

National health data dictionary Summary of updates since Version 13.1

(from 1st Jan 2007 to 4th July 2007)

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Summary of updates to the National health data dictionary version 13.1

The purpose of this document is to inform users of updates to the NHDD version 13.1 posted on METeOR in December 2006. This reflects changes to national health data standards between the 31 December 2006 (when it was last downloaded) and the 4th July 2007. These changes include the revision of 10 data elements, 1 national minimum data set, 2 data set specifications, 1 classification and the creation of 1 new glossary item. As a result of standards being revised 10 data elements, 1 national minimum data set, 2 data set specifications and 1 classification have been superseded. No national standards have been retired since version 13.1 of the NHDD was published.

These new standards have been agreed by the members of the Health Data Standards Committee (HDSC), Statistical Information Management Committee (SIMC) and endorsed by the National Health Information Principal Committee (NHIMPC).

Summary table of updates to the NHDD version 13

Registration status	National Minimum Data Sets	Data Set Specifications	Data elements	Classifications	Glossary items
Standards (new)	Nil	Nil	Nil	Nil	1
Standards (revised)	1	2	10	1	Nil
Superseded	1	2	10	1	Nil
Retired	Nil	Nil	Nil	Nil	Nil

Revised National minimum data sets

NMDS	Description of change	Data elements revised	Data elements added	Data elements removed
Outpatient Care NMDS 2007-2008	Revision to the scope statement and three data elements in the NMDS.	Number of group sessions Number of occasions of service Outpatient clinic type	Nil	Nil

Revised Data set specifications

DSS	Description of change	Data elements revised	Data elements added	Data elements removed
Cardiovascular disease (clinical) DSS	Revision to one data element in the NMDS.	Informal carer existence indicator	Nil	Nil
Health care provider identification DSS	Revision to one data element in the NMDS.	Provider occupation category (self-identified)	Nil	Nil

Revised data elements in NHDD since 01/01/2007

Short name	Technical name	Description of change
Informal carer existence indicator	Person—informal carer existence indicator, code N	Revisions to technical name, short name, definition, value domain, guide for use and collection methods. The intent of revisions is to better reflect whether a person has an informal carer.
Length of stay (including leave days)	Episode of admitted patient care—length of stay (including leave days), total N[NN]	Revisions to guide for use and correction to formula for calculating length of stay.
Length of stay (including leave days) (antenatal)	Episode of admitted patient care—length of stay (including leave days) (antenatal), total N[NN]	Revisions to definition, guide for use and correction to formula for calculating antenatal length of stay.
Length of stay (including leave days) (postnatal)	Episode of admitted patient care—length of stay (including leave days) (postnatal), total N[NN]	Revisions to definition, guide for use and correction to formula for calculating postnatal length of stay.
Main occupation of person	Person—occupation (main), code (ANZSCO 1st edition) N[NNN]{NN}	Revisions to technical name to include ANZSCO 1 st edition and to guide for use.
Medicare eligibility status	Person—eligibility status, Medicare code N	Revisions to guide for use to clarify how to determine the Medicare eligibility of a newborn baby.
Number of group sessions	Establishment—number of group sessions, total N[NNNNN]	Revisions to definition, guide for use and collection methods to strengthen the description of group session.
Number of occasions of service	Establishment—number of occasions of service, total N[NNNNNN]	Revisions to definition, guide for use and collection methods to strengthen the description of occasions of service.
Outpatient clinic type	Establishment—outpatient clinic type, code N[N]	Revisions to definition, value domain and guide for use to better describe outpatient clinics.
Provider occupation category (self-identified)	Individual service provider—occupation (self-identified), code (ANZSCO 1 st edition) N[NNN]{NN}	Revisions to technical name to include ANZSCO 1 st edition and to guide for use updating commonly used Australian Standard Classification of Occupation codes with Australian New Zealand Standard Classification of Occupation codes.

Revised classification schemes since 01/01/2007

Name	Description of change
Australian and New Zealand Standard Classification of Occupations, First edition, 2006	Revisions are a result of the release of the 2006 ANZSCO.

New glossary items since 01/01/2007

Name	Description
Informal carer	This item was created to support the definitional changes to the data element 'Informal carer existence indicator'.

National minimum data sets

Outpatient Care NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	336862
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>The scope of this National Minimum Data Set (NMDS) is for services provided to non-admitted, non-emergency department, patients registered for care by specialist outpatient clinics of public hospitals that are classified as either principal referral and specialist women's and children's hospitals and large hospitals (Peer Group A or B) as reported in the Australian Institute of Health and Welfare's Australian Hospital Statistics publication from the preceding financial year.</p> <p>Hospitals use the term 'clinic' to describe various arrangements under which they deliver specialist outpatient services to non-admitted non-emergency department patients. Outpatient clinic services should be interpreted as encompassing services provided through specific organisational units staffed to administer and provide a certain range of outpatient care:</p> <ul style="list-style-type: none">• in defined locations;• at regular or irregular times; and• where one or more specialist providers deliver care to booked patients. <p>Generally, in such clinics, a booking system is administered and patient records are maintained to document patient attendances and care provided.</p> <p>The scope includes all arrangements made to deliver specialist care to non-admitted, non-emergency department patients whose treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included.</p> <p>For the purposes of the Outpatient care NMDS, Outreach Services are counted at the specialist clinic where the patient is booked. Outreach services involve travel by the service provider, or services provided by a service provider via ICT (including but not limited to telephone and telehealth consultations). Such services may also be provided in the home, place of work or other non-hospital site.</p> <p>Within the scope as defined, and subject to specific counting rules, occasions of service to be counted include outreach clinic services, services delivered in a multidisciplinary mode. A separate count of services delivered in group sessions is also collected.</p> <p>Excluded from scope are:</p> <ul style="list-style-type: none">• Outreach services which are not funded through the

◆ New data item

▽ Revised data item

hospital and/or which deliver non- clinical care (Activities such as home cleaning, meals on wheels, home maintenance); and

- All Private specialist services delivered under private practice arrangements which are not funded through the hospital, regardless of whether or how these services may be funded by third party arrangements.
- All services covered by NMDS for:
 - Admitted Patient Care,
 - Admitted patient mental health care,
 - Alcohol and other drug treatment services,
 - Community mental health care,
 - Non-admitted patient emergency department.

Admitted patient services are excluded from scope. However, outpatient services booked for reasons independent of, or distinct from the admitted patient episode are in scope.

Collection and usage attributes

Statistical unit: Occasions of service.
Group sessions.

Collection methods: **National reporting arrangements:**
State and territory Health authorities provide the data to the Department of Health and Ageing and Australian Institute of Health and Welfare on an annual basis by 31 December each calendar year, for the previous financial year.

Periods for which data are collected and nationally collated:
Each financial year ending 30 June.

Implementation start date: 01/07/2007

Source and reference attributes

Submitting organisation: Non-admitted patient NMDS Development Working Party, 2006

Relational attributes

Related metadata references: Supersedes Outpatient care NMDS NHIG, Superseded 04/07/2007

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Establishment identifier	Mandatory	1
-	Number of group sessions	Conditional	1
-	Number of occasions of service	Mandatory	1
-	Outpatient clinic type	Mandatory	1

◆ New data item

∇ Revised data item

Data set specifications

Cardiovascular disease (clinical) DSS ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	353668
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>DSS type:</i>	Data Set Specification (DSS)
<i>Scope:</i>	<p>The collection of cardiovascular data (CV-Data) in this metadata set is voluntary.</p> <p>The definitions used in CV-Data are designed to underpin the data collected by health professionals in their day-to-day practice. They relate to the realities of a clinical consultation and the ongoing nature of care and relationships that are formed between doctors and patients in clinical practice.</p> <p>The data elements specified in this metadata set provide a framework for:</p> <ul style="list-style-type: none">• promoting the delivery of high quality cardiovascular disease preventive and management care to patients,• facilitating ongoing improvement in the quality of cardiovascular and chronic disease care predominantly in primary care and other community settings in Australia, and• supporting general practice and other primary care services as they develop information systems to complement the above. <p>This is particularly important as general practice is the setting in which chronic disease prevention and management predominantly takes place. Having a nationally recognised set of definitions in relation to defining a patient's cardiovascular behavioural, social and biological risk factors, and their prevention and management status for use in these clinical settings, is a prerequisite to achieving these aims.</p> <p>Many of the data elements in this metadata set are also used in the collection of diabetes clinical information.</p> <p>Where appropriate, it may be useful if the data definitions in this metadata set were used to address data definition needs for use in non-clinical environments such as public health surveys etc. This could allow for qualitative comparisons between data collected in, and aggregated from clinical settings (i.e. using application of CV-Data), with that collected through other means (e.g. public health surveys).</p>

Collection and usage attributes

<i>Collection methods:</i>	This metadata set is primarily concerned with the clinical use of CV-data. It could also be used by a wider range of health and health related establishments that create, use or maintain, records on health care clients.
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Relational attributes

Related metadata references: Supersedes Cardiovascular disease (clinical) DSS NHIG,
Superseded 04/07/2007

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Alcohol consumption frequency (self reported)	Mandatory	1
-	Alcohol consumption in standard drinks per day (self reported)	Mandatory	1
-	Behaviour-related risk factor intervention - purpose	Mandatory	5
-	Behaviour-related risk factor intervention purpose	Mandatory	8
-	Blood pressure—diastolic (measured)	Mandatory	1
-	Blood pressure—systolic (measured)	Mandatory	1
-	Cholesterol—HDL (measured)	Mandatory	1
-	Cholesterol—LDL (calculated)	Mandatory	1
-	Cholesterol—total (measured)	Mandatory	1
-	Country of birth	Mandatory	1
-	Creatinine serum level (measured)	Mandatory	1
-	CVD drug therapy—condition	Mandatory	1
-	Date of birth	Mandatory	99
-	Date of diagnosis	Mandatory	1
-	Date of referral to rehabilitation	Conditional	1
-	Diabetes status	Mandatory	1
-	Diabetes therapy type	Mandatory	1
-	Division of General Practice number	Mandatory	1
-	Fasting status	Mandatory	1
-	Formal community support access status	Mandatory	1
-	Height (measured)	Mandatory	1
-	Indigenous status	Mandatory	1
-	Informal carer existence indicator	Mandatory	1
-	Labour force status	Mandatory	1
-	Living arrangement	Mandatory	1
-	Person identifier	Mandatory	1
-	Physical activity sufficiency status	Mandatory	1
-	Postcode—Australian (person)	Mandatory	1
-	Preferred language	Mandatory	1
-	Premature cardiovascular disease family history (status)	Mandatory	1
-	Proteinuria status	Mandatory	1
-	Renal disease therapy	Mandatory	1
-	Service contact date	Mandatory	99
-	Sex	Mandatory	1

◆ **New data item**

▽ **Revised data item**

-	Tobacco smoking status	Mandatory	1
-	Tobacco smoking—consumption/quantity (cigarettes)	Mandatory	1
-	Triglyceride level (measured)	Mandatory	1
-	Vascular history	Mandatory	1
-	Vascular procedures	Mandatory	1
-	Waist circumference (measured)	Mandatory	1
-	Weight in kilograms (measured)	Mandatory	1

◆ New data item

∇ Revised data item

Health care provider identification DSS ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	356020
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>DSS type:</i>	Data Set Specification (DSS)
<i>Scope:</i>	<p>The scope of these data elements includes identification of individual and organisation health care providers. The data elements also allow for identification of an individual in a health care organisation. The definition of health care provider is: 'any person or organisation who is involved in or associated with the delivery of healthcare to a client, or caring for client wellbeing'.</p> <p>The data elements have been defined to enable a common, best practice approach to the way data are captured and stored, to ensure that records relating to a provider will be associated with that individual and/or organisation and no other. The definitions are proposed for clinical and administrative data management purposes.</p> <p>The ability to positively identify health care providers and locate their relevant details is an important support to the provision of speedy, safe, high quality, comprehensive and efficient health care. Unambiguous identification of individual health care providers is necessary for:</p> <ul style="list-style-type: none">• Requesting and reporting of orders, tests and results (e.g. pathology, diagnostic imaging)• Other communications and referrals between health care providers regarding ongoing care of patients (e.g. a referral from a GP to a specialist, a hospital discharge plan)• Reporting on health care provision to statutory authorities (e.g. reporting of hospital patient administration systems data to State/Territory government health agencies)• Payments to providers• Registration of providers• Directories or lists of providers and their service locations for consumer information.

Collection and usage attributes

<i>Collection methods:</i>	Collected at point of entry to health care for the purposes of the identification of the provider of that health care.
<i>Comments:</i>	There are many barriers to successfully identifying individuals in health care settings, including variable data quality; differing data capture requirements and mechanisms; and varying data matching methods. This data set specification provides a framework for improving the confidence that the data being associated with any given individual or organisation, is appropriately associated.

Source and reference attributes

<i>Submitting organisation:</i>	Standards Australia Inc Health Informatics Committee (IT-014)
<i>Reference documents:</i>	Health care client identification DSS The Australian Standard AS4846 Health Care Provider Identification identifies other data that should be collected. These data are collections of free text information and as such are not capable of standardisation as a national health data standard. Within AS4846 however they form part of the data collection necessary for the complete identification of a health care provider. These data elements are identified in the section Standardised elsewhere section below. If these data elements are collected in conjunction with those of the Data set specification they form a collection equivalent to that of the Australian Standard AS4846.

Relational attributes

<i>Related metadata references:</i>	Supersedes Health care provider identification DSS NHIG, Superseded 04/07/2007
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Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Address line (person)	Mandatory	1
-	Address line (service provider organisation)	Mandatory	1
-	Address type (person)	Mandatory	1
-	Address type (service provider organisation)	Mandatory	1
-	Address—country identifier (person)	Mandatory	1
-	Australian state/territory identifier	Mandatory	1
-	Australian state/territory identifier (service provider organisation)	Mandatory	1
-	Building/complex sub-unit number (person)	Mandatory	1
-	Building/complex sub-unit number (service provider organisation)	Mandatory	1
-	Building/complex sub-unit type—abbreviation (person)	Mandatory	1
-	Building/complex sub-unit type—abbreviation (service provider organisation)	Mandatory	1
-	Building/property name (person)	Mandatory	1
-	Building/property name (service provider organisation)	Mandatory	1
-	Date accuracy indicator	Mandatory	1
-	Date of birth	Mandatory	1
-	Date of death	Mandatory	1
-	Electronic communication address (person)	Mandatory	1
-	Electronic communication address (service provider organisation)	Mandatory	1
-	Electronic communication medium (person)	Mandatory	1

◆ **New data item**

▽ **Revised data item**

-	Electronic communication medium (service provider organisation)	Mandatory	1
-	Electronic communication usage code (person)	Mandatory	1
-	Family name	Mandatory	1
-	Floor/level number (person)	Mandatory	1
-	Floor/level number (service provider organisation)	Mandatory	1
-	Floor/level type (person)	Mandatory	1
-	Floor/level type (service provider organisation)	Mandatory	1
-	Given name sequence number	Mandatory	1
-	Given name(s)	Mandatory	1
-	House/property number (person)	Mandatory	1
-	House/property number (service provider organisation)	Mandatory	1
-	Lot/section number (person)	Mandatory	1
-	Lot/section number (service provider organisation)	Mandatory	1
-	Name context flag	Mandatory	1
-	Name suffix	Mandatory	1
-	Name suffix sequence number	Mandatory	1
-	Name title	Mandatory	1
-	Name title sequence number	Mandatory	1
-	Name type	Mandatory	1
-	Name type (service provider organisation)	Mandatory	1
-	Non-Australian state/province (person)	Mandatory	1
-	Non-Australian state/province (service provider organisation)	Mandatory	1
-	Organisation end date	Mandatory	1
-	Organisation name	Mandatory	1
-	Organisation start date	Mandatory	1
-	Person identifier	Mandatory	1
-	Postal delivery point identifier (person)	Mandatory	1
-	Postal delivery point identifier (service provider organisation)	Mandatory	1
-	Postcode—Australian (person)	Mandatory	1
-	Postcode—Australian (service provider organisation)	Mandatory	1
-	Postcode—international (person)	Mandatory	1
-	Postcode—international (service provider organisation)	Mandatory	1
-	Provider occupation category (self-identified)	Mandatory	1
-	Provider occupation end date	Mandatory	1
-	Provider occupation start date	Mandatory	1
-	Sex	Mandatory	1
-	Street name (person)	Mandatory	1
-	Street name (service provider organisation)	Mandatory	1
-	Street suffix code (person)	Mandatory	1
-	Street suffix code (service provider organisation)	Mandatory	1

◆ New data item

∇ Revised data item

-	Street type code (person)	Mandatory	1
-	Street type code (service provider organisation)	Mandatory	1
-	Suburb/town/locality name (person)	Mandatory	1
-	Suburb/town/locality name (service provider organisation)	Mandatory	1

◆ New data item

∇ Revised data item

Data elements

List of data elements by short name

Short name	Technical name
Informal carer existence indicator	Person—informal carer existence indicator, code N
Length of stay (including leave days)	Episode of admitted patient care—length of stay (including leave days), total N[NN]
Length of stay (including leave days) (antenatal)	Episode of admitted patient care—length of stay (including leave days) (antenatal), total N[NN]
Length of stay (including leave days) (postnatal)	Episode of admitted patient care—length of stay (including leave days) (postnatal), total N[NN]
Main occupation of person	Person—occupation (main), code (ANZSCO 1st edition) N[NNN]{NN}
Medicare eligibility status	Person—eligibility status, Medicare code N
Number of group sessions	Establishment—number of group sessions, total N[NNNNN]
Number of occasions of service	Establishment—number of occasions of service, total N[NNNNNN]
Outpatient clinic type	Establishment—outpatient clinic type, code N[N]
Provider occupation category (self-identified)	Individual service provider—occupation (self-identified), code (ANZSCO 1st edition) N[NNN]{NN}

List of data elements by technical name

Technical name	Short name
Episode of admitted patient care—length of stay (including leave days), total N[NN]	Length of stay (including leave days)
Episode of admitted patient care—length of stay (including leave days) (antenatal), total N[NN]	Length of stay (including leave days) (antenatal)
Episode of admitted patient care—length of stay (including leave days) (postnatal), total N[NN]	Length of stay (including leave days) (postnatal)
Establishment—number of group sessions, total N[NNNNN]	Number of group sessions
Establishment—number of occasions of service, total N[NNNNNN]	Number of occasions of service
Establishment—outpatient clinic type, code N[N]	Outpatient clinic type
Individual service provider—occupation (self-identified), code (ANZSCO 1st edition) N[NNN]{NN}	Provider occupation category (self-identified)
Person—eligibility status, Medicare code N	Medicare eligibility status
Person—informal carer existence indicator, code N	Informal carer existence indicator
Person—occupation (main), code (ANZSCO 1st edition) N[NNN]{NN}	Main occupation of person

Informal carer existence indicator ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person—informal carer existence indicator, code N
<i>Synonymous names:</i>	Informal carer availability, Informal carer existence flag, Carer arrangements (informal)
<i>METeOR identifier:</i>	320939
<i>Registration status:</i>	NHIG, Standard 04/07/2007 NCSIMG, Standard 29/04/2006
<i>Definition:</i>	Whether a person has an informal carer , as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person—informal carer existence indicator
<i>Definition:</i>	Whether a person has an informal carer .
<i>Object class:</i>	Person
<i>Property:</i>	Informal carer existence indicator

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	Number						
<i>Format:</i>	N						
<i>Maximum character length:</i>	1						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></tbody></table>	Value	Meaning	1	Yes	2	No
Value	Meaning						
1	Yes						
2	No						
<i>Supplementary values:</i>	<table><tbody><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	9	Not stated/inadequately described				
9	Not stated/inadequately described						

Collection and usage attributes

<i>Guide for use:</i>	CODE 9 Not stated/inadequately described This code is not for use in primary data collections.
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Informal carers may include those people who receive a pension or benefit for their caring role and people providing care under family care agreements. Excluded from the definition of informal carers are volunteers organised by formal services and paid workers. This metadata item is purely descriptive of a client's
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◆ New data item

▽ Revised data item

circumstances. It is not intended to reflect whether the informal carer is considered by the service provider to be capable of undertaking the caring role. The expressed views of the client and/or their carer should be used as the basis for determining whether the client is recorded as having an informal carer or not.

When asking a client whether they have an informal carer, it is important for agencies or establishments to recognise that a carer does not always live with the person for whom they care. That is, a person providing significant care and assistance to the client does not have to live with the client in order to be called an informal carer.

Collection methods:

Agencies or establishments and service providers may collect this item at the beginning of each service episode and /or assess this information at subsequent assessments.

Some agencies, establishments/providers may record this information historically so that they can track changes over time. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date.

Examples of questions used for data collection include:

Home and Community Care NMDS

'Do you have someone who helps look after you?'

Commonwealth State/Territory Disability Agreement NMDS

*'Does the service user have an informal carer, such as **family** member, friend or neighbour, who provides care and assistance on a regular and sustained basis?'*

Comments:

Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer is a significant risk factor contributing to institutionalisation. Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

This definition of informal carer is not the same as the Australian Bureau of Statistics (ABS) definition of principal carer, 1993 Disability, Ageing and Carers Survey and primary carer used in the 1998 survey. The ABS definitions require that the carer has or will provide care for a certain amount of time and that they provide certain types of care.

The ABS defines a primary carer as a person of any age who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self care). This may not be appropriate for community services agencies wishing to obtain information about a person's carer regardless of the

amount of time that care is for, or the types of care provided. Information such as the amount of time for which care is provided can of course be collected separately but, if it were not needed, it would place a burden on service providers.

Source and reference attributes

<i>Origin:</i>	Australian Institute of Health and Welfare National Health Data Committee National Community Services Data Committee
<i>Reference documents:</i>	Australian Bureau of Statistics (ABS) 1993 Disability, Ageing and Carers Survey and 1998 survey. Australian Institute of Health and Welfare (2005) Commonwealth State/Territory Disability Agreement National Minimum Data Set collection (CSTDA NMDS) Data Guide: 2005-06. National HACC Minimum Data Set User Guide Version 2 July 2005. Home and Community Care (HACC) Program.

Relational attributes

<i>Related metadata references:</i>	Supersedes Person (requiring care)—carer availability status, code N NHIG, Superseded 04/07/2007, NCSIMG, Superseded 02/05/2006
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<i>Implementation in Data Set Specifications:</i>	Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007
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Information specific to this data set:

Informal carers are now present in 1 in 20 households in Australia (Schofield HL, Herrman HE, Bloch S, Howe A and Singh B. ANZ J PubH. 1997) and are acknowledged as having a very important role in the care of stroke survivors (Stroke Australia Task Force. National Stroke Strategy. NSF; 1997) and in those with end-stage renal disease.

Absence of a carer may also preclude certain treatment approaches (for example, home dialysis for end-stage renal disease). Social isolation has also been shown to have a negative impact on prognosis in males with known coronary artery disease with several studies suggesting increased mortality rates in those living alone or with no confidant.

Commonwealth State/Territory Disability Agreement NMDS - 1 July 2006 NCSIMG, Standard 27/04/2007

Length of stay (including leave days) ▾

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care—length of stay (including leave days), total N[NN]
<i>METeOR identifier:</i>	329889
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>Definition:</i>	The total length of stay (LOS) of a patient, including leave days, measured in days.

Data element concept attributes

<i>Data element concept:</i>	Episode of admitted patient care—length of stay (including leave days)
<i>Definition:</i>	The length of stay of a patient measured in days.
<i>Object class:</i>	Episode of admitted patient care
<i>Property:</i>	Length of stay

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	N[NN]
<i>Maximum character length:</i>	3
<i>Unit of measure:</i>	Day

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Formula: LOS (including leave days) = separation date - admission date Total LOS is calculated by subtracting the patient's date of admission from their date of separation. It includes contract days and leave days.</p> <p>For babies born in hospital: 1) only calculate the total LOS of live births and 2) their admission date is the same as their date of birth.</p> <p>A same-day patient should be allocated a length of stay of one day.</p> <p>Total LOS relates to the episode of care associated with the birth. Babies born before arrival and still births are not within scope of this data element and should not have a total length of stay reported.</p>
<i>Comments:</i>	All admitted patient episodes of care where it is required to

◆ **New data item**

▾ **Revised data item**

know the total LOS in hospital (including leave days).

Source and reference attributes

Submitting organisation:

National Perinatal Data Development Committee

Origin:

National Health Data Committee

Relational attributes

Related metadata references:

Is formed using Episode of admitted patient care—separation date, DDMMYYYY NHIG, Standard 01/03/2005

Is formed using Episode of admitted patient care—admission date, DDMMYYYY NHIG, Standard 01/03/2005

Supersedes Episode of admitted patient care—length of stay (including leave days), total N[NN] NHIG, Superseded 04/07/2007

Length of stay (including leave days) (antenatal) ▾

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care—length of stay (including leave days) (antenatal), total N[NN]
<i>METeOR identifier:</i>	290577
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>Definition:</i>	The length of stay (LOS) of a woman before the birth of her baby, including leave days, measured in days.
<i>Context:</i>	Perinatal

Data element concept attributes

<i>Data element concept:</i>	Episode of admitted patient care—length of stay (including leave days)
<i>Definition:</i>	The length of stay of a patient measured in days.
<i>Object class:</i>	Episode of admitted patient care
<i>Property:</i>	Length of stay

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	N[NN]
<i>Maximum character length:</i>	3
<i>Unit of measure:</i>	Day

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Formula:</p> <p>LOS (antenatal) = baby's date of birth - mother's admission date</p> <p>Antenatal LOS is calculated by subtracting the mother's admission date from the baby's date of birth. It includes contract days and leave days.</p> <p>If the mother's admission date and the baby's date of birth are on the same date, count the LOS as 1 day.</p> <p>Antenatal length of stay refers only to the admission associated with the birth.</p> <p>Antenatal LOS relates only to the episode of admitted patient care associated with the birth.</p> <p>In a multiple pregnancy, the date of birth of the first baby born should be used to calculate the mother's antenatal LOS.</p> <p>To calculate the total LOS, use the data element - Episode of</p>
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admitted patient care - length of stay (including leave days) total.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Relational attributes

Related metadata references: Is formed using Person—date of birth, DDMMYYYY NHIG, Standard 04/05/2005, NCSIMG, Standard 25/08/2005, NHDAMG, Standard 20/06/2005
Is formed using Episode of admitted patient care—admission date, DDMMYYYY NHIG, Standard 01/03/2005
Supersedes Episode of admitted patient care (antenatal)—length of stay (including leave days), total N[NN] NHIG, Superseded 04/07/2007

Length of stay (including leave days) (postnatal) ▾

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care—length of stay (including leave days) (postnatal), total N[NN]
<i>METeOR identifier:</i>	300076
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>Definition:</i>	The length of stay (LOS) of a woman following the birth of her baby, including leave days, measured in days.
<i>Context:</i>	Perinatal.

Data element concept attributes

<i>Data element concept:</i>	Episode of admitted patient care—length of stay (including leave days)
<i>Definition:</i>	The length of stay of a patient measured in days.
<i>Object class:</i>	Episode of admitted patient care
<i>Property:</i>	Length of stay

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	N[NN]
<i>Maximum character length:</i>	3
<i>Unit of measure:</i>	Day

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Formula:</p> <p>LOS (postnatal) = mother's separation date - baby's date of birth</p> <p>Postnatal LOS is calculated by subtracting the baby's date of birth from the mother's date of separation. It includes contract days and leave days.</p> <p>If the mother's separation date and the baby's date of birth are on the same date, count the LOS as 1 day.</p> <p>In a multiple pregnancy, the date of birth of the first baby born should be used to calculate the mother's postnatal LOS.</p> <p>Postnatal length of stay refers only to the episode of care associated with the birth.</p> <p>To calculate the total length of stay, use the data element - Episode of admitted patient care - length of stay (including leave days) total.</p>
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Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Relational attributes

Related metadata references: Is formed using Episode of admitted patient care—separation date, DDMMYYYY NHIG, Standard 01/03/2005
Is formed using Person—date of birth, DDMMYYYY NHIG, Standard 04/05/2005, NCSIMG, Standard 25/08/2005, NHDAMG, Standard 20/06/2005
Supersedes Episode of admitted patient care (postnatal)—length of stay (including leave days), total N[NN] NHIG, Superseded 04/07/2007

Main occupation of person ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person—occupation (main), code (ANZSCO 1st edition) N[NNN]{NN}
<i>METeOR identifier:</i>	350899
<i>Registration status:</i>	NHIG, Standard 04/07/2007 NCSIMG, Standard 27/03/2007
<i>Definition:</i>	The job in which the person is principally engaged, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person—occupation (main)
<i>Definition:</i>	The job in which the person is principally engaged.
<i>Object class:</i>	Person
<i>Property:</i>	Occupation

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian and New Zealand Standard Classification of Occupations, First edition, 2006
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	N[NNN]{NN}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A job in any given establishment is a set of tasks designed to be performed by one individual in return for a wage or salary. For persons with more than one job, the main job is the one in which the person works the most hours.</p> <p>Caution is advised in its use with regard to service providers as their activity as a service provider may not be their main occupation.</p>
<i>Collection methods:</i>	<p>This metadata item should only be collected from people whose Labour force status is employed.</p> <p>Occupation is too complex and diverse an issue to fit neatly into any useable small group of categories. Therefore ABS recommend that this metadata item be collected by using the following two open-ended questions:</p> <p>Q1. In the main job held last week (or other recent reference</p>

◆ New data item

▽ Revised data item

period), what was your/the person's occupation?

Q2. What are the main tasks that you/the person usually perform(s) in that occupation? The information gained from these two questions can then be used to select an appropriate code from the ANZSCO at any of the available levels (see Guide for use section).

If only one question is asked, question one should be used. The use of question one only, however, sometimes elicits responses which do not provide a clear occupation title and specification of tasks performed. As a result accurate coding at unit group or occupation level may not be possible.

While agencies are encouraged to use the recommended question described above, it is acknowledged that this is not always possible in practice. For example, where the data collection is a by-product of the provision of a health or community service, the information may be ascertained using different means. However, due to the complexities of the metadata item 'Main occupation of person', this will result in inaccurate information. The recommended question should be used wherever possible.

Comments:

This metadata item may be useful in gaining an understanding of a clients situation and needs. For example, the occupation of a person with a disability may be directly relevant to the type of aids that they require.

National Health Data Dictionary (NHDD) specific:

Injury surveillance - There is considerable user demand for data on occupation-related injury and illness, including from Worksafe Australia and from industry, where unnecessary production costs are known in some areas and suspected to be related to others in work-related illness, injury and disability.

Source and reference attributes

Origin:

Australian Bureau of Statistics 2006. Australian New Zealand Standard Classification of Occupations (ANZSCO) (Cat. no. 1220.0) (First edition), Viewed 13 March 2007.

Relational attributes

Related metadata references:

Supersedes Person—occupation (main), code (ASCO 2nd edn) N[NNN]{-NN} NHIG, Superseded 04/07/2007, NCSIMG, Superseded 27/03/2007, NHDAMG, Standard 10/02/2006
See also Person—labour force status, code N NHIG, Standard 01/03/2005, NCSIMG, Standard 01/03/2005, NHDAMG, Standard 01/03/2005

Medicare eligibility status ▾

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person—eligibility status, Medicare code N
<i>METeOR identifier:</i>	351922
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>Definition:</i>	An indicator of a person's eligibility for Medicare at the time of the episode of care, as specified under the Commonwealth Health Insurance Act 1973, as represented by a code.
<i>Context:</i>	Admitted patient care: To facilitate analyses of hospital utilisation and policy relating to health care financing.

Data element concept attributes

<i>Data element concept:</i>	Person—eligibility status
<i>Definition:</i>	An indicator of a person's eligibility to receive a service as determined by an assessment.
<i>Object class:</i>	Person
<i>Property:</i>	Eligibility status

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare
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Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	Number						
<i>Format:</i>	N						
<i>Maximum character length:</i>	1						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Eligible</td></tr><tr><td>2</td><td>Not eligible</td></tr></tbody></table>	Value	Meaning	1	Eligible	2	Not eligible
Value	Meaning						
1	Eligible						
2	Not eligible						
<i>Supplementary values:</i>	<table><tbody><tr><td>9</td><td>Not stated/unknown</td></tr></tbody></table>	9	Not stated/unknown				
9	Not stated/unknown						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Eligible persons are <ul style="list-style-type: none">• Permanent residents of Australia• Persons who have an application for permanent residence (not an aged parent visa), and have either:<ul style="list-style-type: none">- a spouse, parent or child who is an Australian citizen or
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◆ New data item

▾ Revised data item

permanent resident, OR

- authority from Department of Immigration and Multicultural and Indigenous Affairs to work

- Foreign spouses of Australian residents:
- must have an application for permanent residence, as above
- Asylum seekers who have been issued with valid temporary visas. The list of visas is subject to changes which may be applied by the Department of Immigration and Multicultural Affairs.
- American Fulbright scholars studying in Australia (but not their dependents)
- Diplomats and their dependants from reciprocal health countries (excluding New Zealand and Norway) have full access to Medicare without the restrictions for American Fulbright scholars.

Reciprocal health care agreements

Residents of countries with whom Australia has Reciprocal health care agreements are also eligible under certain circumstances. Australia has Reciprocal Health Care Agreements with Ireland, Italy, Finland, Malta, the Netherlands, New Zealand, Norway, Sweden and the United Kingdom. These Agreements give visitors from these countries access to Medicare and the Pharmaceutical Benefits Scheme for the treatment of an illness or injury which occurs during their stay, and which requires treatment before returning home (that is, these Agreements cover immediately necessary medical treatment, elective treatment is not covered). The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient in any kind of hospital.

- The Agreements with Finland, Italy, Malta, the Netherlands, Norway, Sweden and the United Kingdom provide free care as a public patient in public hospitals, subsidised out-of-hospital medical treatment under Medicare, and subsidised medicines under the Pharmaceutical Benefits Scheme.

- The Agreements with New Zealand and Ireland provide free care as a public patient in public hospitals and subsidised medicines under the Pharmaceutical Benefits Scheme, but do not cover out-of-hospital medical treatment.

- Visitors from Italy and Malta are covered for a period of six months from the date of arrival in Australia only.

Eligible patients may elect to be treated as either a public or a private patient.

A newborn will usually take the Medicare eligibility status of the mother. However, the eligibility status of the father will be applied to the newborn if the baby is not eligible solely by virtue of the eligibility status of the mother.

For example, if the mother of a newborn is an ineligible person but the father is eligible for Medicare, then the newborn will be eligible for Medicare.

Not eligible/ineligible: means any person who is not Medicare eligible. Ineligible patients may not elect to be treated as a public

patient.

Prisoners are ineligible for Medicare, under Section 19 (2) of the Health Insurance Act 1973.

Relational attributes

Related metadata references:

Supersedes Person—eligibility status, Medicare code N NHIG,
Superseded 04/07/2007

Number of group sessions ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group sessions, total N[NNNNN]
<i>Synonymous names:</i>	Group occasions of service
<i>METeOR identifier:</i>	336900
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>Definition:</i>	The total number of groups of patients receiving services. Each group is to be counted once, irrespective of the size of the group of patients or the number of staff providing services.

Data element concept attributes

<i>Data element concept:</i>	Establishment—number of group sessions
<i>Definition:</i>	The number of groups of patients receiving services. Each group is to be counted once, irrespective of the size of the group or the number of staff providing services.
<i>Context:</i>	The resources required to provide services to groups of patients/clients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or clients should be counted separately from services to individuals.
<i>Object class:</i>	Establishment
<i>Property:</i>	Number of group sessions

Source and reference attributes

<i>Submitting organisation:</i>	Non-admitted patient NMDS Development Working Party, 2006
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Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	N[NNNNN]
<i>Maximum character length:</i>	6
<i>Unit of measure:</i>	Group session

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	A group is defined as two or more patients receiving the same services at the same time from the same hospital staff at the same clinics. The following guides for use apply: <ul style="list-style-type: none">• a group session is counted only for two or more patients
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◆ New data item

▽ Revised data item

attending in the capacity of patients in their own right, even if other non-patient persons are present for the service.

- Spouses, parents or carers attending the session are counted for the group session only if they are also participating in the service as a patient.
- A group session is counted for staff attending clinics only if they are attending as a patient in their own right. Staff training and education is excluded.
- A group session may be delivered by more than one provider. A group session is counted for two or more patients receiving the same services, even if more than one provider delivers that service simultaneously.
- Patients attending for treatment at a dialysis or a chemotherapy clinic are receiving individual services. Patients attending education sessions at chemotherapy or dialysis clinics are counted as group sessions, if two or more people are receiving the same services at the same time.

Collection methods:

Where a patient receives multidisciplinary care within one booked clinic appointment as part of a group, one group session shall be recorded, regardless of the number of providers involved. For example, if a group session is jointly delivered by a physiotherapist and an occupational therapist, one group session is counted for the patients attending that session.

Source and reference attributes

Submitting organisation:

Non-admitted patient NMDS Development Working Party, 2006

Relational attributes

Related metadata references:

Supersedes Establishment—number of group sessions, total N[NNNNN] NHIG, Superseded 04/07/2007

Implementation in Data Set Specifications:

Outpatient care NMDS NHIG, Standard 04/07/2007

Implementation start date: 01/07/2007

Number of occasions of service ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of occasions of service, total N[NNNNNN]
<i>Synonymous names:</i>	Individual occasions of service
<i>METeOR identifier:</i>	336947
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other service provided to a patient.

Data element concept attributes

<i>Data element concept:</i>	Establishment—number of occasions of service
<i>Definition:</i>	The number of occasions of examination, consultation, treatment or other service provided to a patient.
<i>Context:</i>	Occasions of service are required as a measure of non-admitted patient service provision.
<i>Object class:</i>	Establishment
<i>Property:</i>	Number of occasions of service

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	N[NNNNNN]
<i>Maximum character length:</i>	7
<i>Unit of measure:</i>	Occasion of service

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	The following guides for use apply: <ul style="list-style-type: none">• an occasion of service is counted for each person attending in the capacity of a patient in their own right, even if other non-patient persons are present for the service.• spouses, parents or carers attending the session are only counted if they are also participating in the service as a patient.• in the instance of a dependent child presenting to a clinic, the session is counted as a single Occasion of Service provided to the individual child for whom an event history is being recorded. Where parents/carers also attend in the capacity of patients themselves within a booked appointment, and
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◆ New data item

▽ Revised data item

receive the same services at the same time, the child and parent/carer can be counted as a group. In this instance a Group Session count would be recorded.

- An occasion of service is counted for staff attending clinics of public hospitals only if they are attending as patients in their own right. Staff education and training is excluded.
- Patients attending for treatment at a dialysis or a chemotherapy clinic are receiving individual services. Patients attending education sessions at chemotherapy or dialysis clinics are counted as group sessions, if two or more people receiving the same services at the same time.
- Where a patient receives the occasion of service is counted at the clinic of the public hospital where the patient is booked.
- Where a patient receives multidisciplinary care, within one booked clinic appointment by themselves, one occasion of service shall be recorded, regardless of the number of providers involved.
- Where patients have received more than one booked appointment, each appointment will be counted as one occasion of service. (Example: three booked appointments with all services provided on a single day will be counted as three occasions of service).
- The occasion of service count should be attributed to the clinic type associated with the booked appointment.
- Services to individual patients should be counted separately from services to groups of patients. An occasion of service is counted only for a service provided to an individual. Group sessions are reported separately under 'Establishment - number of group sessions total N[NNNNNN]'.

Collection methods:

Source and reference attributes

Submitting organisation: Non-admitted patient NMDS Development Working Party, 2006

Relational attributes

Related metadata references: See also Establishment—outpatient clinic type, code N[N] NHIG, Standard 04/07/2007

Supersedes Establishment—number of occasions of service, total N[NNNNNN] NHIG, Superseded 04/07/2007

Implementation in Data Set Specifications:

Outpatient care NMDS NHIG, Standard 04/07/2007
Implementation start date: 01/07/2007

Outpatient clinic type ▾

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—outpatient clinic type, code N[N]
<i>METeOR identifier:</i>	336952
<i>Registration status:</i>	NHIG, Standard 04/07/2007
<i>Definition:</i>	The organisational unit or organisational arrangement through which a hospital provides healthcare services in an outpatient setting, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Establishment—outpatient clinic type
<i>Definition:</i>	The organisational unit or organisational arrangement through which a hospital provides healthcare services in an outpatient setting.
<i>Context:</i>	Outpatient service activity.
<i>Object class:</i>	Establishment
<i>Property:</i>	Outpatient clinic type

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																														
<i>Data type:</i>	Number																														
<i>Format:</i>	N[N]																														
<i>Maximum character length:</i>	2																														
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Allied Health</td></tr><tr><td>2</td><td>Dental</td></tr><tr><td>3</td><td>Gynaecology</td></tr><tr><td>4</td><td>Obstetrics</td></tr><tr><td>5</td><td>Cardiology</td></tr><tr><td>6</td><td>Endocrinology</td></tr><tr><td>7</td><td>Oncology</td></tr><tr><td>8</td><td>Respiratory</td></tr><tr><td>9</td><td>Gastroenterology</td></tr><tr><td>10</td><td>Medical</td></tr><tr><td>11</td><td>General practice/primary care</td></tr><tr><td>12</td><td>Paediatric medical</td></tr><tr><td>13</td><td>Endoscopy</td></tr><tr><td>14</td><td>Plastic surgery</td></tr></tbody></table>	Value	Meaning	1	Allied Health	2	Dental	3	Gynaecology	4	Obstetrics	5	Cardiology	6	Endocrinology	7	Oncology	8	Respiratory	9	Gastroenterology	10	Medical	11	General practice/primary care	12	Paediatric medical	13	Endoscopy	14	Plastic surgery
Value	Meaning																														
1	Allied Health																														
2	Dental																														
3	Gynaecology																														
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7	Oncology																														
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9	Gastroenterology																														
10	Medical																														
11	General practice/primary care																														
12	Paediatric medical																														
13	Endoscopy																														
14	Plastic surgery																														

◆ New data item

▾ Revised data item

15	Urology
16	Orthopaedic surgery
17	Ophthalmology
18	Ear, nose and throat
19	Pre-admission and pre-anaesthesia
20	Chemotherapy
21	Dialysis
22	Surgery
23	Paediatric surgery
24	Renal medical

Collection and usage attributes

Guide for use:

The rules for allocating (mapping) clinic services to the clinic codes structure is the responsibility of each State and Territory and these rules need to be applied consistently within each State and Territory.

In most cases, reference to the code guide of permissible values will be adequate to map a hospital's clinics to the data domain. If not, general principles for mapping existing clinics to the data domain should take account of (a) the nature of the specialty, (b) patient characteristics, e.g. age, and (c) the field of practice of the service provider.

Where the patient characteristics have determined that a paediatric clinic type is appropriate, then further differentiation between surgical and medical is determined by (a) the nature of the specialty, and (b) the field of practice of the service provider. That is, paediatric medical would include any investigations, treatment(s) or services provided to a child which do not pertain to the surgical care of diseases or injuries.

In paediatric hospitals, the full range of clinic types should be used.

A guide for the permissible values of codes for the outpatient clinic types is as follows:

CODE 1 Allied Health

- Audiology.
- Clinical Pharmacology.
- Neuropsychology.
- Dietetics.
- Occupational therapy.
- Optometry.
- Orthoptics.
- Orthotics.
- Physiotherapy.
- Podiatry.
- Prosthetics.
- Psychology.
- Social work.

- Speech pathology.

Includes clinics specified in mapping list above run solely by these Allied Health (AH) professionals. Example: A speech Pathologist conducting a clinic with booked patients for speech pathology services.

Excludes services provided by AH professionals in clinics classified in codes 2-23. Example: a physiotherapist running a cardiac rehabilitation clinic is classified to the Cardiology Clinic (see code 5).

CODE 2 Dental

- Dental.

CODE 3 Gynaecology

- Gynaecology.
- Gynaecological oncology (excluding chemotherapy).
- Menopause.
- Assisted reproduction, infertility.
- Family planning.

CODE 4 Obstetrics

- Obstetrics.
- Childbirth education.
- Antenatal.
- Postnatal.

Excludes gestational diabetes (see code 6).

CODE 5 Cardiology

- Cardiac rehabilitation.
- ECG.
- Doppler.
- Cardiac stress test.
- Hypertension.
- Pacemaker.

Excludes cardiac catheterisation (see code 22).

CODE 6 Endocrinology

- Endocrine.
- Gestational diabetes.
- Thyroid.
- Metabolic.
- Diabetes.
- Diabetes education.

CODE 7 Oncology

- Oncology.
- Lymphoedema.
- Radiation oncology.

Excludes chemotherapy (see code 20).

Excludes gynaecological oncology (see code 3).

CODE 8 Respiratory

- Asthma.
- Asthma education.

- Respiratory; excludes tuberculosis (see code 10).
- Cystic Fibrosis.
- Sleep.
- Pulmonary.

CODE 9 Gastroenterology

- Gastroenterology.

Excludes endoscopy (see code 13).

CODE 10 Medical

- Aged care, geriatric, gerontology.
- Allergy.
- Anti-coagulant.
- Clinical Measurement; include with relevant specialty clinic type where clinical measurement services are specific to a specialty (see codes 1-23) e.g. urodynamic analysis is counted with Urology (see code 15).
- Dementia.
- Dermatology.
- Development disability.
- Epilepsy.
- Falls.
- General medicine.
- Genetic.
- Haematology, haemophilia.
- Hepatobiliary.
- Hyperbaric medicine.
- Immunology, HIV.
- Infectious diseases; Communicable diseases; Hep B, C; includes tuberculosis.
- Men's Health.
- Metabolic bone.
- Excludes Nephrology (see code 24); excludes renal (see code 24); excludes dialysis (see code 21).
- Neurology, neurophysiology.
- Occupational medicine.
- Other.
- Pain management
- Palliative.
- Refugee clinic.
- Rehabilitation; excludes cardiac rehabilitation (see code 5).
- Rheumatology.
- Sexual Health.
- Spinal.
- Stoma therapy.
- Transplants (excludes kidney transplants see code 24).
- Wound, Dressing clinic.

CODE 11 General practice/primary care

◆ New data item

▽ Revised data item

- General Practice, Primary Care.

Excludes Medicare billable patients; defined specialty general practice clinics only.

CODE 12 Paediatric Medical

- Adolescent health.
- Neonatology.
- Paediatric medicine.

In paediatric hospitals the full range of service types should be used. That is, paediatric medical should be reported as medical and paediatric surgery should be reported as surgery.

CODE 13 Endoscopy

Includes all occasions of service for endoscopy including cystoscopy, gastroscopy, oesophagoscopy, duodenoscopy, colonoscopy, bronchoscopy, laryngoscopy, sigmoidoscopy.

Care must be taken to ensure procedures for admitted patients are excluded from this category.

CODE 14 Plastic surgery

- Craniofacial.
- Melanoma.
- Plastic surgery.

CODE 15 Urology

- Urology.

Includes urodynamic measurement and IVPs.

CODE 16 Orthopaedic surgery

- Fracture.
- Hand.
- Orthopaedics Surgery.
- Other.
- Scoliosis.
- Neck of femur.

CODE 17 Ophthalmology

- Ophthalmology.
- Cataract extraction.
- Lens insertion.

CODE 18 Ear, nose and throat

- Ear, nose and throat.
- Otitis media.
- Oral.

CODE 19 Pre-admission and pre-anaesthesia

- Pre-admission.
- Pre-anaesthesia.

CODE 20 Chemotherapy

Includes all forms of chemotherapy.

CODE 21 Dialysis

Dialysis and includes renal dialysis education. See code 24 for Renal medicine

CODE 22 Surgery

- Cardiac.
- Vascular.
- Cardiac catheterisation.
- Colorectal.
- Upper GI surgery.
- General surgery.
- Neurosurgery.
- Other surgery.
- Thoracic surgery.

CODE 23 Paediatric surgery

In paediatric hospitals the full range of service types should be used. That is, paediatric medical should be reported as medical and paediatric surgery should be reported as surgery.

CODE 24 Renal Medical

- Renal Medicine.
- Nephrology.
- Includes pre and post transplant treatment, support and education.
- Excludes dialysis and renal dialysis education. See code 21

Source and reference attributes

Origin: National Centre for Classification in Health consultant's report to Outpatients National Minimum Data Set Development Working Group, September 2004.

Data element attributes

Collection and usage attributes

Guide for use: Does not include services provided through community health settings (such as community and child health centres).

Source and reference attributes

Submitting organisation: Non-admitted patient NMDS Development Working Group, 2006

Relational attributes

Related metadata references: Supersedes Establishment—outpatient clinic type, code N[N] NHIG, Superseded 04/07/2007
See also Establishment—number of occasions of service, total N[NNNNNN] NHIG, Standard 04/07/2007

Implementation in Data Set Specifications: Outpatient care NMDS NHIG, Standard 04/07/2007
Implementation start date: 01/07/2007

Provider occupation category (self-identified) ▾

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Individual service provider—occupation (self-identified), code (ANZSCO 1st edition) N[NNN]{NN}
<i>METeOR identifier:</i>	350896
<i>Registration status:</i>	NHIG, Standard 04/07/2007 NCSIMG, Standard 27/03/2007
<i>Definition:</i>	A health care occupation that an individual provider identifies as being one in which they provide a significant amount of services, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Individual service provider—occupation (self-identified)
<i>Definition:</i>	A health care occupation that an individual provider identifies as being one in which they provide a significant amount of services.
<i>Object class:</i>	Individual service provider
<i>Property:</i>	Occupation

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare
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Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian and New Zealand Standard Classification of Occupations, First edition, 2006
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	N[NNN]{NN}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	The following is a list of the more common health care occupations, however, it is not intended to represent all the possible health care occupations: Aboriginal and Torres Strait Islander Health Worker (ANZSCO code 411511) Acupuncturist (ANZSCO code 252211) Aged or disabled carer (ANZSCO code 423111) Ambulance officer (ANZSCO code 411111) Anaesthetist (ANZSCO code 253211)
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◆ New data item

▾ Revised data item

Audiologist (ANZSCO code 252711)
 Chiropractor (ANZSCO code 252111)
 Clinical psychologist (ANZSCO code 272311)
 Complementary Health Therapists nec (ANZSCO code 252299)
 Dental assistant (ANZSCO code 423211)
 Dental hygienist (ANZSCO code 411211)
 Dental specialist (ANZSCO code 252311)
 Dental technician (ANZSCO code 411213)
 Dental therapist (ANZSCO code 411214)
 Dentist (ANZSCO code 252312)
 Dermatologist(ANZSCO code 253911)
 Dietitian (ANZSCO code 251111)
 Drug and Alcohol Counsellor (ANZSCO code 272112)
 Enrolled nurse (ANZSCO code 411411)
 General medical practitioner (ANZSCO code 253111)
 Health professionals (ANZSCO code 25)
 Hospital pharmacist (ANZSCO code 251511)
 Intensive care ambulance paramedic (Aus) / ambulance
 paramedic (NZ) (ANZSCO code 411112)
 Massage therapist (ANZSCO code 411611)
 Medical diagnostic radiographer (ANZSCO code 251211)
 Medical practitioners nec (ANZSCO code 253999)
 Medical radiation therapist (ANZSCO code 251212)
 Midwife (ANZSCO code 254111)
 Naturopath (ANZSCO code 252213)
 Nuclear medicine technologist (ANZSCO code 251213)
 Nurse educator (ANZSCO code 254211)
 Nurse manager (ANZSCO code 254311)
 Nurse practitioner (ANZSCO code 254411)
 Nurse researcher (ANZSCO code 254212)
 Nursing assistant support worker (ANZSCO code 423312)
 Occupational therapist (ANZSCO code 252411)
 Ophthalmologist (ANZSCO code 253914)
 Optometrist (ANZSCO code 251411)
 Orthoptist (ANZSCO code 251412)
 Orthotist or Prosthetist (ANZSCO code 251912)
 Osteopath (ANZSCO code 252112)
 Paediatrician (ANZSCO code 253321)
 Pathologist (ANZSCO code 253915)
 Physiotherapist (ANZSCO code 252511)
 Podiatrist (ANZSCO code 252611)
 Psychiatrist (ANZSCO code 253411)
 Psychologists nec (ANZSCO code 272399)
 Radiologist (ANZSCO code 253916)
 Registered nurse (developmental disability)(ANZSCO code
 254416)
 Registered nurse (mental health)(ANZSCO code 254422)

◆ New data item

▽ Revised data item

Registered Nurses nec (ANZSCO code 254499)
 Rehabilitation counsellor (ANZSCO code 272114)
 Retail pharmacist (ANZSCO code 251513)
 Social worker (ANZSCO code 272511)
 Sonographer (ANZSCO code 251214)
 Specialist physician(general medicine) (ANZSCO code 253311)
 Speech pathologist (Aus) / speech language therapist (N.Z)
 (ANZSCO code 252712)
 Surgeon (general) (ANZSCO code 253511)
 Therapy aide (ANZSCO code 423314)

Collection methods:

Data is collected at the time a health care provider identification record is created.

Multiple instances of health care occupation may be collected where the individual provides a significant amount of services in more than one category. For example, a dentist who is also a medical practitioner may practice as both.

Record as many as apply.

Accurate data are best achieved using computer assisted coding. A computer assisted coding system is available from the ABS to assist in coding occupational data to ANZSCO codes.

Data coded at the 4-digit and 6-digit level will provide more detailed information than that collected at the higher levels and may be more useful. However, the level at which data are coded and reported will depend on the purpose of collecting this information.

Comments:

ANZSCO defines 'occupation' as 'a set of jobs with similar sets of tasks'. Operationally this is defined as 'a collection of jobs which are sufficiently similar in their main tasks to be grouped together for purposes of the classification'. Job is defined as 'a set of tasks designed to be performed by one individual for a wage or salary'.

Source and reference attributes

Reference documents:

In AS4846 this data element is referred to as 'Provider main field of practice'.

Relational attributes

Related metadata references:

Supersedes Individual service provider—occupation (self-identified), code (ASCO 2nd edn) N[NNN]{-NN} NHIG, Superseded 04/07/2007, NCSIMG, Superseded 27/03/2007

Implementation in Data Set Specifications:

Health care provider identification DSS NHIG, Standard 04/07/2007

Classifications

Australian and New Zealand Standard Classification of Occupations, First edition, 2006 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Classification Scheme
<i>Synonymous names:</i>	ANZSCO 1st edition
<i>METeOR identifier:</i>	350882
<i>Registration status:</i>	NHIG, Standard 04/07/2007 NCSIMG, Standard 27/03/2007
<i>Definition:</i>	The Australian Bureau of Statistics (ABS) classification for occupations.
<i>Classification structure:</i>	The structure of ANZSCO has five hierarchical levels - major group, sub-major group, minor group, unit group and occupation. The categories at the most detailed level of the classification are termed 'occupations'. These are grouped together to form 'unit groups', which in turn are grouped into 'minor groups'. Minor groups are aggregated to form 'sub-major groups' which in turn are aggregated at the highest level to form 'major groups'. These are the same hierarchical levels that are used in ASCO Second Edition and NZSCO 1999.

Conceptual model

ANZSCO is a skill-based classification used to classify all occupations and jobs in the Australian and New Zealand labour markets.

To do this, ANZSCO identifies a set of occupations covering all jobs in the Australian and New Zealand labour markets, defines these occupations according to their attributes and groups them on the basis of their similarity into successively broader categories for statistical and other types of analysis. The individual objects classified in ANZSCO are jobs.

In ANZSCO, occupations are organised into progressively larger groups on the basis of their similarities in terms of both skill level and skill specialisation.

The conceptual model adopted for ANZSCO uses a combination of skill level and skill specialisation as criteria to design major groups which are meaningful and useful for most purposes. The eight major groups are formed by grouping together sub-major groups using aspects of both skill level and skill specialisation. In designing the major groups, intuitive appeal and usefulness in both statistical and administrative applications were also important considerations.

The skill level criterion is applied as rigorously as possible at the second level of the classification, the sub-major group level, together with a finer application of skill specialisation than that applied at the major group level. Each sub-major group is made up of a number of minor groups.

Minor groups are distinguished from each other mainly on the basis of a finer application of skill specialisation than that applied at the sub-major group level. Within minor groups, unit groups are distinguished from each other on the basis of skill specialisation and, where necessary, skill level.

Virtually all unit groups are at one skill level. There are only

eight unit groups which contain occupations at more than one skill level. In all but two of these unit groups, the vast majority of jobs classified to the unit group are at one skill level only. Data stored at unit group level can therefore be aggregated by skill level with a high degree of validity.

Within unit groups, the distinction between occupations amounts to differences between tasks performed in occupations. All occupations are at one skill level.

As a result, data classified at the major group level will provide only a broad indication of skill level. Data at the sub-major group level will provide a satisfactory indication of skill level for many analytical purposes. Data classified at the unit group level will provide an accurate indication of skill level. Unit groups can, therefore, be aggregated by skill level to provide an indicative measure of occupations classified by skill level.

Source and reference attributes

Origin: Australian Bureau of Statistics 2006. Australian and New Zealand Standard Classification of Occupations, First Edition, Cat no. 1220.0 Canberra: ABS. Viewed 13 March 2007.

Relational attributes

Related metadata references: Supersedes Australian Standard Classification of Occupations 2nd edition NHIG, Superseded 04/07/2007, NCSIMG, Superseded 27/03/2007, NHDAMG, Standard 01/03/2005

Value Domains based on this Classification Scheme: Occupation code (ANZSCO 1st edition) N[NNN]{NN} NHIG, Standard 04/07/2007
NCSIMG, Standard 27/03/2007