of how services are named. MTC cluster patterns could be also compared across areas. The same term (i.e. 'Information') may be coded as the MTC in a service, while it may be code simple activity in another service.

Matrix of Care: A framework developed for assessing long term care care which divide care components and indicators in 9 boxes related to two 2 domains: Process (input, process and output) and Level (macro, meso and microlevel) (Tansella & Thornicroft, 1998).

Maximum frequency of attendance/contact (maximum performance): Maximum number of times that a service user can be assisted by the service if they require need in ordinary care conditions.

Meso-level: Care provider or care organization in small areas (municipality, small health district, community mental health centre which provides are in a sector).

Meso-organisation (within the care system): A care organisation which includes several services within the same location (i.e. a general hospital)

Micro-organisation (within the care system): The minimum administrative nit which can be identified a small care area. See 'service'

Mobile. (Home-Mobile): In home & mobile facilities contact with users occurs in a range of settings including users' homes, as judged most appropriate by professionals and users. For a service to be classified as 'home & mobile', at least 50% of contacts should take place away from the premises at which the service is based. If mobile care is provided at least for 20% of contacts a secondary mobile code should be added to the MTC Non-mobile code. In other cases of mobile outpatient care an additional qualifier "d" could be provided to describe its mobile activity. For some services, the main site of provision may vary from day to day (e.g. services in rural areas which move from village to village) – this does not mean they should be classified as 'home & mobile' unless staff go and do work at locations away from that day's main site.

Modality of Care is a main type of intervention (or activity) that can possibly be applied to achieve one of the restricted number of tasks that together comprise the whole range of Long-Term Care. (De Jong, 2000**)**

Outpatient Care Main Branch: these are facilities that (i) involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties and (ii) are not provided as a part of delivery of residential or day and structured activity services, as defined above.

Packages of Care: A cluster or set of integrated care interventions designed for the same group of users

Pathway (of care): The itinerary followed by a single user or a group of users within the care system. It could be assessed from the individual perspective of the user, or it could describe the standard trajectory of care of a group of users (case-mix).

Policy Programme: The policy implementation of a care plan at different care levels (macro, meso or micro)

Primary health care: Is essential, ambulatory and community health care, outside hospital and specialised care setting. It is the first point of contact a person encounters with the health care system. It includes mainly general medical care, paediatrics and some integrated care strategies for users with chronic health conditions. The Alma Ata Conference defined 'Primary Health Care' as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally, accessible to individuals and families in the community by means of acceptable to them, through their full participation and at a cost that community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of both the country's health system, of which it is the central function and the main focus and of the overall social and economic development of the community (Alma-Ata Declaration, 1978)

Process (of care): The intended sequence of procedures for the treatment of a patient

Products (Health): Durable and non-durable medical goods intended for use in the diagnosis, cure, mitigation, or treatment of disease.

Programme: In service research this term has two main different meaning: i) policy programme; ii) intervention programme (see programme)

Reference main type care in an area: The main and/or official referral service for an MTC provided at the catchment area.

Rehabilitation: In general this term is loosely related to Long-Term Care. This term is culturally and philosophically laden and it may be used in different contexts with different meanings. This is an example of terms the DESDE coding system excludes in its atheoretical approach.

Residential care: facilities that provide beds overnight for users for a purpose related to the clinical and social management of their conditions / illnesses- users are not intended to sleep solely because they have no home or are unable to reach home.

Secondary care (Health): Care provided by health professional specialists (physicians, psychologists, nurses) outside primary care and hospital premises. In many countries these specialists generally do not have first contact with patients. Secondary care is usually delivered in outpatient clinics. In the public sector patients are usually referred to secondary care by their primary care provider (usually their GP). Secondary care does not generally include in the current definition outpatient care provided in hospital settings.

Semantic interoperability is the ability of two or more computer systems to exchange information and have the meaning of that information automatically interpreted by the receiving system accurately enough to produce useful results, as defined by the end users of both systems.

Service: A 'service' is a micro-level functional system of care organisation, defined as the smallest unit with own administrative structure available within the catchment area (micro-organization). The range of services to be considered includes those facilities that have as specific aim any aspect of the management of long term care and of the clinical and social difficulties related to it.

Service Inventory (Catalogue, service listing): It allows a detailed description of individual services for LTC, obtaining the main characteristics of every service (service listing, service directory or service catalogue)**.**

Setting: Physical location of the care provision (facility)

Small Care Area: A catchment area or territorial sector with a common set of services for its population. It provides the meso-level of comparison in service research.

Social Care: Care provision for a particular health condition non directly related to health, crime & justice or education

Specialised care: Services for a specific subgroup within the target population attended at the catchment area (e.g. services for Elderly persons with Alzheimer's disease within the "E" group, or services for Eating Disorders within the "MD" group).

Status of user. Level related to the clinical status of the users who are attended in the care setting (i.e. whether there is a crisis situation or not).

Support (daily): Members of staff regularly on site at least five days a week for some part of the day, with responsibilities related to the monitoring and clinical and social care of the patient.

Support (lower): Facilities where the patient resides for some purpose related to the management of his/her condition and where there is a direct link between residing in the facility and some support from staff, but where staff is regularly present fewer than five days per week.

Support (24 h): Staff is present within the facility 24 hours a day, with responsibilities relating to the monitoring and clinical and social care of the patient (i.e. domestic or security staff is not included).

Target population: The defined population for which services are designed, or the population for which services are provided. In the case of DESDE-LTC the target population are adult and elderly frail population (18+) with i) Severe Physical disabilities (registered in official national, regional or local registers for this population group, or an equivalent system where registers are not available); ii) Intellectual disabilities (ICD-10); iii) Mental Disorders (ICD-10), iv) Elderly with severe disability (registered in official national, regional or local registers for this population group, or an equivalent system where registers are not available).

Tertiary care (health): Care provided in hospital premises (both inpatient and outpatient). In some special cases tertiary care may also refer to health care centers that includes highly trained specialists and advanced technology for a specific patient group.

Units of analysis (in Service Research): The standard unit of data analysis defined in the design of a service research study. Many different units of analysis may be identified in service research whilst population studies use a single unit of analysis (patients, persons). In order to make like-with-like comparisons, these comparisons must be made across a single 'unit of analysis' group. In the evaluation of Services there are different units of analysis such as territories (Countries, Regions, Districts, Small Health Areas); Macro-organisations (i.e. a Large Health Maintenance Organisation), Meso-organisations (i.e. a Hospital), Micro-organisations (i.e. a service or "Basic Care Input System") or smaller units within a service: Main Types of Care, Care Modalities, Care or clinical Units, Care packages, Activities, Micro-Activities or Philosophy of care.

User profile: The main target groups for whom a service is intended and/or delivered.

Work (services): The users are paid at least the official minimum wage and the organisation follows standard work regulations in the open market. Users may have not obtained this work through fully open competition - their jobs may in some way specifically reserved for users with Long term care needs depending on national/regional or local regulations.

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