

**National health data dictionary
Summary of updates since
Version 13.2**

(from Jul 2007 to Feb 2008)

© Australian Institute of Health and Welfare 2008

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Business Promotion, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

Any enquiries about or comments on this publication should be directed to:

National Data Development and Standards Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Email: datadevelopment@aihw.gov.au

Phone: (02) 6244 1222 Fax: (02) 6244 1166

List of metadata items

Data Element Technical Names	v
Summary of updates to the National health data dictionary (NHDD) version 13.2	1
National minimum data sets	6
Admitted patient care NMDS 2008-2009 ▽	7
Admitted patient mental health care NMDS 2008-2009 ▽	10
Admitted patient palliative care NMDS 2008-09 ▽	12
Alcohol and other drug treatment services NMDS 2008-2009 ▽	14
Community mental health care NMDS 2008-2009 ▽	16
Government health expenditure NMDS 2008-2009 ♦	17
Government health expenditure function revenue data cluster ♦	19
Government health expenditure organisation expenditure data cluster ♦	20
Government health expenditure organisation revenue data element cluster ♦	21
Mental health establishments NMDS 2008-2009 ▽	22
Non-admitted patient emergency department care NMDS 2008-2009 ▽	27
Perinatal NMDS 2008-2009 ▽	29
Public hospital establishments NMDS 2008-2009 ▽	30
Residential mental health care NMDS 2008-2009 ▽	35
Data set specifications	37
Injury surveillance DSS ▽	38
Palliative care performance indicators DSS ♦	39
Data elements	41
Activity when injured ▽	42
Additional diagnosis ▽	44
Administrative health region name ♦	47
Administrative health region palliative care strategic plan indicator ♦	48
Area of usual residence ▽	50
Australian State/Territory identifier (jurisdiction) ♦	53
Cancer treatment – target site (ICD-10-AM) ▽	55
Complication of labour and delivery ▽	56
Condition onset flag ▽	58
Coordinator of volunteers indicator ♦	61
Depreciation expenses ♦	63
Employee expenses ♦	65
External cause (admitted patient) ▽	67
Feedback collection indicator ♦	69
Feedback collection method ♦	71
Geographical location of establishment ▽	73
Geographical location of service delivery outlet ▽	75
Health industry relevant organisation type ♦	77
Level of palliative care service ♦	88
Maternal medical conditions ▽	90
Most common service delivery setting ♦	92
Neonatal morbidity ▽	94
Organisation expenses, total Australian currency ♦	95

♦ New Data item ▽ Revised data item

Organisation revenues ♦	98
Palliative care agency service delivery setting ♦	100
Partner organisation type ♦	102
Place of occurrence of external cause of injury (ICD-10-AM) ▽	104
Postpartum complication ▽	106
Primary site of cancer (ICD-10-AM code) ▽	108
Principal diagnosis ▽	110
Procedure ▽	113
Purchase of goods and services ♦	115
Revenue – other ▽	117
Revenue – patient ▽	118
Revenue – recoveries ▽	119
Source of public and private revenue ♦	120
Standards assessment indicator ♦	126
Standards assessment level ♦	128
Standards assessment method ♦	130
Surgical treatment procedure for cancer ▽	132
Type of health or health related function ♦	134
Working partnership indicator ♦	145
Classifications	147
Australian Classification of Health Interventions (ACHI) 6th edition ▽	148
Australian Standard Geographical Classification 2007 ▽	149
International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition ▽	150
Glossary items	152
Ambulatory care ♦	153
Palliative care agency ♦	154
Public health ♦	155
Revenue (other revenue) ♦	156
Revenue (patient) ♦	157
Revenue (recoveries) ♦	158

Data Element Technical Names

Administrative health region – palliative care strategic plan indicator, yes/no code N	48
Administrative health region – region name, text [A(80)]	47
Admitted patient (neonate) – neonatal morbidity, code (ICD-10-AM 6th edn) ANN{.N[N]}	94
Birth event – complication (postpartum), code (ICD-10-AM 6th edn) ANN{.N[N]}	106
Birth event – complication, code (ICD-10-AM 6th edn) ANN{.N[N]}	56
Cancer treatment – surgical procedure for cancer, procedure code (ACHI 6th edn) NNNNN-NN	132
Cancer treatment – target site for cancer treatment, code (ICD-10-AM 6th edn) ANN{.N[N]}	55
Episode of admitted patient care – condition onset flag, code N	58
Episode of admitted patient care – procedure, code (ACHI 6th edn) NNNNN-NN	113
Episode of care – additional diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	44
Episode of care – principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	110
Establishment – geographical location, code (ASGC 2007) NNNNN	73
Establishment – revenue (other revenue) (financial year), total Australian currency N[N(8)]	117
Establishment – revenue (patient) (financial year), total Australian currency N[N(8)]	118
Establishment – revenue (recoveries) (financial year), total Australian currency N[N(8)]	119
Female (pregnant) – maternal medical condition, code (ICD-10-AM 6th edn) ANN{.N[N]}	90
Health industry relevant organisation – main activity type, code NNN	77
Health industry relevant organisation – source of revenue, public and private code NNN	120
Injury event – activity type, code (ICD-10-AM 6th edn) ANNNN	42
Injury event – external cause, code (ICD-10-AM 6th edn) ANN{.N[N]}	67
Injury event – place of occurrence, code (ICD-10-AM 6th edn) ANN{.N[N]}	104
Jurisdiction – Australian state/territory identifier, code N	53
Organisation – depreciation expenses, total Australian currency NNNNN.N	63
Organisation – employee related expenses, total Australian currency NNNNN.N	65
Organisation – expenses, total Australian currency NNNNN.N	95
Organisation – purchase of goods and services, total Australian currency NNNNN.N	115
Organisation – revenue, total Australian currency NNNNN.N	98
Organisation – type of health or health related function, code NNN	134
Person with cancer – primary site of cancer, code (ICD-10-AM 6th edn) ANN{.N[N]}	108
Person – area of usual residence, geographical location code (ASGC 2007) NNNNN	50
Service delivery outlet – geographic location, code (ASGC 2007) NNNNN	75
Service provider organisation – coordinator of volunteers indicator, yes/no code N	61
Service provider organisation – feedback collection indicator, yes/no code N	69
Service provider organisation – feedback collection method, code N	71
Service provider organisation – level of service delivery, palliative care code N	88
Service provider organisation – most common service delivery setting, code N	92
Service provider organisation – partner organisation type, palliative care code N[N]	102
Service provider organisation – service delivery setting, palliative care agency code N	100
Service provider organisation – standards assessment indicator, yes/no code N	126
Service provider organisation – standards assessment level, code N	128
Service provider organisation – standards assessment method, code N	130
Service provider organisation – working partnership indicator, yes/no code N	145

Summary of updates to the National health data dictionary (NHDD) version 13.2

The purpose of this document is to inform users of updates to the NHDD version 13.2 posted on METeOR in August 2007. This reflects changes to national health data standards between the July 2007 (when it was last downloaded) and the 5th February 2008. One national minimum data set, one data set specification, twenty two data elements and three glossary items have been added to the NHDD. Other changes include the revision of twenty data elements, ten national minimum data sets, one data set specification, four classifications and one glossary item. As a result of standards being revised twenty data elements, ten national minimum data sets, one data set specification, four classifications and one glossary item have been superseded. No national standards have been retired since version 13.2 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) now known as the National Electronic Health Information Principal Committee (NEHIPC).

Summary table of updates to the NHDD version 13.2

Registration status	National Minimum Data Sets	Data Set Specifications	Data elements	Classifications	Glossary items
Standards (new)	1	1	22	0	2
Standards (revised)	10	1	20	3	0
Superseded	10	1	20	3	0
Retired	0	0	0	0	0

Revised National minimum data sets

NMDS	Description of change	Data elements revised	Data elements added	Data elements removed
Admitted patient care NMDS 2008-2009	Revised scope statement which provides information about the purpose of the NMDS. Revision to seven data elements and the addition of one data element.	Activity when injured Additional diagnosis Area of usual residence External cause (admitted patient) Place of occurrence of external cause of injury (ICD-10-AM) Principal diagnosis Procedure	Condition onset flag	Nil
Admitted patient mental health care NMDS 2008-2009	Revisions to three data elements.	Additional diagnosis Area of usual residence Principal diagnosis	Nil	Nil
Admitted patient palliative care NMDS 2008-09	Revisions to three data elements.	Additional diagnosis Area of usual residence	Nil	Nil

◆ New Data item

∇ Revised data item

NMDS	Description of change	Data elements revised	Data elements added	Data elements removed
		Principal diagnosis		
Alcohol and other drug treatment services NMDS 2008-2009	Revision to one data element.	Area of usual residence	Nil	Nil
Community mental health care NMDS 2008-2009	Revisions to two data elements.	Area of usual residence Principal diagnosis	Nil	Nil
Mental health establishments NMDS 2008-2009	Revision to one data element.	Geographical location of establishment	Nil	Nil
Non-admitted patient emergency department care NMDS 2008-2009	Revision to one data element.	Area of usual residence	Nil	Nil
Perinatal NMDS 2008-2009	Revision to one data element.	Area of usual residence	Nil	Nil
Public hospital establishments NMDS 2008-2009	Revision to one data element.	Geographical location of establishment	Nil	Nil
Residential mental health care NMDS 2008-2009	Revisions to three data elements.	Additional diagnosis Area of usual residence Principal diagnosis	Nil	Nil

New National minimum data sets since 01/07/2007

Name	Description
Government health expenditure NMDS 2008-2009	The scope of this dataset is direct government and government-funded expenditure on health and health-related goods and services.

Revised Data set specifications since 01/07/2007

DSS	Description of change	Data elements revised	Data elements added	Data elements removed
Injury surveillance DSS	Revisions to three data elements.	Activity when injured External cause (admitted patient) Place of occurrence of external cause of injury	Nil	Nil

New Data set specifications since 01/07/2007

Name	Description
Palliative care performance indicator DSS	This data set specification collects information about all government-funded palliative care agencies. It specifies information for collection about all administrative health regions, and whether they have developed strategic plans which incorporate specified palliative care elements.

Revised data elements in NHDD since 01/07/2007

Short name	Technical name	Description of change
Activity when injured	Injury event—activity type, code (ICD-10-AM 6th edn) ANNNN	Revisions are a result of the release of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition (ICD-10-AM-6 th edn)
Additional diagnosis	Episode of care—additional diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Area of usual residence	Person—area of usual residence, geographical location code (ASGC 2007) NNNNN	Revisions are a result of the release of the Australian Standard Geographical Classification 2007.
Cancer treatment—target site (ICD-10-AM)	Cancer treatment—target site for cancer treatment, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Complication of labour and delivery	Birth event—complication, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Condition onset flag	Episode of admitted patient care—condition onset flag, code N	Technical name changed from Episode of admitted patient care—diagnosis onset type, code N and Short name changed from Diagnosis onset type. Definition changed to clarify its meaning. Changes to the Value domain and guide for use and comments made o clarify the use of this data element.
External cause (admitted patient)	Injury event—external cause, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Geographical location of establishment	Establishment—geographical location, code (ASGC 2007) NNNNN	Revisions are a result of the release of the Australian Standard Geographical Classification 2007.
Geographical location of service delivery outlet	Service delivery outlet—geographic location, code (ASGC 2007) NNNNN	Revisions are a result of the release of the Australian Standard Geographical Classification 2007.
Maternal medical conditions	Female (pregnant)—maternal medical condition, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Neonatal morbidity	Admitted patient (neonate)—neonatal morbidity, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Place of occurrence of external cause of injury (ICD-10-AM)	Injury event—place of occurrence, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Postpartum complication	Birth event—complication (postpartum), code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Primary site of cancer (ICD-10-AM code)	Person with cancer—primary site of cancer, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Principal diagnosis	Episode of care—principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	Revisions are a result of the release of the ICD-10-AM-6 th edition.
Procedure	Episode of admitted patient care—procedure, code (ACHI 6th edn) NNNNN-NN	Revisions are a result of the release of the Australian Classification of Health Interventions (ACHI) 6th edition
Revenue—other	Establishment—revenue (other revenue) (financial year), total Australian currency N[N(8)]	Revisions are to the definition of property for consistency with the Australian Accounting Standards Board 118 (2007) definition for revenue.
Revenue—patient	Establishment—revenue (patient) (financial year), total Australian currency N[N(8)]	Revisions are to the definition of property for consistency with the

Short name	Technical name	Description of change
		Australian Accounting Standards Board 118 (2007) definition for revenue.
Revenue—recoveries	Establishment—revenue (recoveries) (financial year), total Australian currency N[N(8)]	Revisions are to the definition of property for consistency with the Australian Accounting Standards Board 118 (2007) definition for revenue.
Surgical treatment procedure for cancer	Cancer treatment—surgical procedure for cancer, procedure code (ACHI 6th edn) NNNNN-NN	Revisions are a result of the release of the ICD-10-AM-6 th edition.

New data elements in NHDD since 01/07/2007

Short name	Technical name
Administrative health region name	Administrative health region—region name, text [A(80)]
Administrative health region palliative care strategic plan indicator	Administrative health region—palliative care strategic plan indicator, yes/no code N
Australian State/Territory identifier (jurisdiction)	Jurisdiction—Australian state/territory identifier, code N
Coordinator of volunteers indicator	Service provider organisation—coordinator of volunteers indicator, yes/no code N
Depreciation expenses	Organisation—depreciation expenses, total Australian currency NNNNN.N
Employee expenses	Organisation—employee related expenses, total Australian currency NNNNN.N
Feedback collection indicator	Service provider organisation—feedback collection indicator, yes/no code N
Feedback collection method	Service provider organisation—feedback collection method, code N
Health industry relevant organisation type	Health industry relevant organisation—main activity type, code NNN
Level of palliative care service	Service provider organisation—level of service delivery, palliative care code N
Most common service delivery setting	Service provider organisation—most common service delivery setting, code N
Organisation expenses, total Australian currency	Organisation—expenses, total Australian currency NNNNN.N
Organisation revenues	Organisation—revenue, total Australian currency NNNNN.N
Palliative care agency service delivery setting	Service provider organisation—service delivery setting, palliative care agency code N
Partner organisation type	Service provider organisation—partner organisation type, palliative care code N[N]
Purchase of goods and services	Organisation—purchase of goods and services, total Australian currency NNNNN.N
Source of public and private revenue	Health industry relevant organisation—source of revenue, public and private code NNN
Standards assessment indicator	Service provider organisation—standards assessment indicator, yes/no code N
Standards assessment level	Service provider organisation—standards assessment level, code N
Standards assessment method	Service provider organisation—standards assessment method, code N
Type of health or health related function	Organisation—type of health or health related function, code NNN
Working partnership indicator	Service provider organisation—working partnership indicator, yes/no code N

Revised classification schemes since 01/07/2007

Name	Description of change
Australian Classification of Health Interventions (ACHI) 6th edition	Revisions are a result of the release of the Australian Classification of Health Interventions (ACHI) 6th edition
Australian Standard Geographical Classification 2007	Revisions are a result of the release of the Australian Standard Geographical Classification 2007.
International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition	Revisions are a result of the release of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition (ICD-10-AM-6 th edn)

New glossary items since 01/07/2007

Name	Description
Ambulatory care	Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. Used in the Government health expenditure NMDS.
Palliative care agency	A palliative care agency is an organisation or organisational sub-unit that provides specialist palliative care and receives Australian or state/territory government funding. Used in the Palliative care performance indicator DSS.
Public health	Organised response by society to protect and promote health, and to prevent illness, injury and disability. Used in the Government health expenditure NMDS.
Revenue (other revenue)	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). Used in the Government health expenditure NMDS
Revenue (patient)	Patient revenue comprises all revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. Used in the Government health expenditure NMDS.
Revenue (recoveries)	All revenue received that is in the nature of a recovery of expenditure incurred. Used in the Government health expenditure NMDS.

National minimum data sets

Admitted patient care NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	361679
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>The purpose of this National Minimum Data Set is to collect information about care provided to admitted patients in Australian hospitals.</p> <p>The scope is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.</p> <p>Hospital boarders and still births are not included as they are not admitted to hospital. Posthumous organ procurement episodes are also not included.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of care for admitted patients
<i>Collection methods:</i>	<p>Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (e.g. monthly).</p> <p><i>National reporting arrangements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	<p><i>Scope links with other NMDS</i></p> <p>Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:</p> <ul style="list-style-type: none">• Admitted patient mental health care NMDS. <p>Episodes of care for admitted patients where care type is palliative care:</p> <ul style="list-style-type: none">• Admitted patient palliative care NMDS. <p><i>Glossary items</i></p> <p>Some previous Knowledgebase data element concepts are available in the METeOR glossary. Glossary items are available online through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are listed below.</p> <p>Admission</p> <p>Diagnosis</p>

Episode of acute care
Hospital boarder
Hospital-in-the-home care
Live birth
Neonate
Newborn qualification status
Organ procurement - posthumous
Same-day patient
Separation

Relational attributes

Related metadata references: Supersedes Admitted patient care NMDS 2007-2008[] Health,
 Superseded 05/02/2008

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Activity when injured	Mandatory	50
-	Additional diagnosis	Mandatory	50
-	Admission date	Mandatory	1
-	Admitted patient election status	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Australian state/territory identifier (establishment)	Mandatory	1
-	Care type	Mandatory	1
-	Condition onset flag	Mandatory	50
-	Country of birth	Mandatory	1
-	Date of birth	Mandatory	1
-	Diagnosis related group	Mandatory	1
-	Establishment number	Mandatory	1
-	Establishment sector	Mandatory	1
-	External cause (admitted patient)	Mandatory	50
-	Funding source for hospital patient	Mandatory	1
-	Hospital insurance status	Mandatory	1
-	Indigenous status	Mandatory	1
-	Intended length of hospital stay	Mandatory	1
-	Inter-hospital contracted patient	Mandatory	1
-	Major diagnostic category	Mandatory	1
-	Mental health legal status	Mandatory	1
-	Mode of admission	Mandatory	1
-	Mode of separation	Mandatory	1
-	Number of days of hospital-in-the-home care	Mandatory	1
-	Number of qualified days for newborns	Conditional	1
-	Person identifier	Mandatory	1
-	Place of occurrence of external cause of injury (ICD-10-AM)	Mandatory	50
-	Principal diagnosis	Mandatory	1
-	Procedure	Mandatory	50
-	Region code	Mandatory	1

-	Separation date	Mandatory	1
-	Sex	Mandatory	1
-	Source of source to public psychiatric hospital	Conditional	1
-	Total leave days	Mandatory	1
-	Total psychiatric care days	Mandatory	1
-	Urgency of admission	Mandatory	1
-	Weight in grams (measured)	Conditional	1

Admitted patient mental health care NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362305
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	The scope of this minimum data set is restricted to admitted patients receiving care in psychiatric hospitals or in designated psychiatric units in acute hospitals. The scope does not currently include patients who may be receiving treatment for psychiatric conditions in acute hospitals who are not in psychiatric units.

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of care for admitted patients
<i>Collection methods:</i>	Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly). <i>National reporting arrangements</i> State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis. <i>Periods for which data are collected and nationally collated</i> Financial years ending 30 June each year.
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	Number of days of hospital in the home care data will be collected from all states and territories except Western Australia from 1 July 2001. Western Australia will begin to collect data from a later date. <i>Scope links with other NMDS</i> Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals: <ul style="list-style-type: none">• Admitted patient care NMDS• Admitted patient palliative care NMDS <i>Glossary items</i> Some previous Knowledgebase data element concepts are available in the METeOR glossary. Currently the metadata search in METeOR does not cover glossary items however these items are available through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are included here. Resident Residential mental health care service Same-day patients Separation

Source and reference attributes

Submitting organisation:

National Health Information Group

Relational attributes

Related metadata references:

Supersedes Admitted patient mental health care NMDS 2007-2008 Health, Standard 23/10/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Admission date	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Care type	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Diagnosis related group	Mandatory	1
-	Employment status (admitted patient)	Mandatory	1
-	Employment status – public psychiatric hospital admissions	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Indigenous status	Mandatory	1
-	Major diagnostic category	Mandatory	1
-	Marital status	Conditional	1
-	Mental health legal status	Mandatory	1
-	Mode of separation	Mandatory	1
-	Person identifier	Mandatory	1
-	Previous specialised treatment	Mandatory	1
-	Principal diagnosis	Mandatory	1
-	Referral destination to further care (psychiatric patients)	Mandatory	1
-	Separation date	Mandatory	1
-	Sex	Mandatory	1
-	Source of referral to public psychiatric hospital	Mandatory	1
-	Total leave days	Mandatory	1
-	Total psychiatric care days	Mandatory	1
-	Type of accommodation	Mandatory	1
-	Type of usual accommodation	Mandatory	1

Admitted patient palliative care NMDS 2008-09 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	361960
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	The scope of this data set is admitted patients receiving palliative care in all public and private acute hospitals, and free standing day hospital facilities. Hospitals operated by the Australian Defence Force, correctional authorities and Australia's external territories are not currently included. Palliative care patients are identified by the data element <i>Hospital service – care type, code N[N].N.</i>

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of care for admitted patients.
<i>Collection methods:</i>	<i>National reporting arrangements</i> State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis. <i>Periods for which data collected and collated nationally</i> Financial years ending 30 June each year.
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	<i>Scope links with other NMDSs</i> Episodes of care for admitted patients receiving palliative care in all public and private acute hospitals and free standing day hospital facilities: <ul style="list-style-type: none">• Admitted patient care NMDS.• Admitted patient mental health care NMDS.

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
---------------------------------	-----------------------------------

Relational attributes

<i>Related metadata references:</i>	Supersedes Admitted patient palliative care NMDS 2007-08 Health, Standard 23/10/2006
-------------------------------------	---

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Area of usual residence	Mandatory	1
-	Care type	Mandatory	1
-	Country of birth	Mandatory	1
-	Date of birth	Conditional	1
-	Establishment identifier	Mandatory	1
-	Funding source for hospital patient	Mandatory	1
-	Indigenous status	Mandatory	1
-	Mode of separation	Mandatory	1

-	Number of days of hospital-in-the-home care	Mandatory	1
-	Person identifier	Conditional	1
-	Previous specialised treatment	Mandatory	1
-	Principal diagnosis	Conditional	1
-	Separation date	Mandatory	1
-	Sex	Mandatory	1
-	Admission date	Mandatory	1
-	Mode of admission	Mandatory	1

Alcohol and other drug treatment services NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362318
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>This metadata set is nationally mandated for collection and reporting.</p> <p>Publicly funded government and non-government agencies providing alcohol and/or drug treatment services. Including community-based ambulatory services and outpatient services. The following services are currently not included in the coverage:</p> <ul style="list-style-type: none">• services based in prisons and other correctional institutions;• agencies that provide primarily accommodation or overnight stays such as 'sobering-up shelters' and 'half-way houses';• agencies that provide services concerned primarily with health promotion;• needle and syringe programs;• agencies whose sole function is to provide prescribing and/or dosing of methadone; and• acute care and psychiatric hospitals, or alcohol and drug treatment units that report to the admitted patient care National Minimum Data Set and do not provide treatment to non-admitted patients. <p>Clients who are on a methadone maintenance program may be included in the collection where they also receive other types of treatment.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Completed treatment episodes for clients who participate in a treatment type as specified in the data element Episode of treatment for alcohol and other drugs – treatment type (main), code N.
<i>Collection methods:</i>	<p>Data to be reported in each agency on completed treatment episode and then forwarded to state/territory authorities for collation.</p> <p><i>National reporting requirements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2008

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
---------------------------------	-----------------------------------

Relational attributes

Related metadata references:

Supersedes Alcohol and other drug treatment services NMDS
2007-2008 Health, Standard 23/10/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Client type (alcohol and other drug treatment services)	Mandatory	1
-	Country of birth	Mandatory	1
-	Date of birth	Mandatory	1
-	Date of cessation of treatment episode for alcohol and other drugs	Mandatory	1
-	Date of commencement of treatment episode for alcohol and other drugs	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Geographical location of service delivery outlet	Mandatory	1
-	Indigenous status	Mandatory	1
-	Injecting drug use status	Conditional	1
-	Main treatment type for alcohol and other drugs	Mandatory	1
-	Method of use for principal drug of concern	Conditional	1
-	Other drug of concern	Conditional	4
-	Other treatment type for alcohol and other drugs	Mandatory	4
-	Person identifier	Mandatory	1
-	Preferred language	Mandatory	1
-	Principal drug of concern	Conditional	1
-	Reason for cessation of treatment episode for alcohol and other drugs	Mandatory	1
-	Sex	Mandatory	1
-	Source of referral to alcohol and other drug treatment service	Mandatory	1
-	Treatment delivery setting for alcohol and other drugs	Mandatory	1

Community mental health care NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362308
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	This NMDS includes data about service contacts provided by specialised mental health services for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised residential mental health services.

Collection and usage attributes

<i>Statistical unit:</i>	Mental health service contact
<i>Implementation start date:</i>	01/07/2008

Relational attributes

<i>Related metadata references:</i>	Supersedes Community mental health care NMDS 2007-2008 Health, Standard 23/10/2006
-------------------------------------	--

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Area of usual residence	Mandatory	1
-	Australian State/Territory identifier (establishment)	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Establishment number	Mandatory	1
-	Establishment sector	Mandatory	1
-	Indigenous status	Mandatory	1
-	Marital status	Mandatory	1
-	Mental health legal status	Mandatory	1
-	Mental health service contact date	Mandatory	1
-	Mental health service contact duration	Mandatory	1
-	Mental health service contact—patient/client participation indicator	Mandatory	1
-	Mental health service contact—session type	Mandatory	1
-	Person identifier	Mandatory	1
-	Principal diagnosis	Mandatory	1
-	Region code	Mandatory	1
-	Sex	Mandatory	1

Government health expenditure NMDS 2008-2009 ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	352482
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	The scope of this dataset is direct government and government-funded expenditure on health and health-related goods and services

Collection and usage attributes

<i>Statistical unit:</i>	Providers of health or health related goods and services or non-health services that support the health services industry; health or health related functions; and the sources of funds for these providers or functions.
<i>Guide for use:</i>	<p>The GHE NMDS consists of 2 mandatory data clusters and 1 conditional data cluster.</p> <p>The first two data elements named in each data cluster form one of the two axes of a matrix that combine to provide all data in Australian Dollars.</p> <p>Data are to be reported in Australian Dollars except when reporting the State/Territory identifier of the Jurisdiction.</p>
<i>Collection methods:</i>	<p>Data are collected by a number of providers from their administrative systems and forwarded to the relevant state or territory health authority on a regular basis (for example, monthly). Hospitals forward data obtained from patient administrative and clinical record systems to the relevant state or territory health authority on a regular basis (for example, monthly). Other data is obtained either directly from annual reports or through surveys.</p> <p>National reporting arrangements</p> <p>State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p>Periods for which data are collected and nationally collated: Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	<p>Scope links with other NMDSs</p> <ul style="list-style-type: none">• National Public Hospital Establishments NMDS• Mental Health Establishments NMDS

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
1	Government health expenditure organisation revenue data element cluster Type of health or health related function Source of public and private revenue Organisation revenues	Mandatory	1
2	Government health expenditure organisation expenditure data cluster Health industry relevant organisation type Type of health or health related function Organisation expenses, total Australian currency Purchase of goods and services Employee expenses Depreciation expenses	Mandatory	1
3	Government health expenditure function revenue data cluster Health industry relevant organisation type Source of public and private revenue Organisation revenues	Conditional	1
4	Australian State/Territory identifier (jurisdiction)	Mandatory	1

Government health expenditure function revenue data cluster ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	352476
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	Data Set Specification (DSS)
<i>Scope:</i>	The scope of this data cluster is revenue relating to direct government and government-funded expenditure on health and health-related goods and services or non-health care goods and services to support these activities.

Collection and usage attributes

<i>Guide for use:</i>	Revenues are to be reported in millions to the nearest 100,000 e.g. \$4.1 million.
-----------------------	--

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Relational attributes

<i>Implementation in Data Set Specification:</i>	Government health expenditure NMDS 2008-2009 Health, Standard 05/02/2008
	<i>Implementation start date:</i> 01/07/2008

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
1	Type of health or health related function	Conditional	1
2	Source of public and private revenue	Conditional	1
3	Organisation revenues	Conditional	99

Government health expenditure organisation expenditure data cluster ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	352473
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	Data Set Specification (DSS)
<i>Scope:</i>	The scope of this data cluster is direct government and government-funded expenditure by a health industry relevant organisation on health and health-related goods and services or non-health care goods and services to support these activities.

Collection and usage attributes

<i>Guide for use:</i>	Revenues are to be reported in millions to the nearest 100,000 e.g. \$4.1 million.
-----------------------	--

Relational attributes

<i>Implementation in Data Set Specification:</i>	Government health expenditure NMDS 2008-2009 Health, Standard 05/02/2008
	<i>Implementation start date:</i> 01/07/2008

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
1	Health industry relevant organisation type	Mandatory	1
2	Type of health or health related function	Mandatory	1
3	Organisation expenses, total Australian currency	Mandatory	1
4	Purchase of goods and services	Mandatory	1
5	Employee expenses	Mandatory	1
6	Depreciation expenses	Mandatory	1

Government health expenditure organisation revenue data element cluster ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	352462
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	Data Set Specification (DSS)
<i>Scope:</i>	The scope of this data cluster is revenue relating to direct government and government-funded expenditure by a health industry relevant organisation.

Collection and usage attributes

<i>Guide for use:</i>	Revenues are to be reported in millions to the nearest 100,000 e.g. \$4.1 million.
-----------------------	--

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Relational attributes

<i>Implementation in Data Set Specification:</i>	Government health expenditure NMDS 2008-2009 Health, Standard 05/02/2008
	<i>Implementation start date:</i> 01/07/2008

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
1	Health industry relevant organisation type	Mandatory	1
2	Source of public and private revenue	Mandatory	1
3	Organisation revenues	Conditional	99

Mental health establishments NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362299
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>All specialised mental health services managed or funded by State or Territory health authorities.</p> <p>The statistical units are specialised mental health services. These are the specialised mental health components of the State and Territory health authorities, and of regions within states and territories; specialised mental health service organisations; service units within those organisations; and private hospital and non-government residential service units funded by specialised mental health services.</p> <p>Non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding are included as service units for this NMDS.</p> <p>In addition, information on funding of non-government organisations by non-health departments for the provision of mental health services is collected through a specific data element.</p> <p>Ambulatory services managed by non-government organisations are not defined as statistical units for this NMDS. The data elements relevant to each of these types of statistical unit differ, as detailed below.</p> <p>States and Territories determine the organisational units that will report as 'regions', 'organisations', and 'service units' for this NMDS. However, as a minimum, each hospital reported to the Public Hospital Establishments NMDS should be defined as a service unit for the purposes of this NMDS and should use the same establishment identifiers in this NMDS as are used in the National Public Hospital Establishments NMDS. In addition, as a minimum, 24 hour staffed residential services and non-24 hour staffed residential services should be defined as separate service units.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Specialised mental health services.
<i>Collection methods:</i>	<p><i>National reporting arrangements</i></p> <p>State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	<p><i>Private hospitals and non-government organisation residential services</i></p> <p>Only the following data elements are mandatory for non-government organisation residential mental health services and</p>

specialised mental health services provided by private hospitals that receive State or Territory government funding: Accrued mental health care days, Co-location status of mental health service, Geographical location of establishment, Establishment identifier, Number of available beds for admitted patients, Number of episodes of residential care, Separations, Specialised mental health services – hours staffed and Total recurrent expenditure.

For these services it is not mandatory to disaggregate data elements by Specialised mental health services program type or Specialised mental health services target population where specified.

Non-residential non-government organisation mental health services

Information on the total expenditure (\$) on non-residential non-government organisation mental health services (i.e. the 'grants to non-government organisations' data elements) by service type (e.g. accommodation services) is to be reported where available, but is also not mandatory.

Glossary items

Some previous Knowledgebase data element concepts are available in the METeOR glossary. Currently the metadata search in METeOR does not cover glossary items however these items are available through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are included here.

Episode of residential care end

Episode of residential care start

Mental health-funded non-government organisation

Residential mental health care service

Source and reference attributes

Submitting organisation: National Health Information Group

Relational attributes

Related metadata references: Supersedes Mental health establishments NMDS 2007-2008 Health, Standard 23/10/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Accrued mental health care days	Mandatory	1
-	Australian State/Territory identifier (establishment)	Mandatory	1
-	Carer participation arrangements – carer consultants employed	Mandatory	1
-	Carer participation arrangements – carer satisfaction surveys	Conditional	1
-	Carer participation arrangements – formal complaints mechanism	Conditional	1
-	Carer participation arrangements – formal participation policy	Conditional	1
-	Carer participation arrangements – regular discussion groups	Conditional	1
-	Co-location status of mental health service	Conditional	1
-	Consumer committee representation arrangements	Mandatory	1
-	Consumer participation arrangements – consumer consultants employed	Conditional	1

- Consumer participation arrangements – consumer satisfaction surveys	Conditional	1
- Consumer participation arrangements – formal complaints mechanism	Conditional	1
- Consumer participation arrangements – formal participation policy	Conditional	1
- Consumer participation arrangements – regular discussion groups	Conditional	1
- Establishment identifier	Mandatory	1
- Establishment number	Mandatory	1
- Establishment sector	Mandatory	1
- Full-time equivalent staff (mental health) – all staff	Conditional	1
- Full-time equivalent staff – administrative and clerical staff	Mandatory	1
- Full-time equivalent staff – carer consultants	Mandatory	1
- Full-time equivalent staff – consultant psychiatrists and psychiatrists	Mandatory	1
- Full-time equivalent staff – consumer consultants	Mandatory	1
- Full-time equivalent staff – diagnostic and health professionals	Mandatory	1
- Full-time equivalent staff – domestic and other staff	Mandatory	1
- Full-time equivalent staff – enrolled nurses	Mandatory	1
- Full-time equivalent staff – occupational therapists	Mandatory	1
- Full-time equivalent staff – other diagnostic and health professionals	Mandatory	1
- Full-time equivalent staff – other medical officers	Mandatory	1
- Full-time equivalent staff – other personal care staff	Mandatory	1
- Full-time equivalent staff – psychiatry registrars and trainees	Mandatory	1
- Full-time equivalent staff – psychologists	Mandatory	1
- Full-time equivalent staff – registered nurses	Mandatory	1
- Full-time equivalent staff – salaried medical officers	Optional	1
- Full-time equivalent staff – social workers	Mandatory	1
- Geographical location of establishment	Mandatory	1
- Grants to non-government organisations – accommodation services	Mandatory	1
- Grants to non-government organisations – advocacy services	Conditional	1
- Grants to non-government organisations – community awareness/health promotion services	Conditional	1
- Grants to non-government organisations – counselling services	Conditional	1
- Grants to non-government organisations – independent living skills support services	Mandatory	1
- Grants to non-government organisations – other and unspecified mental health services	Mandatory	1
- Grants to non-government organisations – pre-vocational training services	Mandatory	1
- Grants to non-government organisations – psychosocial support services	Conditional	1
- Grants to non-government organisations – recreation services	Mandatory	1

- Grants to non-government organisations – respite services	Mandatory	1
- Grants to non-government organisations – self-help support group services	Mandatory	1
- Mental health services grants to non-government organisations by non-health departments	Mandatory	1
- National standards for mental health services review status	Mandatory	1
- Number of available beds for admitted patients	Conditional	1
- Number of episodes of residential care	Mandatory	1
- Recurrent expenditure (mental health) – non-salary operating costs	Conditional	1
- Recurrent expenditure (mental health) – salaries and wages	Optional	1
- Recurrent expenditure (salaries and wages) – administrative and clerical staff	Conditional	1
- Recurrent expenditure (salaries and wages) – carer consultants	Conditional	1
- Recurrent expenditure (salaries and wages) – consultant psychiatrists and psychiatrists	Conditional	1
- Recurrent expenditure (salaries and wages) – consumer consultants	Conditional	1
- Recurrent expenditure (salaries and wages) – diagnostic and health professionals	Conditional	1
- Recurrent expenditure (salaries and wages) – domestic and other staff	Conditional	1
- Recurrent expenditure (salaries and wages) – enrolled nurses	Conditional	1
- Recurrent expenditure (salaries and wages) – occupational therapists	Conditional	1
- Recurrent expenditure (salaries and wages) – other diagnostic and health professionals	Conditional	1
- Recurrent expenditure (salaries and wages) – other medical officers	Conditional	1
- Recurrent expenditure (salaries and wages) – other personal care staff	Conditional	1
- Recurrent expenditure (salaries and wages) – psychiatry registrars and trainees	Conditional	1
- Recurrent expenditure (salaries and wages) – psychologists	Conditional	1
- Recurrent expenditure (salaries and wages) – registered nurses	Conditional	1
- Recurrent expenditure (salaries and wages) – salaried medical officers	Conditional	1
- Recurrent expenditure (salaries and wages) – social workers	Conditional	1
- Recurrent expenditure – administrative expenses	Conditional	1
- Recurrent expenditure – Department of Veterans' Affairs funded	Mandatory	1
- Recurrent expenditure – depreciation	Conditional	1
- Recurrent expenditure – domestic services	Conditional	1
- Recurrent expenditure – drug supplies	Conditional	1
- Recurrent expenditure – food supplies	Conditional	1
- Recurrent expenditure – interest payments	Conditional	1
- Recurrent expenditure – medical and surgical supplies	Conditional	1

- Recurrent expenditure – National Mental Health Strategy funded	Conditional	1
- Recurrent expenditure – other Commonwealth Government funded	Conditional	1
- Recurrent expenditure – other patient revenue funded	Conditional	1
- Recurrent expenditure – other recurrent expenditure	Conditional	1
- Recurrent expenditure – other revenue funded	Conditional	1
- Recurrent expenditure – other State or Territory funded	Conditional	1
- Recurrent expenditure – patient transport	Conditional	1
- Recurrent expenditure – payments to visiting medical officers	Conditional	1
- Recurrent expenditure – recoveries funded	Conditional	1
- Recurrent expenditure – repairs and maintenance	Conditional	1
- Recurrent expenditure – State or Territory health authority funded	Conditional	1
- Recurrent expenditure – superannuation employer contributions	Conditional	1
- Recurrent expenditure – total	Conditional	1
- Region code	Conditional	1
- Residual expenditure (mental health service) – academic positions	Mandatory	1
- Residual expenditure (mental health service) – education and training	Mandatory	1
- Residual expenditure (mental health service) – insurance	Mandatory	1
- Residual expenditure (mental health service) – mental health promotion	Mandatory	1
- Residual expenditure (mental health service) – mental health research	Mandatory	1
- Residual expenditure (mental health service) – other indirect expenditure	Mandatory	1
- Residual expenditure (mental health service) – patient transport services	Mandatory	1
- Residual expenditure (mental health service) – program administration	Mandatory	1
- Residual expenditure (mental health service) – property leasing costs	Mandatory	1
- Residual expenditure (mental health service) – superannuation	Mandatory	1
- Residual expenditure (mental health service) – support services	Mandatory	1
- Residual expenditure (mental health service) – workers compensation	Mandatory	1
- Separations	Mandatory	1
- Specialised mental health service program type	Mandatory	1
- Specialised mental health service setting	Mandatory	1
- Specialised mental health service target population	Mandatory	1
- Specialised mental health service – hours staffed	Conditional	1
- Specialised mental health service – supported public housing places	Mandatory	1

Non-admitted patient emergency department care NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	363530
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>This metadata set is nationally mandated for collection and reporting.</p> <p>The scope of this National Minimum Data Set (NMDS) is non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either Peer Group A or B in the Australian Institute of Health and Welfare's Australian Hospital Statistics publication from the preceding financial year.</p> <p>The care provided to patients in emergency departments is, in most instances, recognised as being provided to 'non-admitted' patients. Patients being treated in emergency departments may subsequently become 'admitted'. The care provided to non-admitted patients who are treated in the emergency department prior to being admitted is included in this NMDS.</p> <p>Care provided to patients who are being treated in an emergency department site as an admitted patient (e.g. in an observation unit, short-stay unit, 'emergency department ward' or awaiting a bed in an admitted patient ward of the hospital) are excluded from the emergency department care NMDS since the recording of the care provided to these patients is part of the scope of the Admitted patient care NMDS.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Non-admitted patient emergency department service episodes.
<i>Collection methods:</i>	<p>National reporting arrangements</p> <p>State and territory health authorities provide the NMDS data to the Australian Institute of Health and Welfare for national collation, on an annual basis within 3 months of the end of a reporting period.</p> <p>The Institute and the Commonwealth Department of Health and Ageing will agree on a data quality and timeliness protocol. Once cleaned, a copy of the data and a record of the changes made will be forwarded by the Institute to the Commonwealth Department of Health and Ageing. A copy of the cleaned data for each jurisdiction should also be returned to that jurisdiction on request.</p> <p>Periods for which data are collected and nationally collated</p> <p>Financial years, ending 30 June each year. Extraction of data for a financial year should be based on the date of the end of the non-admitted emergency department service episode.</p>
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	<p>Scope links with other metadata sets</p> <p>Episodes of care for admitted patients are reported through the Admitted patient care NMDS.</p>

Source and reference attributes

Submitting organisation: National Health Information Management Principal Committee

Relational attributes

Related metadata references: Supersedes Non-admitted patient emergency department care NMDS 2007-2008 Health, Standard 23/10/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Area of usual residence	Mandatory	1
-	Date of triage	Mandatory	1
-	Emergency department date of commencement of service event	Mandatory	1
-	Emergency department time of commencement of service event	Mandatory	1
-	Time of triage	Mandatory	1
-	Compensable status	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Date patient presents	Mandatory	1
-	Department of Veterans' Affairs patient	Mandatory	1
-	Emergency department arrival mode - transport	Mandatory	1
-	Emergency department departure date	Mandatory	1
-	Emergency department departure time	Mandatory	1
-	Emergency department episode end date	Mandatory	1
-	Emergency department episode end time	Mandatory	1
-	Emergency department service episode end status	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Indigenous status	Mandatory	1
-	Length of non-admitted patient emergency department service episode	Mandatory	1
-	Non-admitted patient emergency department service episode – triage category, code N	Mandatory	1
-	Person identifier	Mandatory	1
-	Sex	Mandatory	1
-	Time patient presents	Mandatory	1
-	Type of visit to emergency department	Mandatory	1

Perinatal NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362313
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	The scope of this minimum data set is all births in Australia in hospitals, birth centres and the community. The data set includes information on all births, both live and stillborn, of at least 20 weeks gestation or 400 grams birth weight.

Collection and usage attributes

<i>Collection methods:</i>	<i>National reporting arrangements</i> State and territory health authorities provide the data to the Australian Institute of Health and Welfare National Perinatal Statistics Unit for national collation, on an annual basis. <i>Periods for which data are collected and nationally collated</i> Financial years ending 30 June each year.
<i>Implementation start date:</i>	01/07/2008

Relational attributes

<i>Related metadata references:</i>	Supersedes Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008
-------------------------------------	---

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Actual place of birth	Mandatory	1
-	Apgar score at 5 minutes	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Birth order	Mandatory	1
-	Birth plurality	Mandatory	1
-	Date of birth	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Gestational age	Mandatory	1
-	Indigenous status	Mandatory	1
-	Infant weight, neonate, stillborn	Mandatory	1
-	Method of birth	Mandatory	1
-	Onset of labour	Mandatory	1
-	Person identifier	Mandatory	1
-	Presentation at birth	Mandatory	1
-	Separation date	Mandatory	1
-	Sex	Mandatory	1
-	State/Territory of birth	Mandatory	1
-	Status of the baby	Mandatory	1
-	Country of birth	Mandatory	1

Public hospital establishments NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362302
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>The scope of this dataset is establishment-level data for public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans' Affairs, and alcohol and drug treatment centres.</p> <p>Similar data for private hospitals and free standing day hospital facilities is collected by the Australian Bureau of Statistics in the Private Health Establishments Collection.</p> <p>Hospitals operated by the Australian Defence Force, corrections authorities and Australia's external territories are not currently included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Public hospital establishments.
<i>Collection methods:</i>	<p>Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly).</p> <p><i>National reporting arrangements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	<p><i>Scope links with other NMDSs</i></p> <p>Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:</p> <ul style="list-style-type: none">• Admitted patient care NMDS, version 1• Admitted patient mental health care NMDS, version 1• Admitted patient palliative care NMDS, version 1

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
---------------------------------	-----------------------------------

Relational attributes

<i>Related metadata references:</i>	Supersedes Public hospital establishments NMDS 2007-2008 Health, Standard 23/10/2006
-------------------------------------	---

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
- Establishment type	Conditional	1
- Full-time equivalent staff – administrative and clerical staff	Mandatory	1
- Full-time equivalent staff – diagnostic and health professionals	Mandatory	1
- Full-time equivalent staff – domestic and other staff	Mandatory	1
- Full-time equivalent staff – enrolled nurses	Mandatory	1
- Full-time equivalent staff – other personal care staff	Mandatory	1
- Full-time equivalent staff – registered nurses	Mandatory	1
- Full-time equivalent staff – salaried medical officers	Mandatory	1
- Full-time equivalent staff – student nurses	Mandatory	1
- Full-time equivalent staff – trainee/pupil nurses	Mandatory	1
- Geographical location of establishment	Mandatory	1
- Gross capital expenditure (accrual accounting) – buildings and building services	Conditional	1
- Gross capital expenditure (accrual accounting) – constructions	Conditional	1
- Gross capital expenditure (accrual accounting) – equipment	Conditional	1
- Gross capital expenditure (accrual accounting) – information technology	Mandatory	1
- Gross capital expenditure (accrual accounting) – intangible assets	Mandatory	1
- Gross capital expenditure (accrual accounting) – land	Mandatory	1
- Gross capital expenditure (accrual accounting) – major medical equipment	Mandatory	1
- Gross capital expenditure (accrual accounting) – other equipment	Mandatory	1
- Gross capital expenditure (accrual accounting) – transport	Mandatory	1
- Gross capital expenditure – computer equipment/installations	Mandatory	1
- Gross capital expenditure – intangible assets	Mandatory	1
- Gross capital expenditure – land and buildings	Mandatory	1
- Gross capital expenditure – major medical equipment	Mandatory	1
- Gross capital expenditure – other	Mandatory	1
- Gross capital expenditure – plant and other equipment	Mandatory	1
- Group sessions (public psychiatric, alcohol and drug hospital) – emergency and outpatient	Mandatory	1
- Group sessions (public psychiatric, alcohol and drug hospital) – outreach and community	Mandatory	1
- Group sessions – alcohol and other drug	Mandatory	1
- Group sessions – allied health services	Mandatory	1
- Group sessions – community health services	Mandatory	1
- Group sessions – dental	Mandatory	1
- Group sessions – dialysis	Mandatory	1
- Group sessions – district nursing services	Mandatory	1
- Group sessions – emergency services	Mandatory	1
- Group sessions – endoscopy and related procedures	Mandatory	1
- Group sessions – mental health	Mandatory	1

- Group sessions—other medical/surgical/diagnostic	Mandatory	1
- Group sessions—other outreach services	Mandatory	1
- Group sessions—pathology	Mandatory	1
- Group sessions—pharmacy	Mandatory	1
- Group sessions—radiology and organ imaging	Mandatory	1
- Individual sessions (public psychiatric, alcohol and drug hospital) - emergency and outpatient	Mandatory	1
- Individual sessions (public psychiatric, alcohol and drug hospital)—outreach and community	Mandatory	1
- Individual sessions—alcohol and drug	Mandatory	1
- Individual sessions—allied health services	Mandatory	1
- Individual sessions—community health services	Mandatory	1
- Individual sessions—dental	Mandatory	1
- Individual sessions—dialysis	Mandatory	1
- Individual sessions—district nursing services	Conditional	1
- Individual sessions—emergency services	Mandatory	1
- Individual sessions—endoscopy and related procedures	Mandatory	1
- Individual sessions—mental health	Mandatory	1
- Individual sessions—other medical/surgical/diagnostic	Mandatory	1
- Individual sessions—other outreach services	Mandatory	1
- Individual sessions—pathology	Mandatory	1
- Individual sessions—pharmacy	Mandatory	1
- Individual sessions—radiology and organ imaging	Mandatory	1
- Net capital expenditure (accrual accounting)—buildings and building services	Mandatory	1
- Net capital expenditure (accrual accounting)—constructions	Mandatory	1
- Net capital expenditure (accrual accounting)—equipment	Mandatory	1
- Net capital expenditure (accrual accounting)—information technology	Mandatory	1
- Net capital expenditure (accrual accounting)—intangible assets	Mandatory	1
- Net capital expenditure (accrual accounting)—land	Mandatory	1
- Net capital expenditure (accrual accounting)—major medical equipment	Mandatory	1
- Net capital expenditure (accrual accounting)—other equipment	Mandatory	1
- Net capital expenditure (accrual accounting)—transport	Mandatory	1
- Number of available beds for admitted patients	Mandatory	1
- Recurrent expenditure (indirect health care)— (public health and monitoring services	Mandatory	1
- Recurrent expenditure (indirect health care)—central administrations	Mandatory	1
- Recurrent expenditure (indirect health care)—central and statewide support services	Mandatory	1
- Recurrent expenditure (indirect health care)—other	Mandatory	1
- Recurrent expenditure (indirect health care)—patient transport services	Mandatory	1

- Recurrent expenditure (salaries and wages) – administrative and clerical staff	Mandatory	1
- Recurrent expenditure (salaries and wages) – diagnostic and health professionals	Mandatory	1
- Recurrent expenditure (salaries and wages) – domestic and other staff	Mandatory	1
- Recurrent expenditure (salaries and wages) – enrolled nurses	Mandatory	1
- Recurrent expenditure (salaries and wages) – other personal care staff	Mandatory	1
- Recurrent expenditure (salaries and wages) – registered nurses	Mandatory	1
- Recurrent expenditure (salaries and wages) – salaried medical officers	Mandatory	1
- Recurrent expenditure (salaries and wages) – student nurses	Mandatory	1
- Recurrent expenditure (salaries and wages) – total	Mandatory	1
- Recurrent expenditure (salaries and wages) – trainee/pupil nurses	Mandatory	1
- Recurrent expenditure – administrative expenses	Mandatory	1
- Recurrent expenditure – depreciation	Mandatory	1
- Recurrent expenditure – domestic services	Mandatory	1
- Recurrent expenditure – drug supplies	Mandatory	1
- Recurrent expenditure – food supplies	Mandatory	1
- Recurrent expenditure – interest payments	Mandatory	1
- Recurrent expenditure – medical and surgical supplies	Mandatory	1
- Recurrent expenditure – other recurrent expenditure	Mandatory	1
- Recurrent expenditure – patient transport	Mandatory	1
- Recurrent expenditure – payments to visiting medical officers	Mandatory	1
- Recurrent expenditure – repairs and maintenance	Mandatory	1
- Recurrent expenditure – superannuation employer contributions	Mandatory	1
- Specialised service indicators – acquired immune deficiency syndrome unit	Mandatory	1
- Specialised service indicators – acute renal dialysis unit	Mandatory	1
- Specialised service indicators – acute spinal cord injury unit	Mandatory	1
- Specialised service indicators – alcohol and drug unit	Mandatory	1
- Specialised service indicators – bone marrow transplantation unit	Mandatory	1
- Specialised service indicators – burns unit (level III)	Mandatory	1
- Specialised service indicators – cardiac surgery unit	Mandatory	1
- Specialised service indicators – clinical genetics unit	Mandatory	1
- Specialised service indicators – comprehensive epilepsy centre	Mandatory	1
- Specialised service indicators – coronary care unit	Mandatory	1
- Specialised service indicators – diabetes unit	Mandatory	1
- Specialised service indicators – domiciliary care service	Mandatory	1
- Specialised service indicators – geriatric assessment unit	Mandatory	1
- Specialised service indicators – heart, lung transplantation unit	Mandatory	1

- Specialised service indicators – hospice care unit	Mandatory	1
- Specialised service indicators – in-vitro fertilisation unit	Mandatory	1
- Specialised service indicators – infectious diseases unit	Mandatory	1
- Specialised service indicators – intensive care unit (level III)	Mandatory	1
- Specialised service indicators – liver transplantation unit	Mandatory	1
- Specialised service indicators – maintenance renal dialysis centre	Mandatory	1
- Specialised service indicators – major plastic/reconstructive surgery unit	Mandatory	1
- Specialised service indicators – neonatal intensive care unit (level III)	Mandatory	1
- Specialised service indicators – neuro surgical unit	Mandatory	1
- Specialised service indicators – nursing home care unit	Mandatory	1
- Specialised service indicators – obstetric/maternity	Mandatory	1
- Specialised service indicators – oncology unit, cancer treatment	Mandatory	1
- Specialised service indicators – pancreas transplantation unit	Mandatory	1
- Specialised service indicators – psychiatric unit/ward	Mandatory	1
- Specialised service indicators – rehabilitation unit	Mandatory	1
- Specialised service indicators – renal transplantation unit	Mandatory	1
- Specialised service indicators – sleep centre	Mandatory	1
- Specialised service indicators – specialist paediatric	Mandatory	1
- Teaching status	Mandatory	1

Residential mental health care NMDS 2008-2009 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362316
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	Episodes of residential care for residents in all government-funded residential mental health care services in Australia, except those residential care services that are in receipt of funding under the Aged Care Act and subject to Commonwealth reporting requirements (i.e. report to the System for the payment of Aged Residential Care (SPARC) collection).

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of residential care. Statistical units are entities from or about which statistics are collected, or in respect of which statistics are compiled, tabulated or published.
<i>Collection methods:</i>	Data are collected at each service from resident administrative and care related record systems. Services forward data to the relevant state or territory health authority on a regular basis (e.g. monthly). National reporting arrangements State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collection, on an annual basis. Western Australia will be able to only collect data for 2004-05 for those data elements that were included in the <i>National Health Data Dictionary version 12</i> . Government-operated services that employ mental health trained staff on-site 24 hours per day are to be included from 1 July 2004. Government-funded, non-government operated services and non 24-hour staffed services can be included from 1 July 2004, optionally. For non 24-hour staffed services to be included they must employ mental health-trained staff on-site at least 50 hours per week with at least 6 hours staffing on any single day. Periods for which data are collected and nationally collated Financial years ending 30 June each year. The reference period starts on 1 July and ends on 30 June each year.
<i>Implementation start date:</i>	01/07/2008
<i>Comments:</i>	Some admitted patient care services may meet the definition of a residential mental health service. However, as they are admitted patient care services, relevant data on their patients are reported to the National Minimum Data Set for Admitted Patient Care. Glossary items Some previous Knowledgebase data element concepts are

available in the METeOR glossary. Currently the metadata search in METeOR does not cover glossary items however these items are available through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are included here.

Episode of residential care end

Episode of residential care start

Resident

Residential mental health care service

Relational attributes

Related metadata references: Supersedes Residential mental health care NMDS 2007-2008 Health, Standard 23/10/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Area of usual residence	Mandatory	1
-	Australian State/Territory identifier (establishment)	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Episode of residential care end date	Mandatory	1
-	Episode of residential care end mode	Mandatory	1
-	Episode of residential care start date	Mandatory	1
-	Episode of residential care start mode	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Establishment number	Mandatory	1
-	Establishment sector	Mandatory	1
-	Indigenous status	Mandatory	1
-	Leave days from residential care	Mandatory	1
-	Marital status	Mandatory	1
-	Mental health legal status	Mandatory	1
-	Person identifier	Mandatory	1
-	Principal diagnosis	Mandatory	1
-	Referral destination to further care (from specialised mental health residential care)	Mandatory	1
-	Region code	Mandatory	1
-	Residential stay start date	Mandatory	1
-	Sex	Mandatory	1

Data set specifications

Injury surveillance DSS ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	361954
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	Data Set Specification (DSS)
<i>Scope:</i>	The scope of this minimum data set is patient level data from selected emergency departments of hospitals and other settings.

Collection and usage attributes

<i>Collection methods:</i>	<i>National reporting arrangements</i> State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis. <i>Periods for which data are collected and nationally collated</i> Financial years ending 30 June each year.
----------------------------	---

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
---------------------------------	-----------------------------------

Relational attributes

<i>Related metadata references:</i>	Supersedes Injury surveillance DSS Health, Standard 03/05/2006
-------------------------------------	--

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Activity when injured	Mandatory	1
-	Activity when injured (non-admitted patient)	Mandatory	1
-	Bodily location of main injury	Mandatory	1
-	External cause (admitted patient)	Mandatory	99
-	External cause—human intent	Mandatory	1
-	Narrative description of injury event	Mandatory	1
-	Nature of main injury (non-admitted patient)	Mandatory	1
-	Place of occurrence of external cause of injury (ICD-10-AM)	Mandatory	1
-	Place of occurrence of external cause of injury (non-admitted patient)	Mandatory	1

Palliative care performance indicators DSS ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	295806
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>DSS type:</i>	Data Set Specification (DSS)
<i>Scope:</i>	<p>This data set specification specifies information for collection about all administrative health regions, and whether they have developed strategic plans which incorporate specified palliative care elements. It also specifies information for collection about all government-funded palliative care agencies (service provider organisations), their approach to some aspects of service delivery, and their efforts in specific areas of quality improvement.</p> <p>This information enables reporting of nationally-agreed palliative care performance indicators. Currently, there are four national performance indicators that have been agreed for reporting by the Palliative Care Intergovernmental Forum. These are:</p> <ol style="list-style-type: none">1. The proportion of administrative health regions that have a written plan for palliative care that incorporates palliative care elements,2. The proportion of palliative care agencies, within their setting of care, that routinely undertake or undergo formal assessment against the Palliative Care Australia standards,3. The proportion of palliative care agencies, within their setting of care, that actively collect feedback from clients and staff (within the workforce) relating to services and service delivery,4. The proportion of palliative care agencies, within their setting of care, that have formal working partnerships with other services provider(s) or organisation(s).

Collection and usage attributes

<i>Collection methods:</i>	The data for this DSS are obtained from two sources: a survey of administrative health regions and a survey of all government-funded palliative care agencies (service provider organisations) that provide care in community and/or admitted patient settings.
----------------------------	---

Source and reference attributes

<i>Submitting organisation:</i>	Palliative Care Intergovernmental Forum
---------------------------------	---

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Administrative health region name	Mandatory	1
-	Administrative health region palliative care strategic plan indicator	Mandatory	1
-	Coordinator of volunteers indicator	Mandatory	1
-	Feedback collection indicator	Mandatory	1
-	Feedback collection method	Conditional	8
-	Level of palliative care service	Mandatory	1

-	Most common service delivery setting	Mandatory	1
-	Palliative care agency service delivery setting	Mandatory	7
-	Partner organisation type	Conditional	8
-	Standards assessment indicator	Mandatory	1
-	Standards assessment level	Conditional	1
-	Standards assessment method	Conditional	2
-	Working partnership indicator	Mandatory	1

Data elements

Activity when injured ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Injury event – activity type, code (ICD-10-AM 6th edn) ANNNN
<i>METeOR identifier:</i>	361025
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The type of activity being undertaken by the person when injured, for admitted patients, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Injury event – activity type
<i>Definition:</i>	The type of activity being undertaken by the person when injured.
<i>Context:</i>	Injury surveillance
<i>Object class:</i>	Injury event
<i>Property:</i>	Activity type

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Use the appropriate External Causes of Morbidity and Mortality Activity codes from the current edition of ICD-10-AM.
<i>Comments:</i>	Enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research. This term is the basis for identifying work-related and sport-related injuries.

Source and reference attributes

<i>Origin:</i>	National Centre for Classification in Health National Injury Surveillance Unit
----------------	---

Relational attributes

<i>Related metadata references:</i>	Supersedes Injury event – activity type, code (ICD-10-AM 5th
-------------------------------------	--

◆ New Data item ▽ Revised data item

*Implementation in Data Set
Specifications:*

edn) ANNNN Health, Superseded 05/02/2008
Injury surveillance DSS Health, Standard 05/02/2008

Additional diagnosis ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of care – additional diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	356587
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code.
Data Element Concept:	Episode of care – additional diagnosis

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Record each additional diagnosis relevant to the episode of care in accordance with the ICD-10-AM Australian Coding Standards. Generally, external cause, place of occurrence and activity codes will be included in the string of additional diagnosis codes. In some data collections these codes may also be copied into specific fields.</p> <p>The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.</p> <p>Additional diagnoses give information on the conditions that are significant in terms of treatment required, investigations needed and resources used during the episode of care. They are used for casemix analyses relating to severity of illness and for correct classification of patients into Australian Refined Diagnosis Related Groups (AR-DRGs).</p>
<i>Collection methods:</i>	An additional diagnosis should be recorded and coded where appropriate upon separation of an episode of admitted patient care or the end of an episode of residential care. The additional diagnosis is derived from and must be substantiated by clinical documentation.
<i>Comments:</i>	Additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the

following:

- Commencement, alteration or adjustment of therapeutic treatment
- Diagnostic procedures
- Increased clinical care and/or monitoring

In accordance with the Australian Coding Standards, certain conditions that do not meet the above criteria may also be recorded as additional diagnoses.

Additional diagnoses are significant for the allocation of Australian Refined Diagnosis Related Groups. The allocation of patient to major problem or complication and co-morbidity Diagnosis Related Groups is made on the basis of the presence of certain specified additional diagnoses. Additional diagnoses should be recorded when relevant to the patient's episode of care and not restricted by the number of fields on the morbidity form or computer screen.

External cause codes, although not diagnosis of condition codes, should be sequenced together with the additional diagnosis codes so that meaning is given to the data for use in injury surveillance and other monitoring activities.

Source and reference attributes

Origin:

National Centre for Classification in Health

Relational attributes

Related metadata references:

Supersedes Episode of care – additional diagnosis, code (ICD-10-AM 5th edn) ANN{.N[N]};[] Health, Superseded 05/02/2008

Implementation in Data Set Specifications:

Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Administrative health region name ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Administrative health region – region name, text [A(80)]
<i>METeOR identifier:</i>	297639
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Textual description of the full name of an administrative health region.

Data element concept attributes

<i>Data element concept:</i>	Administrative health region – region name
<i>Definition:</i>	Full name of an administrative health region.
<i>Object class:</i>	Administrative health region
<i>Property:</i>	Region name

Value domain attributes

Representational attributes

<i>Representation class:</i>	Text
<i>Data type:</i>	String
<i>Format:</i>	[A(80)]
<i>Maximum character length:</i>	80

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Administrative health regions are determined by the relevant state or territory.
-----------------------	--

Source and reference attributes

<i>Submitting organisation:</i>	Palliative Care Intergovernmental Forum
---------------------------------	---

Relational attributes

<i>Implementation in Data Set Specifications:</i>	Palliative care performance indicators DSS Health, Standard 05/02/2008
---	--

Information specific to this data set:
Within the context of this collection, administrative health region boundaries may overlap.

Administrative health region palliative care strategic plan indicator ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Administrative health region – palliative care strategic plan indicator, yes/no code N
<i>METeOR identifier:</i>	288331
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Whether an administrative health region has a written strategic plan which incorporates palliative care elements, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Administrative health region – palliative care strategic plan indicator
<i>Definition:</i>	An indicator of whether an administrative health region has a written strategic plan which incorporates palliative care elements.
<i>Object class:</i>	Administrative health region
<i>Property:</i>	Palliative care strategic plan 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						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A palliative care strategic plan may be an entire health region's plan, or an aggregation of the region's sub-units' plans. The plan may be specifically for palliative care or a general health service plan that includes palliative care elements.</p> <p>The palliative care elements in the plan must include all of the following aspects:</p> <ul style="list-style-type: none">• timeframe (the beginning and end-date in years), with a minimum time period of two years to demonstrate a strategic focus• measurable objectives relating to: service access, quality, utilisation, responsiveness and evaluation
-----------------------	--

- demonstrated stakeholder involvement in plan development, such as the inclusion of a description of the consultation process in the strategic plan document
- demonstrated links with the National Palliative Care Strategy
- implementation strategies (can include resources identified for service delivery)
- evidence of ongoing development in subsequent plans.

A strategic plan typically has a mission statement, outlines a vision, values and strategies, and includes goals and objectives. A strategic plan may: serve as a framework for decisions; provide a basis for more detailed planning; explain the business to others in order to inform, motivate and involve; assist benchmarking and performance monitoring; stimulate change and become a building block for next plan.

The plan will ideally address both palliative care at the specialist level and palliative care at the primary care (i.e. non-specialist) level.

CODE 1 Yes

The administrative health region has a written strategic plan which incorporates palliative care elements, and which includes all specified strategic plan aspects.

CODE 2 No

The administrative health region does not have a written strategic plan which incorporates palliative care elements, or has a plan with only partial coverage of the specified strategic plan aspects.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Information specific to this data set:

This information is required for the calculation of the national palliative care performance indicator number 1: 'The proportion of administrative health regions that have a written strategic plan which incorporates palliative care elements'.

Area of usual residence ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – area of usual residence, geographical location code (ASGC 2007) NNNNN
<i>METeOR identifier:</i>	362291
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Geographical location of usual residence of the person, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person – area of usual residence
<i>Definition:</i>	Geographical location of usual residence of the person.
<i>Object class:</i>	Person
<i>Property:</i>	Area of usual residence

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2007
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The geographical location is reported using a five digit numerical code. The first digit is the single-digit code to indicate State or Territory. The remaining four digits are the numerical code for the Statistical Local Area (SLA) within the State or Territory.</p> <p>The single digit codes for the states and territories and the four digit codes for the SLAs are as defined in the Australian Standard Geographical Classification (ASGC).</p> <p>The ASGC is updated on an annual basis with a date of effect of 1 July each year. The codes for SLA are unique within each State and Territory, but not within the whole country. Thus, to define a unique location, the code of the State or Territory is required in addition to the code for the SLA.</p> <p>The Australian Bureau of Statistics '(ABS) National Localities Index (NLI) (ABS Catalogue number 1252.0) can be used to assign each locality or address in Australia to a SLA. The NLI is a comprehensive list of localities in Australia with their full code (including State or Territory and SLA) from the main structure of the ASGC.</p>
-----------------------	--

For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign a SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA. In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the person's residence is used with the Streets Sub-index of the NLI to assign the SLA. If the information available on the person's address indicates that it is in a split locality but is insufficient to assign an SLA, the code for the SLA which includes most of the split locality should be reported. This is in accordance with the NLI assignment of SLA when a split locality is identified and further detail about the address is not available.

The NLI does not assign a SLA code if the information about the address is insufficient to identify a locality, or is not an Australian locality. In these cases, the appropriate codes for undefined SLA within Australia (State or Territory unstated), undefined SLA within a stated State or Territory, no fixed place of abode (within Australia or within a stated State or Territory) or overseas should be used.

Collection methods:

When collecting the geographical location of a person's usual place of residence, the Australian Bureau of Statistics (ABS) recommends that 'usual' be defined as: 'the place where the person has or intends to live for 6 months or more, or the place that the person regards as their main residence, or where the person has no other residence, the place they currently reside.' Apart from collecting a person's usual place of residence there is also a need in some collections to collect area of residence immediately prior to or after assistance is provided, or at some other point in time.

Comments:

Geographical location is reported using Statistical Local Area (SLA) to enable accurate aggregation of information to larger areas within the Australian Standard Geographical Classification (ASGC) (such as Statistical Subdivisions and Statistical Divisions) as well as detailed analysis at the SLA level. The use of SLA also allows analysis relating the data to information compiled by the Australian Bureau of Statistics on the demographic and other characteristics of the population of each SLA. Analyses facilitated by the inclusion of SLA information include:

- comparison of the use of services by persons residing in different geographical areas,
- characterisation of catchment areas and populations for establishments for planning purposes, and
- documentation of the provision of services to residents of States or Territories other than the State or Territory of the provider.

Source and reference attributes

Origin: Health Data Standards Committee

Relational attributes

Related metadata references: Supersedes Person – area of usual residence, geographical

Implementation in Data Set Specifications:

location code (ASGC 2006) NNNNN Health, Superseded
05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Admitted patient palliative care NMDS 2008-09 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Community mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Non-admitted patient emergency department care NMDS 2008-
2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Perinatal NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Australian State/Territory identifier (jurisdiction) ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Jurisdiction – Australian state/territory identifier, code N
<i>METeOR identifier:</i>	352480
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	An identifier of the Australian state or territory of a jurisdiction, as represented by a code.

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>New South Wales</td></tr><tr><td>2</td><td>Victoria</td></tr><tr><td>3</td><td>Queensland</td></tr><tr><td>4</td><td>South Australia</td></tr><tr><td>5</td><td>Western Australia</td></tr><tr><td>6</td><td>Tasmania</td></tr><tr><td>7</td><td>Northern Territory</td></tr><tr><td>8</td><td>Australian Capital Territory</td></tr><tr><td>9</td><td>Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)</td></tr></tbody></table>	Value	Meaning	1	New South Wales	2	Victoria	3	Queensland	4	South Australia	5	Western Australia	6	Tasmania	7	Northern Territory	8	Australian Capital Territory	9	Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)
Value	Meaning																				
1	New South Wales																				
2	Victoria																				
3	Queensland																				
4	South Australia																				
5	Western Australia																				
6	Tasmania																				
7	Northern Territory																				
8	Australian Capital Territory																				
9	Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)																				

Collection and usage attributes

<i>Guide for use:</i>	The order presented here is the standard for the Australian Bureau of Statistics (ABS). Other organisations (including the Australian Institute of Health and Welfare) publish data in state order based on population (that is, Western Australia before South Australia and Australian Capital Territory before Northern Territory).
-----------------------	--

Source and reference attributes

<i>Reference documents:</i>	Australian Bureau of Statistics 2005. Australian Standard Geographical Classification (ASGC). Cat. no. 1216.0. Canberra: ABS. Viewed on 30/09/2005
-----------------------------	--

Data element attributes

Source and reference attributes

<i>Submitting organisation:</i>	Health expenditure advisory committee
---------------------------------	---------------------------------------

Relational attributes

Implementation in Data Set Specifications:

Government health expenditure NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Cancer treatment—target site (ICD-10-AM) ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Cancer treatment— target site for cancer treatment, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	361029
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The site or region which is the target of particular surgical or radiotherapy treatment, as represented by an ICD-10-AM code.

Data element concept attributes

<i>Data element concept:</i>	Cancer treatment— target site for cancer treatment
<i>Definition:</i>	The site or region of cancer which is the target of a particular surgical or radiotherapy treatment.
<i>Object class:</i>	Cancer treatment
<i>Property:</i>	Target site for cancer treatment

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This information is collected for surgical and radiotherapy treatments. Current edition of International Classification of Diseases (ICD-10-AM), Australian Modification, National Centre for Classification in Health, Sydney is used.
-----------------------	--

Relational attributes

<i>Related metadata references:</i>	Supersedes Cancer treatment— target site for cancer treatment, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008
-------------------------------------	--

Complication of labour and delivery ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Birth event – complication, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>MEteOR identifier:</i>	361071
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Medical and obstetric complications (necessitating intervention) arising after the onset of labour and before the completed delivery of the baby and placenta, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Birth event – complication
<i>Definition:</i>	Medical and obstetric complications (necessitating intervention) arising after the onset of labour and before the completed delivery of the baby and placenta.
<i>Context:</i>	Perinatal statistics
<i>Object class:</i>	Birth event
<i>Property:</i>	Complication

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Collection and usage attributes

<i>Guide for use:</i>	Complications and conditions should be coded within the Pregnancy, Childbirth, Puerperium chapter 15 of Volume 1, ICD-10-AM.
-----------------------	--

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	There is no arbitrary limit on the number of conditions specified.
<i>Comments:</i>	Complications of labour and delivery may cause maternal morbidity and may affect the health status of the baby at birth.

Source and reference attributes

<i>Submitting organisation:</i>	National Perinatal Data Development Committee
---------------------------------	---

Relational attributes

Related metadata references:

Supersedes Birth event – complication, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008

Condition onset flag ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care – condition onset flag, code N
<i>METeOR identifier:</i>	354816
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	A qualifier for each coded diagnosis to indicate the onset of the condition relative to the beginning of the episode of care, as represented by a code.
Data Element Concept:	Episode of admitted patient care – condition onset flag

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>Condition with onset during the episode of admitted patient care</td></tr><tr><td>2</td><td>Condition not noted as arising during the episode of admitted patient care</td></tr><tr><td>9</td><td>Not reported</td></tr></tbody></table>	Value	Meaning	1	Condition with onset during the episode of admitted patient care	2	Condition not noted as arising during the episode of admitted patient care	9	Not reported
Value	Meaning								
1	Condition with onset during the episode of admitted patient care								
2	Condition not noted as arising during the episode of admitted patient care								
9	Not reported								
<i>Supplementary values:</i>									

Collection and usage attributes

<i>Guide for use:</i>	<ol style="list-style-type: none">Condition with onset during the episode of admitted patient care<ul style="list-style-type: none">a condition which arises during the episode of admitted patient care and would not have been present on admission<p>Includes:</p><p>Conditions resulting from misadventure during medical or surgical care during the episode of admitted patient care. Abnormal reactions to, or later complication of, surgical or medical care arising during the episode of admitted patient care.</p><p>Conditions arising during the episode of admitted patient care not related to surgical or medical care (for example, pneumonia).</p>Condition not noted as arising during the episode of admitted patient care<ul style="list-style-type: none">a condition present on admission such as the presenting problem, a comorbidity, chronic disease or disease status.a previously existing condition not diagnosed until the episode of admitted patient care.<p>Includes:</p><p>In the case of neonates, the conditions present at birth.</p><p>A previously existing condition that is exacerbated during the</p>
-----------------------	---

episode of admitted patient care.

Conditions that are suspected at the time of admission and subsequently confirmed during the episode of admitted patient care.

Conditions that were not diagnosed at the time of admission but clearly did not develop after admission (for example malignant neoplasm).

Conditions where the onset relative to the beginning of the episode of admitted patient care is unclear or unknown.

9 Not reported

The condition onset flag could not be reported due to limitations of the data management system.

Data element attributes

Collection and usage attributes

Guide for use:

Assign the relevant condition onset flag to ICD-10-AM diagnosis codes assigned in the principal diagnosis and additional diagnosis fields for the National Hospital Morbidity Database collection.

The sequencing of diagnosis codes must comply with the Australian Coding Standards and therefore diagnosis codes should not be re-sequenced in an attempt to list diagnosis codes with the same condition onset flag together.

When it is difficult to decide if a condition was present at the beginning of the episode of care or if it arose during the episode, assign a value of 1 - Condition not noted as arising during this episode of care.

The principal diagnosis should always have a condition onset flag value of 1.

Explanatory notes:

The flag on external cause, place of occurrence and activity codes should match that of the corresponding injury or disease code.

The flag on morphology codes should match that on the corresponding neoplasm code

When a single diagnosis code describes a condition and that code contains more than one concept (e.g. diabetes with renal complications) and each concept within that code has a different condition onset flag, then assign a value of 1.

When a condition requires more than one diagnosis code to describe it, it is possible for each diagnosis code to have a different condition onset flag.

The flag on Z codes related to the outcome of delivery on the mother's record (Z37), should always be assigned a value of 1

The flag on Z codes related to the outcome of delivery on the baby's record (Z38), should always be assigned a value of 1

Collection methods:

A condition onset flag should be recorded and coded upon completion of an episode of admitted patient care.

Comments:

The condition onset flag is a means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. Having this information will provide an insight into the kinds of conditions patients already have

when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies particularly in relation to complications of medical care. The flag only indicates when the condition had onset, and cannot be used to indicate whether a condition was considered to be preventable.

Source and reference attributes

Origin: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Supersedes Episode of admitted patient care – diagnosis onset type, code N[] Health, Superseded 05/02/2008

Implementation in Data Set Specifications: Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Coordinator of volunteers indicator ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – coordinator of volunteers indicator, yes/no code N
<i>METeOR identifier:</i>	352862
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	An indicator of whether a service provider organisation has at least one designated person to coordinate their volunteer labour force, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – coordinator of volunteers indicator
<i>Definition:</i>	An indicator of whether a service provider organisation has at least one designated person to coordinate their volunteer labour force.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Coordinator of volunteers 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						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A coordinator of volunteers may be employed part-time or full-time and may be engaged on a paid or unpaid basis. The duties of a volunteer coordinator may include:</p> <ul style="list-style-type: none">• managing the workloads of volunteer staff;• liaising with clinical staff regarding clients' needs;• assessing human resource needs of the organisation;• recruiting volunteers;• developing orientation kits and programs;• developing volunteer policies;• arranging training and development opportunities; and• maintaining volunteer records.
-----------------------	---

CODE 1 Yes

The organisation has a designated coordinator of volunteers.

CODE 2 No

The organisation does not have a designated coordinator of volunteers.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Depreciation expenses ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Organisation— depreciation expenses, total Australian currency NNNNN.N
<i>METeOR identifier:</i>	359967
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Expenses of an organisation consisting of consumption of fixed capital (depreciation), in Australian currency.

Data element concept attributes

<i>Data element concept:</i>	Organisation— depreciation expenses
<i>Definition:</i>	Expenses of an organisation relating to consumption of fixed capital (depreciation).
<i>Object class:</i>	Organisation
<i>Property:</i>	Depreciation expenses

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	NNNNN.N
<i>Maximum character length:</i>	6
<i>Unit of measure:</i>	Australian currency (AU\$)

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Data are collected and nationally collated for the reporting period - the financial year ending 30th June each year. Depreciation expenses are to be reported in millions to the nearest 100,000 e.g. \$4,064,000 should be reported as \$4.1 million.</p> <p>When revenue from transactions are offset against expenses from transactions, the result equates to the net operating balance in accordance with Australian Accounting Standards Board 1049 (September 2006).</p> <p>Depreciation represents the expensing of a long-term asset over its useful life and is related to the basic accounting principle of matching revenue and expenses for the financial period. Depreciation charges for the current financial year only should be shown as expenditure. Where intangible assets are amortised (such as with some private hospitals) this should also be</p>
-----------------------	--

	included in recurrent expenditure.
<i>Collection methods:</i>	Depreciation expenses are to be reported for the <i>Health industry relevant organisation type</i> and <i>Type of health and health related functions</i> data elements. <i>Health industry relevant organisation type</i> State and territory health authorities are NOT to report the following codes: Codes 106–109; 111; 115–119; 123; 201 and 203 <i>Type of health and health related functions</i> State and territory health authorities are NOT to report the following codes: Codes 199; 299; 303–305; 307; 499; 503–504; 599; 601–603; 688; 699
<i>Comments:</i>	In accounting terms, expenses are consumptions or losses of future economic benefits in the form of reductions in assets or increases in liabilities of the entity (other than those relating to distributions to owners) that result in a decrease in equity or net worth during the reporting period.

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
<i>Origin:</i>	Australian Bureau of Statistics: Government Finance Statistics 1998, Cat. No. 5514.0. Australian Bureau of Statistics 2006. Australian System of Government Finance Statistics: Concepts, sources and methods, 2005. Cat. no. 5514.0.55.001 Canberra: ABS. Australian Accounting Standards Board 1049, September 2006, <www.asb.com.au>

Relational attributes

<i>Related metadata references:</i>	Is used in the formation of Organisation—expenses, total Australian currency NNNNN.N Health, Standard 05/02/2008
<i>Implementation in Data Set Specifications:</i>	Government health expenditure organisation expenditure data cluster Health, Standard 05/02/2008

Employee expenses ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Organisation—employee related expenses, total Australian currency NNNNN.N
<i>METeOR identifier:</i>	359947
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Expenses of an organisation consisting mainly of wages, salaries and supplements, superannuation employer contributions, and workers compensation premiums and payouts, in Australian currency.

Data element concept attributes

<i>Data element concept:</i>	Organisation—employee related expenses
<i>Definition:</i>	The expenditure incurred by health industry relevant organisations for wages, salaries and supplements, superannuation employer contributions, and workers compensation premiums and payouts, for the reporting period.
<i>Context:</i>	Health expenditure
<i>Object class:</i>	Organisation
<i>Property:</i>	Employee related expenses

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	NNNNN.N
<i>Maximum character length:</i>	6
<i>Unit of measure:</i>	Australian currency (AU\$)

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Data are collected and nationally collated for the reporting period - the financial year ending 30th June each year. Employee related expenses are to be reported in millions to the nearest 100,000 e.g. \$4,064,000 should be reported as \$4.1 million. When revenue from transactions are offset against expenses from transactions, the result equates to the net operating balance in accordance with Australian Accounting Standards Board 1049 (September 2006). Includes:
-----------------------	---

- Salaries, wages and supplements for all employees of the organisation (including contract staff employed by an agency, provided staffing data is also available). This is to include all paid leave (recreation, sick and long-service) and salary and wage payments relating to workers compensation leave.
- Superannuation employer contributions paid or, for an emerging cost scheme, that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a state health authority, to a superannuation fund providing retirement and related benefits to establishment employees, for a financial year.
- Workers compensation premiums and payments

Collection methods:

Employee related expenses are to be reported for the *Health industry relevant organisation type* and *Type of health and health related functions* data elements.

Health industry relevant organisation type

State and territory health authorities are **NOT** to report the following codes:

Codes 106–109; 111; 115–119; 123; 201 and 203

Type of health and health related functions

State and territory health authorities are **NOT** to report the following codes:

Codes 199; 299; 303–305; 307; 499; 503–504; 599; 601–603; 688; 699

Comments:

In accounting terms, expenses are consumptions or losses of future economic benefits in the form of reductions in assets or increases in liabilities of the entity (other than those relating to distributions to owners) that result in a decrease in equity or net worth during the reporting period.

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Origin:

Australian Bureau of Statistics: Government Finance Statistics 1998, Cat. No. 5514.0.

Australian Bureau of Statistics 2006. Australian System of Government Finance Statistics: Concepts, sources and methods, 2005. Cat. no. 5514.0.55.001 Canberra: ABS.

Australian Accounting Standards Board 1049, September 2006, <www.asb.com.au>

Relational attributes

Related metadata references:

Is used in the formation of Organisation – expenses, total Australian currency NNNNN.N Health, Standard 05/02/2008

Implementation in Data Set Specifications:

Government health expenditure organisation expenditure data cluster Health, Standard 05/02/2008

External cause (admitted patient) ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Injury event – external cause, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	361926
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Injury event – external cause
<i>Definition:</i>	Environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.
<i>Context:</i>	Injury surveillance
<i>Object class:</i>	Injury event
<i>Property:</i>	External cause

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>This code must be used in conjunction with an injury or poisoning code and can be used with other disease codes. Admitted patients should be coded to the complete ICD-10-AM classification.</p> <p>An external cause code should be sequenced following the related injury or poisoning code, or following the group of codes, if more than one injury or condition has resulted from this external cause. Provision should be made to record more than one external cause if appropriate. External cause codes in the range W00 to Y34, except Y06 and Y07 must be accompanied by a place of occurrence code.</p> <p>External cause codes V01 to Y34 must be accompanied by an activity code.</p>
<i>Comments:</i>	Enables categorisation of injury and poisoning according to

factors important for injury control. This information is necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research. It is also used as a quality of care indicator of adverse patient outcomes.

An extended activity code is being developed in consultation with the National Injury Surveillance Unit, Flinders University, Adelaide.

Source and reference attributes

Origin:

National Centre for Classification in Health
National Data Standards for Injury Surveillance Advisory Group
National Health Data Committee

Relational attributes

Related metadata references:

Supersedes Injury event – external cause, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008

Implementation in Data Set Specifications:

Injury surveillance DSS Health, Standard 05/02/2008

Information specific to this data set:

As a minimum requirement, the external cause codes must be listed in the ICD-10-AM (3rd edition) classification.

Feedback collection indicator ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – feedback collection indicator, yes/no code N
<i>METeOR identifier:</i>	290438
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Whether feedback relating to services and service delivery is actively and routinely collected from clients and staff within a service provider organisation, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – feedback collection indicator
<i>Definition:</i>	An indicator of whether feedback relating to services and service delivery is actively and routinely collected from clients and/or staff within a service provider organisation's workforce.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Feedback collection 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						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The active and routine collection of feedback from clients and/or staff means that, as a matter of routine, the agency initiates and implements feedback mechanisms and does not rely on mechanisms such as ad hoc comments, ad hoc questionnaires, informal debriefing sessions, or similar casual arrangements.</p> <p>Active mechanisms include the use of periodic questionnaires that are implemented through either face-to-face interviews, by telephone or by mail, focus groups aimed at collecting feedback from the participants, established debriefing sessions, or other routine procedures the agency has in place to collect feedback.</p> <p>CODE 1 Yes</p> <p>The service provider organisation actively and routinely collects feedback relating to services and service delivery from</p>
-----------------------	--

clients and staff within the service provider organisation. If feedback is actively and routinely collected from clients only or staff only, this should be recorded as 'No' (Code 2).

CODE 2 No

The service provider organisation does not actively and routinely collect feedback relating to services and service delivery from clients and staff within the service provider organisation.

Collection methods:

Record only one code.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Information specific to this data set:

This information is required for the calculation of the national palliative care performance indicator number 3: 'The proportion of palliative care agencies, within their setting of care, that actively collect feedback from patients/consumers and staff (within the workforce) relating to services and service delivery'.

Feedback collection method ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – feedback collection method, code N
<i>METeOR identifier:</i>	290476
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The method the service provider organisation employs to actively and routinely collect feedback on services and service delivery, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – feedback collection method
<i>Definition:</i>	The method the service provider organisation employs to actively and routinely collect feedback.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Feedback collection method

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>Questionnaire - periodic face-to-face interview</td></tr><tr><td>2</td><td>Questionnaire - face-to-face interview on exit</td></tr><tr><td>3</td><td>Questionnaire - periodic telephone interview</td></tr><tr><td>4</td><td>Questionnaire - telephone interview on exit</td></tr><tr><td>5</td><td>Questionnaire - periodic written survey</td></tr><tr><td>6</td><td>Questionnaire - written survey on exit</td></tr><tr><td>7</td><td>Feedback focus group</td></tr><tr><td>8</td><td>Other</td></tr></tbody></table>	Value	Meaning	1	Questionnaire - periodic face-to-face interview	2	Questionnaire - face-to-face interview on exit	3	Questionnaire - periodic telephone interview	4	Questionnaire - telephone interview on exit	5	Questionnaire - periodic written survey	6	Questionnaire - written survey on exit	7	Feedback focus group	8	Other
Value	Meaning																		
1	Questionnaire - periodic face-to-face interview																		
2	Questionnaire - face-to-face interview on exit																		
3	Questionnaire - periodic telephone interview																		
4	Questionnaire - telephone interview on exit																		
5	Questionnaire - periodic written survey																		
6	Questionnaire - written survey on exit																		
7	Feedback focus group																		
8	Other																		

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The active and routine collection of feedback means that, as a matter of routine, the agency initiates and implements feedback methods and does not rely on mechanisms such as ad hoc comments, ad hoc questionnaires, informal debriefing sessions, or similar casual arrangements.</p> <p>Active methods include the use of periodic questionnaires that are implemented through either face-to-face interviews, by</p>
-----------------------	--

telephone or by mail, focus groups aimed at collecting feedback from the participants, established debriefing sessions, or other routine procedures the agency has in place to collect feedback. The aim of the method used must be to collect feedback on services and service delivery.

'Periodic' may mean at set intervals or at (a) specified points in time during the service episode.

'On exit' refers to the closure of the service episode (for clients or related people), or (for staff) the time at which the staff member ceases to be employed by the agency.

CODE 7 Feedback focus group

An in-depth qualitative interview with a small number of persons, held specifically to collect feedback from the participants.

Collection methods:

More than one code can be recorded.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Conditional obligation:

Recorded when the data element *Service provider organisation – feedback collection indicator*, *yes/no code N* value is 'yes' (code 1).

Geographical location of establishment ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – geographical location, code (ASGC 2007) NNNNN
<i>METeOR identifier:</i>	362289
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The geographical location of the main administrative centre of an establishment, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Establishment – geographic location
<i>Definition:</i>	Geographical location of the establishment. For establishments with more than one geographical location, the location is defined as that of the main administrative centre.
<i>Context:</i>	Health services: To enable the analysis of service provision in relation to demographic and other characteristics of the population of a geographic area.
<i>Object class:</i>	Establishment
<i>Property:</i>	Geographic location

Collection and usage attributes

<i>Comments:</i>	The geographical location does not provide direct information on the geographical catchment area or catchment population of the establishment.
------------------	--

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2007
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	The geographical location is reported using a five-digit numerical code to indicate the Statistical Local Area (SLA) within the reporting state or territory, as defined in the Australian Standard Geographical Classification (ASGC) (Australian Bureau of Statistics (ABS), catalogue number 1216.0). It is a composite of State identifier and SLA (first digit = State identifier, next four digits = SLA). The Australian Standard Geographical Classification (ASGC) is
-----------------------	---

updated on an annual basis with a date of effect of 1 July each year.

The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC. For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or state can be used with the locality name to assign the SLA.

In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.

Source and reference attributes

Origin: National Health Data Committee
Australian Standard Geographical Classification (Australian Bureau of Statistics Catalogue No. 1216.0)

Relational attributes

Related metadata references: Is formed using Establishment – Australian state/territory identifier, code N Health, Standard 01/03/2005
Supersedes Establishment – geographical location, code (ASGC 2006) NNNNN Health, Superseded 05/02/2008

Implementation in Data Set Specifications: Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Geographical location of service delivery outlet ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service delivery outlet – geographic location, code (ASGC 2007) NNNNN
<i>METeOR identifier:</i>	362295
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Geographical location of a site from which a health/community service is delivered, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service delivery outlet – geographic location
<i>Definition:</i>	Geographical location of a site from which a health/community service is delivered.
<i>Context:</i>	Alcohol and other drug treatment services
<i>Object class:</i>	Service delivery outlet
<i>Property:</i>	Geographic location

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2007
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The geographical location is reported using a five digit numerical code to indicate the Statistical Local Area (SLA) within the reporting state or territory, as defined in the Australian Standard Geographical Classification (ASGC). It is a composite of State identifier and SLA (first digit = State identifier, next four digits = SLA).</p> <p>The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC. For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.</p> <p>In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more</p>
-----------------------	--

detailed information of the number and street of the establishment is used with the Streets Sub- index of the NLI to assign the SLA.

Comments:

To enable the analysis of the accessibility of service provision in relation to demographic and other characteristics of the population of a geographic area.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Origin:

Australian Standard Geographical Classification (ABS Cat. No. 1216.0)

Relational attributes

Related metadata references:

Supersedes Service delivery outlet – geographic location, code (ASGC 2006) NNNNN Health, Superseded 05/02/2008

Is formed using Establishment – Australian state/territory identifier, code N Health, Standard 01/03/2005

Implementation in Data Set Specifications:

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Health industry relevant organisation type ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Health industry relevant organisation – main activity type, code NNN
<i>METeOR identifier:</i>	352204
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Describes a health industry relevant organisation based on its main activity, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Health industry relevant organisation – main activity type
<i>Definition:</i>	Describes a health industry relevant organisation based on its main activity.
<i>Object class:</i>	Health industry relevant organisation
<i>Property:</i>	Main activity type

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																												
<i>Data type:</i>	Number																												
<i>Format:</i>	NNN																												
<i>Maximum character length:</i>	3																												
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td></td><td>Main Health Care Service organisation</td></tr><tr><td>101</td><td>Hospital – public</td></tr><tr><td>102</td><td>Hospital – private (excluding private free-standing day hospital facility)</td></tr><tr><td>103</td><td>Hospital – private free-standing day hospital facility (excluding private non free-standing day hospital facility)</td></tr><tr><td>104</td><td>Residential facility – mental health care</td></tr><tr><td>105</td><td>Residential facility – other</td></tr><tr><td>106</td><td>Provider of ambulance service</td></tr><tr><td>107</td><td>Medical and diagnostic laboratory</td></tr><tr><td>108</td><td>Clinical practice – medical – general</td></tr><tr><td>109</td><td>Clinical practice – medical – specialist</td></tr><tr><td>110</td><td>Clinical practice – medical – other</td></tr><tr><td>111</td><td>Clinical practice – dental</td></tr><tr><td>112</td><td>Clinical practice – other</td></tr></tbody></table>	Value	Meaning		Main Health Care Service organisation	101	Hospital – public	102	Hospital – private (excluding private free-standing day hospital facility)	103	Hospital – private free-standing day hospital facility (excluding private non free-standing day hospital facility)	104	Residential facility – mental health care	105	Residential facility – other	106	Provider of ambulance service	107	Medical and diagnostic laboratory	108	Clinical practice – medical – general	109	Clinical practice – medical – specialist	110	Clinical practice – medical – other	111	Clinical practice – dental	112	Clinical practice – other
Value	Meaning																												
	Main Health Care Service organisation																												
101	Hospital – public																												
102	Hospital – private (excluding private free-standing day hospital facility)																												
103	Hospital – private free-standing day hospital facility (excluding private non free-standing day hospital facility)																												
104	Residential facility – mental health care																												
105	Residential facility – other																												
106	Provider of ambulance service																												
107	Medical and diagnostic laboratory																												
108	Clinical practice – medical – general																												
109	Clinical practice – medical – specialist																												
110	Clinical practice – medical – other																												
111	Clinical practice – dental																												
112	Clinical practice – other																												

113	Community health facility – substance abuse
114	Community health facility – mental
115	Community health facility – other
116	Blood and organ bank
117	Retail sale/supplier of medical goods – optical glasses and other vision products
118	Retail sale/supplier of medical goods – hearing aids
119	Retail sale/supplier of medical goods – dispensing community pharmacist
120	Retail sale/supplier of medical goods – other
121	Provision and administration of public health program
122	General health administration
123	Private health insurance provider
188	Main Health Care Services provider – other
198	Regional health service (not further defined)
199	State/territory health authority (not further defined)
	Secondary/non-Health Care Service organisation
201	Pharmaceutical industry provider
202	University
203	Non-health related insurance provider
288	Secondary/non-Health Care Service organisation – other

Collection and usage attributes

Guide for use:

Main Health Care Service organisation

CODE 101 Hospital – public

An organisation comprised of a health care facility or group of health care facilities established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients.

Comprises all health care facilities that are reported as public hospitals to the Public Hospital Establishments National Minimum Data Set (PHE NMDS). This includes organisations such as rehabilitation hospitals; psychiatric hospitals; mothercraft hospitals; and hospices and multi-purpose services defined as hospitals. The list of public hospitals reported to the PHE NMDS is available at www.aihw.gov.au/publications/index.cfm in the Australian Hospital Statistics annual report.

NOTE 1: Excludes providers of services where those providers are not captured in the hospital financial statements. For example, the provider of a pathology or pharmacy service may be co-located within the hospital, but as a private service, and will pay the hospital for use of the site. The provider of this service should be recorded under codes 106 to 112.

CODE 102 Hospital – private (excluding private free-standing day hospital facilities)

An organisation comprised of a health care facility or a group of health care facilities established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients.

Is derived from the Object class 'Hospital' and 'Hospital-public' Code 101 above.

Comprises hospitals that are NOT reporting to the PHE NMDS.

NOTE: State and territory data providers are to refer to the GHE NMDS Collection Guidelines for instructions on how to report expenditure for this category.

Excludes private free-standing day hospital facilities reported under code 103.

CODE 103 Hospital - private free-standing day facility (excluding private non free-standing day hospital facilities)

An organisation comprised of one or more private free-standing day hospital facilities which provide investigation and treatment for acute conditions on a day-only basis and is approved by the Commonwealth as a hospital for the purposes of private health insurance benefits. The four main types of private free-standing day hospitals are specialist endoscopy, ophthalmic, plastic/cosmetic and general. Excludes private non free-standing day hospital facilities reported under code 102.

CODE 104 Residential facility – mental health care

Specialised mental health facilities primarily engaged in providing residential care to persons requiring mental health diagnosis and treatment combined with either nursing, supervisory or other types of care as required (including medical) by the **residents**.

Includes all government-funded residential mental health care services in Australia, except those residential care services that are in receipt of funding under the Aged Care Act and subject to Commonwealth reporting requirements (i.e. report to the System for the payment of Aged Residential Care (SPARC) collection). These should not be reported in this NMDS.

Excludes residential care facilities primarily providing care for persons requiring treatment for alcohol or other substance abuse or persons with a disability.

CODE 105 Residential facility – other

Includes all government-funded facilities primarily engaged in providing residential care to persons requiring diagnosis and treatment for alcohol and other substance abuse combined with either nursing, supervisory or other types of care as required (including medical) by the residents. Includes hospices that are not defined as hospitals and respite and transitional care services.

Excludes facilities primarily providing services to persons requiring mental health diagnosis and treatment or facilities in receipt of funding under the Aged Care Act and subject to Commonwealth reporting requirements (i.e. report to the System for the payment of Aged Residential Care (SPARC) collection).

Also excludes residential care facilities that report under the

Commonwealth, State and Territory Disability Agreement where the primary purpose is care for persons with a disability.

CODE 106 Provider of ambulance service

Organisations primarily engaged in providing transportation of patients by ground or air, along with health (or medical) care. These services are often provided during a medical emergency but are not restricted to emergencies. The vehicles are usually equipped with lifesaving equipment operated by medically trained personnel. Includes organisations providing public ambulance services or flying doctor services such as Royal Flying Doctor Service and Care Flight, and support programs to assist isolated patients with travel to obtain specialised health care.

NOTE 2: Excludes providers of services where those providers are captured in public or private hospital financial statements. For example, the provider of an ambulance, general practice, specialist medical, dental or other health practitioner service, or a medical or diagnostic laboratory, may be located within a hospital set of accounts and its expenditure recorded on the hospital financial statement. The provider of the ambulance or other service would then be recorded under codes 101 to 103.

CODE 107 Medical and diagnostic laboratory

This item is not currently required to be reported by state and territory health authorities.

Organisations primarily engaged in providing analytic or diagnostic services, including body fluid analysis and diagnostic imaging, generally to the medical profession or the patient on referral from a health practitioner. Includes diagnostic imaging centres; dental or medical X-ray laboratories ultrasound services; medical testing laboratories; medical pathology laboratories; medical forensic laboratories; and X-ray clinic services. Includes public and private medical and diagnostic laboratories.

See NOTE 2 under code 106.

CODE 108 Clinical practice – medical – general

This item is not currently required to be reported by state and territory health authorities.

Organisations of registered medical practitioners holding the degree of a Doctor of medicine or a qualification at a corresponding level primarily engaged in the independent practice of general medicine. These practitioners operate private or group practices in their own offices (e.g., centres, clinics) or in the facilities of others, such as hospitals or medical centres.

Excludes General practitioner plus centres and multi-speciality community clinics reported under code 115.

See NOTE 2 under code 106.

CODE 109 Clinical practice – medical – specialist

This item is not currently required to be reported by state and territory health authorities.

Organisations of registered medical practitioners holding the degree of a Doctor of medicine or a qualification at a corresponding level primarily engaged in the independent practice of specialist medicine or surgery, other than pathology and diagnostic imaging services. These practitioners operate a wide range of specialities in private or group practices in their

own offices (e.g., centres, clinics) or in the facilities of others, such as hospitals or health maintenance type medical centres. Includes for example:

- Anaesthetist service
- Dermatology service
- Ear, nose and throat specialist service
- Gynaecology service
- Neurology service
- Obstetrics service
- Paediatric service
- Psychiatry service
- Specialist medical clinic service
- Specialist surgical service

See NOTE 2 under code 106.

CODE 110 Clinical practice – medical – other

This item is not currently required to be reported by state and territory health authorities.

Includes organisations of physicians not able to be allocated to Codes 108 or 109.

CODE 111 Clinical practice – dental

Organisations of registered health practitioners holding the degree of Doctor of dental medicine or a qualification at a corresponding level primarily engaged in the independent practice of general or specialised dentistry or dental surgery. These practitioners operate private or group practices in their own offices (e.g., centres, clinics) or in the facilities of others, such as hospitals, medical centres or community health facilities. They can provide either comprehensive preventive, cosmetic, or emergency care, or specialise in a single field of dentistry. Also included are dental hospitals providing **ambulatory** type services only. Includes for example:

- Cleft lip and palate services
- Community dental service
- Dental assessment and treatment
- Dental hospital (out-patient)
- Dental practice service
- Dental practitioner service
- Dental surgery service
- Endodontic service
- Oral and maxillofacial services
- Oral pathology service
- Oral surgery service
- Orthodontic service
- Pedodontic service
- Periodontic service

See NOTE 2 under code 106.

CODE 112 Clinical practice – other

This item is not currently required to be reported by state and territory health authorities.

Organisations of independent health practitioners (other than physicians and dentists), such as chiropractors, optometrists,

mental health specialists, physical, occupational, and speech therapists and audiologists organisations primarily engaged in providing **ambulatory** health care. These practitioners operate private or group practices in their own offices (e.g., centres, clinics) or in the facilities of others, such as hospitals or medical centres. Includes for example:

- Acupuncture service
- Aromatherapy service
- Audiology service
- Chiropractic service
- Clinical psychology service
- Dental hygiene service
- Dietician service
- Hearing aid dispensing
- Homoeopathic service
- Midwifery service
- Naturopathic service
- Nursing service
- Occupational therapy service
- Optometrist
- Osteopathic service
- Podiatry service
- Speech pathology service
- Therapeutic massage service

See NOTE 2 under code 106.

CODE 113 Community health facility – substance abuse

Organisations with health staff primarily engaged in providing **ambulatory** services related to the diagnosis and treatment of alcohol and other substance abuse. These are community-based organisations that treat patients who do not require admitted patient treatment. They may provide counselling staff and information regarding a wide range of substance abuse issues and/or refer patients to more extensive treatment programmes, if necessary. Includes only government-funded establishments such as:

- Community based alcoholism treatment centres and clinics (other than hospitals or residential care facilities);
- Community based detoxification centres and clinics (other than hospitals or residential care facilities);
- Community based drug addiction treatment centres and clinics (other than hospitals or residential care facilities);
- Community based substance abuse treatment centres and clinics (other than hospitals or residential care facilities).

CODE 114 Community health facility – mental

Specialised mental health services or facilities with health staff primarily engaged in providing **ambulatory** services related to the diagnosis and treatment of mental health disorders. These specialised mental health services generally treat patients who do not require admitted patient treatment. However, these services do include consultation/liaison services provided to admitted patients by community mental health services. They may provide counselling staff and

information regarding a wide range of mental health issues and/or refer patients to more extensive treatment programmes, if necessary. They may also provide treatment both on and off site, for example through mobile units. Includes only government-funded specialised mental health services, such as community mental health centres and clinics.

Ideally, we would want to collect all expenditure by government-funded community specialised mental health services, including non-government services or facilities in receipt of government funding, however the Community Mental Health Care NMDS does not collect data from these non-government services.

Therefore, for now we will only be including expenditure on government-managed community specialised mental health services, plus the cost of the grants to non-government organisations that provide community specialised mental health services, not the total expenditure by these non-government organisations.

Excludes mental health clinics in hospitals and residential mental health care facilities.

CODE 115 Community health facility – other

Organisations with health staff primarily engaged in providing general or specialised **ambulatory** care. Centres or clinics of medical or health practitioners with the same degree or with different degrees from more than one speciality practising within the same organisations i.e., doctor and physiotherapist) are included in this item. Includes only government-funded community health facilities such as:

- Community centres and clinics;
- General practitioner plus centres;
- Multi-speciality community clinics.

Excludes clinical practices that provide exclusively medical services or exclusively health services, ambulatory mental health and substance abuse centres, and free-standing **ambulatory** surgical centres (reported under codes 108 to 114) and kidney dialysis centres and clinics (reported under codes 101 to 103 if part of a hospital or code 109 if they are free-standing ambulatory centres).

CODE 116 Blood and organ bank

This item is not currently required to be reported by state and territory health authorities.

Organisations primarily engaged in collecting, storing and distributing blood and blood products and storing and distributing body organs.

CODE 117 Retail sale/supplier of medical goods – optical glasses and other vision products

This item is not currently required to be reported by state and territory health authorities.

Organisations primarily engaged in the retail sale of optical glasses and other vision products to the general public for personal or household consumption or utilisation. This includes the fitting and repair provided in combination with sales of optical glasses and other vision products.

Excludes organisations primarily engaged in providing optometric services.

CODE 118 Retail sale/supplier of medical goods – hearing aids

This item is not currently required to be reported by state and territory health authorities.

Organisations primarily engaged in the sale of hearing aids to the general public for personal or household consumption or utilisation. This includes the fitting and repair provided in combination with the sale of hearing aids.

Excludes organisations primarily engaged in hearing testing where that also includes a component of hearing aid dispensing and fitting.

CODE 119 Retail sale/supplier of medical goods – dispensing community pharmacist

This item is not currently required to be reported by state and territory health authorities.

Organisations primarily engaged in the retail sale of pharmaceuticals to the general public for personal or household consumption or utilisation. Instances when the processing of medicine may be involved should be only incidental to selling. This includes both medicines with and without prescription.

Excludes organisations listed under code 201.

CODE 120 Retail sale/supplier of medical goods – other

This item is not currently required to be reported by state and territory health authorities.

Organisations primarily engaged in the sale of medical appliances other than optical goods and hearing aids to the general public with or without prescription for personal or household consumption or utilisation. Included are:

- Organisations primarily engaged in the manufacture of medical appliances but where the fitting and repair is usually done in combination with manufacture of medical appliances.
- Organisations engaged in the retail sale of other miscellaneous medical goods to the general public for personal or household consumption or utilisation (included are sales other than by shops, such as electronic shopping and mail-order houses).
- Illustrative examples
- sale of fluids (e.g. for home dialysis);
- all other miscellaneous health and personal care stores;
- all other sale of pharmaceuticals and medical goods;
- electronic shopping and mail-order houses specialised in medical goods.

CODE 121 Provision and administration of public health program

Organisations engaged in government or private administration and provision of public health programs such as health promotion, organised screening, immunisation and health protection programs.

CODE 122 General health administration

Organisations primarily engaged in the regulation of activities of agencies that provide health care, overall administration of health policy, and health insurance. This item comprises government administration (excluding social security)

primarily engaged in the formulation and administration of government policy in health and in the setting and enforcement of standards for medical and paramedical personnel and for hospitals, clinics, etc., including the regulation and licensing of providers of health services. For example:

- Department of Health;
- Agencies for the regulation of safety in the workplace.

Excludes organisations primarily engaged in the provision and administration of public health programs which is reported under code 121.

CODE 123 Private health insurance provider

This item is not currently required to be reported by state and territory health authorities.

Organisations engaged in insurance of health (other than social security funds and other social insurance funds) who provide insurance cover for hospital, medical, dental, pharmaceutical or funeral expenses. This includes organisations primarily engaged in activities involved in or closely related to the management of private health insurance (activities of insurance agents, average and loss adjusters and actuaries.

CODE 188 Main Health Care Service organisation – other

Organisations mainly engaged in providing health care services that are not reported under codes 101 to 123. Includes health or health-related call centres or e-health sites such as Poisons Information Centre and centres that provide information on alcohol and other drugs, mental health or other health issues.

CODE 198 Regional health service (not further defined)

Organisations at an area health service or regional level that could be a combination of categories 101 to 188 but which could not be further disaggregated.

CODE 199 State/territory health authority (not further defined)

Organisations at the state or territory health authority level that could be a combination of categories 101 to 188 but which could not be further disaggregated.

Secondary/non-Health Care Service organisation

This item is not currently required to be reported by state and territory health authorities.

CODE 201 Pharmaceutical industry provider

This item is not currently required to be reported by state and territory health authorities

Organisations primarily engaged in wholesaling human pharmaceuticals, medicines, cosmetics, perfumes and toiletries. Also included are units mainly engaged in wholesaling veterinary drugs or medicines.

Excludes organisations listed under code 119.

CODE 202 University

This item is not currently required to be reported by state and territory health authorities.

Organisations primarily engaged in providing undergraduate or postgraduate teaching but which also undertake health research activities. Also includes organisations primarily engaged in undertaking research in the agricultural, biological, physical or social sciences. Units may undertake the research

for themselves or others.

Includes:

- Postgraduate school, university operation
- Research school, university operation
- Specialist institute or college
- Undergraduate school, university operation
- University operation

For reporting purposes include only the health or health related research component or other health services component of these organisations' activities.

CODE 203 Non-health related insurance

This item is not currently required to be reported by state and territory health authorities.

Units mainly engaged in providing general insurance cover (except life and health insurance).

Includes:

- Motor vehicle third party insurance provision
- Worker's compensation insurance provision

CODE 288 Secondary/non-Health Care Service organisation – other

This item is not currently required to be reported by state and territory health authorities.

This item comprises organisations that are not reported under codes 201 to 203 which provide health care as secondary providers or other providers. Included are providers of occupational health care and home care provided by private households.

Includes:

Occupational health care services not provided in separate health care establishments (all industries);

- Military health services not provided in separate health care establishments
- Prison health services not provided in separate health care establishments
- School health services
- Other organisations n.e.c.

Other providers of services which support the health care industry such as laundry or catering services.

Other providers of services unrelated to the health care industry such as the building or automotive industry.

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Reference documents:

Organisation for Economic Cooperation and Development 2000. A System of Health Accounts. Version 1.0. Paris: OECD.

Australian Bureau of Statistics 2006. Australian and New Zealand Standard Industry Classification. Cat. no. 1292.0. Canberra: ABS.

RACGP 6 September 2005

<www.racgp.org.au/whatisgeneralpractice>

Data element attributes

Source and reference attributes

Submitting organisation: Health Expenditure Advisory Committee

Relational attributes

Implementation in Data Set Specifications: Government health expenditure organisation expenditure data cluster Health, Standard 05/02/2008
Government health expenditure organisation revenue data element cluster Health, Standard 05/02/2008

Level of palliative care service ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – level of service delivery, palliative care code N
<i>METeOR identifier:</i>	334508
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The level of specialisation of the palliative care service delivered by a palliative care agency , as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – level of service delivery
<i>Definition:</i>	The level of specialisation of the care delivered by a service provider organisation.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Level of service delivery

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>Primary palliative care</td></tr><tr><td>2</td><td>Specialist palliative care level 1</td></tr><tr><td>3</td><td>Specialist palliative care level 2</td></tr><tr><td>4</td><td>Specialist palliative care level 3</td></tr></tbody></table>	Value	Meaning	1	Primary palliative care	2	Specialist palliative care level 1	3	Specialist palliative care level 2	4	Specialist palliative care level 3
Value	Meaning										
1	Primary palliative care										
2	Specialist palliative care level 1										
3	Specialist palliative care level 2										
4	Specialist palliative care level 3										

Source and reference attributes

<i>Origin:</i>	Palliative Care Australia 2005. A guide to palliative care service development: A population-based approach. Canberra: Palliative Care Australia, p39.
----------------	--

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	CODE 1 Primary palliative care Capability: Clinical management and care coordination including assessment, triage, and referral using a palliative approach for patients with uncomplicated needs associated with a life limiting illness and/or end of life care. Has formal links with a specialist palliative care provider for purposes of referral, consultation and access to specialist care as necessary. Typical resource profile: General medical practitioner, nurse
-----------------------	---

practitioner, registered nurse, generalist community nurse, aboriginal health worker, allied health staff. Specialist health care providers in other disciplines would be included at this level.

CODE 2 Specialist palliative care level 1

Capability: Provides palliative care for patients, primary carers and families whose needs exceed the capability of primary palliative care providers. Provides assessment and care consistent with needs and provides consultative support, information and advice to primary palliative care providers. Has formal links to primary palliative care providers and level 2 and/or 3 specialist palliative care providers to meet the needs of patients, carers and families with complex problems. Has quality and audit program.

Typical resource profile: Multi-disciplinary team including medical practitioner with skills and experience in palliative care, clinical nurse specialist/consultant, allied health staff, pastoral care and volunteers. A designated staff member if available, coordinates a volunteer service.

CODE 3 Specialist palliative care level 2

Capability: As for level 1, able to support higher resource level due to population base (e.g. regional area). Provides formal education programs to primary palliative care and level 1 providers and the community. Has formal links with primary palliative care providers and level 3 specialist palliative care services for patients, primary carers and families with complex needs.

Typical resource profile: Interdisciplinary team including medical practitioner and clinical nurse specialist/consultant with specialist qualifications. Includes designated allied health and pastoral care staff.

CODE 4 Specialist palliative care level 3

Capability: Provides comprehensive care for the needs of patients, primary carers and families with complex needs. Provides local support to primary palliative care providers, regional level 1 and/or 2 services including education and formation of standards. Has a comprehensive research and teaching role. Has formal links with local primary palliative care providers and with specialist palliative care providers level 1 and 2, and relevant academic units including professorial chairs where available.

Typical resource profile: Interdisciplinary team including a medical director and clinical nurse consultant/nurse practitioner and allied health staff with specialist qualifications in palliative care.

Source and reference attributes

Submitting organisation: Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications: Palliative care performance indicators DSS Health, Standard 05/02/2008

Maternal medical conditions ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Female (pregnant) – maternal medical condition, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	361073
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Pre-existing maternal diseases and conditions, and other diseases, illnesses or conditions arising during the current pregnancy, that are not directly attributable to pregnancy but may significantly affect care during the current pregnancy and/or pregnancy outcome, as represented by a code.
<i>Context:</i>	Perinatal statistics

Data element concept attributes

<i>Data element concept:</i>	Female (pregnant) – maternal medical condition
<i>Definition:</i>	Diseases, conditions or illnesses associated with a pregnant female.
<i>Object class:</i>	Female
<i>Property:</i>	Maternal medical condition

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Examples of such conditions include essential hypertension, psychiatric disorders, diabetes mellitus, epilepsy, cardiac disease and chronic renal disease. There is no arbitrary limit on the number of conditions specified.
<i>Comments:</i>	Maternal medical conditions may influence the course and outcome of the pregnancy and may result in antenatal admission to hospital and/or treatment that could have adverse effects on the fetus and perinatal morbidity.

Source and reference attributes

Submitting organisation:

National Perinatal Data Development Committee

Relational attributes

Related metadata references:

Supersedes Female (pregnant) – maternal medical condition, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008

Most common service delivery setting ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – most common service delivery setting, code N
<i>METeOR identifier:</i>	297708
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The setting in which the service provider organisation most commonly delivers services, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – most common service delivery setting
<i>Definition:</i>	The setting in which the service provider organisation most commonly delivers its services.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Most common service delivery setting

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>Mostly community-based setting</td></tr><tr><td>2</td><td>Mostly inpatient setting</td></tr><tr><td>3</td><td>Similar proportion in both settings</td></tr></tbody></table>	Value	Meaning	1	Mostly community-based setting	2	Mostly inpatient setting	3	Similar proportion in both settings
Value	Meaning								
1	Mostly community-based setting								
2	Mostly inpatient setting								
3	Similar proportion in both settings								

Collection and usage attributes

<i>Collection methods:</i>	Record only one code.
----------------------------	-----------------------

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Mostly community based setting</p> <p>During the past 12 months, more than 60% of service delivery time was estimated to have been spent on delivering services to, and on behalf of, clients in community settings. This includes residential settings such as private residences (including caravans, mobile homes, houseboats or units in a retirement village), residential aged care facilities, prisons, and community living environments (including group homes); and non-residential settings such as day respite centres or day centres. It includes hospital outreach services and outpatient settings</p>
-----------------------	---

where these are delivered in the community setting.

CODE 2 Mostly inpatient setting

During the past 12 months, more than 60% of service delivery time was estimated to have been spent on delivering services to, and on behalf of, clients in inpatient settings. This includes hospitals, hospices or admitted patient settings. It excludes services delivered in outpatient settings and hospital outreach services delivered in the community setting.

CODE 3 Similar level in both settings

During the past 12 months, a similar proportion of service delivery time (between 40-60%) was estimated to have been spent on delivering services in community and inpatient settings.

Collection methods:

Record only one code.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Neonatal morbidity ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Admitted patient (neonate) – neonatal morbidity, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	361928
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Conditions or diseases of the baby, as represented by an ICD-10-AM code.

Data element concept attributes

<i>Data element concept:</i>	Admitted patient (neonate) – neonatal morbidity
<i>Definition:</i>	Conditions or diseases of the baby.
<i>Context:</i>	Perinatal statistics
<i>Object class:</i>	Admitted patient
<i>Property:</i>	Neonatal morbidity

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Collection and usage attributes

<i>Guide for use:</i>	Conditions should be coded within chapter of Volume 1, ICD-10-AM.
-----------------------	---

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	There is no arbitrary limit on the number of conditions specified.
-----------------------	--

Source and reference attributes

<i>Submitting organisation:</i>	National Perinatal Data Development Committee
---------------------------------	---

Relational attributes

<i>Related metadata references:</i>	Supersedes Admitted patient (neonate) – neonatal morbidity, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008
-------------------------------------	---

Organisation expenses, total Australian currency ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Organisation—expenses, total Australian currency NNNNN.N
<i>METeOR identifier:</i>	359963
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Expenses of an organisation consisting mainly of wages, salaries and supplements, superannuation employer contributions, workers compensation premiums and payouts, purchases of goods and services and consumption of fixed capital (depreciation), in Australian currency.

Data element concept attributes

<i>Data element concept:</i>	Organisation—expenses
<i>Definition:</i>	Expenses of an organisation relating to wages, salaries and supplements, superannuation employer contributions, workers compensation premiums and payouts, purchases of goods and services and consumption of fixed capital (depreciation).
<i>Object class:</i>	Organisation
<i>Property:</i>	Expenses

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	NNNNN.N
<i>Maximum character length:</i>	6
<i>Unit of measure:</i>	Australian currency (AU\$)

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Data are collected and nationally collated for the reoporting period - the financial year ending 30th June each year.</p> <p>Expenses are to be reported in millions to the nearest 100,000 e.g. \$4,064,000 should be reported as \$4.1 million.</p> <p>When revenue from transactions are offset against expenses from transactions, the result equates to the net operating balance in accordance with Australian Accounting Standards Board 1049 (September 2006).</p> <p>Includes:</p> <ul style="list-style-type: none">• Salaries, wages and supplements• Superannuation employer contributions
-----------------------	--

- Workers compensation premiums and payments
- Consumption of fixed capital (depreciation).
- Administrative expenses (excluding workers compensation premiums and payouts)
- Domestic services
- Drug supplies
- Food supplies
- Grants
- Medical and surgical supplies
- Patient transport
- Payments to visiting medical officers
- Repairs and maintenance
- Social benefits
- Subsidy expenses
- Other expenses

Collection methods:

Expenses are to be reported for the *Health industry relevant organisation type* and *Type of health and health related functions* data elements.

Health industry relevant organisation type

State and territory health authorities are **NOT** to report the following codes:

Codes 106–109; 111; 115–119; 123; 201 and 203

Type of health and health related functions

State and territory health authorities are **NOT** to report the following codes:

Codes 199; 299; 303–305; 307; 499; 503–504; 599; 601–603; 688; 699

Comments:

In accounting terms, expenses are consumptions or losses of future economic benefits in the form of reductions in assets or increases in liabilities of the entity (other than those relating to distributions to owners) that result in a decrease in equity or net worth during the reporting period.

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Origin:

Australian Bureau of Statistics: Government Finance Statistics 1998, Cat. No. 5514.0.

Australian Bureau of Statistics 2006. Australian System of Government Finance Statistics: Concepts, sources and methods, 2005. Cat. no. 5514.0.55.001 Canberra: ABS.

Australian Accounting Standards Board 1049, September 2006, <www.asb.com.au>

Relational attributes

Related metadata references:

Is formed using Organisation – depreciation expenses, total Australian currency NNNNN.N Health, Standard 05/02/2008

Is formed using Organisation – employee related expenses, total Australian currency NNNNN.N Health, Standard 05/02/2008

Is formed using Organisation – purchase of goods and services, total Australian currency NNNNN.N Health, Standard 05/02/2008

*Implementation in Data Set
Specifications:*

Government health expenditure organisation expenditure data
cluster Health, Standard 05/02/2008

Organisation revenues ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Organisation—revenue, total Australian currency NNNNN.N
<i>METeOR identifier:</i>	357510
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Revenues of an organisation relating to patient fees, recoveries, and other revenue in Australian currency.

Data element concept attributes

<i>Data element concept:</i>	Organisation—revenue
<i>Definition:</i>	Revenue of an organisation relating to patient fees, recoveries and other revenue .
<i>Object class:</i>	Organisation
<i>Property:</i>	Revenue

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	NNNNN.N
<i>Maximum character length:</i>	6
<i>Unit of measure:</i>	Australian currency (AU\$)

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Revenues are to be reported in millions to the nearest 100,000 e.g. \$4,064,000 should be reported as \$4.1 million.</p> <p>Revenue arises from:</p> <ul style="list-style-type: none">• the sale of goods,• the rendering of services, and• the use by others of entity assets yielding interest, royalties and dividends. <p>Goods includes goods produced by the entity for the purpose of sale and goods purchased for resale, such as merchandise purchased by a retailer or land and other property held for resale. The rendering of services typically involves the performance by the entity of a contractually agreed task over an agreed period of time. The services may be rendered within a single period or over more than one period. Some contracts for the rendering of services are directly related to construction contracts, for example, those for the services of project managers and architects. Revenue arising from</p>
-----------------------	--

these contracts is not dealt with in this Standard but is dealt with in accordance with the requirements for construction contracts as specified in AASB 111 Construction Contracts.

The use by others of entity assets gives rise to revenue in the form of:

- (a) interest – charges for the use of cash or cash equivalents or amounts due to the entity;
- (b) royalties – charges for the use of long-term assets of the entity, for example, patents, trademarks, copyrights and computer software; and
- (c) dividends – distributions of profits to holders of equity investments in proportion to their holdings of a particular class of capital.

Revenue is the gross inflow of economic benefits during the period arising in the course of the ordinary activities of an entity when those inflows result in increases in equity, other than increases relating to contributions from equity participants.

Revenue includes only the gross inflows of economic benefits received and receivable by the entity on its own account.

Amounts collected on behalf of third parties such as sales taxes, goods and services taxes and value added taxes are not economic benefits which flow to the entity and do not result in increases in equity. Therefore, they are excluded from revenue. Similarly, in an agency relationship, the gross inflows of economic benefits include amounts collected on behalf of the principal and which do not result in increases in equity for the entity. The amounts collected on behalf of the principal are not revenue. Instead, revenue is the amount of commission.

Collection methods:

Revenues are to be reported for the *Source of public and private revenue* and *Health industry relevant organisation type* data elements.

Source of public and private revenue

State and territory health authorities are NOT to report the following codes:

Codes 101–103; 204; 207; 301

Health industry relevant organisation type

State and territory health authorities are NOT to report the following codes:

Codes 106–109; 111; 115–119; 123; 201 and 203

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Reference documents:

ABS 2003. Australian System of Government Finance Statistics: Concepts, Sources and Methods (Cat. no. 5514.0.55.001) 10/10/2003.

Australian Accounting Standards Board 118, July 2007, <www.aasb.com.au>.

Relational attributes

Implementation in Data Set Specifications:

Government health expenditure function revenue data cluster Health, Standard 05/02/2008

Government health expenditure organisation revenue data element cluster Health, Standard 05/02/2008

Palliative care agency service delivery setting ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – service delivery setting, palliative care agency code N
<i>METeOR identifier:</i>	297661
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The setting in which a palliative care agency delivers palliative care services, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – service delivery setting
<i>Definition:</i>	The type of setting in which service activities are provided or could be provided by a service provider.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Service delivery setting

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>Private residence</td></tr><tr><td>2</td><td>Residential - aged care setting</td></tr><tr><td>3</td><td>Residential - other setting</td></tr><tr><td>4</td><td>Non-residential setting</td></tr><tr><td>5</td><td>Inpatient - designated palliative care unit or hospice</td></tr><tr><td>6</td><td>Inpatient - other than a designated palliative care unit</td></tr><tr><td>7</td><td>Outpatient - in a hospital/hospice</td></tr></tbody></table>	Value	Meaning	1	Private residence	2	Residential - aged care setting	3	Residential - other setting	4	Non-residential setting	5	Inpatient - designated palliative care unit or hospice	6	Inpatient - other than a designated palliative care unit	7	Outpatient - in a hospital/hospice
Value	Meaning																
1	Private residence																
2	Residential - aged care setting																
3	Residential - other setting																
4	Non-residential setting																
5	Inpatient - designated palliative care unit or hospice																
6	Inpatient - other than a designated palliative care unit																
7	Outpatient - in a hospital/hospice																

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	CODE 1 Private residence This may include a caravan, a mobile home, a houseboat or a unit in a retirement village. CODE 2 Residential - aged care setting Includes high and low care residential aged care facilities. Does not include units in a retirement village. CODE 3 Residential - other setting
-----------------------	---

Includes a residential facility other than an aged care facility; a prison; or a community living environment including a group home. This code does not include inpatient settings e.g. hospitals and hospices.

CODE 4 Non-residential setting

Includes day respite centres and day centres. It does not include hospital outpatient departments.

CODE 5 Inpatient - designated palliative care unit or hospice

A dedicated ward or unit that receives identified funding for palliative care and/or primarily delivers palliative care. The unit may be a standalone unit (i.e. a hospice).

CODE 6 Inpatient - other than designated palliative care unit

Includes all beds not in a unit designated for palliative care. These are usually located in acute hospital wards. Excludes designated palliative care units.

CODE 7 Outpatient - in a hospital/hospice

Includes palliative care services provided at a hospital/hospice in an outpatient setting. Excludes all inpatient settings.

Collection methods:

More than one code can be recorded.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Partner organisation type ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – partner organisation type, palliative care code N[N]
<i>METeOR identifier:</i>	290715
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The type of organisation with which a palliative care service provider organisation has formal working partnership(s) in place, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – partner organisation type
<i>Definition:</i>	The type of organisation with which a service provider organisation has formal working partnership(s) in place.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Partner organisation 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>Palliative care services</td></tr><tr><td>2</td><td>Hospitals</td></tr><tr><td>3</td><td>Community nursing agencies</td></tr><tr><td>4</td><td>Residential aged care facilities</td></tr><tr><td>5</td><td>Allied health services</td></tr><tr><td>6</td><td>Aboriginal health services</td></tr><tr><td>7</td><td>Medical practices</td></tr><tr><td>8</td><td>Integrated health centres</td></tr><tr><td>9</td><td>Universities/research centres</td></tr><tr><td>10</td><td>Volunteer support services</td></tr><tr><td>99</td><td>Other</td></tr></tbody></table>	Value	Meaning	1	Palliative care services	2	Hospitals	3	Community nursing agencies	4	Residential aged care facilities	5	Allied health services	6	Aboriginal health services	7	Medical practices	8	Integrated health centres	9	Universities/research centres	10	Volunteer support services	99	Other
Value	Meaning																								
1	Palliative care services																								
2	Hospitals																								
3	Community nursing agencies																								
4	Residential aged care facilities																								
5	Allied health services																								
6	Aboriginal health services																								
7	Medical practices																								
8	Integrated health centres																								
9	Universities/research centres																								
10	Volunteer support services																								
99	Other																								

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	A formal working partnership involves arrangements between a service provider organisation and other service providers and organisations, aimed at providing integrated and seamless care, so that clients are able to move smoothly between services and
-----------------------	---

service settings.

A formal working partnership is a verbal or written agreement between two or more parties. It specifies the roles and responsibilities of each party, including the expected outcomes of the agreement.

Key elements of a formal working partnership are that it is organised, routine, collaborative, and systematic. It excludes ad hoc arrangements. Examples of formal working partnerships include the existence of: written service agreements; formal liaison; referral and discharge planning processes; formal and routine consultation; protocols; partnership working groups; memoranda of understanding with other providers; and case conferencing.

Where partnerships exist for case conferencing purposes, record all partners involved.

CODE 1 Palliative care services

Includes services whose substantive work is with patients who have a life-limiting illness. These palliative care services may provide services in the community and/or in admitted patient settings (including hospices).

CODE 2 Hospitals

Includes emergency departments. Excludes hospices/designated palliative care units in a hospital, and other palliative care agencies as defined under Code 1. Also excludes hospital-based allied health services and individual medical practitioners.

CODE 7 Medical practices

Includes practices of general practitioners and individual specialist physicians such as specialists in palliative care, oncologists, urologists and neurologists.

CODE 8 Integrated health centres

Includes multipurpose centres, aged care centres and specialist care centres such as cancer centres.

CODE 9 Universities/research centres

Includes universities that may undertake research and development projects.

CODE 99 Other

Includes organisations based in the community such as schools, clubs, workplaces, organisations that provide respite care or pastoral care and 'Meals on wheels'.

Collection methods:

More than one code can be recorded.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Conditional obligation:

Recorded when the data element *Service provider organisation – working partnerships indicator*, yes/no code N is 'yes' (code 1).

Place of occurrence of external cause of injury (ICD-10-AM) ▾

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Injury event – place of occurrence, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	361677
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The place where the external cause of injury, poisoning or adverse effect occurred, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Injury event – place of occurrence
<i>Definition:</i>	The place where the external cause of injury, poisoning or adverse effect occurred.
<i>Object class:</i>	Injury event
<i>Property:</i>	Place of occurrence

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Admitted patient: Use External Causes of Morbidity and Mortality Place of Occurrence codes from the current edition of ICD-10-AM. Used with all ICD-10-AM external cause codes and assigned according to the Australian Coding Standards. External cause codes in the range W00 to Y34, except Y06 and Y07 must be accompanied by a place of occurrence code. External cause codes V01 to Y34 must be accompanied by an activity code.
<i>Comments:</i>	Enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research.

Source and reference attributes

◆ New Data item ▾ Revised data item

Origin:

National Health Data Committee
National Centre for Classification in Health
AIHW National Injury Surveillance Unit
National Data Standards for Injury Surveillance Advisory
Group

Relational attributes

Related metadata references:

Supersedes Injury event – place of occurrence, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008

Implementation in Data Set Specifications:

Injury surveillance DSS Health, Standard 05/02/2008

Postpartum complication ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Birth event – complication (postpartum), code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>MEteOR identifier:</i>	361067
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Medical and obstetric complications of the mother occurring during the postnatal period up to the time of separation from care, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Birth event – complication (postpartum)
<i>Definition:</i>	Medical and obstetric complications of the mother occurring during the postnatal period up to the time of separation from care.
<i>Context:</i>	Perinatal statistics
<i>Object class:</i>	Birth event
<i>Property:</i>	Complication

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Collection and usage attributes

<i>Guide for use:</i>	Complications and conditions should be coded within the Pregnancy, Childbirth, Puerperium chapter 15 of Volume 1, ICD-10-AM.
-----------------------	--

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	There is no arbitrary limit on the number of conditions specified.
<i>Comments:</i>	Examples of such conditions include postpartum haemorrhage, retained placenta, puerperal infections, puerperal psychosis, essential hypertension, psychiatric disorders, diabetes mellitus, epilepsy, cardiac disease and chronic renal disease. Complications of the puerperal period may cause maternal morbidity, and occasionally death, and may be an important

factor in prolonging the duration of hospitalisation after childbirth.

Source and reference attributes

Submitting organisation:

National Perinatal Data Development Committee

Origin:

International Classification of Diseases - 10th Revision, Australian Modification (6th Edition 2005) National Centre for Classification in Health, Sydney.

Relational attributes

Related metadata references:

Supersedes Birth event – complication (postpartum), code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008

Primary site of cancer (ICD-10-AM code) ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person with cancer – primary site of cancer, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>MEteOR identifier:</i>	361937
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The site of origin of the tumour, as opposed to the secondary or metastatic sites, as represented by an ICD-10-AM code.

Data element concept attributes

<i>Data element concept:</i>	Person with cancer – primary site of cancer
<i>Definition:</i>	The primary site is the site of origin of the tumour, as opposed to the secondary or metastatic sites. It is described by reporting the anatomical position (topography) of the tumour.
<i>Object class:</i>	Person with cancer
<i>Property:</i>	Primary site of cancer

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Collection and usage attributes

<i>Guide for use:</i>	Report the primary site of cancer, if known, for patients who have been diagnosed with a cancer. In ICD-10-AM (5th edition), primary site is identified using a single 4 digit code Cxx.x or Dxx.x.
-----------------------	---

Source and reference attributes

<i>Reference documents:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)
-----------------------------	---

Data element attributes

Collection and usage attributes

<i>Collection methods:</i>	In a hospital setting, primary site of cancer should be recorded on the patient's medical record by the patient's attending clinician or medical practitioner, and coded by the hospital's medical records department. Hospitals use Diagnosis codes from ICD-10-AM (6th edition).
----------------------------	---

Valid codes must start with C or D.

In hospital reporting, the diagnosis code for each separate primary site cancer will be reported as a Principal diagnosis or an Additional diagnosis as defined in the current edition of the Australian Coding Standards. In death reporting, the Australian Bureau of Statistics uses ICD-10.

Some ICD-10-AM (6th edition) diagnosis codes e.g. mesothelioma and Kaposi's sarcoma, are based on morphology and not site alone, and include tumours of these types even where the primary site is unknown.

Source and reference attributes

Origin: World Health Organization

Relational attributes

Related metadata references: Supersedes Person with cancer – primary site of cancer, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008

Principal diagnosis ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of care – principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	361034
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Episode of care – principal diagnosis
<i>Definition:</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment.
<i>Context:</i>	Health services
<i>Object class:</i>	Episode of care
<i>Property:</i>	Principal diagnosis

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The principal diagnosis must be determined in accordance with the Australian Coding Standards. Each episode of admitted patient care must have a principal diagnosis and may have additional diagnoses. The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.</p> <p>As a minimum requirement the Principal diagnosis code must be a valid code from the current edition of ICD-10-AM.</p> <p>For episodes of admitted patient care, some diagnosis codes are too imprecise or inappropriate to be acceptable as a principal diagnosis and will group to 951Z, 955Z and 956Z in the</p>
-----------------------	--

Australian Refined Diagnosis Related Groups.
Diagnosis codes starting with a V, W, X or Y, describing the circumstances that cause an injury, rather than the nature of the injury, cannot be used as principal diagnosis. Diagnosis codes which are morphology codes cannot be used as principal diagnosis.

Collection methods: A principal diagnosis should be recorded and coded upon **separation**, for each episode of patient care. The principal diagnosis is derived from and must be substantiated by clinical documentation.

Comments: The principal diagnosis is one of the most valuable health data elements. It is used for epidemiological research, casemix studies and planning purposes.

Source and reference attributes

Origin: Health Data Standards Committee
National Centre for Classification in Health
National Data Standard for Injury Surveillance Advisory Group

Reference documents: Bramley M, Peasley K, Langtree L and Innes K 2002. The ICD-10-AM Mental Health Manual: an integrated classification and diagnostic tool for community-based mental health services. Sydney: National Centre for Classification in Health, University of Sydney

Relational attributes

Related metadata references: Supersedes Episode of care – principal diagnosis, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008

Implementation in Data Set Specifications: Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

Effective for collection from 01/07/2006

Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002.

Effective for collection from 01/07/2006

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health

Services, published by the National Centre for Classification in Health 2002.

The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential care).

Procedure ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care – procedure, code (ACHI 6th edn) NNNNN-NN
<i>METeOR identifier:</i>	361687
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	<p>A clinical intervention represented by a code that:</p> <ul style="list-style-type: none">• is surgical in nature, and/or• carries a procedural risk, and/or• carries an anaesthetic risk, and/or• requires specialised training, and/or• requires special facilities or equipment only available in an acute care setting.

Data element concept attributes

<i>Data element concept:</i>	Episode of admitted patient care – procedure
<i>Definition:</i>	<p>A clinical intervention that:</p> <ul style="list-style-type: none">• is surgical in nature, and/or• carries a procedural risk, and/or• carries an anaesthetic risk, and/or• requires specialised training, and/or• requires special facilities or equipment only available in an acute care setting.
<i>Context:</i>	This metadata item gives an indication of the extent to which specialised resources, for example, human resources, theatres and equipment, are used. It also provides an estimate of the numbers of surgical operations performed and the extent to which particular procedures are used to resolve medical problems. It is used for classification of episodes of acute care for admitted patients into Australian refined diagnosis related groups.
<i>Object class:</i>	Episode of admitted patient care
<i>Property:</i>	Procedure

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Classification of Health Interventions (ACHI) 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN-NN
<i>Maximum character length:</i>	7

Data element attributes

Collection and usage attributes

Collection methods: Record and code all procedures undertaken during the episode of care in accordance with the ACHI (5th edition). Procedures are derived from and must be substantiated by clinical documentation.

Comments: The National Centre for Classification in Health advises the National Health Data Committee of relevant changes to the ACHI.

Source and reference attributes

Origin: National Centre for Classification in Health
National Health Data Committee

Relational attributes

Related metadata references: Supersedes Episode of admitted patient care – procedure, code (ACHI 5th edn) NNNNN-NN Health, Superseded 05/02/2008

Purchase of goods and services ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Organisation – purchase of goods and services, total Australian currency NNNNN.N
<i>METeOR identifier:</i>	359935
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Expenses of an organisation consisting mainly of purchases of goods and services, in Australian currency.

Data element concept attributes

<i>Data element concept:</i>	Organisation – purchase of goods and services
<i>Definition:</i>	The expenditure incurred by health industry relevant organisations for the purchase of goods and services.
<i>Object class:</i>	Organisation
<i>Property:</i>	Purchase of goods and services

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	NNNNN.N
<i>Maximum character length:</i>	6
<i>Unit of measure:</i>	Australian currency (AU\$)

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
---------------------------------	---------------------------------------

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Expenses relating to purchases of goods and services are to be reported in millions to the nearest 100,000 e.g. \$4,064,000 should be reported as \$4.1 million.</p> <p>When revenue from transactions are offset against expenses from transactions, the result equates to the net operating balance in accordance with Australian Accounting Standards Board 1049 (September 2006).</p> <p>Includes:</p> <ul style="list-style-type: none">• administrative expenses (excluding workers compensation premiums and payouts)• domestic services• drug supplies• food supplies• grants
-----------------------	--

- medical and surgical supplies
- patient transport
- payments to visiting medical officers
- repairs and maintenance
- social benefits
- subsidy expenses
- other expenses (includes contracted care services purchased from private hospitals)

Collection methods:

Data are collected and nationally collated for the reporting period - the financial year ending 30th June each year.

In accounting terms, expenses are consumptions or losses of future economic benefits in the form of reductions in assets or increases in liabilities of the entity (other than those relating to distributions to owners) that result in a decrease in equity or net worth during the reporting period.

Expenses relating to purchases of goods and services are to be reported for the *Health industry relevant organisation type* and *Type of health and health related functions* data elements.

Health industry relevant organisation type

State and territory health authorities are **NOT** to report the following codes:

Codes 106–109; 111; 115–119; 123; 201 and 203

Type of health and health related functions

State and territory health authorities are **NOT** to report the following codes:

Codes 199; 299; 303–305; 307; 499; 503–504; 599; 601–603; 688; 699

Comments:

In accounting terms, expenses are consumptions or losses of future economic benefits in the form of reductions in assets or increases in liabilities of the entity (other than those relating to distributions to owners) that result in a decrease in equity or net worth during the reporting period.

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Origin:

Australian Bureau of Statistics: Government Finance Statistics 1998, Cat. No. 5514.0.

Australian Bureau of Statistics 2006. Australian System of Government Finance Statistics: Concepts, sources and methods, 2005. Cat. no. 5514.0.55.001 Canberra: ABS.

Australian Accounting Standards Board 1049, September 2006, <www.asb.com.au>

Relational attributes

Related metadata references:

Is used in the formation of Organisation – expenses, total Australian currency NNNNN.N Health, Standard 05/02/2008

Implementation in Data Set Specifications:

Government health expenditure organisation expenditure data cluster Health, Standard 05/02/2008

Revenue—other ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—revenue (other revenue) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	364799
<i>Registration status:</i>	Health, Standard 05/12/2007
<i>Definition:</i>	All other revenue measured in Australian dollars received by the establishment for a financial year, that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory governments).
Data Element Concept:	Establishment—revenue (other revenue)

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	N[N(8)]
<i>Maximum character length:</i>	9
<i>Unit of measure:</i>	Australian currency (AU\$)

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Record as currency up to hundreds of millions of dollars. Rounded to the nearest whole dollar.
-----------------------	--

Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment—revenue (other revenue) (financial year), total Australian currency N[N(8)] Health, Superseded 05/12/2007
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Revenue—patient ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—revenue (patient) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	364797
<i>Registration status:</i>	Health, Standard 05/12/2007
<i>Definition:</i>	All revenue measured in Australian dollars for a financial year, received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges.
Data Element Concept:	Establishment—revenue (patient)

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	N[N(8)]
<i>Maximum character length:</i>	9
<i>Unit of measure:</i>	Australian currency (AU\$)

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Record as currency up to hundreds of millions of dollars. Rounded to nearest whole dollar.
-----------------------	--

Source and reference attributes

<i>Submitting organisation:</i>	National minimum data set working parties
---------------------------------	---

Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment—revenue (patient) (financial year), total Australian currency N[N(8)][] Health, Superseded 05/12/2007
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Revenue—recoveries ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—revenue (recoveries) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	364805
<i>Registration status:</i>	Health, Standard 05/12/2007
<i>Definition:</i>	All revenue received in Australian dollars for a financial year, that is in the nature of a recovery of expenditure incurred.
Data Element Concept:	Establishment—revenue (recoveries)

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Currency
<i>Format:</i>	N[N(8)]
<i>Maximum character length:</i>	9
<i>Unit of measure:</i>	Australian currency (AU\$)

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Record as currency up to hundreds of millions of dollars. Rounded to nearest whole dollar. This metadata item relates to all revenue received by establishments except for general revenue payments received from state or territory governments.
<i>Comments:</i>	The Resources Working Party had considered splitting recoveries into staff meals and accommodation, and use of hospital facilities (private practice) and other recoveries. Some states had felt that use of facilities was too sensitive as a separate identifiable item in a national minimum data set. Additionally, it was considered that total recoveries was an adequate category for health financing analysis purposes at the national level.

Source and reference attributes

<i>Submitting organisation:</i>	National minimum data set working parties
---------------------------------	---

Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment—revenue (recoveries) (financial year), total Australian currency N[N(8)][] Health, Superseded 05/12/2007
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Source of public and private revenue ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Health industry relevant organisation – source of revenue, public and private code NNN
<i>METeOR identifier:</i>	352427
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The source of revenue received by a health industry relevant organisation, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Health industry relevant organisation – source of revenue
<i>Definition:</i>	The source of revenue received by a health industry relevant organisation.
<i>Object class:</i>	Health industry relevant organisation
<i>Property:</i>	Source of revenue

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																																		
<i>Data type:</i>	Number																																		
<i>Format:</i>	NNN																																		
<i>Maximum character length:</i>	3																																		
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td></td><td>Public sector</td></tr><tr><td>101</td><td>Australian Health Care Agreements</td></tr><tr><td>102</td><td>Other Special Purpose Payments</td></tr><tr><td>103</td><td>Medicare</td></tr><tr><td>104</td><td>Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme</td></tr><tr><td>105</td><td>National Health and Medical Research Council</td></tr><tr><td>106</td><td>Department of Veterans' Affairs</td></tr><tr><td>107</td><td>Other Australian government departments</td></tr><tr><td>108</td><td>State/Territory non-health departments</td></tr><tr><td>188</td><td>Other public sector revenue</td></tr><tr><td></td><td>Private sector</td></tr><tr><td>201</td><td>Private health insurance</td></tr><tr><td>202</td><td>Workers compensation insurance</td></tr><tr><td>203</td><td>Motor vehicle third party insurance</td></tr><tr><td>204</td><td>Other compensation (eg. Public liability, common law, medical negligence)</td></tr><tr><td>205</td><td>Private households (self-funded and out-of-pocket expenditure)</td></tr></tbody></table>	Value	Meaning		Public sector	101	Australian Health Care Agreements	102	Other Special Purpose Payments	103	Medicare	104	Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme	105	National Health and Medical Research Council	106	Department of Veterans' Affairs	107	Other Australian government departments	108	State/Territory non-health departments	188	Other public sector revenue		Private sector	201	Private health insurance	202	Workers compensation insurance	203	Motor vehicle third party insurance	204	Other compensation (eg. Public liability, common law, medical negligence)	205	Private households (self-funded and out-of-pocket expenditure)
Value	Meaning																																		
	Public sector																																		
101	Australian Health Care Agreements																																		
102	Other Special Purpose Payments																																		
103	Medicare																																		
104	Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme																																		
105	National Health and Medical Research Council																																		
106	Department of Veterans' Affairs																																		
107	Other Australian government departments																																		
108	State/Territory non-health departments																																		
188	Other public sector revenue																																		
	Private sector																																		
201	Private health insurance																																		
202	Workers compensation insurance																																		
203	Motor vehicle third party insurance																																		
204	Other compensation (eg. Public liability, common law, medical negligence)																																		
205	Private households (self-funded and out-of-pocket expenditure)																																		

206	Non-profit institutions serving households
207	Corporations (other than health insurance)
288	Other private sector revenue
301	Overseas
999	Not further defined

Collection and usage attributes

Guide for use:

Public sector

CODE 101 Australian Health Care Agreements

This item is not currently required to be reported by state or territory health authorities.

Revenue received from the Australian Government Department of Health and Ageing under the Australian Health Care Agreements to assist in the cost of providing public patients with free access to public hospital services within a clinically appropriate time irrespective of where patients live.

CODE 102 Other Special Purpose Payments

This item is not currently required to be reported by state or territory health authorities.

Includes Specific Purpose Payments provided by the Australian Government to the states and territories such as:

- Public Health Outcomes Funding Agreement grants
- Highly Specialised Drugs grants
- National Radiotherapy grants
- National Mental Health Information Development grant
- Magnetic Resonance Imaging grants
- Postgraduate Medical Training grants
- Hepatitis C Education and Prevention grant
- Royal Flying Doctor Service grants

Excludes AHCA grants, Medicare or PBS/RPBS payments.

CODE 103 Medicare

This item is not currently required to be reported by state or territory health authorities.

Includes revenue received for services listed in the Medical Benefits Schedule that are provided by registered medical practitioners.

Many medical services in Australia are provided on a fee-for-service basis and attract benefits or revenue from the Australian Government under Medicare.

Includes revenue received for medical services provided to private admitted patients in hospitals as well as some revenue that is not based on fee-for-service (i.e. alternative funding arrangements).

CODE 104 Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceuticals Benefits Scheme (RPBS)

Includes pharmaceuticals in the PBS and RPBS for which the Australian Government paid a benefit.

Excludes:

- revenue received for pharmaceuticals for which no PBS or RPBS benefit was paid;
- revenue received for other non-pharmaceutical medications;
- pharmaceuticals listed in the PBS or RPBS, the total costs of which are equal to, or less than, the statutory patient

contribution for the class of patient concerned;

- medicines dispensed through private prescriptions that do not fulfil the criteria for payment under the PBS or RPBS; and
- over-the-counter medicines such as pharmacy-only medicines, aspirin, cough and cold medicines, vitamins and minerals, herbal and other complementary medicines, and a range of medical non-durables, such as bandages, band aids and condoms.

CODE 105 National Health and Medical Research Council

Includes health research funded by the National Health and Medical Research Council that is not reported elsewhere.

CODE 106 Department of Veterans' Affairs

Includes revenues received for health services provided to veterans, war widows and widowers with gold or white DVA cards. Types of services include public and private hospitals, local medical officers and specialists, residential aged care subsidy, allied health, rehabilitation appliances, dental services, community nursing, Veterans' Home Care and travel for treatment.

Excludes revenues received for pharmaceuticals provided to veterans, war widows and widowers with gold, white or orange DVA cards which are reported under code 104.

CODE 107 Other Australian Government Departments

Includes other revenues received for health services from, for example, the Department of Immigration and Citizenship and Department of Defence. Excludes Medicare payments from Medicare Australia (part of Department of Human Services) reported under code 103.

CODE 108 State/Territory non-health Departments

Includes correctional facilities, and departments that have contributed funding for the provision of a health service e.g. public health, emergency services, NSW Food Authority, NSW Health Care Complaints Commission, South Australia Ambulance Service, National Blood Authority, Red Cross, and prison health services such as WA Health services directorate and St Vincents Correctional Health Service Victoria.

CODE 188 Other public sector revenue

Includes all public sector revenue other than those reported under codes 101 to 108. May include revenue from Local governments.

Private sector

CODE 201 Private health insurance

Includes revenue from businesses mainly engaged in providing insurance cover for hospital, medical, dental or pharmaceutical expenses or costs.

Excludes:

1. accident and sickness insurance
2. liability insurance
3. life insurance
4. general insurance
5. other insurance business excluded by the Private Health Insurance (Health Insurance Business) Rules
6. overseas visitors for whom travel insurance is the major funding source.

State and territory health authorities may report revenues for admitted patients, from private health insurance funds and private

households, as a combined total if these revenues are not able to be reported separately.

CODE 202 Workers compensation insurance

Includes benefits paid under workers compensation insurance to the health industry relevant organisation for health care provided to workers, including trainees and apprentices, who have experienced a work-related injury. Type of benefits includes fees for medical or related treatment.

Excludes benefits paid under public liability, common law or medical negligence.

CODE 203 Motor vehicle third party insurance

Includes personal injury claims arising from motor accidents and compensation for accident victims' and their families for injuries or death. Excludes benefits paid under workers compensation insurance, public liability, common law or medical negligence.

CODE 204 Other compensation (eg. Public liability, common law, medical negligence).

This item is not currently required to be reported by state or territory health authorities.

Includes revenues received from:

- public liability insurance for injury arising from an incident related to the organisation's normal activities;
- a court-ordered settlement for damages because of negligence under specific conditions a duty of care exists and was breached and material damage resulted as a consequence;
- health professionals employed by health authorities or otherwise covered by health authority professional indemnity arrangements; and
- a common law settlement cancels all other entitlements to workers compensation benefits. If a common law claim is not successful, the worker will continue to receive workers compensation under the statutory scheme.

Excludes benefits paid under motor vehicle third party insurance.

CODE 205 Private households (self-funded and out-of-pocket expenditure)

Includes payments received from the patient, the patient's family or friends, or other benefactors (i.e. patient revenue).

Includes cost-sharing and informal payments to health care providers. Cost-sharing is a provision of health insurance or third-party payment that requires the individual who is covered to pay part of the cost of health care received. This is distinct from the payment of a health insurance premium, contribution or tax which is paid whether health care is received or not.

Cost-sharing can be in the form of co-payments, co-insurance or deductibles:

- co-payment: cost-sharing in the form of a fixed amount to be paid for a service;
- co-insurance: cost-sharing in the form of a set proportion of the cost of a service; and
- deductibles: cost-sharing in the form of a fixed amount which must be paid for a service before any payment of benefits can take place.

CODE 206 Non-profit institutions serving households

Non-profit institutions serving households (NPISHs) (i.e. non-profit

NGOs) consist of non-profit institutions which provide goods or services to households free or at prices that are not economically significant. Such NPISHs may provide health care goods or services on a non-market basis to households in need, including households affected by natural disasters or war.

The revenues received from such NPISHs are provided mainly by donations in cash or in kind from the general public, corporations or governments. These include organisations such as the National Heart Foundation, Diabetes Australia or the Cancer Council etc. Excludes non-profit institutions that are market producers of goods and services.

NOTE: This item is to be used for the reporting of revenues received from trusts or charities.

CODE 207 Corporations (other than health insurance)

This item is not currently required to be reported by state or territory health authorities.

Include revenues received from all corporations or quasi-corporations, whose principal activity is the production of market goods or services (other than health insurance). Included are all resident non-profit institutions that are market producers of goods or non-financial services. These include health or health-related organisations such as hospitals, pharmacies, medical and diagnostic laboratories, residential aged care facilities and providers of medical specialist services, and non-health organisations such as research organisations.

CODE 288 Other private sector revenue

Includes all private sector revenue other than those reported under codes 201 to 207.

CODE 301 Overseas

This item is not currently required to be reported by state or territory health authorities.

Includes funds provided from overseas countries for areas of health care such as research. Funds may be channelled through government or non-government organisations or private institutions. Also includes overseas visitors receiving health care for whom travel insurance is the major funding source.

CODE 999 Not further defined

Includes all revenue that could be a combination of categories 101 to 108, 188, 201 to 207 and 288 but which could not be further disaggregated.

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Reference documents:

Australian Institute of Health and Welfare 2007. Episode of care – principal source of funding, hospital code NN. Viewed 26 July 2007. <<http://meteor.aihw.gov.au/content/index.phtml/itemId/339080>>

Organisation for Economic Co-operation and Development A system of health accounts, Version 1. OECD 2000.

Australian Bureau of Statistics 2006, Australian and New Zealand Standard Industrial Classification (ANZSIC), 2006, cat. no. 1292.0, ABS, Canberra

Standard Economic Sector Classifications of Australia (SESCA), 2002, cat. no. 1218.0, ABS, Canberra

Private Health Insurance Act 2007 No. 31, 2007 Chapter 4, Part 4–3

Data element attributes

Collection and usage attributes

Guide for use:

If there is an expected source of revenue followed by a finalised actual source of revenue (for example, in relation to compensation claims), then the actual revenue source known at the end of the reporting period should be recorded.

The expected revenue source should be reported if the fee has not been paid but is not to be waived.

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Relational attributes

Implementation in Data Set

Government health expenditure function revenue data cluster
Health, Standard 05/02/2008

Specifications:

Government health expenditure organisation revenue data element
cluster Health, Standard 05/02/2008

Standards assessment indicator ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – standards assessment indicator, yes/no code N
<i>METeOR identifier:</i>	356457
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Whether a service provider organisation routinely undertakes or undergoes formal assessment against defined industry standards, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – standards assessment indicator
<i>Definition:</i>	An indicator of whether a service provider organisation routinely undertakes or undergoes formal assessment against defined industry standards.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Standards assessment 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						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Formal assessment against the relevant standards may occur via self-assessment or external assessment methods. A 'formal' self-assessment should involve a number of aspects, including the planning and development of a clear structure for the assessment process; the use of an accepted evaluation method such as a peer review; and the use of validated tools where these are available. A 'formal' assessment also includes a formal in-depth review against the relevant standards by an independent external reviewer. This may take place in the context of an accreditation process for the service provider organisation or the organisation of which the service provider organisation is a sub-unit. CODE 1 Yes The service provider organisation routinely undertakes or
-----------------------	--

undergoes formal assessment against the specified healthcare standards.

CODE 2 No

The service provider organisation does not routinely undertake or undergo formal assessment against the specified healthcare standards.

Collection methods:

Record only one code.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Information specific to this data set:

This information is required for the calculation of the national palliative care performance indicator number 2: 'The proportion of palliative care agencies, within their setting of care, that routinely undertake or undergo formal assessment against the Palliative Care Australia standards'.

Standards assessment level ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – standards assessment level, code N
<i>METeOR identifier:</i>	359019
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The level of assessment undertaken or undergone by a service provider organisation against relevant industry standards as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – standards assessment level
<i>Definition:</i>	The level of assessment undertaken or undergone by a service provider organisation against relevant industry standards.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Standards assessment level

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>Formally assessed</td></tr><tr><td>2</td><td>Accredited</td></tr></tbody></table>	Value	Meaning	1	Formally assessed	2	Accredited
Value	Meaning						
1	Formally assessed						
2	Accredited						

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Formally assessed</p> <p>Formal assessment may entail self-assessment and/or assessment by an independent external reviewer. This assessment may take place in the context of an accreditation process for the organisation.</p> <p>A formal assessment, whether self-assessed or externally reviewed, should involve a number of aspects, including the planning and development of a clear structure for the assessment process, the use of an accepted evaluation method such as a peer review, and the use of validated tools where these are available.</p> <p>CODE 2 Accredited</p> <p>This code should only be recorded where accreditation has been granted to the organisation and is current.</p>
-----------------------	---

Data element attributes

Source and reference attributes

Submitting organisation: Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications: Palliative care performance indicators DSS Health, Standard 05/02/2008

Conditional obligation:

Recorded when the data element Service provider organisation – standards assessment indicator, yes/no code N value is 'yes' (code 1).

Standards assessment method ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – standards assessment method, code N
<i>METeOR identifier:</i>	287762
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The method used by a service provider organisation to undertake or undergo formal assessment against defined industry standards, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – standards assessment method
<i>Definition:</i>	The method used by a service provider organisation to undertake or undergo formal assessment against defined industry standards.
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Standards assessment method

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>Formal self-assessment</td></tr><tr><td>2</td><td>In-depth external review</td></tr></tbody></table>	Value	Meaning	1	Formal self-assessment	2	In-depth external review
Value	Meaning						
1	Formal self-assessment						
2	In-depth external review						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Formal self-assessment</p> <p>The service provider organisation undertakes formal self-assessment, on a routine basis, against the agreed criteria outlined in the defined industry standards.</p> <p>A formal self-assessment should involve a number of aspects, including the planning and development of a clear structure for the assessment process; the use of an accepted evaluation method such as a peer review; and the use of validated tools where these are available.</p> <p>CODE 2 In-depth external review</p> <p>The service provider organisation routinely undergoes an in-depth review against the defined industry standards by an independent external reviewer. This may take place in the context of an accreditation process for the service provider</p>
-----------------------	---

organisation.

Collection methods:

More than one code can be recorded.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Conditional obligation:

Recorded when the data element *Service provider organisation – standards assessment indicator, yes/no code N* value is 'yes' (code 1).

Information specific to this data set:

The acceptable industry-agreed standards for the purposes of this data element are the most recent standards developed and published by Palliative Care Australia.

Surgical treatment procedure for cancer ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Cancer treatment – surgical procedure for cancer, procedure code (ACHI 6th edn) NNNNNN-NN
<i>METeOR identifier:</i>	364304
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The surgical procedure used in the primary treatment of the cancer, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Cancer treatment – surgical procedure for cancer
<i>Definition:</i>	The surgical procedure used in the primary treatment of the cancer.
<i>Object class:</i>	Cancer treatment
<i>Property:</i>	Surgical procedure for cancer

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Classification of Health Interventions (ACHI) 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN-NN
<i>Maximum character length:</i>	7

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Each surgical treatment procedure used in the initial treatment of the cancer should be recorded. Surgical procedures performed for palliative purposes only should not be included. For surgical procedures involved in the administration of another modality (eg., implantation of infusion pump, isolated limb perfusion/infusion, intra-operative radiotherapy) record both the surgery and the other modality.</p> <p>Any systemic treatment which can be coded as a procedure through ACHI should be so coded (eg., stem cell or bone marrow infusion).</p>
-----------------------	---

Source and reference attributes

<i>Submitting organisation:</i>	National Cancer Control Initiative
<i>Origin:</i>	National Centre for Classification in Health New South Wales Department of Health, Public Health Division

Reference documents:

NSW Department of Health NSW Clinical Cancer Data
Collection for Outcomes and Quality. Data Dictionary Version 1
(2001).

Relational attributes

Related metadata references:

Supersedes Cancer treatment – surgical procedure for cancer,
procedure code (ACHI 5th edn) NNNNNN-NN Health,
Superseded 05/02/2008

Type of health or health related function ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Organisation – type of health or health related function, code NNN
<i>METeOR identifier:</i>	352187
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Describes the type of activities or programs with a health or health-related function provided by an organisation, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Organisation – type of health or health related function
<i>Definition:</i>	Describes the type of activities or programs with a health or health-related function provided by an organisation.
<i>Object class:</i>	Organisation
<i>Property:</i>	Type of health or health related function

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																																				
<i>Data type:</i>	Number																																				
<i>Format:</i>	NNN																																				
<i>Maximum character length:</i>	3																																				
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>101</td><td>Admitted patient care – Mental health program</td></tr><tr><td>102</td><td>Admitted patient care – Non-Mental health program</td></tr><tr><td>199</td><td>Admitted patient care – Not further defined</td></tr><tr><td>201</td><td>Residential care – Mental health program</td></tr><tr><td>202</td><td>Residential care – Non-Mental health program</td></tr><tr><td>299</td><td>Residential care – Not further defined</td></tr><tr><td>301</td><td>Ambulatory care – Mental health program</td></tr><tr><td>302</td><td>Ambulatory care – Emergency department</td></tr><tr><td>303</td><td>Ambulatory care – General practitioner</td></tr><tr><td>304</td><td>Ambulatory care – Medical specialist</td></tr><tr><td>305</td><td>Ambulatory care – Imaging/pathology</td></tr><tr><td>306</td><td>Ambulatory care – Dental service</td></tr><tr><td>307</td><td>Ambulatory care – Optometry service</td></tr><tr><td>308</td><td>Ambulatory care – Allied health service</td></tr><tr><td>309</td><td>Ambulatory care – Community health service</td></tr><tr><td>388</td><td>Ambulatory care – Other</td></tr><tr><td>399</td><td>Ambulatory care – Not further defined</td></tr></tbody></table>	Value	Meaning	101	Admitted patient care – Mental health program	102	Admitted patient care – Non-Mental health program	199	Admitted patient care – Not further defined	201	Residential care – Mental health program	202	Residential care – Non-Mental health program	299	Residential care – Not further defined	301	Ambulatory care – Mental health program	302	Ambulatory care – Emergency department	303	Ambulatory care – General practitioner	304	Ambulatory care – Medical specialist	305	Ambulatory care – Imaging/pathology	306	Ambulatory care – Dental service	307	Ambulatory care – Optometry service	308	Ambulatory care – Allied health service	309	Ambulatory care – Community health service	388	Ambulatory care – Other	399	Ambulatory care – Not further defined
Value	Meaning																																				
101	Admitted patient care – Mental health program																																				
102	Admitted patient care – Non-Mental health program																																				
199	Admitted patient care – Not further defined																																				
201	Residential care – Mental health program																																				
202	Residential care – Non-Mental health program																																				
299	Residential care – Not further defined																																				
301	Ambulatory care – Mental health program																																				
302	Ambulatory care – Emergency department																																				
303	Ambulatory care – General practitioner																																				
304	Ambulatory care – Medical specialist																																				
305	Ambulatory care – Imaging/pathology																																				
306	Ambulatory care – Dental service																																				
307	Ambulatory care – Optometry service																																				
308	Ambulatory care – Allied health service																																				
309	Ambulatory care – Community health service																																				
388	Ambulatory care – Other																																				
399	Ambulatory care – Not further defined																																				

401	Public health – Communicable disease control
402	Public health – Selected health promotion
403	Public health – Organised immunisation
404	Public health – Environmental health
405	Public health – Food standards and hygiene
406	Public health – Breast cancer screening
407	Public health – Cervical screening
408	Public health – Bowel cancer screening
409	Public health – Prevention of hazardous and harmful drug use
410	Public health – Public health research
488	Public health – Other public health
499	Public health – Not further defined
501	Health related care – Patient transport
502	Health related care – Patient transport subsidies
503	Health related care – Medications
504	Health related care – Aids and appliances
505	Health related care – Health administration
506	Health related care – Health research
588	Health related care – Other
599	Health related care – Not further defined
601	Other function – Home and Community Care
602	Other function – Aged care
603	Other function – Other welfare
688	Other function – Other
699	Other function – Not further defined

Collection and usage attributes

Guide for use:

CODE 101 Admitted patient care – Mental health program

An **admission** to a mental health program includes:

The component of the mental health program that provides admitted patient care. These services are delivered through specialised psychiatric hospitals and designated psychiatric units located within hospitals that are not specialised psychiatric hospitals.

NOTE: This is the admitted patient component of the mental health care program reported to the Mental Health Establishments NMDS.

Excludes residential care mental health programs, **ambulatory care** mental health programs which are provided **outpatient** and **emergency department** care to non-admitted patients, and community-based (non-hospital) mental health programs.

CODE 102 Admitted patient care – Non-mental health program

An admitted patient non-mental health program includes:

All services, excluding mental health services, provided to admitted patients, including acute care, rehabilitative care, palliative care, geriatric evaluation and management,

psychogeriatric care, maintenance care, newborn care and any other admitted patient care e.g. organ procurement – posthumous. Also includes admitted patient services where service delivery is contracted to private hospitals or treatment facilities and **hospital in the home** services.

Excludes emergency department and outpatient care provided to non-admitted patients, and community-based (non hospital) care.

CODE 199 Admitted patient care – Not further defined

Comprises admitted patient care services that could be a combination of categories 101 and 102 but which could not be further disaggregated.

State and territory health authorities are only to report admitted patient care under codes 101 or 102.

CODE 201 Residential care – Mental health program

A residential mental health care program includes:

The component of the specialised mental health program that provides residential care. A **resident** in one **residential mental health service** cannot be concurrently a resident in another residential mental health service. A resident in a residential mental health service can be concurrently a patient admitted to a hospital.

Comprises the residential component of the mental health care program reported to the Mental Health Establishments NMDS.

Excludes residential aged care services, residential disability, alcohol and other drug treatment health care services and residential type care provided to admitted patients in hospitals. Also excludes mental health programs provided to admitted patients, emergency and outpatient care patients, and community health (non-hospital) and other ambulatory care patients.

CODE 202 Residential care – Non-mental health program

A residential non-mental health care program includes alcohol and other drug treatment health care services.

Excludes residential mental health care program services, residential aged care services, residential disability services and residential type care provided to admitted patients in hospitals. Also excludes services provided to admitted patients and patients receiving ambulatory care.

CODE 299 Residential care – Not further defined

Comprises residential care services that could be a combination of categories 201 and 202 but which could not be further disaggregated.

State and territory health authorities are only to report residential care under codes 201 or 202.

CODE 301 Ambulatory care – Mental health program

The component of a specialised mental health program supplied by a specialised mental health service that provides **ambulatory health care**.

Comprises the ambulatory component of the mental health care program reported to the Mental Health Establishments NMDS, i.e. specialised mental health program services provided by emergency departments, outpatient clinics and community-based (non-hospital) services.

Excludes specialised mental health care provided to admitted and residential patients.

CODE 302 Ambulatory care – Emergency department

Comprises emergency department services provided in an **emergency department**.

Excludes specialised mental health services provided by emergency departments, outpatient clinics and community-based (non-hospital) services. Also excludes residential and admitted patient services.

CODE 303 Ambulatory care – General practitioner

This item is not currently required to be reported by state and territory health authorities.

The definition relates to the broad type of non-referred general practitioner services as specified on the Medicare Benefits Schedule website. These services comprise general practitioner attendances, including General Practitioner, Vocationally Registered General Practitioner (GP/VRGP) and other non-referred attendances, to non-admitted patients, and services provided by a practice nurse or registered Aboriginal Health Worker on behalf of a general practitioner.

This category is not limited to services funded by Medicare Australia. It also includes services funded from other sources such as Motor Vehicle Third Party Insurance and Workers Compensation Insurance, among others. Therefore, general or nurse practitioner services such as vaccinations for overseas travel are included regardless of their funding source. These non-referred general practitioner services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.

Excludes mental health care services reported under code 301 and services provided to non-admitted patients in an emergency department.

CODE 304 Ambulatory care – Medical specialist

This item is not currently required to be reported by state and territory health authorities.

Specialist attendances, obstetrics, anaesthetics, radiotherapy, operations and assistance at operations care. These services are defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are provided in private or group practices in medical clinics, community health care centres or hospital outpatient clinics.

Includes salaried medical officers.

Excludes mental health care services reported under code 301 and services provided to non-admitted patients in an emergency department.

CODE 305 Ambulatory care – Imaging/pathology service.

This item is not currently required to be reported by state and territory health authorities.

Pathology and diagnostic imaging services as defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are provided in private

or group practices in medical clinics, community health care centres or hospital outpatient clinics.

Excludes services provided to admitted or residential care patients and non-admitted patients in an emergency department.

CODE 306 Ambulatory care – Dental service

Includes any non-admitted patient and community dental services, including dental assessments, preventative services and treatments, regardless of funding source. Oral and maxillofacial services and cleft lip and palate services, as defined in the current Medicare Benefits Schedule, are also included in this category.

Includes dental services funded from a range of sources such as Medicare Benefits Scheme, Motor Vehicle Third Party Insurance and dental services funded by vouchers for dental care.

These dental services are provided in private or group practices in dental clinics, community health care centres or hospital outpatient clinics.

Excludes dental care provided to admitted patients in hospitals (same day or overnight) or to non-admitted patients in an emergency department.

CODE 307 Ambulatory care – Optometry service

This item is not currently required to be reported by state and territory health authorities.

Optometry services as defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments. These services are mainly provided in private or group practices, but may be provided in hospital outpatient centres.

Excludes optometry services provided to admitted or residential care patients or to non-admitted patients in an emergency department.

CODE 308 Ambulatory care – Allied health service

Includes services provided by the following allied health items. Aboriginal health worker, diabetes educator, audiologists, exercise physiologist, dietician, mental health worker, occupational therapist, physiotherapist, podiatrist or chiropractor, osteopath, psychologist and speech pathologist. These services are defined in the current Medicare Benefits Schedule. Includes services funded by Medicare Benefits Scheme, Motor Vehicle Third Party Insurance, Workers Compensation Insurance and from patient out-of-pocket payments.

Excludes allied health services provided to admitted or residential care patients or to non-admitted patients in an emergency department.

CODE 309 Ambulatory care – Community health services

Includes community health services such as family, maternal, child and youth health (including well baby clinics) as well as Aboriginal and Torres Strait Islander and migrant health services. Also includes health care for people with acute, post-acute, chronic and end of life illnesses, alcohol and drug treatment services, child psychology services, community

midwifery, community nursing, school and district nursing, community rehabilitation, continence services, telehealth, dietetics, family planning and correctional health services.

Excludes mental health services reported under code 301 and services provided to admitted and residential care patients and non-admitted patients in an emergency department. Also excludes services already reported under codes 303 to 308.

CODE 388 Ambulatory care – Other

Comprises ambulatory care services other than those reported under codes 301 to 309.

CODE 399 Ambulatory care – Not further defined

Comprises ambulatory care services that could be a combination of categories 301 to 309 and 388, but which could not be further disaggregated, such as public outpatient services.

CODE 401 Public health – Communicable disease control

This category includes all activities associated with the development and implementation of programs to prevent the spread of communicable diseases.

Communicable disease control is recorded using three sub-categories:

HIV/AIDS, hepatitis C and sexually transmitted infections

Needle and syringe programs

Other communicable disease control.

The **public health** component of the HIV/AIDS, hepatitis C and STI strategies includes all activities associated with the development and implementation of prevention and education programs to prevent the spread of HIV/AIDS, hepatitis C and sexually transmitted infections.

CODE 402 Public health – Selected health promotion

This category includes those activities fostering healthy lifestyle and a healthy social environment overall, and health promotion activities targeted at health risk factors which lead to injuries, skin cancer and cardiovascular disease (for example diet, inactivity) that are delivered on a population-wide basis. The underlying criterion for the inclusion of health promotion programs within this category was that they are population health programs promoting health and wellbeing.

The Selected health promotion programs are:

Healthy settings (for example municipal health planning)

Public health nutrition

Exercise and physical activity

Personal hygiene

Mental health awareness promotion

Sun exposure and protection

Injury prevention including suicide prevention and female genital mutilation.

CODE 403 Public health – Organised immunisation

This category includes immunisation clinics, school immunisation programs, immunisation education, public awareness, immunisation databases and information systems.

Organised immunisation is recorded using three sub-categories:

Organised childhood immunisation (as defined by the National Health and Medical Research Council Schedule/ Australian

Standard Vaccination Schedule)

Organised pneumococcal and influenza immunisation – the target groups for pneumococcal immunisation are Indigenous people over 50 years and high-risk Indigenous younger people aged 15–49 years. Influenza vaccine is available free to all Australians 65 years of age and over, Indigenous people over 50 years and high-risk Indigenous younger people aged 15–19 years.

All other organised immunisation (for example tetanus) – as opposed to ad hoc or opportunistic immunisation.

CODE 404 Public health – Environmental health

This category relates to health protection education (for example safe chemical storage, water pollutants), expert advice on specific issues, development of standards, risk management and public health aspects of environmental health protection. The costs of monitoring and regulating are to be included where costs are borne by a regulatory agency and principally have a public health focus (for example radiation safety, and pharmaceutical regulation and safety).

CODE 405 Public health – Food standards and hygiene

This category includes the development, review and implementation of food standards, regulations and legislation as well as the testing of food by the regulatory agency.

CODE 406 Public health – Breast cancer screening

This category relates to Breast cancer screening and includes the complete breast cancer screening pathway through organised programs.

The breast cancer screening pathway includes such activities as recruitment, screen taking, screen reading, assessment (this includes fine needle biopsy), core biopsy, open biopsy, service management and program management.

CODE 407 Public health – Cervical screening

This category relates to organised cervical screening programs such as the state cervical screening programs and rural access programs, including coordination, provision of screens and assessment services.

Cervical screening, funded through Medicare, for both screening and diagnostic services is also included. The methodology used in deriving the estimates is set out in the Jurisdictions' technical notes (section 11.2 of NPIHER 2004-05).

CODE 408 Public health – Bowel screening

This category relates to organised bowel screening programs, such as the National Bowel Cancer Screening Program (NBCSP) and the Bowel Cancer Screening Pilot program. The screening pathway includes self administered home based tests by persons turning 55 years or 65 years of age across Australia who mail results in for analysis, the assessment/diagnostic service and program management.

CODE 409 Public health – Prevention of hazardous and harmful drug use

This category includes activities targeted at the general population with the aim of reducing the overuse or abuse of alcohol, tobacco, illicit and other drugs of dependence, and mixed drugs. The Australian Standard Classification of Drugs of Concern includes analgesics, sedatives and hypnotics,

stimulants and hallucinogens, anabolic agents and selected hormones, antidepressants and anti-psychotics, and also miscellaneous drugs of concern.

Report for each sub-category as below, the aggregate of which will be total expenditure on Prevention of hazardous and harmful drug use:

Alcohol

Tobacco

Illicit and other drugs of dependence

Mixed.

CODE 410 Public health – Public health research

The basic criterion for distinguishing public health research and development from other public health activities is the presence in research and development of an appreciable element of novelty and resolution of scientific and/or technical uncertainty.

Includes mainly new or one-off research in the 8 core public health functions listed under codes 401 to 409.

General research and development work relating to the running of ongoing public health programs is included under the other relevant public health activities in codes 401 to 409.

CODE 488 Public health – Other public health

Comprises public health functions not reported to the National Public Health Expenditure Project.

CODE 499 Public health – Not further defined

Comprises public health services that could be a combination of categories 401 to 410 but which could not be further disaggregated.

State and territory health authorities are only to report public health services under codes 401 to 409.

CODE 501 Health related care – Patient transport

This item comprises transportation in a specially-equipped surface vehicle or in a designated air ambulance to and from facilities for the purposes of receiving medical and surgical care.

Includes all government ambulance services and transport provided by the Royal Flying Doctors Service, care flight and similar services, emergency transport services of public fire rescue departments or defence that operate on a regular basis for civilian emergency services (not only for catastrophe medicine).

Includes transport between hospitals or other medical facilities and transport to or from a hospital or other medical facility and a private residence or other non-hospital/medical services location.

The provider of this service could be a public or private hospital or an ambulance service.

CODE 502 Health related care – Patient transport subsidies

Government subsidies to private ambulance services e.g. patient transport vouchers, support programs to assist isolated patients with travel to obtain specialised health care.

It also includes transportation in conventional vehicles, such as taxi, when the latter is authorised and the costs are reimbursed to the patient (e.g. for patients undergoing renal dialysis or

chemotherapy).

CODE 503 Health related care – Medications

This item is not currently required to be reported by state and territory health authorities.

Includes pharmaceuticals and other medical non-durables, prescribed medicines and over-the-counter pharmaceuticals. Included within these categories are: medicinal preparations, branded and generic medicines, drugs, patent medicines, serums and vaccines, vitamins and minerals and oral contraceptives, prescribed medicines exclusively sold to customers with a medical voucher, irrespective of whether it is covered by public or private funding. Includes branded and generic products, private households' non-prescription medicines and a wide range of medical non-durables such as bandages, condoms and other mechanical contraceptive devices, elastic stockings, incontinence articles and toothbrushes, toothpastes and therapeutic mouth washes.

CODE 504 Health related care – Aids and appliances

This item is not currently required to be reported by state and territory health authorities.

This item comprises glasses and other vision products, orthopaedic appliances & other prosthetics, hearing aids, medico-technical devices including wheelchairs and all other miscellaneous medical durables not elsewhere classified such as blood pressure instruments.

CODE 505 Health related care – Health administration

Administrative services which cannot be allocated to a specific health good and service. Those unallocatable services might include, for example, maintaining an office of the Chief Medical Officer; a Departmental liaison officer in the office of the Minister; or a number of other agency-wide items for which it is not possible to derive appropriate or meaningful allocations to particular health programs.

CODE 506 Health related care – Health research

Includes all research on health topics that is not included in public health research (code 409). That is, it includes all research classified under ABS Australian Standard Research Classification code 320000, excluding code 321200.

Excludes public health research and non-health related research.

CODE 588 Health related care – Other

Includes for example, services provided by health and health-related call centres and e-health information services.

Excludes health related care reported under codes 501 to 506 and health assessments provided under the Aged Care Assessment Program which are reported under code 602.

CODE 599 Health related care – Not further defined

Comprises health related care that could be a combination of categories 501 to 506 but which could not be further disaggregated.

State and territory health authorities are only to report health related care under codes 501 to 506.

CODE 601 Other function – Home and community care

This item is not currently required to be reported by state and

territory health authorities.

Comprises Home and Community Care services reported under the HACC NMDS.

Information on these service categories is available in the following report:

National classifications of community services. Version 2.0. AIHW Cat. No. HWI 40. Canberra: Australian Institute of Health and Welfare, 2003.

Excludes services reported under codes 602 to 604.

CODE 602 Other function – Aged care

This item is not currently required to be reported by state and territory health authorities.

Includes residential care aged care programs, aged care assessment programs and other non-health aged care programs, such as respite care and day care activities.

Excludes services provided under the HACC program.

CODE 603 Other function – Other welfare

This item is not currently required to be reported by state and territory health authorities.

Includes services delivered to clients, or groups of clients with special needs such as the young or the disabled. Excludes aged care services reported under code 602.

CODE 688 Other function – Other

This item is not currently required to be reported by state and territory health authorities. Includes for example, car parking, accommodation for staff or for patients' relatives, or non-health related research.

CODE 699 Other function – Not further defined

This item is not currently required to be reported by state and territory health authorities.

Comprises other functions that could be a combination of categories 601 to 603 but which could not be further disaggregated.

Source and reference attributes

Submitting organisation:

Health Expenditure Advisory Committee

Reference documents:

Australian Bureau of Statistics 1998. Australian Standard Research Classification. Cat. no. 1297.0. Canberra: ABS.

Australian Government Department of Health and Ageing Medicare Benefits Schedule Book, 1 November 2006 available from <http://www.health.gov.au/mbsonline>

Australian Institute of Health and Welfare 2003. National classifications of community services. Version 2.0. AIHW cat. no. HWI 40. Canberra: AIHW.

Australian Institute of Health and Welfare 2007. National public health expenditure report 2004–05. Health and welfare series expenditure series no. 29. cat. no. HWE 36. Canberra: AIHW.

Data element attributes

Relational attributes

Implementation in Data Set Specifications:

Government health expenditure function revenue data cluster

◆ New Data item

▽ Revised data item

Health, Standard 05/02/2008

Government health expenditure organisation expenditure data
cluster Health, Standard 05/02/2008

Working partnership indicator ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation – working partnership indicator, yes/no code N
<i>METeOR identifier:</i>	290696
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Whether a service provider organisation has formal working partnership(s) with other service provider(s) or organisation(s), as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service provider organisation – working partnership indicator
<i>Definition:</i>	An indicator of whether a service provider organisation has formal working partnership(s) with other service provider(s) or organisation(s).
<i>Object class:</i>	Service provider organisation
<i>Property:</i>	Working partnership 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						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A formal working partnership involves arrangements between a service provider organisation and another service provider or organisation, aimed at providing integrated and seamless care, so that clients are able to move smoothly between services and service settings.</p> <p>A formal working partnership is a verbal or written agreement between two or more parties. It specifies the roles and responsibilities of each party, including the expected outcomes of the agreement.</p> <p>Key elements of a formal working partnership are that it is organised, routine, collaborative, and systematic. It excludes ad hoc arrangements. Examples of formal working partnerships include the existence of: written service agreements; formal liaison; referral and discharge planning processes; formal and</p>
-----------------------	---

routine consultation; protocols; partnership working groups; memoranda of understanding with other providers; and case conferencing.

CODE 1 Yes

The service provider organisation has formal working partnership(s) with other service provider(s) or organisation(s) in place.

CODE 2 No

The service provider organisation has no formal working partnership(s) with other service provider(s) or organisation(s) in place.

Collection methods:

Record only one code.

Source and reference attributes

Submitting organisation:

Palliative Care Intergovernmental Forum

Relational attributes

Implementation in Data Set Specifications:

Palliative care performance indicators DSS Health, Standard 05/02/2008

Information specific to this data set:

This information is required for the calculation of palliative care performance indicator number 4: 'The proportion of palliative care agencies, within their setting of care, that have formal working partnerships with other service provider(s) and organisation(s)'.

Classifications

Australian Classification of Health Interventions (ACHI) 6th edition ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Classification Scheme
<i>Synonymous names:</i>	ACHI 6th edn
<i>METeOR identifier:</i>	361681
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The National Centre for Classification in Health classification of health interventions.
<i>Classification structure:</i>	ACHI is comprised of: <ul style="list-style-type: none">• Tabular List of Interventions - contains seven character code in the format xxxxx-xx. Generally, the first five characters represent the MBS item number and the last two characters are allocated for each procedural concept derived from the MBS item description. Two appendices are specified: Mapping table; and ACHI codes listed in numerical order.• Alphabetic Index of Interventions - is an alphabetic index to the ACHI Tabular List of Interventions that contains many more procedural terms than those appearing in the ACHI Tabular List.

Source and reference attributes

<i>Origin:</i>	National Centre for Classification in Health (NCCH) 2007. The Australian Classification of Health Interventions (ACHI) – Sixth Edition - Tabular list of interventions and Alphabetic index of interventions. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney.
<i>Revision status:</i>	ACHI was developed by the National Centre for Classification in Health (NCCH). During the development, the NCCH was advised by members of the NCCH Coding Standards Advisory Committee (CSAC) and the Clinical Classification and Coding Groups (CCCG), consisting of expert clinical coders and clinicians nominated by the Clinical Casemix Committee of Australia.

Relational attributes

<i>Related metadata references:</i>	Supersedes Australian Classification of Health Interventions (ACHI) 5th edition Health, Superseded 05/02/2008
<i>Value Domains based on this Classification Scheme:</i>	Procedure code (ACHI 6th edn) NNNNN-NN Health, Standard 05/02/2008

Australian Standard Geographical Classification 2007 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Classification Scheme
<i>Synonymous names:</i>	ASGC 2007
<i>METeOR identifier:</i>	362284
<i>Registration status:</i>	Health, Standard 05/02/2008 Community services, Standard 30/11/2007
<i>Definition:</i>	The Australian Bureau of Statistics classification for the classification of geographical locations.

Source and reference attributes

<i>Origin:</i>	Australian Bureau of Statistics 2006. Australian Standard Geographical Classification (ASGC). Cat. no. 1216.0. Canberra: ABS. Viewed on 28/09/2007
----------------	--

Relational attributes

<i>Related metadata references:</i>	Supersedes Australian Standard Geographical Classification 2006 Health, Superseded 05/02/2008, Community services, Superseded 30/11/2007
<i>Value Domains based on this Classification Scheme:</i>	Geographical location code (ASGC 2007) NNNNN Health, Standard 05/02/2008 Community services, Standard 30/11/2007

International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Classification Scheme
<i>Synonymous names:</i>	ICD-10-AM 6th edn
<i>METeOR identifier:</i>	360927
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The National Centre for Classification in Health classification for diseases and related health problems
<i>Classification structure:</i>	ICD-10-AM is comprised of: <ul style="list-style-type: none">• Tabular List of Diseases - contains core three character codes with some expansion to four and five character codes. Two appendices are specified: Morphology of neoplasms; and Special tabulation lists for mortality and morbidity.• Alphabetic Index of Diseases - consists of three sections: Section I is the index of diseases, syndromes, pathological conditions, injuries, signs, symptoms, problems and other reasons for contact with health services. Section II is the index of external causes of injury. The terms included here are not medical diagnoses but descriptions of the circumstances in which the violence occurred. Section III is the index of drugs and other chemical substances giving rise to poisoning or other adverse effects (also known as the Table of drugs and chemicals).

Source and reference attributes

<i>Origin:</i>	National Centre for Classification in Health (NCCH) 2008. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) – Sixth Edition - Tabular list of diseases and Alphabetic index of diseases. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney.
<i>Revision status:</i>	ICD-10-AM was developed by the National Centre for Classification in Health (NCCH). During the development, the NCCH was advised by members of the NCCH Coding Standards Advisory Committee (CSAC) and the Clinical Classification and Coding Groups (CCCG), consisting of expert clinical coders and clinicians nominated by the Clinical Casemix Committee of Australia.

Relational attributes

<i>Related metadata references:</i>	Supersedes International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 5th edition Health, Superseded 05/02/2008
<i>Value Domains based on this Classification Scheme:</i>	Activity type code (ICD-10-AM 6th edn) ANNNN Health, Standard 05/02/2008 Diagnosis code (ICD-10-AM 6th edn) ANN{.N[N]} Health, Standard 05/02/2008 External cause code (ICD-10-AM 6th edn) ANN{.N[N]} Health,

Standard 05/02/2008

Neonatal morbidity code (ICD-10-AM 6th edn) ANN{.N[N]}
Health, Standard 05/02/2008

Place of occurrence (ICD-10-AM 6th edn) ANN{.N[N]} Health,
Standard 05/02/2008

Pregnancy/childbirth and puerperium code (ICD-10-AM 6th
edn) ANN{.N[N]} Health, Standard 05/02/2008

Primary site of cancer code (ICD-10-AM 6th edn) ANN{.N[N]}
Health, Standard 05/02/2008

Glossary items

Ambulatory care ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Glossary Item
<i>METeOR identifier:</i>	354366
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics . The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
<i>Origin:</i>	AIHW 2007. Mental health services in Australia 2004–05. AIHW cat. no. HSE 47. Canberra: AIHW (Mental Health Series no. 9).

Relational attributes

<i>Metadata items which use this glossary item:</i>	Health industry relevant organisation type code NNN Health, Standard 05/02/2008 Health or health related function code NNN Health, Standard 05/02/2008
---	---

Palliative care agency ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Glossary Item
<i>METeOR identifier:</i>	356474
<i>Registration status:</i>	Health, Standard 05/12/2007
<i>Definition:</i>	A palliative care agency is an organisation or organisational sub-unit that provides specialist palliative care and receives Australian or state/territory government funding (including Australian Health Care Agreement funding), or does not provide specialist palliative care but receives Australian Health Care Agreement funding to provide care incorporating a palliative approach or palliative care-related services.

Collection and usage attributes

<i>Guide for use:</i>	'Specialist palliative care' services work substantively in the area of palliative care. they would usually provide consultative and ongoing care for people with a life-limiting illness and provide support for primary carers and family members, provide multi-disciplinary healthcare and employ healthcare professionals who have qualifications or experience in palliative care. Care may be provided in admitted patient and/or community settings. Community settings include outpatient facilities. A palliative care agency represents the level of an organisation that is responsible for the care provided to clients (i.e. care coordination) regardless of whether the agency provides this care directly or purchases the care on behalf of clients.
-----------------------	--

Source and reference attributes

<i>Submitting organisation:</i>	Palliative Care Intergovernmental Forum
---------------------------------	---

Relational attributes

<i>Metadata items which use this glossary item:</i>	Palliative care performance indicators DSS Health, Standard 05/12/2007 Service provider organisation – level of service delivery, palliative care code N Health, Standard 05/12/2007 Service provider organisation – service delivery setting, palliative care agency code N Health, Standard 05/12/2007
---	--

Public health ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Glossary Item
<i>Synonymous names:</i>	Public health
<i>METeOR identifier:</i>	352234
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions is the population as a whole, or population subgroups (NPHP 1998).
<i>Context:</i>	Public health functions

Collection and usage attributes

<i>Guide for use:</i>	To be used for collecting information on public health expenditure and activities.
<i>Collection methods:</i>	Collected through the National Public Health Expenditure Project and the Government Health Expenditure NMDS.

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare.
<i>Origin:</i>	National Public Health Partnership 1998.
<i>Reference documents:</i>	(NPHP) National Public Health Partnership 1998. Public Health in Australia: the public health landscape: person, society, environment. Melbourne: NPHP.

Relational attributes

<i>Metadata items which use this glossary item:</i>	Health or health related function code NNN Health, Standard 05/02/2008
---	--

Revenue (other revenue) ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Glossary Item
<i>Synonymous names:</i>	Other revenue
<i>METeOR identifier:</i>	357543
<i>Registration status:</i>	Health, Standard 05/12/2007
<i>Definition:</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. See text relating to offsetting practices. Gross revenue should be reported (except in relation to payments for inter-hospital transfers of goods and services).

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
<i>Origin:</i>	Establishment – revenue (other revenue), METeOR Identification 269591, NHIG, Standard 01/03/2005

Relational attributes

<i>Metadata items which use this glossary item:</i>	Organisation – revenue Health, Standard 05/12/2007 Organisation – revenue, total Australian currency NNNNN.N Health, Standard 05/12/2007
---	--

Revenue (patient) ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Glossary Item
<i>Synonymous names:</i>	Patient revenue
<i>METeOR identifier:</i>	357539
<i>Registration status:</i>	Health, Standard 05/12/2007
<i>Definition:</i>	Patient revenue comprises all revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. All patient revenue is to be grouped together regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether inpatient or non-inpatient, private or compensable). Gross revenue should be reported.

Source and reference attributes

<i>Submitting organisation:</i>	Health Expenditure Advisory Committee
<i>Origin:</i>	Establishment – revenue (patient) METeOR Identifier 269518 NHIG, Standard 01/03/2005

Relational attributes

<i>Metadata items which use this glossary item:</i>	Organisation – revenue Health, Standard 05/12/2007 Organisation – revenue, total Australian currency NNNNN.N Health, Standard 05/12/2007
---	--

Revenue (recoveries) ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Glossary Item
<i>METeOR identifier:</i>	357541
<i>Registration status:</i>	Health, Standard 05/12/2007
<i>Definition:</i>	<p>All revenue received that is in the nature of a recovery of expenditure incurred. This would include:</p> <ul style="list-style-type: none">• income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors;• income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and• other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.

Generally, gross revenues should be reported but, where inter-hospital payments for transfers of goods and services are made, offsetting practices are acceptable to avoid double counting. Where a range of inter-hospital transfers of goods and services is involved and it is not possible to allocate the offsetting revenue against particular expenditure categories, then it is acceptable to bring that revenue in through recoveries.

Source and reference attributes

<i>Origin:</i>	Establishment – revenue (recoveries) METeOR Identifier 269417, NHIG, Standard 01/03/2005
----------------	--

Relational attributes

<i>Metadata items which use this glossary item:</i>	Organisation – revenue Health, Standard 05/12/2007 Organisation – revenue, total Australian currency NNNNN.N Health, Standard 05/12/2007
---	--