



**National Health Data
Dictionary Version 13.3
Volume 3
Data elements Fun to Le**

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Data Elements

Functional stress test element

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person—functional stress test element, code N
<i>METeOR identifier:</i>	285097
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The element included in an electrocardiogram stress test, as represented by a code.
Data Element Concept:	Person—functional stress test element

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>ECG monitoring</td></tr><tr><td>2</td><td>Echocardiography</td></tr><tr><td>3</td><td>Radionuclide (perfusion) imaging (e.g. Thallium, Sestamibi)</td></tr><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	ECG monitoring	2	Echocardiography	3	Radionuclide (perfusion) imaging (e.g. Thallium, Sestamibi)	9	Not stated/inadequately described
Value	Meaning										
1	ECG monitoring										
2	Echocardiography										
3	Radionuclide (perfusion) imaging (e.g. Thallium, Sestamibi)										
9	Not stated/inadequately described										
<i>Supplementary values:</i>	9										

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	More than one code may be recorded (code 9 is excluded from multiple coding).
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Source and reference attributes

<i>Submitting organisation:</i>	Acute coronary syndrome data working group
<i>Steward:</i>	The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

<i>Related metadata references:</i>	Supersedes Functional stress test element, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.68 KB)
<i>Implementation in Data Set Specifications:</i>	Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005 Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Functional stress test ischaemic result

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – functional stress test ischaemic result, code N
<i>METeOR identifier:</i>	285105
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The result of the person's electrocardiogram stress in terms of ischaemic outcome, as represented by a code.
Data Element Concept:	Person – functional stress test ischaemic result

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>2</td><td>Positive</td></tr><tr><td>3</td><td>Negative</td></tr><tr><td>4</td><td>Equivocal</td></tr></tbody></table>	Value	Meaning	2	Positive	3	Negative	4	Equivocal
Value	Meaning								
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<i>Supplementary values:</i>	<table><tbody><tr><td>1</td><td>Not done</td></tr><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	1	Not done	9	Not stated/inadequately described				
1	Not done								
9	Not stated/inadequately described								

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 2 Positive</p> <p>On an exercise tolerance test, the patient developed either:</p> <ol style="list-style-type: none">Both ischaemic discomfort and ST shift greater than or equal to 1 mm (0.1 mV) (horizontal or downsloping); ornew ST shift greater than or equal to 2 mm (0.2 mV) (horizontal or down-sloping) believed to represent ischaemia even in the absence of ischaemic discomfort. <p>On cardiac imaging investigation (e.g. exercise thallium or MIBI test, stress echocardiography, or dipyridamole, thallium, or adenosine radioisotope scan):</p> <ol style="list-style-type: none">Evidence of reversible ischaemia on nuclear imaging of the myocardium.Evidence of inducible ischaemic response during echocardiographic imaging of the myocardium. <p>If the patient had an equivalent type of exercise test but a definite evidence of ischaemia on cardiac imaging (e.g. an area of clear reversible ischaemia), this should be considered a positive test.</p> <p>CODE 3 Negative</p> <p>No evidence of ischaemia (i.e. no typical angina pain and no ST shifts).</p> <p>CODE 4 Equivocal</p> <p>Either:</p>
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- a. Typical ischaemic pain but no ST shift greater than or equal to 1 mm (0.1 mV) (horizontal or downsloping); or ST shift of 1 mm (0.1 mV) (horizontal or downsloping) but no ischaemic discomfort.
- b. Defect on myocardial imaging of uncertain nature or significance.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group

Steward: The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references: Supersedes [Functional stress test ischaemic result, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.04 KB)

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Information specific to this data set:

For Acute coronary syndrome (ACS) reporting, can be used to determine diagnostic strata.

Funding source for hospital patient

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of care – principal source of funding, hospital code NN
<i>METeOR identifier:</i>	339080
<i>Registration status:</i>	Health, Standard 29/11/2006
<i>Definition:</i>	The principal source of funds for an admitted patient episode or non-admitted patient service event, as represented by a code.
<i>Context:</i>	Admitted patient care. Hospital non-admitted patient care.
Data Element Concept:	Episode of care – principal source of funding

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																														
<i>Data type:</i>	String																														
<i>Format:</i>	NN																														
<i>Maximum character length:</i>	2																														
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>01</td><td>Australian Health Care Agreements</td></tr><tr><td>02</td><td>Private health insurance</td></tr><tr><td>03</td><td>Self-funded</td></tr><tr><td>04</td><td>Worker's compensation</td></tr><tr><td>05</td><td>Motor vehicle third party personal claim</td></tr><tr><td>06</td><td>Other compensation (e.g. public liability, common law, medical negligence)</td></tr><tr><td>07</td><td>Department of Veterans' Affairs</td></tr><tr><td>08</td><td>Department of Defence</td></tr><tr><td>09</td><td>Correctional facility</td></tr><tr><td>10</td><td>Other hospital or public authority (contracted care)</td></tr><tr><td>11</td><td>Reciprocal health care agreements (with other countries)</td></tr><tr><td>12</td><td>Other</td></tr><tr><td>13</td><td>No charge raised</td></tr><tr><td>99</td><td>Not known</td></tr></tbody></table>	Value	Meaning	01	Australian Health Care Agreements	02	Private health insurance	03	Self-funded	04	Worker's compensation	05	Motor vehicle third party personal claim	06	Other compensation (e.g. public liability, common law, medical negligence)	07	Department of Veterans' Affairs	08	Department of Defence	09	Correctional facility	10	Other hospital or public authority (contracted care)	11	Reciprocal health care agreements (with other countries)	12	Other	13	No charge raised	99	Not known
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13	No charge raised																														
99	Not known																														
<i>Supplementary values:</i>	99 Not known																														

Collection and usage attributes

<i>Guide for use:</i>	CODE 01 Australian Health Care Agreements Australian Health Care Agreements should be recorded as the funding source for Medicare eligible admitted patients who elect to be treated as public patients and Medicare eligible emergency department patients and Medicare eligible patients presenting at a public hospital outpatient department for whom there is not a third party arrangement.
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Includes: Public admitted patients in private hospitals funded by state or territory health authorities (at the state or regional level).

Excludes: Inter-hospital contracted patients and overseas visitors who are covered by Reciprocal health care agreements and elect to be treated as public admitted patients.

CODE 02 Private health insurance

Excludes: overseas visitors for whom travel insurance is the major funding source.

CODE 03 Self-funded

This code includes funded by the patient, by the patient's family or friends, or by other benefactors.

CODE 10 Other hospital or public authority

Includes: Patients receiving treatment under contracted care arrangements (Inter-hospital contracted patient).

CODE 11 Reciprocal health care agreements (with other countries)

Australia has Reciprocal Health Care Agreements with the United Kingdom, the Netherlands, Italy, Malta, Sweden, Finland, Norway, New Zealand and Ireland. The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient in any kind of hospital.

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

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

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

Excludes: Overseas visitors who elect to be treated as private patients.

CODE 12 Other funding source

Includes: Overseas visitors for whom travel insurance is the major funding source.

CODE 13 No charge

Includes: Admitted patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital or the state/territory. Also includes patients who receive private hospital services for whom no accommodation or facility charge is raised (for example, when the only charges are for medical services bulk-billed to Medicare), and patients for whom a charge is raised but is subsequently waived.

Excludes: Admitted public patients (Medicare eligible) whose funding source should be recorded as Australian Health Care Agreements or Reciprocal Health Care Agreements. Also excludes Medicare eligible non-admitted patients, presenting to a public hospital emergency department and Medicare eligible patients (for whom there is not a third party payment arrangement) presenting at a public hospital outpatient department, whose funding source should be recorded as

Australian Health Care Agreements.

Also excludes patients presenting to an outpatient department who have chosen to be treated as a private patient and have been referred to a named medical specialist who is exercising a right of private practice. These patients are not considered to be patients of the hospital (see Guide for use).

Data element attributes

Collection and usage attributes

Guide for use:

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

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

If a charge is raised for accommodation or facility fees for the episode/service event, the intent of this data element is to collect information on who is expected to pay, provided that the charge would cover most of the expenditure that would be estimated for the episode/service event. If the charge raised would cover less than half of the expenditure, then the funding source that represents the majority of the expenditure should be reported.

The major source of funding should be reported for nursing-home type patients.

Relational attributes

Related metadata references:

Supersedes [Episode of care – expected principal source of funding, hospital code NN](#) Health, Superseded 29/11/2006

Implementation in Data Set Specifications:

Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Admitted patient palliative care NMDS 2007-08 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

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:	Establishment – 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) (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).</p> <p>The Australian Standard Geographical Classification (ASGC) is updated on an annual basis with a date of effect of 1 July each year.</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 detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.</p>
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Source and reference attributes

<i>Origin:</i>	National Health Data Committee
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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:	Service delivery outlet – 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 detailed information of the number and street of the establishment is used with the Streets Sub- index of the NLI to assign the SLA.</p>
<i>Comments:</i>	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

<i>Submitting organisation:</i>	Intergovernmental Committee on Drugs National Minimum
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Origin: Data Set Working Group
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

Gestational age

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Female (pregnant) – estimated gestational age, total weeks NN
<i>METeOR identifier:</i>	269965
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The estimated gestational age of the baby in completed weeks as determined by clinical assessment.
Data Element Concept:	Female (pregnant) – estimated gestational age

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	String
<i>Format:</i>	NN
<i>Maximum character length:</i>	2
<i>Supplementary values:</i>	Value Meaning
	99 Not stated/unknown
<i>Unit of measure:</i>	Week

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This is derived from clinical assessment when accurate information on the date of the last menstrual period is not available for this pregnancy. Gestational age is frequently a source of confusion when calculations are based on menstrual dates. For the purposes of calculation of gestational age from the date of the first day of the last normal menstrual period and the date of delivery, it should be borne in mind that the first day is day zero and not day one.
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Source and reference attributes

<i>Submitting organisation:</i>	National Perinatal Data Development Committee
<i>Origin:</i>	International Classification of Diseases and Related Health Problems, 10 Revision, WHO, 1992

Relational attributes

<i>Related metadata references:</i>	Supersedes Gestational age, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.66 KB) Is formed using Pregnancy – first day of the last menstrual period, date DDMMYYYY Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Perinatal NMDS Health, Superseded 07/12/2005 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006

Perinatal NMDS Health, Superseded 06/09/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Information specific to this data set:

The first day of the last menstrual period (LMP) is required to estimate gestational age, which is a key outcome of pregnancy and an important risk factor for neonatal outcomes. Although the date of the LMP may not be known, or may sometimes be erroneous, estimation of gestational age based on clinical assessment may also be inaccurate. Both methods of assessing gestational age are required for analysis of outcomes.

Given name sequence number

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person (name) – given name sequence number, code N
<i>METeOR identifier:</i>	287595
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 30/09/2005
<i>Definition:</i>	The numerical order of the given names or initials of a person, as represented by a code.
Data Element Concept:	Person (name) – given name sequence number

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																				
<i>Data type:</i>	Number																				
<i>Format:</i>	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>First given name</td></tr><tr><td>2</td><td>Second given name</td></tr><tr><td>3</td><td>Third given name</td></tr><tr><td>4</td><td>Fourth given name</td></tr><tr><td>5</td><td>Fifth given name</td></tr><tr><td>6</td><td>Sixth given name</td></tr><tr><td>7</td><td>Seventh given name</td></tr><tr><td>8</td><td>Eighth given name</td></tr><tr><td>9</td><td>Ninth and subsequent given name</td></tr></tbody></table>	Value	Meaning	1	First given name	2	Second given name	3	Third given name	4	Fourth given name	5	Fifth given name	6	Sixth given name	7	Seventh given name	8	Eighth given name	9	Ninth and subsequent given name
Value	Meaning																				
1	First given name																				
2	Second given name																				
3	Third given name																				
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5	Fifth given name																				
6	Sixth given name																				
7	Seventh given name																				
8	Eighth given name																				
9	Ninth and subsequent given name																				

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	To be used in conjunction with Given name. Example: Mary Georgina Smith In the example above 'Mary' would have a given name sequence number of 1 and 'Georgina' would have a given name sequence number of 2. Example: Jean Claude Marcel Moreaux If the person has recorded a single given name as more than one word, displaying spaces in between the words(e.g. Jean Claude), their given names are recorded in data collection systems in the same way (i.e. Jean Claude is one given name and Marcel is another given name). 'Jean Claude' would have a Given name sequence number of '1' and 'Marcel' would have a Given name sequence number of '2'.
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Source and reference attributes

Submitting organisation:

Standards Australia

Origin:

AS4846 Health Care Provider Identification, 2004, Sydney:
Standards Australia

Relational attributes

*Implementation in Data Set
Specifications:*

Health care client identification DSS Health, Standard
04/05/2005

Health care provider identification DSS Health, Superseded
04/07/2007

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

Given name(s)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person (name) – given name, text [X(40)]
<i>METeOR identifier:</i>	287035
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005 Housing assistance, Standard 20/06/2005
<i>Definition:</i>	The person's identifying name within the family group or by which the person is socially identified, as represented by text.
Data Element Concept:	Person (name) – given name

Value domain attributes

Representational attributes

<i>Representation class:</i>	Text
<i>Data type:</i>	String
<i>Format:</i>	[X(40)]
<i>Maximum character length:</i>	40

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A person may have more than one Given name. All given names should be recorded.</p> <p>The agency or establishment should record the person's full given name(s) on their information systems.</p> <p>National Community Services Data Dictionary specific:</p> <p>In instances where there is uncertainty about which name to record for a person living in a remote Aboriginal or Torres Strait Islander community, Centrelink follows the practice of recording the Indigenous person's name as it is first provided to Centrelink. In situations where proof of identity is required, the name is recorded on a majority of the higher point scoring documents that are produced as proof of identity.</p> <p>National Health Data Dictionary specific:</p> <p>Each individual Given name should have a Given name sequence number associated with it.</p> <p>Health care establishments may record given names (first and other given names) in one field or several fields. This metadata item definition applies regardless of the format of data recording.</p> <p>A full history of names is to be retained.</p>
<i>Collection methods:</i>	<p>This metadata item should be recorded for all clients.</p> <p>Given name(s) should be recorded in the format preferred by the person. The format should be the same as that indicated by the person (eg written on a form) or in the same format as that printed on an identification card, such as Medicare card, to ensure consistent collection of name data.</p> <p>It is acknowledged that some people use more than one given name</p>

(e.g. formal name, birth name, nick name or shortened name, or tribal name) depending on the circumstances. A person is able to change his or her name by usage in all States and Territories of Australia with the exception of Western Australia, where a person may only change his or her name under the Change of Name Act. A person should generally be registered using their preferred name as it is more likely to be used in common usage and on subsequent visits to the agency or establishment. The person's preferred name may in fact be their legal (or Medicare card) name. The Person name type metadata item (see Comments) can be used to distinguish between the different types of names that may be used by the person.

The following format may assist with data collection:

What is the given name you would like to be known by?

Are you known by any other given names that you would like recorded?

If so, what are they

Please indicate the 'type' of given name that is to be recorded:

(a) Medicare card name (if different to preferred name).

(b) Alias (any other name that you are known by).

Whenever a person informs the agency or establishment of a change of given name (e.g. prefers to be known by their middle name), the former name should be recorded according to the appropriate name type. Do not delete or overwrite a previous given name e.g. 'Mary Georgina Smith' informs the hospital that she prefers to be known as 'Georgina'. Record 'Georgina' as her preferred given name and record 'Mary' as the Medicare card given name.

e.g. The establishment is informed that 'Baby of Louise Jones' has been named 'Mary Jones'. Retain 'Baby of Louise' as the newborn name and also record 'Mary' as the preferred 'Given name'.

Registering an unidentified health care client:

If the person is a health care client and her/his given name is not known record unknown in the 'Given name' field and use alias Name type. When the person's name becomes known, add the actual name as preferred Name type (or other as appropriate). Do not delete or overwrite the alias name of unknown.

Use of first initial:

If the person's given name is not known, but the first letter (initial) of the given name is known, record the first letter in the preferred 'Given name' field. Do not record a full stop following the initial.

Persons with only one name:

Some people do not have a **family** name and a given name: they have only one name by which they are known. If the person has only one name, record it in the 'Family name' field and leave the 'Given name' blank.

Record complete information:

All of the person's given names should be recorded.

Shortened or alternate first given name:

If the person uses a shortened version or an alternate version of their first given name, record their preferred name, the actual name as their Medicare card name and any alternative versions as alias names as appropriate.

Example - The person's given name is Jennifer but she prefers to be called Jenny. Record 'Jenny' as the preferred 'Given name' and 'Jennifer' as her Medicare card name.

Example - The person's given name is 'Giovanni' but he prefers to be called 'John'.

Record 'John' as the preferred 'Given name' and 'Giovanni' as the Medicare card name.

Punctuation:

If special characters form part of the given names they shall be included, e.g. hyphenated names shall be entered with the hyphen.

- Hyphen, e.g. Anne-Maree, Mary-Jane

Do not leave a space before or after the hyphen, i.e. between last letter of 'Anne' and the hyphen, nor a space between the hyphen and the first letter of 'Maree'.

- spaces, e.g. Jean Claude Carcel Moreaux

If the person has recorded their given name as more than one word, displaying spaces in between the words, record their given names in data collection systems in the same way (i.e. Jean Claude is one given name and Marcel is another given name).

Names not for continued use:

For cultural reasons, a person such as an Aboriginal or Torres Strait Islander may advise that they are no longer using the given name they previously used and are now using an alternative current name. Record their current name as their preferred given name and record their previously used name as an alias name (with a Name conditional use flag of 'not for continued use').

Composite name:

If a person identifies their first name as being a composite word, both parts should be recorded under the first Given Name (rather than the first and second Given Name).

e.g. 'Anne Marie Walker' notes her preferred Given Name to be 'Anne Marie', then 'Anne Marie' is recoded as (first) Given Name, and (second) Given Name is left blank.

Registering an unnamed newborn baby:

An unnamed (newborn) baby is to be registered using the mother's given name in conjunction with the prefix 'Baby of'. For example, if the baby's mother's given name is Fiona, then record 'Baby of Fiona' in the preferred 'Given name' field for the baby. This name is recorded under the newborn Name type. If a name is subsequently given, record the new name as the preferred given name and retain the newborn name.

Registering unnamed multiple births:

An unnamed (newborn) baby from a multiple birth should use their mother's given name plus a reference to the multiple births. For example, if the baby's mother's given name is 'Fiona' and a set of twins is to be registered, then record 'Twin 1 of Fiona' in the Given name field for the first born baby, and 'Twin 2 of Fiona' in the 'Given name' field of the second born baby. Arabic numbers (1, 2, 3 ...) are used, not Roman Numerals (I, II, III).

In the case of triplets or other multiple births the same logic applies. The following terms should be used for recording multiple births:

- Twin:
use Twin i.e. Twin 1 of Fiona
- Triplet:
use Trip i.e. Trip 1 of Fiona

- **Quadruplet:**
use Quad i.e. Quad 1 of Fiona
- **Quintuplet:**
use Quin i.e. Quin 1 of Fiona
- **Sextuplet:**
use Sext i.e. Sext 1 of Fiona
- **Septuplet:**
use Sept i.e. Sept 1 of Fiona.

These names should be recorded under the newborn Person name type. When the babies are named, the actual names should be recorded as the preferred name. The newborn name is retained.

Aboriginal/Torres Strait Islander names not for continued use:

For cultural reasons, an Aboriginal or Torres Strait Islander may advise an agency or establishment that they are no longer using the given name that they had previously registered and are now using an alternative current name.

Record their current name as the preferred 'Given name' and record their previous used given name as an alias name.

Ethnic Names:

The Centrelink Naming Systems for Ethnic Groups publication provides the correct coding for ethnic names. Refer to Ethnic Names Condensed Guide for summary information.

Misspelled given names:

If the person's given name has been misspelled in error, update the Given name field with the correct spelling and record the misspelled given name as an Alias name. Recording misspelled names is important for filing documents that may be issued with previous versions of the client's name. Discretion should be used regarding the degree of recording that is maintained.

Comments:

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording - such as the difference between Thomas and Tom - can make Record linkage impossible. To minimise discrepancies in the recording and reporting of name information, agencies or establishments should ask the person for their full (formal) Given name and Family name. These may be different from the name that the person may prefer the agency or establishment workers to use in personal dealings. Agencies or establishments may choose to separately record the preferred name that the person wishes to be used by agency or establishment workers. In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies or establishments should always ask the person to specify their first given name and their family or surname separately. These should then be recorded as Given name and Family name as appropriate, regardless of the order in which they may be traditionally given.

National Community Services Data Dictionary specific:

Selected letters of the given name in combination with selected letters of the family name, date of birth and sex may be used for **record linkage** for statistical purposes only.

National Health Data Dictionary specific:

Health care provider identification DSS and Health care client identification DSS

For the purpose of positive identification or contact, agencies or

establishments that collect Given name should also collect Given name sequence number. Given name sequence number is also a metadata item in Australian Standard AS4846-2004 Health care provider identification and is proposed for inclusion in the review of Australian Standard AS5017-2002 Health care client identification. AS5017 and AS4846 use alternative alphabetic codes for Given name sequence number. Refer to the current standards for more details.

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare Standards Australia
<i>Origin:</i>	National Health Data Committee National Community Services Data Committee Commonwealth Department of Health and Family Services 1998. Home and Community Care Data Dictionary Version 1.0. Canberra: DHFS Standards Australia 2002. Australian Standard AS5017-2002 Health Care Client Identification. Sydney: Standards Australia
<i>Reference documents:</i>	AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

<i>Related metadata references:</i>	Supersedes Person (name) – given name, text [X(40)] Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005 See also Person (name) – family name, text X[X(39)] Health, Standard 04/05/2005, Community services, Standard 25/08/2005, Housing assistance, Standard 20/06/2005 Is used in the formation of Person – letters of given name, text XX Community services, Standard 27/03/2007
<i>Implementation in Data Set Specifications:</i>	Cancer (clinical) DSS Health, Superseded 07/12/2005 Cancer (clinical) DSS Health, Standard 07/12/2005 Health care client identification DSS Health, Standard 04/05/2005 Health care provider identification DSS Health, Superseded 04/07/2007 Health care provider identification DSS Health, Standard 04/07/2007

Glycoprotein IIb/IIIa receptor antagonist (status)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – glycoprotein IIb/IIIa receptor antagonist status, code NN
<i>METeOR identifier:</i>	285115
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The person's glycoprotein IIb/IIIa receptor antagonist therapy status, as represented by a code.
Data Element Concept:	Person – glycoprotein IIb/IIIa receptor antagonist status

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																				
<i>Data type:</i>	Number																				
<i>Format:</i>	NN																				
<i>Maximum character length:</i>	2																				
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>10</td><td>Given</td></tr><tr><td>21</td><td>Not given - therapy not indicated</td></tr><tr><td>22</td><td>Not given - patient refusal</td></tr><tr><td>23</td><td>Not given - known intracranial neoplasm</td></tr><tr><td>24</td><td>Not given - active or recent (within 2 to 4 weeks) internal bleeding (does not include menses). Suspected aortic dissection</td></tr><tr><td>25</td><td>Not given - history of prior cerebrovascular accident or known intracerebral pathology not covered in contraindications</td></tr><tr><td>26</td><td>Not given - recent trauma (within 2 to 4 weeks), including head trauma, traumatic or prolonged (greater than 10 minutes) CPR, or major surgery (less than 3 weeks)</td></tr><tr><td>27</td><td>Not given - pregnancy</td></tr><tr><td>28</td><td>Not given - other</td></tr></tbody></table>	Value	Meaning	10	Given	21	Not given - therapy not indicated	22	Not given - patient refusal	23	Not given - known intracranial neoplasm	24	Not given - active or recent (within 2 to 4 weeks) internal bleeding (does not include menses). Suspected aortic dissection	25	Not given - history of prior cerebrovascular accident or known intracerebral pathology not covered in contraindications	26	Not given - recent trauma (within 2 to 4 weeks), including head trauma, traumatic or prolonged (greater than 10 minutes) CPR, or major surgery (less than 3 weeks)	27	Not given - pregnancy	28	Not given - other
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27	Not given - pregnancy																				
28	Not given - other																				
<i>Supplementary values:</i>	90 Not stated/inadequately described																				

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This metadata item pertains to the administering of Glycoprotein IIb/IIIa receptor antagonist drugs at any time point during this current event. CODES 21 - 28 Not given
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If recording 'Not given', record the principal reason if more than one code applies.

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group
Steward: The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references: Supersedes [Glycoprotein IIb/IIIa receptor antagonist status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (15.08 KB)

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005
Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Glycosylated Haemoglobin—upper limit of normal range (percentage)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Laboratory standard – upper limit of normal range of glycosylated haemoglobin, percentage N[N].N
<i>METeOR identifier:</i>	270333
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Laboratory standard for the value of glycosylated haemoglobin (HbA1c) measured as a percentage that is the upper boundary of the normal range.
<i>Data Element Concept:</i>	Laboratory standard – upper limit of normal range of glycosylated haemoglobin

Value domain attributes

Representational attributes

<i>Representation class:</i>	Percentage				
<i>Data type:</i>	Number				
<i>Format:</i>	N[N].N				
<i>Maximum character length:</i>	3				
<i>Supplementary values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>99.9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	99.9	Not stated/inadequately described
Value	Meaning				
99.9	Not stated/inadequately described				

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Record the upper limit of the HbA1c normal reference range from the laboratory result.
<i>Collection methods:</i>	This value is usually notified in patient laboratory results and may vary for different laboratories.
<i>Comments:</i>	HbA1c results vary between laboratories; use the same laboratory for repeated testing.

Source and reference attributes

<i>Submitting organisation:</i>	National Diabetes Data Working Group
<i>Origin:</i>	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

<i>Related metadata references:</i>	See also Person – glycosylated haemoglobin level (measured), percentage N[N].N Health, Standard 01/03/2005 Supersedes Glycosylated Haemoglobin (HbA1c) - upper limit of normal range, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.93 KB)
<i>Implementation in Data Set Specifications:</i>	Diabetes (clinical) DSS Health, Superseded 21/09/2005 Diabetes (clinical) DSS Health, Standard 21/09/2005

Information specific to this data set:

HbA1c is a measurement of long-term blood glucose control and is used to assess the effectiveness of treatment. It is a convenient way to obtain an integrated assessment of antecedent glycaemia over an extended period under real life conditions and is used as a standard for assessing overall blood glucose control. The target is to achieve an HbA1c within 1% of the upper limit of normal or achieve control as near to this target as possible without producing unacceptable hypoglycaemia as recommended from the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus.

If HbA1c is 2% above the upper limit of normal, explore reasons for unsatisfactory control such as diet, intercurrent illness, appropriateness of medication, concurrent medication, stress, and exercise and review management:

- review and adjust treatment
- consider referral to diabetes educator
- consider referral to dietitian
- consider referral to endocrinologist or physician or diabetes centre.

Glycosylated haemoglobin level (measured)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – glycosylated haemoglobin level (measured), percentage N[N].N
<i>METeOR identifier:</i>	270325
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	A person's glycosylated haemoglobin (HbA1c) level, measured as percentage.
<i>Data Element Concept:</i>	Person – glycosylated haemoglobin level

Value domain attributes

Representational attributes

<i>Representation class:</i>	Percentage				
<i>Data type:</i>	Number				
<i>Format:</i>	N[N].N				
<i>Maximum character length:</i>	3				
<i>Supplementary values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>99.9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	99.9	Not stated/inadequately described
Value	Meaning				
99.9	Not stated/inadequately described				

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>HbA1c results vary between laboratories; use the same laboratory for repeated testing.</p> <p>When reporting, record absolute result of the most recent HbA1c level in the last 12 months.</p> <p>Record the absolute result of the test (%).</p>
<i>Collection methods:</i>	<p>Test is performed in accredited laboratories:</p> <ul style="list-style-type: none">• A single blood sample is sufficient and no preparation of the patient is required.• Measure HbA1c ideally using High Performance Liquid Chromatography (HPLC).

Source and reference attributes

<i>Submitting organisation:</i>	National diabetes data working group
<i>Origin:</i>	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
<i>Reference documents:</i>	Koenig, R. J. Peterson, CM and Kilo, C et al. Hemoglobin A1c as an indicator of the degree of glucose intolerance in diabetes. Diabetes 259 (1976): 230-232. Nathan, D.M., Singer, D.E, Hurxthal, K, and Goodson, J.D. The clinical information value of the glycosylated hemoglobin assay. N. Eng. J. Med. 310 (1984): 341-346.

Relational attributes

<i>Related metadata references:</i>	See also Laboratory standard – upper limit of normal range of
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[glycosylated haemoglobin, percentage N\[N\].N](#) Health,
Standard 01/03/2005

Supersedes [Glycosylated Haemoglobin \(HbA1c\) - measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#)
(18 KB)

*Implementation in Data Set
Specifications:*

Diabetes (clinical) DSS Health, Superseded 21/09/2005

Diabetes (clinical) DSS Health, Standard 21/09/2005

Information specific to this data set:

The HbA1c along with regular blood glucose monitoring is the best way to see the overall picture of blood glucose levels.

HbA1c is a measurement of long-term blood glucose control and is used to assess the effectiveness of treatment. The level of HbA1c is proportional to the level of glucose in the blood over a period of approximately two months, because glucose attaches to the haemoglobin (red blood cells) and remains there for the life of the red blood cell, approximately 120 days. The HbA1c gives an average of the blood glucose level over the past 6-8 weeks and therefore HbA1c is accepted as an indicator of the mean daily blood glucose concentration over the preceding two months.

HbA1c is formed by the non-enzymatic glycation of the N-terminus of the B- chain of haemoglobin A_o. It is a convenient way to obtain an integrated assessment of antecedent glycaemia over an extended period under real life conditions used as a standard for assessing overall blood glucose control.

Research studies in the United States have found that for every 1% reduction in results of HbA1c blood tests, the risk of developing micro vascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent. The maintenance of good glycaemic control (in diabetes Type 1 and Type 2), significantly reduces progression of diabetes-related complications such as retinopathy, nephropathy and neuropathy, as indicated in the Diabetes Control and Complications Trial (DCCT 1993) and United Kingdom Prospective Diabetes Study (UKPDS 1997).

The target proposed by the Australian Diabetes Society for glycosylated haemoglobin (HbA1c) is 7.0% or less and a doctor may order this test about every 3 - 6 months.

Goal of care

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Community nursing service episode – goal of care, code NN
<i>METeOR identifier:</i>	270225
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The goal or expected outcome of a plan of care, negotiated by the service provider and recipient, as represented by a code.
Data Element Concept:	Community nursing service episode – goal of care

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																
<i>Data type:</i>	String																
<i>Format:</i>	NN																
<i>Maximum character length:</i>	2																
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>01</td><td>Well person for preventative/maintenance/health promotion program</td></tr><tr><td>02</td><td>Person will make a complete recovery</td></tr><tr><td>03</td><td>Person will not make a complete recovery; but will rehabilitate to a state where formal on-going service is no longer required</td></tr><tr><td>04</td><td>Person has a long-term care need and the goal is aimed at on-going support to maintain at home</td></tr><tr><td>05</td><td>Person in end-stage of illness the goal is aimed at support to stay at home in comfort and dignity and facilitation of choice of where to die</td></tr><tr><td>06</td><td>Person is unable to remain at home for extended period and goal is aimed at institutionalisation at a planned and appropriate time</td></tr><tr><td>07</td><td>For assessment only/not applicable</td></tr></tbody></table>	Value	Meaning	01	Well person for preventative/maintenance/health promotion program	02	Person will make a complete recovery	03	Person will not make a complete recovery; but will rehabilitate to a state where formal on-going service is no longer required	04	Person has a long-term care need and the goal is aimed at on-going support to maintain at home	05	Person in end-stage of illness the goal is aimed at support to stay at home in comfort and dignity and facilitation of choice of where to die	06	Person is unable to remain at home for extended period and goal is aimed at institutionalisation at a planned and appropriate time	07	For assessment only/not applicable
Value	Meaning																
01	Well person for preventative/maintenance/health promotion program																
02	Person will make a complete recovery																
03	Person will not make a complete recovery; but will rehabilitate to a state where formal on-going service is no longer required																
04	Person has a long-term care need and the goal is aimed at on-going support to maintain at home																
05	Person in end-stage of illness the goal is aimed at support to stay at home in comfort and dignity and facilitation of choice of where to die																
06	Person is unable to remain at home for extended period and goal is aimed at institutionalisation at a planned and appropriate time																
07	For assessment only/not applicable																

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 01 Well person for preventative/maintenance/health promotion program Service recipients are those making contact with the health service primarily as a part of a preventative/maintenance health promotion program. This means they are well and do not require care for established health problems. They include well antenatal persons attending or being seen by the service for screening or health education purposes.</p> <p>CODE 02 Person will make a complete recovery Describes those persons whose condition is self-limiting and</p>
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from which complete recovery is anticipated, or those with established or long-term health problems who are normally independent in their management.

Goal 2 service recipient includes:

- post-surgical or acute medical service recipients whose care at home is to facilitate convalescence. Such admissions to home care occur as a result of early discharge from hospital; post-surgical complication such as wound infection; or because the person is at risk during the recovery phase and requires surveillance for a limited period;
- persons recovering from an acute illness and referred from the general practitioner or other community-based facility;
- persons with **disability** or established health problem normally independent of health services, and currently recovering from an acute condition or illness as above.

CODE 03 Person will not make a complete recovery; but will rehabilitate to a state where formal on-going service is no longer required

Refers to those service recipients whose care plan is aimed at returning them to independent functioning at home either through self-care or with informal assistance, such that formal services will be discontinued. The distinguishing characteristic of this group is that complete recovery is not expected but some functional gain may be possible. Further, the condition is not expected to deteriorate rapidly or otherwise cause the client to be at risk without contact or surveillance from the community service.

CODE 04 Person has a long-term care need and the goal is aimed at on-going support to maintain at home

Refers to those service recipients whose health problem/condition is not expected to resolve and who will require ongoing maintenance care from the nursing service. Such clients are distinguished from those in Goal 3 in that their condition is of an unknown or long-term nature and not expected to cause death in the foreseeable future. They may require therapy for restoration of function initially and intermittently, and may also have intermittent admissions for respite. However, the major part of their care is planned to be at home.

CODE 05 Person in end-stage of illness the goal is aimed at support to stay at home in comfort and dignity and facilitation of choice of where to die

Refers to persons whose focus of care is palliation of symptoms and facilitation of the choice to die at home.

CODE 06 Person is unable to remain at home for extended period and goal is aimed at institutionalisation at a planned and appropriate time

includes persons who have a limited ability to remain at home because of their intensive care requirements and the inability of formal and informal services to meet these needs. Admission to institutional care is therefore a part of the care planning process and the timing dependent upon the capacity and/or wish to remain at home. The distinguishing feature of this group is that the admission is not planned to be an intermittent event to boost the capacity for home care but is expected to be of a more permanent (or indeterminate) nature.

- Excluded from this group are persons with established health problems or permanent disability, if the contact is related to the condition. For example, persons with diabetes and in a diabetes program would be included in Goal 3; however, such persons would be included in Goal 6 if the contact with the service is not related to an established health problem but is primarily for preventative/maintenance care as described above.

CODE 07 For assessment only/ not applicable

Service recipients are those for whom the reason for the visit is to undertake an assessment. This may include clients in receipt of a Domiciliary Nursing Care Benefit (DNCB) for whom the purpose of the visit is to determine ongoing DNCB eligibility and requirements for care. Implicit in this visit is review of the person's health status and circumstances, to ensure that their ongoing support does not place them or their carer at avoidable risk.

Data element attributes

Collection and usage attributes

Guide for use:

Only one option is permissible and where Code 07 is selected, Code 9 must be used in the metadata item Community nursing service episode – nursing interventions, code N.

Collection methods:

At time of formal review of the client, the original goal of care should be retained and not over-written by the system. The goal of care relates to the episode bounded by the date of first contact with community nursing service and date of last contact and in this format provides a focussing effect at the time of planning for care.

Comments:

Agencies who had previously implemented this metadata item should note changes to the code set in the Value domain.

Source and reference attributes

Submitting organisation:

Australian Council of Community Nursing Services

Relational attributes

Related metadata references:

Supersedes [Goal of care, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (23.09 KB)

Grants to non-government organisations— accommodation services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation— accommodation services grants to non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	296547
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for the provision of accommodation services, defined as housing services that are linked to support services for people affected by a mental health issue.
Data Element Concept:	Specialised mental health service organisation— accommodation services grants to non-government organisations

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

Guide for use: Where the exact dollar amount, for accommodations services as a whole, is unable to be provided an estimate should be derived from available local information.

Note: Only subtypes 3 and 5 are included as 'Accommodation services' for the Mental Health Establishments NMDS. Subtypes 1, 2 and 4 are not included as 'Accommodation services' for this NMDS. Categories 3 and 5 listed below are to be reported in aggregate. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under the other and unspecified services grants to non-government organisations data element.

Accommodation services are subcategorised into 5 subtypes:

1. *Crisis/interim accommodation* - Short-term accommodation which may be staffed up to 24 hours a day, seven days a week for people affected by a mental health issue. Accommodation is facility based/residential with an average of 4-8 beds. Length of stay is generally limited to a maximum of three months.

2. *Transitional supported accommodation* - Short to medium accommodation (3-12 months) that is provided in a residential/facility based setting.
3. *Headleasing* - Provides a supportive landlord service that assists tenants to access and maintain suitable accommodation and maintains their tenancies and which is linked to support.
4. *Residential rehabilitation* - Short to long-term residential facility based accommodation provided to people with high needs. Staff support is provided.
5. *Long term supported accommodation* - Secure/tenured long-term accommodation with staff support as necessary or desired.

Collection methods:

Grants for accommodation services are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references:

See also [Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Superseded 07/12/2005

Implementation in Data Set Specifications:

Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

Obligation condition: reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Grants to non-government organisations—advocacy services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – advocacy services grants to non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	286911
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for the provision of advocacy services, defined as services that provide assistance to people affected by a mental health issue to access their human and legal rights and promote reform.
Data Element Concept:	Specialised mental health service organisation – advocacy services grants to non-government organisations

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>	<p>Where the exact dollar amount for advocacy services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations. Advocacy services are subcategorised into 2 subtypes, however data are not expected to be reported at this level:</p> <ol style="list-style-type: none">1. <i>Systemic</i> - The representation and promotion of the rights, views and responsibilities of people affected by mental health issues in the community, public and private sectors at both domestic and international levels.2. <i>Individual</i> - The representation and promotion of the rights and views of the individual affected by a mental health issue.
<i>Collection methods:</i>	Grants for advocacy services are to be reported at the lowest statistical unit level which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references:

See also [Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Superseded 07/12/2005

Implementation in Data Set Specifications:

Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Grants to non-government organisations—community awareness/health promotion services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – community awareness/health promotion services grants to non-government organisations (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	287011
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for community awareness/health promotion services, defined as services aimed at raising awareness about mental health/illness and those affected by mental health issues through the provision of information and/or education to the community, in order to enhance the community's capacity to support people affected by a mental health issue.
Data Element Concept:	Specialised mental health service organisation – community awareness/health promotion services grants to non-government organisations

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>	Where the exact dollar amount for community awareness/health promotion services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for community awareness/health promotion services are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health,
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Implementation in Data Set Specifications:

Superseded 07/12/2005

Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Grants to non-government organisations—counselling services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – counselling services grants to non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	287021
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for counselling services provided by professionals and non-professionals that provide emotional support, psychological support, assistance with achieving goals and the strengthening of community and social networks for people affected by a mental health issue.
Data Element Concept:	Specialised mental health service organisation – counselling services grants to non-government organisations

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>	Where the exact dollar amount for counselling services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for counselling services are to be reported only at the level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Source and reference attributes

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

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005
<i>Implementation in Data Set</i>	Mental health establishments NMDS 2005-2006 Health,

Specifications:

Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Grants to non-government organisations—**independent living skills support services**

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – independent living skills support services grants to non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	296480
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for services that provide encouragement and support of people living with a mental health issue to participate actively in their day to day living in a community.
Data Element Concept:	Specialised mental health service organisation – independent living skills support services grants to non-government organisations

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>	Where the exact dollar amount for independent living skills support services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for independent living skills support services are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005
<i>Implementation in Data Set Specifications:</i>	Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—other and unspecified mental health services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – other and unspecified mental health services grants to non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	306250
<i>Registration status:</i>	Health, Standard 07/12/2005
<i>Definition:</i>	Grants made to non-government organisations for provision of mental health services not elsewhere classified and grants not allocatable to specific service types.
Data Element Concept:	Specialised mental health service organisation – other and unspecified mental health services grants to non-government organisations

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>	Where the exact dollar amount for other and unspecified mental health services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific mental health service types, the value of grants not allocatable to specific mental health service types should be included. Grants for mental health services classified elsewhere are listed below under Relational metadata attributes.
<i>Collection methods:</i>	Grants to non-government organisations for mental health services not elsewhere classified are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	Supersedes Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005 See also Specialised mental health service organisation – self-help support groups services grants for non-government
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[organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – respite services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – recreation services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – psychosocial support services grants for non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – pre-vocational training services grants for non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – independent living skills support services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – counselling services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – community awareness/health promotion services grants to non-government organisations \(financial year\), total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – advocacy services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

See also [Specialised mental health service organisation – accommodation services grants to non-government organisations, total Australian currency N\[N\(8\)\]](#) Health, Standard 08/12/2004

Implementation in Data Set Specifications:

Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

Activities or programs for which the grant has been provided must have a primary function of providing treatment, rehabilitation or community health and related

support targeted towards people with a mental disorder or psychiatric disability. Therefore, grants provided, for example, for research into mental health, are not included. For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—pre-vocational training services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – pre-vocational training services grants for non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	296484
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for pre-vocational training services, defined as the provision of training and skill development to individuals affected by a mental health issue to facilitate their progress into employment of their choice.
Data Element Concept:	Specialised mental health service organisation – pre-vocational training services grants for non-government organisations

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>	Where the exact dollar amount for pre-vocational training services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for pre-vocational training expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005
<i>Implementation in Data Set Specifications:</i>	Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—psychosocial support services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – psychosocial support services grants for non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	296486
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for psychosocial support services, defined as services that work in partnership with the individual affected by a mental health issue and their carers to provide a range of support and skill development options addressing key issues in attainment of mental health and social competence goals.
Data Element Concept:	Specialised mental health service organisation – psychosocial support services grants for non-government organisations

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>	Where the exact dollar amount for recreation services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for recreation expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005
<i>Implementation in Data Set Specifications:</i>	Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—recreation services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – recreation services grants to non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	296488
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for recreation services, defined as services that provide and/or facilitate a range of leisure and social opportunities to people affected by a mental health issue to enhance their social competence.
Data Element Concept:	Specialised mental health service organisation – recreation services grants to non-government organisations

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>	Where the exact dollar amount for recreation services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for recreation expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005
<i>Implementation in Data Set Specifications:</i>	Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006

Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—respite services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – respite services grants to non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	296490
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for respite services, defined as the provision of services that allow a planned break from the usual caring environment.
Data Element Concept:	Specialised mental health service organisation – respite services grants to non-government organisations

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>	Where the exact dollar amount for respite services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for respite expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005
<i>Implementation in Data Set Specifications:</i>	Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Mental health establishments NMDS 2006-2007 Health,

Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—self-help support group services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Specialised mental health service organisation – self-help support groups services grants for non-government organisations, total Australian currency N[N(8)]
<i>METeOR identifier:</i>	296492
<i>Registration status:</i>	Health, Standard 08/12/2004
<i>Definition:</i>	Grants made to non-government organisations for self-help groups support services, defined as the provision of opportunities for people affected by a mental health issue to learn from and support each other.
Data Element Concept:	Specialised mental health service organisation – self-help support groups services grants for non-government organisations

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>	Where the exact dollar amount for self-help support groups services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
<i>Collection methods:</i>	Grants for self-help support group expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

<i>Related metadata references:</i>	See also Specialised mental health service organisation – other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] Health, Superseded 07/12/2005
<i>Implementation in Data Set Specifications:</i>	Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005

Implementation end date: 30/06/2006

Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008

Implementation start date: 01/07/2008

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Gross capital expenditure (accrual accounting)— buildings and building services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (buildings and building services) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270521
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of buildings and building services (including plant).
Data Element Concept:	Establishment – gross capital expenditure (accrual accounting) (buildings and building services)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)— constructions

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (constructions) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270526
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of constructions (other than buildings).
<i>Data Element Concept:</i>	Establishment – gross capital expenditure (accrual accounting) (constructions)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006
	Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007
	Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)— equipment

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (equipment) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270525
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of equipment.
Data Element Concept:	Establishment – gross capital expenditure (accrual accounting) (equipment)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)— information technology

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (information technology) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270527
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of information technology.
Data Element Concept:	Establishment – gross capital expenditure (accrual accounting) (information technology)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006
	Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007
	Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)— intangible assets

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (intangible assets) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270522
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of intangible assets.
Data Element Concept:	Establishment – gross capital expenditure (accrual accounting) (intangible assets)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)—land

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (land) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270528
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of land.
<i>Data Element Concept:</i>	Establishment – gross capital expenditure (accrual accounting) (land)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008 Public hospital establishments NMDS 2008-2009 Health,

Standard 05/02/2008

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)—major medical equipment

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (major medical equipment) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	269968
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of major medical equipment.
Data Element Concept:	Establishment – gross capital expenditure (accrual accounting) (major medical equipment)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)—other equipment

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (other equipment) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270523
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of other equipment, such as furniture, art objects, professional instruments and containers.
<i>Data Element Concept:</i>	Establishment – gross capital expenditure (accrual accounting) (other equipment)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure (accrual accounting)—transport

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (accrual accounting) (transport) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270524
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of transport.
Data Element Concept:	Establishment – gross capital expenditure (accrual accounting) (transport)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.36 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure—computer equipment/installations

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (computer equipment/installations) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270520
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Gross capital expenditure, measured in Australian dollars, on computer equipment/installations.
Data Element Concept:	Establishment – gross capital expenditure (computer equipment/installations)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.35 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006
	Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007
	Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008

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

Implementation start date: 01/07/2008

Gross capital expenditure—intangible assets

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (intangible assets) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270517
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Gross capital expenditure, measured in Australian dollars, in relation to intangible assets.
Data Element Concept:	Establishment – gross capital expenditure (intangible assets)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.35 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008 Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008 <i>Implementation start date:</i> 01/07/2008

Gross capital expenditure—land and buildings

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (land and buildings) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270519
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Gross capital expenditure, measured in Australian dollars, on land and buildings.
Data Element Concept:	Establishment – gross capital expenditure (land and buildings)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.35 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007 Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008 Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008 <i>Implementation start date:</i> 01/07/2008

Gross capital expenditure—major medical equipment

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (major medical equipment) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	269966
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Gross capital expenditure, measured in Australian dollars, on major medical equipment.
Data Element Concept:	Establishment – gross capital expenditure (major medical equipment)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.35 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006
	Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007
	Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008
	Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008

Implementation start date: 01/07/2008

Gross capital expenditure—other

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – gross capital expenditure (other capital expenditure) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270516
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Other gross capital expenditure, measured in Australian dollars, which are not included elsewhere.
Data Element Concept:	Establishment – gross capital expenditure (other capital expenditure)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.35 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006
	Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007
	Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008
	Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008 <i>Implementation start date:</i> 01/07/2008

Gross capital expenditure—plant and other equipment

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—gross capital expenditure (plant and other equipment) (financial year), total Australian currency N[N(8)]
<i>METeOR identifier:</i>	270518
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Gross capital expenditure, measured in Australian dollars, on plant and other equipment.
Data Element Concept:	Establishment—gross capital expenditure (plant and other equipment)

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>	Round to the nearest dollar.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.35 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006
	Public hospital establishments NMDS Health, Superseded 23/10/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007
	Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008 <i>Implementation start date:</i> 01/07/2007 <i>Implementation end date:</i> 30/06/2008
	Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008 <i>Implementation start date:</i> 01/07/2008

Group sessions (public psychiatric, alcohol and drug hospital)—emergency and outpatient

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment (public psychiatric or alcohol and drug hospital) – number of group session occasions of service for non-admitted patients (emergency and outpatient), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care (public psychiatric, alcohol & drug) - emergency and outpatient group sessions
<i>METeOR identifier:</i>	270217
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the emergency and outpatient functional unit of a public psychiatric hospital or an alcohol and drug hospital.
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Emergency patients and outpatients are persons who receive non-admitted care. Group session non-admitted care is care provided to persons who receive direct care within the emergency department or other designated clinics within the hospital and who are not formally admitted at the time when the care is provided. A person who first contacts the hospital and receives non-admitted care, for example through the emergency department, and is subsequently admitted should have both components of care enumerated separately.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Type of non-admitted patient care (public psychiatric, alcohol & drug), version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (21.11 KB)
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Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded
21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded
23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions (public psychiatric, alcohol and drug hospital)—outreach and community

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment (public psychiatric or alcohol and drug hospital) – number of group session occasions of service for non-admitted patients (outreach and community), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care (public psychiatric, alcohol & drug) - outreach and community group sessions
<i>METeOR identifier:</i>	270219
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the outreach and community functional unit of a public psychiatric hospital or an alcohol and drug hospital.
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	For outreach/community patients, care is delivered by hospital employees to the patient in the home, place of work or other non-hospital site.
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Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Type of non-admitted patient care (public psychiatric, alcohol & drug), version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (21.11 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Public hospital establishments NMDS Health, Superseded

23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—alcohol and other drug

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (alcohol and drug), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - alcohol and other drug group sessions
<i>METeOR identifier:</i>	270479
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group session to non-admitted patients in the alcohol and drug functional unit of an establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Comments:</i>	<p>This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the</p>

current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—allied health services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of group session occasions of service for non-admitted patients (allied health services), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - allied health services group sessions
<i>METeOR identifier:</i>	270480
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in allied health services functional units or clinics of an establishment.
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Allied health services include units primarily concerned with physiotherapy, family planning, dietary advice, optometry, occupational therapy, and so on.</p> <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
<i>Comments:</i>	Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the

patients travel to the health care providers while for outreach care the health care providers travel to the patients. This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.

For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—community health services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (community health services), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - community health services group sessions
<i>METeOR identifier:</i>	270491
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the community health services functional unit of an establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Community health services include units primarily concerned with baby clinics, immunisation clinics, aged care assessment teams, and so on.</p> <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	<p>At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.</p>
<i>Comments:</i>	<p>Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the</p>

patients travel to the health care providers while for outreach care the health care providers travel to the patients. This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.

For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—dental

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of group session occasions of service for non-admitted patients (dental), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - dental group sessions
<i>METeOR identifier:</i>	270488
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group session to non-admitted patients in the dental unit of an establishment
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
<i>Comments:</i>	<p>This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres</p>

within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

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Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—dialysis

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of group session occasions of service for non-admitted patients (dialysis), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - dialysis group sessions
<i>METeOR identifier:</i>	270368
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the dialysis unit of an establishment.
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Where patients receive treatment in a ward or clinic classified elsewhere (for example Emergency Department), they are to be counted as dialysis patients and are to be excluded from other categories. All forms of dialysis that are undertaken as a treatment necessary for renal failure are to be included.</p> <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
<i>Comments:</i>	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

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Implementation start date: 01/07/2007

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

Implementation start date: 01/07/2008

Group sessions—district nursing services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (district nursing services), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - district nursing services group sessions
<i>METeOR identifier:</i>	270482
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients by the district nursing service of an establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>District nursing services:</p> <ul style="list-style-type: none">• are for medical/nursing/psychiatric care• are provided by a nurse, paramedic or medical officer• involve travel by the service provider• exclude care provided by staff from a unit classified in the community health category. <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	<p>At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.</p>

Comments:

Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients. This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.

For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)

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Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—emergency services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (emergency services), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - emergency services group sessions
<i>METeOR identifier:</i>	270485
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the designated emergency department of an establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
<i>Comments:</i>	<p>This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different</p>

systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)

Implementation in Data Set Specifications:

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Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—endoscopy and related procedures

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (endoscopy and related procedures), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - endoscopy and related procedures group sessions
<i>METeOR identifier:</i>	270484
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the endoscopy and related procedures functional unit of an establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For all occasions of endoscopy and related procedures provided as group sessions to non-admitted patients.</p> <p>Endoscopy and related procedures include:</p> <ul style="list-style-type: none">• cystoscopy• gastroscopy• oesophagoscopy• duodenoscopy• colonoscopy• bronchoscopy• laryngoscopy. <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
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Collection methods: At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.

Comments: This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)

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Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—mental health

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (mental health), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - mental health group sessions
<i>METeOR identifier:</i>	270490
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in designated psychiatric or mental health units of an establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
<i>Comments:</i>	<p>This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different</p>

systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

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Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—other medical/surgical/diagnostic

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of group session occasions of service for non-admitted patients (other medical/surgical/diagnostic), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - other medical/surgical/diagnostic group sessions
<i>METeOR identifier:</i>	270487
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the medical/surgical/diagnostic functional unit of an establishment not defined elsewhere.
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Includes ECG, obstetrics, nuclear medicine, general surgery, fertility, and so on.</p> <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
<i>Comments:</i>	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)

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Implementation start date: 01/07/2008

Group sessions—other outreach services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of group session occasions of service for non-admitted patients (other outreach services), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - other outreach services group sessions
<i>METeOR identifier:</i>	270489
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients as outreach services not classified in allied health or community health services.
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Includes units primarily concerned with physiotherapy, speech therapy, family planning, dietary advice, optometry, occupational therapy, and so on.</p> <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
<i>Comments:</i>	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and

diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

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Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—pathology

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (pathology), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - pathology group sessions
<i>METeOR identifier:</i>	270481
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in designated pathology laboratories of an establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Occasions of pathology services to all patients from other establishments should be counted separately.</p> <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	<p>At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.</p>
<i>Comments:</i>	<p>This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different</p>

systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—pharmacy

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of group session occasions of service for non-admitted patients (pharmacy), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - pharmacy group sessions
<i>METeOR identifier:</i>	270486
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the pharmacy unit of an establishment.
Data Element Concept:	Establishment – number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Those drugs dispensed/administered in other departments such as the emergency or outpatient are to be counted by the respective department.</p> <p>department Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	<p>At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.</p>
<i>Comments:</i>	<p>This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different</p>

systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

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Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

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Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Group sessions—radiology and organ imaging

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of group session occasions of service for non-admitted patients (radiology and organ imaging), total N[NNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - radiology and organ imaging group sessions
<i>METeOR identifier:</i>	270483
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	A count of groups of patients/clients receiving radiology and organ imaging services in a health service establishment.
Data Element Concept:	Establishment—number of group session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Includes x-ray department as well as specialised organ imaging clinics carrying out ultrasound, computerised tomography and magnetic resonance imaging.</p> <p>Each group is to be counted once, irrespective of size or the number of staff providing services.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p>
<i>Collection methods:</i>	<p>At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.</p>
<i>Comments:</i>	<p>This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.</p> <p>This metadata item identifies types of services provided to non-</p>

admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.1 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

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Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

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Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

Public hospital establishments 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 05/12/2007
<i>Definition:</i>	Describes a health industry relevant organisation based on its main activity, as represented by a code.
Data Element Concept:	Health industry relevant organisation – main activity type

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><tr><td>113</td><td>Community health facility – substance abuse</td></tr><tr><td>114</td><td>Community health facility – mental</td></tr><tr><td>115</td><td>Community health facility – other</td></tr><tr><td>116</td><td>Blood and organ bank</td></tr><tr><td>117</td><td>Retail sale/supplier of medical goods – optical glasses and other vision products</td></tr><tr><td>118</td><td>Retail sale/supplier of medical goods – hearing aids</td></tr><tr><td>119</td><td>Retail sale/supplier of medical goods – dispensing community pharmacist</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	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
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120	Retail sale/supplier of medical goods – other
121	Provision and administration of public health program
122	General health administration
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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 05/11/2007

Government health expenditure organisation revenue data element cluster Health, Standard 05/12/2007

Health professionals attended (diabetes mellitus)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – health professionals attended for diabetes mellitus (last 12 months), code N
<i>METeOR identifier:</i>	270287
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The health professionals that a person has attended in the last 12 months in relation to issues arising from diabetes mellitus, as represented by a code.
Data Element Concept:	Person – health professionals attended for diabetes mellitus

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>Diabetes educator</td></tr><tr><td>2</td><td>Dietician</td></tr><tr><td>3</td><td>Ophthalmologist</td></tr><tr><td>4</td><td>Optometrist</td></tr><tr><td>5</td><td>Podiatrist</td></tr><tr><td>8</td><td>None of the above</td></tr><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Diabetes educator	2	Dietician	3	Ophthalmologist	4	Optometrist	5	Podiatrist	8	None of the above	9	Not stated/inadequately described
Value	Meaning																
1	Diabetes educator																
2	Dietician																
3	Ophthalmologist																
4	Optometrist																
5	Podiatrist																
8	None of the above																
9	Not stated/inadequately described																
<i>Supplementary values:</i>																	

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Record a code sequentially for each health professional attended.</p> <p>A person may have attended several health professionals in the last 12 months, therefore, more than one code can be recorded sequentially.</p> <p>Example 1: If a person has attended a diabetes educator and a podiatrist in the last twelve months, the code recorded would be 15.</p> <p>Example 2: If all have been seen, the code recorded would be 12345.</p> <p>If the person answers 'NO' to all the health professionals specified, then code 8 should be applied.</p> <p>CODE 9 should only be used in situations where it is not practicable to ask the questions.</p>
<i>Collection methods:</i>	The person should be asked about each type of health professional in successive questions, as follows:

Have you attended any of the following health professionals in relation to diabetes mellitus in the last 12 months?

Diabetes educator Yes No

Dietician Yes No

Ophthalmologist Yes No

Optometrist Yes No

Podiatrist Yes No

The appropriate code should be recorded for each health professional attended.

Comments:

The health professional occupations are assigned the following codes at the occupation level of the Australian Standard Classification of Occupations, Second Edition, Australian Bureau of Statistics, 1997, Catalogue No. 1220.0

Diabetic educator 2512-13

Dietician 2393-11

Ophthalmologist 2312-19

Optometrist 2384-11

Podiatrist 2388-11

Source and reference attributes

Submitting organisation:

National Diabetes Data Working Group

Origin:

National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

Related metadata references:

Supersedes [Health professionals attended - diabetes mellitus, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (19.81 KB)

Implementation in Data Set Specifications:

Diabetes (clinical) DSS Health, Superseded 21/09/2005

Diabetes (clinical) DSS Health, Standard 21/09/2005

Information specific to this data set:

Management of diabetes requires a team approach, comprising selected health professionals, to provide services specific to the individual with diabetes.

All patients with diabetes require diet therapy in conjunction with exercise and/or medication to achieve optimal control of blood glucose, body weight and blood lipids. In insulin treated diabetics, diet management aims to restrict variations in the timing, size or composition of meals that could result in hypoglycaemia or postprandial hyperglycaemia. Based on the Healthy Eating Pyramid, meals should be low in saturated fat, and rich in high-fibre carbohydrates with low glycaemic index (GI). Saturated fats have to be replaced with monounsaturated and polyunsaturated fats.

According to the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus, a comprehensive ophthalmological examination should be carried out:

- At diagnosis and then every 1-2 years for patients whose diabetes onset was at age 30 years or more
- Within five years of diagnosis and then every 1-2 years for patients whose diabetes onset was at age less than

30 years.

Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus recommendations include:

- Foot examination to be performed every 6 months or at every visit if high risk foot or active foot problem
- Refer to specialists experienced in the care of the diabetic foot if infection or ulceration is present
- To identify the 'high risk foot' as indicated by a past history of foot problems, especially ulceration, and/or the presence of peripheral neuropathy, peripheral vascular disease, or foot deformity and history of previous ulceration
- Ensure that patients with 'high risk foot' or an active foot problem receive appropriate care from specialists and podiatrists expert in the treatment of diabetic foot problems.

Heart rate

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – heart rate, total beats per minute N[NN]
<i>METeOR identifier:</i>	285123
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The person's heart rate measured in beats per minute.
<i>Data Element Concept:</i>	Person – heart rate

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total								
<i>Data type:</i>	Number								
<i>Format:</i>	N[NN]								
<i>Maximum character length:</i>	3								
<i>Supplementary values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>997</td><td>Cardiac arrest</td></tr><tr><td>998</td><td>Not recorded</td></tr><tr><td>999</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	997	Cardiac arrest	998	Not recorded	999	Not stated/inadequately described
Value	Meaning								
997	Cardiac arrest								
998	Not recorded								
999	Not stated/inadequately described								
<i>Unit of measure:</i>	Heart beats per minute								

Data element attributes

Source and reference attributes

<i>Submitting organisation:</i>	Acute coronary syndrome data working group
<i>Steward:</i>	The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

<i>Related metadata references:</i>	Supersedes Heart rate, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.92 KB)
<i>Implementation in Data Set Specifications:</i>	Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005 Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005 <i>Information specific to this data set:</i> For Acute coronary syndrome (ACS) reporting, collected at time of presentation. If heart rate is not recorded at the exact time of presentation, record the first heart rate measured closest to the time of presentation.

Heart rhythm type

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – heart rhythm type, code N[N]
<i>METeOR identifier:</i>	285137
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The type of rhythm associated with the beating of the heart as determined from the electrocardiogram (ECG), as represented by a code.
Data Element Concept:	Person – heart rhythm type

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																								
<i>Data type:</i>	String																								
<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>Sinus rhythm</td></tr><tr><td>2</td><td>Atrial fibrillation</td></tr><tr><td>3</td><td>Atrial flutter</td></tr><tr><td>4</td><td>Second degree heart block</td></tr><tr><td>5</td><td>Complete heart block</td></tr><tr><td>6</td><td>Supraventricular tachycardia</td></tr><tr><td>7</td><td>Idioventricular rhythm</td></tr><tr><td>8</td><td>Ventricular tachycardia</td></tr><tr><td>9</td><td>Ventricular fibrillation</td></tr><tr><td>10</td><td>Paced</td></tr><tr><td>11</td><td>Other rhythm</td></tr></tbody></table>	Value	Meaning	1	Sinus rhythm	2	Atrial fibrillation	3	Atrial flutter	4	Second degree heart block	5	Complete heart block	6	Supraventricular tachycardia	7	Idioventricular rhythm	8	Ventricular tachycardia	9	Ventricular fibrillation	10	Paced	11	Other rhythm
Value	Meaning																								
1	Sinus rhythm																								
2	Atrial fibrillation																								
3	Atrial flutter																								
4	Second degree heart block																								
5	Complete heart block																								
6	Supraventricular tachycardia																								
7	Idioventricular rhythm																								
8	Ventricular tachycardia																								
9	Ventricular fibrillation																								
10	Paced																								
11	Other rhythm																								
<i>Supplementary values:</i>	99 Not stated/inadequately described																								

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare
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Data element attributes

Source and reference attributes

<i>Submitting organisation:</i>	Acute coronary syndrome data working group
<i>Steward:</i>	The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

<i>Related metadata references:</i>	Supersedes Heart rhythm type, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.24 KB)
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Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS Health, Superseded
07/12/2005

Acute coronary syndrome (clinical) DSS Health, Standard
07/12/2005

Information specific to this data set:

For Acute coronary syndrome (ACS) reporting, the ECG used for assessment on presentation.

Height (measured)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Person – height (measured), total centimetres NN[N].N
METeOR identifier:	270361
Registration status:	Health, Standard 01/03/2005
Definition:	The height of a person measured in centimetres.
Context:	Public health and health care
Data Element Concept:	Person – height

Value domain attributes

Representational attributes

Representation class:	Total				
Data type:	Number				
Format:	NN[N].N				
Maximum character length:	4				
Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>999.9</td><td>Not measured</td></tr></tbody></table>	Value	Meaning	999.9	Not measured
Value	Meaning				
999.9	Not measured				
Unit of measure:	Centimetre (cm)				

Data element attributes

Collection and usage attributes

Guide for use:	<p>In order to ensure consistency in measurement, the measurement protocol described under Collection methods should be used.</p> <p>Measurements of height should be assessed in relation to children and adolescents' age and pubertal status.</p>
Collection methods:	<p>The measurement protocol described below are those recommended by the <i>International Society for the Advancement of Kinanthropometry as described by Norton et al. (1996)</i>, and the <i>World Health Organization (WHO Expert Committee 1995)</i>, which was adapted from <i>Lohman et al. (1988)</i>.</p> <p>Measurement protocol:</p> <p>Height measurements can be based on recumbent length or standing height. In general, length measurements are recommended for children under 2 years of age and height measurements for others.</p> <p>The measurement of height requires a vertical metric rule, a horizontal headboard, and a non-compressible flat even surface on which the subject stands. The equipment may be fixed or portable, and should be described and reported.</p> <p>The graduations on the metric rule should be at 0.1 cm intervals, and the metric rule should have the capacity to measure up to at least 210 cm.</p> <p>Measurement intervals and labels should be clearly readable under all conditions of use of the instrument.</p>

Apparatus that allows height to be measured while the subject stands on a platform scale is not recommended.

Adults and children who can stand:

The subject should be measured without shoes (i.e. is barefoot or wears thin socks) and wears little clothing so that the positioning of the body can be seen. Anything that may affect or interfere with the measurement should be noted on the data collection form (e.g. hairstyles and accessories, or physical problems). The subject stands with weight distributed evenly on both feet, heels together, and the head positioned so that the line of vision is at right angles to the body. The correct position for the head is in the Frankfort horizontal plan (Norton et al. 1996). The arms hang freely by the sides. The head, back, buttocks and heels are positioned vertically so that the buttocks and the heels are in contact with the vertical board. To obtain a consistent measure, the subject is asked to inhale deeply and stretch to their fullest height. The measurer applies gentle upward pressure through the mastoid processes to maintain a fully erect position when the measurement is taken. Ensure that the head remains positioned so that the line of vision is at right angles to the body, and the heels remain in contact with the base board.

The movable headboard is brought onto the top of the head with sufficient pressure to compress the hair.

The measurement is recorded to the nearest 0.1 cm. Take a repeat measurement. If the two measurements disagree by more than 0.5 cm, then take a third measurement. All raw measurements should be recorded on the data collection form. If practical, it is preferable to enter the raw data into the database as this enables intra-observer and, where relevant, inter-observer errors to be assessed. The subject's measured height is subsequently calculated as the mean of the two observations, or the mean of the two closest measurements if a third is taken, and recorded on the form. If only a mean value is entered into the database then the data collection forms should be retained.

It may be necessary to round the mean value to the nearest 0.1 cm. If so, rounding should be to the nearest even digit to reduce systematic over reporting (Armitage & Berry 1994). For example, a mean value of 172.25 cm would be rounded to 172.2 cm, while a mean value of 172.35 cm would be rounded to 172.4 cm.

Infants:

For the measurement of supine length of children up to and including 2 years of age, two observers are required. One observer positions the head correctly while the other ensures the remaining position is correct and brings the measuring board in contact with the feet. The subject lies in a supine position on a recumbent length table or measuring board. The crown of the head must touch the stationary, vertical headboard. The subject's head is held with the line of vision aligned perpendicular to the plane of the measuring surface. The shoulders and buttocks must be flat against the table top, with the shoulders and hips aligned at right angles to the long axis of the body. The legs must be extended at the hips and knees and lie flat against the table top and the arms rest against the sides of the trunk. The measurer must ensure that the legs

remain flat on the table and must shift the movable board against the heels. In infants care has to be taken to extend the legs gently. In some older children two observers may also be required.

In general, length or height is measured and reported to the nearest 0.1 cm. For any child, the length measurement is approximately 0.5 - 1.5 cm greater than the height measurement. It is therefore recommended that when a length measurement is applied to a height-based reference for children over 24 months of age (or over 85 cm if age is not known), 1.0 cm be subtracted before the length measurement is compared with the reference. It is also recommended that as a matter of procedure and data recording accuracy, the date be recorded when the change is made from supine to standing height measure.

Validation and quality control measures:

All equipment, whether fixed or portable should be checked prior to each measurement session to ensure that both the headboard and floor (or footboard) are at 90 degrees to the vertical rule. With some types of portable anthropometer it is necessary to check the correct alignment of the headboard, during each measurement, by means of a spirit level. Within- and, if relevant, between-observer variability should be reported. They can be assessed by the same (within-) or different (between-) observers repeating the measurement of height, on the same subjects, under standard conditions after a short time interval. The standard deviation of replicate measurements (technical error of measurement (Pederson & Gore 1996)) between observers should not exceed 5 mm and be less than 5 mm within observers.

Extreme values at the lower and upper end of the distribution of measured height should be checked both during data collection and after data entry. Individuals should not be excluded on the basis of true biological difference. Last digit preference, and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.

Comments:

This metadata item applies to persons of all ages. It is recommended for use in population surveys and health care settings.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items are being developed for physical activity.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5-year age groups. However 5-year age groups are not generally suitable for children and adolescents. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present height data in categories. It is recommended that 5 cm groupings are used for this purpose. Height data should not be rounded before categorisation. The following categories may be appropriate for describing the heights of Australian men, women, children and adolescents although the range will depend on the population:

Height
70 cm = Height
75 cm = Height
... in 5 cm categories
185 cm = Height
Height => 190 cm

Relational attributes

Related metadata references:

Supersedes [Height - measured, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (28.74 KB)

Is used in the formation of [Child – body mass index \(self-reported\), ratio NN\[N\].N\[N\]](#) Health, Standard 01/03/2005

Is used in the formation of [Child – body mass index \(measured\), ratio NN\[N\].N\[N\]](#) Health, Standard 01/03/2005

Is used in the formation of [Adult – body mass index \(self-reported\), ratio NN\[N\].N\[N\]](#) Health, Standard 01/03/2005

Is used in the formation of [Adult – body mass index \(measured\), ratio NN\[N\].N\[N\]](#) Health, Standard 01/03/2005

Implementation in Data Set Specifications:

Cardiovascular disease (clinical) DSS Health, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS Health, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007

Diabetes (clinical) DSS Health, Superseded 21/09/2005

Diabetes (clinical) DSS Health, Standard 21/09/2005

Information specific to this data set:

Disease, nutritional, genetic and environmental factors all exert an influence on the height of an individual, hence this variable, together with its related variable weight, is of unique value in health surveillance. It enables the calculation of body mass index which requires the measurement of height and weight (body mass) for adults as well as sex and date of birth for children and adolescents.

Stature is a major indicator of general body size and of bone length and of nutritional and health status of the individual and the community at large. It is important in screening for disease or malnutrition, and in the interpretation of weight (Lohman et al. 1988). Shortness is known to be a predictor of all-cause mortality, coronary heart disease mortality in middle-aged men, and of less

favourable gestational outcomes in women (Marmot et al. 1984, Kramer 1988).

Height (self-reported)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – height (self-reported), total centimetres NN[N]
<i>METeOR identifier:</i>	270365
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	A person's self-reported height, measured in centimetres.
<i>Data Element Concept:</i>	Person – height

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total						
<i>Data type:</i>	Number						
<i>Format:</i>	NN[N]						
<i>Maximum character length:</i>	3						
<i>Supplementary values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>888</td><td>Unknown</td></tr><tr><td>999</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	888	Unknown	999	Not stated/inadequately described
Value	Meaning						
888	Unknown						
999	Not stated/inadequately described						
<i>Unit of measure:</i>	Centimetre (cm)						

Data element attributes

Collection and usage attributes

<i>Collection methods:</i>	<p>The method of data collection, e.g. face to face interview, telephone interview or self-completion questionnaire, can affect survey estimates and should be reported.</p> <p>The data collection form should include a question asking the respondent what their height is. For example, the Australian Bureau of Statistics National Health Survey 1995 included the question 'How tall are you without shoes?'. The data collection form should allow for both metric (to the nearest 1 cm) and imperial (to the nearest 0.5 inch) units to be recorded.</p> <p>If practical, it is preferable to enter the raw data into the database before conversion of measures in imperial units to metric. However if this is not possible, height reported in imperial units can be converted to metric prior to data entry using a conversion factor of 2.54 cm to the inch.</p> <p>Rounding to the nearest 1 cm will be required for measures converted to metric prior to data entry, and may be required for data reported in metric units to a greater level of precision than the nearest 1 cm. The following rounding conventions are desirable to reduce systematic over-reporting (Armitage & Berry 1994):</p> <p>NNN.x where x</p> <p>NNN.x where x > 5 - round up, e.g. 172.7 cm would be rounded to 173 cm.</p> <p>NNN.x where x = 5 - round to the nearest even number, e.g. 172.5 cm would be rounded to 172 cm, while 173.5 cm would be</p>
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rounded to 174 cm.

Comments:

This metadata item is recommended for persons aged 18 years or older. It is recommended for use in population surveys when it is not possible to measure height.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items are being developed for physical activity.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5-year age groups. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present height data in categories. It is recommended that 5 cm groupings are used for this purpose. Height data should not be rounded before categorisation. The following categories may be appropriate for describing the heights of Australian men and women, although the range will depend on the population. The World Health Organization's range for height is 140-190 cm.

Height

140 cm = Height

145 cm = Height

... in 5 cm categories

185 cm = Height

Height => 190 cm

On average, height tends to be overestimated when self-reported by respondents. Data for Australian men and women aged 20-69 years in 1989 indicated that men overestimated by an average of 1.1 cm (sem of 0.04 cm) and women by an average of 0.5 cm (sem of 0.05 cm) (Waters 1993). The extent of overestimation varied with age.

Relational attributes

Related metadata references:

Supersedes [Height - self-reported, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (21.03 KB)

Is used in the formation of [Child – body mass index \(self-reported\), ratio NN\[N\].N\[N\]](#) Health, Standard 01/03/2005

Is used in the formation of [Adult – body mass index \(self-reported\), ratio NN\[N\].N\[N\]](#) Health, Standard 01/03/2005

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Hip circumference (measured)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Person – hip circumference (measured), total centimetres NN[N].N
METeOR identifier:	270366
Registration status:	Health, Standard 01/03/2005
Definition:	An adult's hip circumference at the level of maximum posterior extension of the buttocks measured in centimetres.
Data Element Concept:	Person – hip circumference

Value domain attributes

Representational attributes

Representation class:	Total				
Data type:	Number				
Format:	NN[N].N				
Maximum character length:	4				
Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>999.9</td><td>Not measured</td></tr></tbody></table>	Value	Meaning	999.9	Not measured
Value	Meaning				
999.9	Not measured				
Unit of measure:	Centimetre (cm)				

Data element attributes

Collection and usage attributes

Guide for use:	As there are no cut-off points for waist-to-hip ratio for children and adolescents, it is not necessary to collect this metadata item for those aged under 18 years.
Collection methods:	<p>The measurement protocol described below is that recommended by the <i>World Health Organization (WHO Expert Committee 1995)</i>.</p> <p>Measurement protocol:</p> <p>The data collection form should allow for up to three measurements of hip circumference to be recorded in centimetres to 1 decimal place. The data collection form should also have the capacity to record any reasons for the non-collection of hip circumference data.</p> <p>The measurement of hip circumference requires a narrow (The subject should wear only non-restrictive briefs or underwear, a light smock over underwear or light clothing. Belts and heavy outer clothing should be removed. Hip measurement should be taken over one layer of light clothing only.</p> <p>The subject stands erect with arms at the sides, feet together and the gluteal muscles relaxed. The measurer sits at the side of the subject so that the level of maximum posterior extension of the buttocks can be seen. An inelastic tape is placed around the buttocks in a horizontal plane. To ensure contiguity of the two parts of the tape from which the circumference is to be</p>

determined, the cross-handed technique of measurement, as described by Norton et al. (1996), should be used. Ideally an assistant will check the position of the tape on the opposite side of the subject's body. The tape is in contact with the skin but does not compress the soft tissues. Fatty aprons should be excluded from the hip circumference measurement.

The measurement is recorded to the nearest 0.1 cm. Take a repeat measurement and record it to the nearest 0.1 cm. If the two measurements disagree by more than 1 cm, then take a third measurement.

All raw measurements should be recorded on the data collection form. If practical, it is preferable to enter the raw data into the database as this enables intra-observer and, where relevant, inter-observer errors to be assessed. The subject's measured hip circumference is subsequently calculated as the mean of the two observations, or the mean of the two closest measurements if a third is taken, and recorded on the form. If only a mean value is entered into the database then the data collection forms should be retained.

It may be necessary to round the mean value to the nearest 0.1 cm. If so, rounding should be to the nearest even digit to reduce systematic over reporting. For example, a mean value of 102.25 cm would be rounded to 102.2 cm, while a mean value of 102.35 cm would be rounded to 102.4 cm.

Validation and quality control measures:

Steel tapes should be checked against a 1-metre engineer's rule every 12 months. If tapes other than steel are used they should be checked daily against a steel rule.

Within- and, if relevant, between-observer variability should be reported. They can be assessed by the same (within-) or different (between-) observers repeating the measurement, on the same subjects, under standard conditions after a short time interval. The standard deviation of replicate measurements (technical error of measurement (Pederson & Gore 1996)) between observers should not exceed 2% and be less than 1.5% within observers.

Extreme values at the lower and upper end of the distribution of measured hip circumference should be checked both during data collection and after data entry. Individuals should not be excluded on the basis of true biological difference.

Last digit preference, and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.

Comments:

This metadata item applies to persons aged 18 years or older. It is recommended for use in population surveys and health care settings.

Its main use is to enable the calculation of adult waist-to-hip ratio which requires the measurement of hip circumference and waist circumference.

More recently it has emerged that waist circumference alone, or in combination with other metabolic measures, is a better indicator of risk and reduces the errors in waist-to-hip ratio measurements.

Waist-to-hip ratio is therefore no longer a commonly used measure.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5-year age groups. However 5-year age groups are not generally suitable for children and adolescents. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present hip circumference data in categories. It is recommended that 5 cm groupings be used for this purpose. Hip circumference data should not be rounded before categorisation.

Relational attributes

Related metadata references:

Supersedes [Hip circumference - measured, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (23.1 KB)

Is used in the formation of [Adult – waist-to-hip ratio, N.NN Health, Standard 01/03/2005](#)

Histopathological grade

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person with cancer – histopathological grade, code N
<i>METeOR identifier:</i>	288663
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The histopathological grade, differentiation or phenotype describes how little the tumour resembles the normal tissue from which it arose, as represented by a code.
Data Element Concept:	Person with cancer – histopathological grade

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>Grade 1: Well differentiated, differentiated, NOS</td></tr><tr><td>2</td><td>Grade 2: Moderately differentiated, moderately well differentiated, intermediate differentiation</td></tr><tr><td>3</td><td>Grade 3: Poorly differentiated</td></tr><tr><td>4</td><td>Grade 4: Undifferentiated, anaplastic</td></tr><tr><td>5</td><td>T-cell: T-cell</td></tr><tr><td>6</td><td>B-cell: B-cell, Pre-B, B-Precursor</td></tr><tr><td>7</td><td>Null-cell: Null cell, Non T- non B</td></tr><tr><td>8</td><td>NK: Natural killer cell</td></tr><tr><td><i>Supplementary values:</i></td><td>9</td></tr></tbody></table>	Value	Meaning	1	Grade 1: Well differentiated, differentiated, NOS	2	Grade 2: Moderately differentiated, moderately well differentiated, intermediate differentiation	3	Grade 3: Poorly differentiated	4	Grade 4: Undifferentiated, anaplastic	5	T-cell: T-cell	6	B-cell: B-cell, Pre-B, B-Precursor	7	Null-cell: Null cell, Non T- non B	8	NK: Natural killer cell	<i>Supplementary values:</i>	9
Value	Meaning																				
1	Grade 1: Well differentiated, differentiated, NOS																				
2	Grade 2: Moderately differentiated, moderately well differentiated, intermediate differentiation																				
3	Grade 3: Poorly differentiated																				
4	Grade 4: Undifferentiated, anaplastic																				
5	T-cell: T-cell																				
6	B-cell: B-cell, Pre-B, B-Precursor																				
7	Null-cell: Null cell, Non T- non B																				
8	NK: Natural killer cell																				
<i>Supplementary values:</i>	9																				
	Grade/differentiation unknown: Grade/cell type not determined, not stated or not applicable																				

Data element attributes

Collection and usage attributes

Guide for use: Only one code can be recorded.

Source and reference attributes

Origin: World Health Organisation
Commission on Cancer American College of Surgeons

Reference documents: World Health Organisation International Classification of Diseases Oncology, Third edition (ICD-O-3) (2000)
Commission on Cancer, Standards of the Commission on Cancer Registry Operations and Data Standards (ROADS) Volume II (1998)

Relational attributes

Related metadata references:

Supersedes [Histopathological grade, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.87 KB)

Implementation in Data Set Specifications:

Cancer (clinical) DSS Health, Superseded 07/12/2005

Cancer (clinical) DSS Health, Standard 07/12/2005

Hospital insurance status

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Patient – hospital insurance status, code N
<i>METeOR identifier:</i>	270253
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	<p>Hospital insurance as represented by a code under one of the following categories:</p> <ul style="list-style-type: none">Registered insurance - hospital insurance with a health insurance fund registered under the National Health Act 1953 (Cwlth)General insurance - hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insuranceNo hospital insurance or benefits coverage under the above.
Data Element Concept:	Patient – hospital insurance status

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>Hospital insurance</td></tr><tr><td>2</td><td>No hospital insurance</td></tr><tr><td>9</td><td>Unknown</td></tr></tbody></table>	Value	Meaning	1	Hospital insurance	2	No hospital insurance	9	Unknown
Value	Meaning								
1	Hospital insurance								
2	No hospital insurance								
9	Unknown								
<i>Supplementary values:</i>									

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Persons covered by insurance for benefits of ancillary services only are included in 2 - no hospital insurance.</p> <p>The 'unknown' category should not be used in primary collections but can be used to record unknown insurance status in databases.</p> <p>This metadata item is to determine whether the patient has hospital insurance, not their method of payment for the episode of care.</p>
<i>Comments:</i>	<p>Insurance status was reviewed and modified to reflect changes to new private health insurance arrangements under the Health Legislation (Private Health Insurance Reform) Amendment Act 1995.</p> <p>Employee health benefits schemes became illegal with the implementation of Schedule 2 of the private health insurance reforms, effective on 1 October 1995.</p>

Under Schedule 4 of the private health insurance reforms, on 1 July 1997, the definition of the 'basic private table' or 'basic table', and 'supplementary hospital table' and any references to these definitions was omitted from the National Health Act 1953. All hospital tables offered by registered private health insurers since 29 May 1995 have been referred to as 'Applicable Benefits Arrangements' and marketed under the insurer's own product name.

Source and reference attributes

Origin: National Health Data Committee

Relational attributes

Related metadata references: Supersedes [Hospital insurance status, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (15.63 KB)

Implementation in Data Set Specifications: Admitted patient care NMDS Health, Superseded 07/12/2005
Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Hours on-call (not worked) by medical practitioner

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Medical practitioner – hours on-call, total NNN
<i>METeOR identifier:</i>	270138
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The number of hours in a week that a medical practitioner is required to be available to provide advice, respond to any emergencies etc.
Data Element Concept:	Medical practitioner – hours on-call

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	String
<i>Format:</i>	NNN
<i>Maximum character length:</i>	3
<i>Supplementary values:</i>	Value Meaning
	999 Not stated/inadequately described
<i>Unit of measure:</i>	Hour (h)

Collection and usage attributes

<i>Guide for use:</i>	Total hours expressed as 000, 001 etc.
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This metadata item relates to each position (job) held by a medical practitioner.
<i>Collection methods:</i>	There are inherent problems in asking for information on number of hours on-call not worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours on-call not worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.

Relational attributes

<i>Related metadata references:</i>	Supersedes Hours on-call (not worked) by medical practitioner, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.52 KB)
<i>Implementation in Data Set Specifications:</i>	Health labour force NMDS Health, Standard 01/03/2005 <i>Implementation start date:</i> 01/07/2005 <i>Information specific to this data set:</i> Value must be less than 169 (except for 999).

Used in relation to issues of economic activity, productivity, wage rates, working conditions etc.

Used to develop capacity measures relating to total time available.

Assists in analysis of human resource requirements and labour force modelling.

Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variances in FTE.

Hours worked by health professional

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Health professional – hours worked (in all jobs), total NNN
<i>METeOR identifier:</i>	270134
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	<p>Hours worked is the amount of time a person spends at work in a week in employment/self-employment. It may apply to hours actually worked in a week or hours usually worked per week, and the National Health Labour Force Collection collects hours usually worked. It includes all paid and unpaid overtime less any time off.</p> <p>It also:</p> <ul style="list-style-type: none">• includes travel to home visits or calls out• excludes other time travelling between work locations• excludes unpaid professional and/or voluntary activities. <p>Total hours worked is the amount of time spent at work in all jobs.</p> <p>As well as total hours worked, for some professions the National Health Labour Force Collection asks for hours worked in each of the main job, second job and third job. Hours worked for each of these is the amount of time spent at work in each job.</p>
<i>Context:</i>	Health labour force
<i>Data Element Concept:</i>	Health professional – hours worked

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	String
<i>Format:</i>	NNN
<i>Maximum character length:</i>	3
<i>Supplementary values:</i>	Value Meaning
	999 Not stated/inadequately described
<i>Unit of measure:</i>	Hour (h)

Collection and usage attributes

<i>Guide for use:</i>	Total hours expressed as 000, 001 etc.
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Data element attributes

Collection and usage attributes

<i>Collection methods:</i>	There are inherent problems in asking for information on number of hours usually worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked are collected for main job only, or main
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job and one or more additional jobs, it is important that a total for all jobs is included.

Comments:

It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

Source and reference attributes

Submitting organisation:

National Health Labour Force Data Working Group

Relational attributes

Related metadata references:

Supersedes [Hours worked by health professional, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.42 KB)

Implementation in Data Set Specifications:

Health labour force NMDS Health, Standard 01/03/2005

Implementation start date: 01/07/2005

Information specific to this data set:

Value must be less than 127 (except for 999).

Important variable in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variances in FTE.

Hours worked by medical practitioner in direct patient care

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Medical practitioner – hours worked (in direct patient care), total NNN
<i>METeOR identifier:</i>	270137
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The number of hours worked in a week by a medical practitioner on service provision to patients including direct contact with patients, providing care, instructions and counselling, and providing other related services such as writing referrals, prescriptions and phone calls.
<i>Context:</i>	Health labour force
<i>Data Element Concept:</i>	Medical practitioner – hours worked

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total				
<i>Data type:</i>	String				
<i>Format:</i>	NNN				
<i>Maximum character length:</i>	3				
<i>Supplementary values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>999</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	999	Not stated/inadequately described
Value	Meaning				
999	Not stated/inadequately described				
<i>Unit of measure:</i>	Hour (h)				

Collection and usage attributes

<i>Guide for use:</i>	Total hours expressed as 000, 001 etc.
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This metadata item relates to each position (job) held by a medical practitioner, not the aggregate of hours worked for all jobs.
<i>Collection methods:</i>	There are inherent problems in asking for information on number of hours usually worked per week in direct patient care, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked in direct patient care are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.
<i>Comments:</i>	It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from

data on paid hours worked.

Source and reference attributes

Submitting organisation: National Health Labour Force Data Working Group

Relational attributes

Related metadata references: Supersedes [Hours worked by medical practitioner in direct patient care, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (15.74 KB)

Implementation in Data Set Specifications: Health labour force NMDS Health, Standard 01/03/2005

Implementation start date: 01/07/2005

Information specific to this data set:

Value must be less than 127 (except for 999).

Used in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling.

House/property number (person)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person (address)—house/property identifier, text [X(12)]
<i>METeOR identifier:</i>	270030
<i>Registration status:</i>	Health, Standard 01/03/2005 Community services, Standard 30/09/2005
<i>Definition:</i>	The identifier of a house or property where a person resides, as represented by text.
Data Element Concept:	Person (address)—house/property identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Text
<i>Data type:</i>	String
<i>Format:</i>	[X(12)]
<i>Maximum character length:</i>	12

Data element attributes

Collection and usage attributes

Guide for use: Generally, only one house/property number is used. However, if the house/property number includes a number range, the range of applicable numbers should be included, separated by a hyphen (-), with no spaces between numerals, i.e. 17-19

- House/property number 1 - refers to physical House/property number and for ranges is the starting number (5 numeric characters)
- House/property number Suffix 1 - a single character identifying the House/property number suffix (1 alphanumeric character)
- House/property number 2 - refers to a physical House/property number and for ranges is the finishing number (5 numeric characters)
- House/property number suffix 2 - a single character identifying the House/property number suffix (1 alphanumeric character) with no space between the numeric and the alpha characters.

For example; '401A 403B'

'401' is House/property number first in range

'A' is the House/Property suffix 1

'403' is House/property number last in range

'B' is House/Property suffix 2

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare
<i>Origin:</i>	Australia Post Address Presentation Standard

Relational attributes

Related metadata references:

Supersedes [House/property number, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.58 KB)

Is used in the formation of [Person \(address\) – address line, text \[X\(180\)\]](#) Health, Standard 04/05/2005, Community services, Standard 30/09/2005

Is used in the formation of [Person \(address\) – health address line, text \[X\(180\)\]](#) Health, Superseded 04/05/2005

Implementation in Data Set Specifications:

Health care client identification DSS Health, Standard 04/05/2005

Health care provider identification DSS Health, Superseded 04/07/2007

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

House/property number (service provider organisation)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service provider organisation (address) –house/property identifier, text [X(12)]
<i>METeOR identifier:</i>	290241
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 30/09/2005
<i>Definition:</i>	The unique identifier of a house or property where an organisation is located.
Data Element Concept:	Service provider organisation (address) –house/property identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Text
<i>Data type:</i>	String
<i>Format:</i>	[X(12)]
<i>Maximum character length:</i>	12

Data element attributes

Collection and usage attributes

Guide for use: Generally, only one house/property number is used. However, if the house/property number includes a number range, the range of applicable numbers should be included, separated by a hyphen (-), with no spaces between numerals, i.e. 17-19

- House/property number 1 - refers to physical House/property number and for ranges is the starting number (5 numeric characters)
- House/property number Suffix 1 - a single character identifying the House/property number suffix (1 alphanumeric character)
- House/property number 2 - refers to a physical House/property number and for ranges is the finishing number (5 numeric characters)
- House/property number suffix 2 - a single character identifying the House/property number suffix (1 alphanumeric character) with no space between the numeric and the alpha characters.

For example; '401A 403B'

'401' is House/property number first in range

'A' is the House/Property suffix 1

'403' is House/property number last in range

'B' is House/Property suffix 2

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin:

Australia Post Address Presentation Standard

Relational attributes

Related metadata references:

Is used in the formation of [Service provider organisation \(address\) – address line, text \[X\(180\)\]](#) Health, Standard 04/05/2005, Community services, Standard 30/09/2005

Implementation in Data Set Specifications:

Health care provider identification DSS Health, Superseded 04/07/2007

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

Household annual gross income range

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Household – gross income (annual), dollar range code N
<i>METeOR identifier:</i>	290737
<i>Registration status:</i>	Health, Standard 04/05/2005
<i>Definition:</i>	The value of gross annual income from all sources (before deductions for income tax, superannuation, etc.) for all household members as represented by a dollar range code.
<i>Context:</i>	Gross household income ranges are used as an indicator of the economic status of the household.
Data Element Concept:	Household – gross income

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>Less than \$ 20,000</td></tr><tr><td>2</td><td>\$ 20,001-\$ 30,000</td></tr><tr><td>3</td><td>\$ 30,001-\$ 50,000</td></tr><tr><td>4</td><td>\$ 50,001 - \$ 100,000</td></tr><tr><td>5</td><td>More than \$ 100,000</td></tr></tbody></table>	Value	Meaning	1	Less than \$ 20,000	2	\$ 20,001-\$ 30,000	3	\$ 30,001-\$ 50,000	4	\$ 50,001 - \$ 100,000	5	More than \$ 100,000
Value	Meaning												
1	Less than \$ 20,000												
2	\$ 20,001-\$ 30,000												
3	\$ 30,001-\$ 50,000												
4	\$ 50,001 - \$ 100,000												
5	More than \$ 100,000												
<i>Supplementary values:</i>	<table><tbody><tr><td>6</td><td>Don't know/not sure</td></tr><tr><td>7</td><td>Not stated</td></tr></tbody></table>	6	Don't know/not sure	7	Not stated								
6	Don't know/not sure												
7	Not stated												

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The main components of gross income are:</p> <ul style="list-style-type: none">• current usual wages and salary;• income derived from self-employment;• government pensions, benefits and allowances; and• other income comprising investments (including interest, dividends, royalties and rent) and other regular income (including superannuation, private scholarships received in cash, workers' compensation, accident compensation, maintenance or alimony, and any other allowances regularly received). <p>Gross income is regarded as all receipts which are received regularly and are of a recurring nature. Certain receipts such as lump sum receipts, windfall gains and withdrawals from savings are not considered to conform to these criteria and are</p>
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not included as income.

Please note that this data element is not consistent with the ABS standards for cash income.

Source and reference attributes

Submitting organisation:

National Public Health Information Working Group

Reference documents:

Refer to the ABS website

<http://www.abs.gov.au/Ausstats/abs@.nsf/StatsLibrary>

Select: Other ABS Statistical Standards/Standards for Social, Labour and Demographic Variables/Cash Income Variables.

Relational attributes

Implementation in Data Set Specifications:

Computer Assisted Telephone Interview demographic module
DSS Health, Standard 04/05/2005

Information specific to this data set:

For data collection using Computer Assisted Telephone Interviewing (CATI), the suggested question is:

I would now like to ask you about your household's income. We are interested in how income relates to health, lifestyle and access to health services.

Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the last 12 months?

(Read options: Single response)

Less than \$ 20,000

\$ 20,000-\$ 30,000

\$ 30,001-\$ 50,000

\$ 50,001-\$ 100,000

More than \$ 100,000

Don't know/not sure

Refused

Where narrower ranges are required, household annual gross income may be collected in \$ 10,000 ranges using the data element Household annual gross income range (\$ 10,000 range).

Household annual gross income range (\$ 10,000 range)

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Household – gross income (annual), ten thousand dollar range code N[N]
<i>METeOR identifier:</i>	290742
<i>Registration status:</i>	Health, Standard 04/05/2005
<i>Definition:</i>	The value of gross annual income from all sources (before deductions for income tax, superannuation, etc.) for all household members as represented by a ten thousand dollar range code.
<i>Context:</i>	Gross household income (\$ 10,000 ranges) is used as an indicator of the economic status of the household.
Data Element Concept:	Household – gross income

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>Less than \$ 10,000</td></tr><tr><td>2</td><td>\$ 10,000 - \$ 20,000</td></tr><tr><td>3</td><td>\$ 20,001 - \$ 30,000</td></tr><tr><td>4</td><td>\$ 30,001 - \$ 40,000</td></tr><tr><td>5</td><td>\$ 40,001 - \$ 50,000</td></tr><tr><td>6</td><td>\$ 50,001 - \$ 60,000</td></tr><tr><td>7</td><td>\$ 60,001 - \$ 70,000</td></tr><tr><td>8</td><td>\$ 70,001 - \$ 80,000</td></tr><tr><td>9</td><td>\$ 80,001 - \$ 90,000</td></tr><tr><td>10</td><td>\$ 90,001 - \$ 100,000</td></tr><tr><td>11</td><td>More than \$ 100,000</td></tr><tr><td>12</td><td>Don't know / not sure</td></tr><tr><td>13</td><td>Not stated</td></tr></tbody></table>	Value	Meaning	1	Less than \$ 10,000	2	\$ 10,000 - \$ 20,000	3	\$ 20,001 - \$ 30,000	4	\$ 30,001 - \$ 40,000	5	\$ 40,001 - \$ 50,000	6	\$ 50,001 - \$ 60,000	7	\$ 60,001 - \$ 70,000	8	\$ 70,001 - \$ 80,000	9	\$ 80,001 - \$ 90,000	10	\$ 90,001 - \$ 100,000	11	More than \$ 100,000	12	Don't know / not sure	13	Not stated
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12	Don't know / not sure																												
13	Not stated																												
<i>Supplementary values:</i>																													

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	The main components of gross income are: <ul style="list-style-type: none">• current usual wages and salary;• income derived from self-employment;• government pensions, benefits and allowances; and• other income comprising investments (including interest,
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dividends, royalties and rent) and other regular income (including superannuation, private scholarships received in cash, workers' compensation, accident compensation, maintenance or alimony, and any other allowances regularly received).

Gross income is regarded as all receipts which are received regularly and are of a recurring nature. Certain receipts such as lump sum receipts, windfall gains and withdrawals from savings are not considered to conform to these criteria and are not included as income.

Please note that this data element is not consistent with the ABS standards for cash income. Refer to the ABS website <http://www.abs.gov.au/Ausstats/abs@.nsf/StatsLibrary> Select: Other ABS Statistical Standards/Standards for Social, Labour and Demographic Variables/Cash Income Variables.

Source and reference attributes

Submitting organisation:

National Public Health Information Working Group

Relational attributes

Implementation in Data Set Specifications:

Computer Assisted Telephone Interview demographic module DSS Health, Standard 04/05/2005

Information specific to this data set:

For data collection using Computer Assisted Telephone Interviewing (CATI), the suggested question is:

I would now like to ask you about your household's income. We are interested in how income relates to health, lifestyle and access to health services.

Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the last 12 months?

(Read options: Single response)

Less than \$ 10,000

\$ 10,000 - \$ 20,000

\$ 20,001 - \$ 30,000

\$ 30,001 - \$ 40,000

\$ 40,001 - \$ 50,000

\$ 50,001 - \$ 60,000

\$ 60,001 - \$ 70,000

\$ 70,001 - \$ 80,000

\$ 80,001 - \$ 90,000

\$ 90,001 - \$ 100,000

Over \$ 100,000

Don't know/not sure

Refused

Hypertension - treatment

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – hypertension treatment with antihypertensive medication indicator (current), code N
<i>METeOR identifier:</i>	302442
<i>Registration status:</i>	Health, Standard 21/09/2005
<i>Definition:</i>	Whether a person is currently being treated for hypertension (high blood pressure) using antihypertensive medication, as represented by a code.
<i>Data Element Concept:</i>	Person – hypertension treatment with antihypertensive medication 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><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Yes	2	No	9	Not stated/inadequately described
Value	Meaning								
1	Yes								
2	No								
9	Not stated/inadequately described								
<i>Supplementary values:</i>									

Collection and usage attributes

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

Collection and usage attributes

<i>Guide for use:</i>	CODE 1 Yes Record if a person is currently being treated for hypertension using antihypertensive medication. CODE 2 No Record if a person is not currently being treated for hypertension using antihypertensive medication.
<i>Collection methods:</i>	Ask the individual if he/she is currently treated with anti-hypertensive medications. Alternatively obtain the relevant information from appropriate documentation.

Source and reference attributes

<i>Submitting organisation:</i>	National diabetes data working group
<i>Origin:</i>	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
<i>Reference documents:</i>	Pahor M, Psaty BM, Furberg CD. Treatment of hypertensive

patients with diabetes. Lancet 1998; 351:689-90. Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group [erratum appears in Br Med J 1999; 318:29]. Br Med J 1998; 317:703-13.

Grossman E, Messerli FH, Goldbourt U, Curb JD, Pressel SL, Cutler JA, Savage PJ, Applegate WB, Black H, et al. Effect of diuretic-based antihypertensive treatment on cardiovascular disease risk in older diabetic patients with isolated systolic hypertension. Systolic Hypertension in the Elderly Program Cooperative Research Group. JAMA 1996; 276:1886-92.

Hypertension in diabetes[Australian Prescriber Feb 2002]. American Journal of Preventive Medicine 2002;21.

Relational attributes

Related metadata references:

Supersedes [Person – hypertension treatment status \(antihypertensive medication\), code N](#) Health, Superseded 21/09/2005

Implementation in Data Set Specifications:

Diabetes (clinical) DSS Health, Standard 21/09/2005

Information specific to this data set:

Hypertension is probably the most important public health problem in developed countries. It is common, asymptomatic, readily detectable, usually easily treatable, and often leads to lethal complications if left untreated.

Elevated blood pressure (Hypertension) is a recognised risk for microvascular and macro vascular complications of diabetes (coronary, cerebral and peripheral).

Hypertension is elevated arterial blood pressure above the normal range (130 to 139/85 to 89 mm Hg) and values above these are defined as hypertension. Lower levels of target blood pressure should be aimed for in specific groups, e.g. in diabetics aim for blood pressure less than 135/80 mm Hg.

Many diabetics fail to control high blood pressure. Among all the diabetics with high blood pressure, 29% were unaware that they had high blood pressure and only slightly more than half were receiving hypertensive medications as treatment.

Numbers of studies have shown that good management of blood pressure is at least as important as good control of blood glucose and the reduction of cholesterol in preventing the complications of diabetes.

Antihypertensives - Australian Medicines Handbook: February, 2001. Tight blood control in diabetes usually requires combination therapy as stated by (Australian Diabetes society) Therapeutic Guidelines Limited (05.04.2002).

People taking antihypertensives are also encouraged to make healthy lifestyle changes, such as quit smoking, lose weight and have regular physical activity.

The level of blood pressure should generally be established on at least two to four occasions prior to initiating antihypertensive medication.

Systematic reviews of studies that have reported outcomes in patients with diabetes and hypertension indicate that combination therapy is frequently required and may be

more beneficial than monotherapy. In the past multi-drug therapy to control hypertension has not been advocated much, but according to the special report published in the American Journal of Kidney Diseases, if ACE inhibitor therapy alone doesn't achieve good blood pressure control, multi-drug therapy should be implemented. (Heart Center Online)

Hypoglycaemia - severe

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – severe hypoglycaemia indicator, code N
<i>METeOR identifier:</i>	302825
<i>Registration status:</i>	Health, Standard 21/09/2005
<i>Definition:</i>	Whether a person has had severe hypoglycaemia , as represented by a code.
Data Element Concept:	Person – severe hypoglycaemia 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><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Yes	2	No	9	Not stated/inadequately described
Value	Meaning								
1	Yes								
2	No								
9	Not stated/inadequately described								
<i>Supplementary values:</i>									

Collection and usage attributes

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

Collection and usage attributes

<i>Guide for use:</i>	CODE 1 Yes: Record if the person has a history of severe hypoglycaemia. CODE 2 No: Record if the person has no history of severe hypoglycaemia.
<i>Collection methods:</i>	Ask the individual if he/she has had a severe hypoglycaemia requiring assistance. Alternatively obtain the relevant information from appropriate documentation.
<i>Comments:</i>	The medications used in the treatment of diabetes may cause the blood glucose value to fall below the normal range and this is called hypoglycaemia.

Source and reference attributes

<i>Submitting organisation:</i>	National diabetes data working group
<i>Origin:</i>	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
<i>Reference documents:</i>	Definition corresponds with the Diabetes Control and Complications Trial (DCCT): DCCT New England Journal of Medicine, 329(14), September 30, 1993. Report of the Health

Relational attributes

Related metadata references:

Supersedes [Person – severe hypoglycaemia history, status code N](#) Health, Superseded 21/09/2005

Implementation in Data Set Specifications:

Diabetes (clinical) DSS Health, Standard 21/09/2005

Information specific to this data set:

Most hypoglycaemic reactions, however, do not cause long term problems, but the risks of permanent injury to the brain are greater in children under the age of 5 years, the elderly with associated cerebrovascular disease and patients with other medical conditions such as cirrhosis and coeliac disease. The serious consequences of hypoglycaemia relate to its effects on the brain. Rarely hypoglycaemia may cause death.

It is important to know how to recognise and react when someone is unconscious from hypoglycaemia. These people should be placed on their side and the airway checked so that breathing is unhampered and nothing should be given by mouth as food may enter the breathing passages. Treatment needs to be given by injection - either glucagon (a hormone which raises the blood glucose by mobilising liver stores) or glucose itself. Glucagon should be given by injection (usually intramuscular) at a dose of 0.5 units (or mg) in children under the age of 5 years and 1.0 units (mg) for all older age groups.

All diabetic patients at risk of developing hypoglycaemia should have glucagon at home. Their families need to be shown how to administer it in times of severe hypoglycaemia.

Impairment of body function

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – extent of impairment of body function, code (ICF 2001) N
<i>METeOR identifier:</i>	320138
<i>Registration status:</i>	Health, Standard 29/11/2006 Community services, Standard 16/10/2006
<i>Definition:</i>	A person's degree of impairment in a specified body function, as represented by a code.
<i>Context:</i>	Human functioning and disability
<i>Data Element Concept:</i>	Person – extent of impairment of body function

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	No impairment
	1	Mild impairment
	2	Moderate impairment
	3	Severe impairment
	4	Complete impairment
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability for a person.</p> <p>Impairments of body structure or body function are problems in body structure or function such as a loss or significant departure from population standards or averages.</p> <p>CODE 0 No impairment</p> <p>Used when there is no significant variation from accepted population standards in the biomedical status of the body structure or its functions [0-4%].</p> <p>CODE 1 Mild impairment</p> <p>Used when there is a slight or low variation from accepted population standards in the biomedical status of the body structure or its functions [5-24%].</p>
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CODE 2 Moderate impairment

Used when there is a medium (significant but not severe) variation from accepted population standards in the biomedical status of the body structure or its functions [25-49%].

CODE 3 Severe impairment

Used when there is an extreme variation from accepted population standards in the biomedical status of the body structure or its functions [50-95%].

CODE 4 Complete impairment

Used when there is a total variation from accepted population standards in the biomedical status of the body structure or its functions [96-100%].

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
<i>Origin:</i>	World Health Organization (WHO) 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO Australian Institute of Health and Welfare (AIHW) 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none">• WHO ICF website http://www.who.int/classifications/icf/en/• Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This coding is to be used in conjunction with specified Body Functions domains. For example, 'a mild impairment of functions related to the brain' to indicate the area of impairment and, potentially, the sorts of interventions that may result in improved functioning. The body function in which an individual experiences an impairment is indicated using the metadata item Person – body function, code (ICF 2001) AN[NNNN].
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Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
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Relational attributes

<i>Implementation in Data Set Specifications:</i>	Body functions cluster Health, Standard 29/11/2006 Community services, Standard 16/10/2006
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Impairment of body structure

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – extent of impairment of body structure, code (ICF 2001) N
<i>METeOR identifier:</i>	320165
<i>Registration status:</i>	Health, Standard 29/11/2006 Community services, Standard 16/10/2006
<i>Definition:</i>	A person's degree of impairment in a specified body structure, as represented by a code.
Data Element Concept:	Person – extent of impairment of body structure

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	No impairment
	1	Mild impairment
	2	Moderate impairment
	3	Severe impairment
	4	Complete impairment
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability for a person.</p> <p>Impairments of body structure or body function are problems in body structure or function such as a loss or significant departure from population standards or averages.</p> <p>CODE 0 No impairment</p> <p>Used when there is no significant variation from accepted population standards in the biomedical status of the body structure or its functions [0-4%].</p> <p>CODE 1 Mild impairment</p> <p>Used when there is a slight or low variation from accepted population standards in the biomedical status of the body structure or its functions [5-24%].</p> <p>CODE 2 Moderate impairment</p>
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Used when there is a medium (significant but not severe) variation from accepted population standards in the biomedical status of the body structure or its functions [25-49%].

CODE 3 Severe impairment

Used when there is an extreme variation from accepted population standards in the biomedical status of the body structure or its functions [50-95%].

CODE 4 Complete impairment

Used when there is a total variation from accepted population standards in the biomedical status of the body structure or its functions [96-100%].

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
<i>Origin:</i>	World Health Organization (WHO) 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO Australian Institute of Health and Welfare (AIHW) 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none">• WHO ICF website http://www.who.int/classifications/icf/en/• Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This data element is used in conjunction with specified body structures, for example 'mild impairment of structures related to movement'. This data element may also be used in conjunction with Person – nature of impairment of body structure, code (ICF 2001) N and Person – location of impairment of body structure, code (ICF 2001) N .
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Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
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Relational attributes

<i>Implementation in Data Set Specifications:</i>	Body structures cluster Health, Standard 29/11/2006 Community services, Standard 16/10/2006
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Indicator procedure

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Elective surgery waiting list episode – indicator procedure, code NN
<i>METeOR identifier:</i>	334976
<i>Registration status:</i>	Health, Standard 07/12/2005
<i>Definition:</i>	Indicator procedure for which an elective surgery patient is waiting, as represented by a code.
Data Element Concept:	Elective surgery waiting list episode – indicator procedure

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																																		
<i>Data type:</i>	String																																		
<i>Format:</i>	NN																																		
<i>Maximum character length:</i>	2																																		
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>01</td><td>Cataract extraction</td></tr><tr><td>02</td><td>Cholecystectomy</td></tr><tr><td>03</td><td>Coronary artery bypass graft</td></tr><tr><td>04</td><td>Cystoscopy</td></tr><tr><td>05</td><td>Haemorrhoidectomy</td></tr><tr><td>06</td><td>Hysterectomy</td></tr><tr><td>07</td><td>Inguinal herniorrhaphy</td></tr><tr><td>08</td><td>Myringoplasty</td></tr><tr><td>09</td><td>Myringotomy</td></tr><tr><td>10</td><td>Prostatectomy</td></tr><tr><td>11</td><td>Septoplasty</td></tr><tr><td>12</td><td>Tonsillectomy</td></tr><tr><td>13</td><td>Total hip replacement</td></tr><tr><td>14</td><td>Total knee replacement</td></tr><tr><td>15</td><td>Varicose veins stripping and ligation</td></tr><tr><td>16</td><td>Not applicable</td></tr></tbody></table>	Value	Meaning	01	Cataract extraction	02	Cholecystectomy	03	Coronary artery bypass graft	04	Cystoscopy	05	Haemorrhoidectomy	06	Hysterectomy	07	Inguinal herniorrhaphy	08	Myringoplasty	09	Myringotomy	10	Prostatectomy	11	Septoplasty	12	Tonsillectomy	13	Total hip replacement	14	Total knee replacement	15	Varicose veins stripping and ligation	16	Not applicable
Value	Meaning																																		
01	Cataract extraction																																		
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14	Total knee replacement																																		
15	Varicose veins stripping and ligation																																		
16	Not applicable																																		
<i>Supplementary values:</i>	16 Not applicable																																		

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	The procedure terms are defined by the Australian Classification of Health Interventions (ACHI) codes which are listed in comments below. Where a patient is awaiting more than one indicator procedure, all codes should be listed. This is because the intention is to count procedures rather than patients in this instance.
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Comments:

These are planned procedures for the waiting list, not what is actually performed during hospitalisation.

The list of indicator procedures may be reviewed from time to time. Some health authorities already code a larger number of waiting list procedures.

Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. It is not always possible to code all elective surgery procedures at the time of addition to the waiting list. Reasons for this include that the surgeon may be uncertain of the exact procedure to be performed, and that the large number of procedures possible and lack of consistent nomenclature would make coding errors likely. Furthermore, the increase in workload for clerical staff may not be acceptable. However, a relatively small number of procedures account for the bulk of the elective surgery workload. Therefore, a list of common procedures with a tendency to long waiting times is useful. Waiting time statistics by procedure are useful to patients and referring doctors. In addition, waiting time data by procedure assists in planning and resource allocation, audit and performance monitoring.

The following is a list of ACHI (5th edition) codes, for the indicator procedures:

Cataract extraction:

42698-00 [195] 42702-00 [195] 42702-01 [195] 42698-01 [196]
42702-02 [196]
42702-03 [196] 42698-02 [197] 42702-04 [197] 42702-05 [197]
42698-03 [198]
42702-06 [198] 42702-07 [198] 42698-04 [199] 42702-08 [199]
42702-09 [199]
42731-01 [200] 42698-05 [200] 42702-10 [200] 42734-00 [201]
42788-00 [201]
42719-00 [201] 42731-00 [201] 42719-02 [201] 42791-02 [201]
42716-00 [202]
42702-11 [200] 42719-00 [201] 42722-00 [201]

Cholecystectomy:

30443-00 [965] 30454-01 [965] 30455-00 [965] 30445-00 [965]
30446-00 [965]
30448-00 [965] 30449-00 [965]

Coronary Artery bypass graft:

38497-00 [672] 38497-01 [672] 39497-02 [672] 38497-03 [672]
38497-04 [673]
38497-05 [673] 38497-06 [673] 39497-07 [673] 38500-00 [674]
38503-00 [674]
38500-01 [675] 38503-01 [675] 38500-02 [676] 38503-02 [676]
38500-03 [677]
38503-03 [677] 38500-04 [678] 38503-04 [678] 90201-00 [679]
90201-01 [679]
90201-02 [679] 90201-03 [679]

Cystoscopy:

36812-00 [1089] 36812-01 [1089] 36836-00 [1098]

Haemorrhoidectomy:

32138-00 [941] 32132-00 [941] 32135-00 [941] 32135-01 [941]

Hysterectomy:

35653-00 [1268] 35653-01 [1268] 35653-02 [1268] 35653-03 [1268]
35661-00 [1268]

35670-00 [1268] 35667-00 [1268] 35664-00 [1268] 35657-00 [1269]
35750-00 [1269]
35756-00 [1269] 35673-00 [1269] 35673-01 [1269] 35753-00 [1269]
35753-01 [1269]
35756-01 [1269] 35756-02 [1269] 35667-01 [1269] 35664-01 [1269]
90450-00 [989] 90450-01 [989] 90450-02 [989]

Inguinal herniorrhaphy:

30614-03 [990] 30615-00 [997] 30609-03 [990] 30614-02 [990]
30609-02 [990]

Myringoplasty:

41527-00 [313] 41530-00 [313] 41533-01 [313] 41542-00 [315]
41635-01 [313]

Myringotomy:

41626-00 [309] 31626-01 [309] 41632-00 [309] 41632-01 [309]

Prostatectomy:

37203-00 [1165] 37203-02 [1165] 37207-00 [1166] 37207-01 [1166]
37200-00 [1166] 37203-05 [1166] 37203-06 [1166] 37200-03 [1167]
37200-04 [1167] 37209-00 [1167] 37200-05 [1167] 90407-00 [1168]
37201-00 [1165] 37203-03 [1166] 37203-04 [1166] 37224-00 [1162]
37224-01 [1162]

Septoplasty:

41671-02 [379] 41671-01 [379] 41671-02 [379] 41671-03 [379]

Tonsillectomy:

41789-00 [412] 41789-01 [412]

Total hip replacement:

49318-00 [1489] 49319-00 [1489] 49324-00 [1492] 49327-00 [1492]
49330-00 [1492]
49333-00 [1492] 49345-00 [1492]

Total knee replacement:

49518-00 [1518] 49519-00 [1518] 49521-00 [1519] 49521-01 [1519]
49521-02 [1519]
49521-03 [1519] 49524-00 [1519] 49524-01 [1519] 49527-00 [1524]
49530-00 [1523]
49530-01 [1523] 49533-00 [1523] 49554-00 [1523] 49534-00 [1519]

Varicose veins stripping and ligation:

32508-00 [727] 32508-01 [727] 32511-00 [727] 32504-01 [728]
32505-00 [728]
32514-00 [737]

Source and reference attributes

Origin:

National Health Data Committee

Reference documents:

National Centre for Classification in Health (NCCH) 2006. The Australian Classification of Health Interventions (ACHI) – Fifth Edition - Tabular list of interventions and Alphabetic index of interventions. Sydney: NCCH, Faculty of Health Sciences, The University of Sydney.

Relational attributes

Related metadata references:

Supersedes [Elective surgery waiting list episode – indicator procedure, code NN](#) Health, Superseded 07/12/2005

Implementation in Data Set Specifications:

Elective surgery waiting times (census data) NMDS Health, Standard 07/12/2005

Implementation start date: 30/09/2006

Elective surgery waiting times (removals data) NMDS Health,
Standard 07/12/2005

Implementation start date: 01/07/2006

Indigenous status

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – Indigenous status, code N
<i>METeOR identifier:</i>	291036
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005
<i>Definition:</i>	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. This is in accord with the first two of three components of the Commonwealth definition.
Data Element Concept:	Person – Indigenous status

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>Aboriginal but not Torres Strait Islander origin</td></tr><tr><td>2</td><td>Torres Strait Islander but not Aboriginal origin</td></tr><tr><td>3</td><td>Both Aboriginal and Torres Strait Islander origin</td></tr><tr><td>4</td><td>Neither Aboriginal nor Torres Strait Islander origin</td></tr><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Aboriginal but not Torres Strait Islander origin	2	Torres Strait Islander but not Aboriginal origin	3	Both Aboriginal and Torres Strait Islander origin	4	Neither Aboriginal nor Torres Strait Islander origin	9	Not stated/inadequately described
Value	Meaning												
1	Aboriginal but not Torres Strait Islander origin												
2	Torres Strait Islander but not Aboriginal origin												
3	Both Aboriginal and Torres Strait Islander origin												
4	Neither Aboriginal nor Torres Strait Islander origin												
9	Not stated/inadequately described												
<i>Supplementary values:</i>													

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS Website as indicated in the Reference documents.</p> <p>The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:</p> <p>Indigenous:</p> <ul style="list-style-type: none">• Aboriginal but not Torres Strait Islander origin.• Torres Strait Islander but not Aboriginal origin.• Both Aboriginal and Torres Strait Islander origin. <p>Non-indigenous:</p> <ul style="list-style-type: none">• Neither Aboriginal nor Torres Strait Islander origin. <p>Not stated/ inadequately described:</p> <p>This category is not to be available as a valid answer to the</p>
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questions but is intended for use:

- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.
- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

Only in the last two situations may the tick boxes on the questionnaire be left blank.

Data element attributes

Collection and usage attributes

Collection methods:

The standard question for Indigenous Status is as follows:

[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

This question is recommended for self-enumerated or interview-based collections. It can also be used in circumstances where a close relative, friend, or another member of the household is answering on behalf of the subject. It is strongly recommended that this question be asked directly wherever possible.

When someone is not present, the person answering for them should be in a position to do so, i.e. this person must know well the person about whom the question is being asked and feel confident to provide accurate information about them.

This question must always be asked regardless of data collectors' perceptions based on appearance or other factors.

The Indigenous status question allows for more than one response. The procedure for coding multiple responses is as follows:

If the respondent marks 'No' and either 'Aboriginal' or 'Torres Strait Islander', then the response should be coded to either Aboriginal or Torres Strait Islander as indicated (i.e. disregard the 'No' response).

If the respondent marks both the 'Aboriginal' and 'Torres Strait Islander' boxes, then their response should be coded to 'Both Aboriginal and Torres Strait Islander Origin'.

If the respondent marks all three boxes ('No', 'Aboriginal' and 'Torres Strait Islander'), then the response should be coded to 'Both Aboriginal and Torres Strait Islander Origin' (i.e. disregard the 'No' response).

This approach may be problematical in some data collections, for example when data are collected by interview or using screen based data capture systems. An additional response category

Yes, both Aboriginal and Torres Strait Islander...

may be included if this better suits the data collection practices

Comments:

of the agency or establishment concerned.

The following definition, commonly known as 'The Commonwealth Definition', was given in a High Court judgement in the case of *Commonwealth v Tasmania* (1983) 46 ALR 625.

'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

There are three components to the Commonwealth definition:

- descent;
- self-identification; and
- community acceptance.

In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self-identification only.

Source and reference attributes

Origin:

National Health Data Committee
National Community Services Data Committee

Reference documents:

Australian Bureau of Statistics 1999. [Standards for Social, Labour and Demographic Variables. Cultural Diversity Variables](#), Canberra. Viewed 3 August 2005.

Relational attributes

Related metadata references:

Supersedes [Person—Indigenous status, code N](#) Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Admitted patient care NMDS Health, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Admitted patient mental health care NMDS Health, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006
Admitted patient mental health care NMDS Health, Superseded
23/10/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
Admitted patient mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
Admitted patient mental health care NMDS 2008-2009 Health,
Standard 05/02/2008
Implementation start date: 01/07/2008
Admitted patient palliative care NMDS Health, Superseded
07/12/2005
Implementation start date: 01/07/2005
Implementation end date: 30/06/2006
Admitted patient palliative care NMDS 2006-2007 Health,
Superseded 23/10/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
Admitted patient palliative care NMDS 2007-08 Health,
Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
Admitted patient palliative care NMDS 2008-09 Health,
Standard 05/02/2008
Implementation start date: 01/07/2008
Alcohol and other drug treatment services NMDS Health,
Superseded 21/03/2006
Implementation start date: 01/07/2005
Implementation end date: 30/06/2006
Alcohol and other drug treatment services NMDS Health,
Superseded 23/10/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
Alcohol and other drug treatment services NMDS 2007-2008
Health, Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
Alcohol and other drug treatment services NMDS 2008-2009
Health, Standard 05/02/2008
Implementation start date: 01/07/2008
Cardiovascular disease (clinical) DSS Health, Superseded
15/02/2006
Cardiovascular disease (clinical) DSS Health, Superseded
04/07/2007
Cardiovascular disease (clinical) DSS Health, Standard
04/07/2007

Community mental health care 2004-2005 Health, Superseded
08/12/2004

Implementation start date: 01/07/2004

Implementation end date: 30/06/2005

Community mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Community mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Community mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Computer Assisted Telephone Interview demographic module
DSS Health, Standard 04/05/2005

Information specific to this data set:

For data collection using Computer Assisted Telephone
Interviewing (CATI) the suggested questions are:

Q.1 Are you of Aboriginal or Torres Strait Islander origin?

Yes - go to Q.2

No - no more questions

Q.2 Are you of Aboriginal origin, Torres Strait Islander
origin, or both?

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

Diabetes (clinical) DSS Health, Superseded 21/09/2005

Diabetes (clinical) DSS Health, Standard 21/09/2005

Health care client identification DSS Health, Standard
04/05/2005

Non-admitted patient emergency department care NMDS
Health, Superseded 07/12/2005

Non-admitted patient emergency department care NMDS
Health, Superseded 24/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Non-admitted patient emergency department care NMDS
Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Non-admitted patient emergency department care NMDS 2007-
2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008
Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008
Implementation start date: 01/07/2008
Perinatal NMDS Health, Superseded 07/12/2005
Implementation start date: 01/07/2005
Implementation end date: 30/06/2006
Perinatal NMDS Health, Superseded 06/09/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
Implementation start date: 01/07/2008
Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Implementation start date: 01/07/2005
Implementation end date: 30/06/2006
Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Implementation start date: 01/07/2008

Individual sessions (public psychiatric, alcohol and drug hospital) - emergency and outpatient

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment (public psychiatric or alcohol and drug hospital) – number of individual session occasions of service for non-admitted patients (emergency and outpatient), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care (public psychiatric, alcohol & drug) - emergency and outpatient individual sessions
<i>METeOR identifier:</i>	270216
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the emergency and outpatient functional unit of a public psychiatric or alcohol and drug hospital.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Emergency patients and outpatients are persons who receive non-admitted care. Individual non-admitted care is care provided to a person who receives direct care within the emergency department or other designated clinics within the hospital and who is not formally admitted at the time when the care is provided. A person who first contacts the hospital and receives non-admitted care, for example through the emergency department, and is subsequently admitted should have both components of care enumerated separately.
<i>Comments:</i>	A group is defined as two or more patients receiving a service together where all individuals are not members of the same family. Family services are to be treated as occasions of service to an individual.

Source and reference attributes

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

Related metadata references:

Supersedes [Type of non-admitted patient care \(public psychiatric, alcohol & drug\), version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (21.11 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions (public psychiatric, alcohol and drug hospital)—outreach and community

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment (public psychiatric or alcohol and drug hospital) – number of individual session occasions of service for non-admitted patients (outreach and community), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care (public psychiatric, alcohol & drug) - outreach and community individual sessions
<i>METeOR identifier:</i>	270218
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients by outreach and community services units of a public psychiatric or alcohol and drug hospital.
<i>Data Element Concept:</i>	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	For outreach/community patients, care is delivered by hospital employees to the patient in the home, place of work or other non-hospital site.
<i>Comments:</i>	A group is defined as two or more patients receiving a service together where all individuals are not members of the same family. Family services are to be treated as occasions of service to an individual.

Source and reference attributes

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

<i>Related metadata references:</i>	Supersedes Type of non-admitted patient care (public psychiatric, alcohol & drug), version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (21.11 KB)
<i>Implementation in Data Set Specifications:</i>	Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded
23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—alcohol and drug

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (alcohol and drug), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - alcohol and drug individual sessions
<i>METeOR identifier:</i>	270508
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the alcohol and drug functional unit of an establishment.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For occasions of service as individual sessions to non-admitted patients attending designated drug and alcohol units within hospitals.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional</p>
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units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—allied health services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (allied health services), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - allied health services individual sessions
<i>METeOR identifier:</i>	270502
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients by allied health services units or clinics of an establishment.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Allied health service units include those units primarily concerned with physiotherapy, speech therapy, family planning, dietary advice, optometry, occupational therapy, and so on.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in</p>
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respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—community health services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of individual session occasions of service for non-admitted patients (community health services), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - community health services individual sessions
<i>METeOR identifier:</i>	270395
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in designated community health services units of an establishment.
Data Element Concept:	Establishment—number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For occasions of service to non-admitted patients provided by designated community health units within the establishment. Community health units include:</p> <ul style="list-style-type: none">• baby clinics• immunisation units• aged care assessment teams• other <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated</p>
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wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Comments:

Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.

This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary. For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded
23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—dental

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (dental), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - dental individual sessions
<i>METeOR identifier:</i>	270513
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in designated dental units of an establishment.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For all occasions of service as individual sessions to non-admitted patients attending designated dental units within hospitals.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of</p>
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service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a separation is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—dialysis

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (dialysis), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - dialysis individual sessions
<i>METeOR identifier:</i>	270503
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the dialysis functional unit of an establishment.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Dialysis:</p> <p>This represents all non-admitted patients receiving dialysis within the establishment. Where patients receive treatment in a ward or clinic classified elsewhere (for example, an emergency department), those patients are to be counted as dialysis patients and to be excluded from the other category. All forms of dialysis which are undertaken as a treatment necessary for renal failure are to be included.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various</p>
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health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a separation is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—district nursing services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment— number of individual session occasions of service for non-admitted patients (district nursing services), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - district nursing services individual sessions
<i>METeOR identifier:</i>	270512
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients by the district nursing services functional unit of an establishment.
Data Element Concept:	Establishment— number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For occasions of service as individual sessions by district nursing services to non-admitted patients.</p> <p>District nursing services:</p> <ul style="list-style-type: none">• are for medical/surgical/psychiatric care• are provided by a nurse, paramedic or medical officer• involve travel by the service provider*• are not provided by staff from a unit classified in the community health category above. <p>*Travel does not include movement within an establishment, movement between sites in a multi-campus establishment or between establishments. Such cases should be classified under the appropriate non-admitted patient category.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are</p>
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subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Comments:

Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.

This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary. For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications:

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—emergency services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (emergency services), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care
<i>METeOR identifier:</i>	270506
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the emergency services functional unit of an establishment.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Emergency services:</p> <p>Services to patients who are not admitted and who receive treatment that was either unplanned or carried out in designated emergency departments within a hospital. Unplanned patients are patients who have not been booked into the hospital before receiving treatment. In general it would be expected that most patients would receive surgical or medical treatment. However, where patients receive other types of treatment that are provided in emergency departments these are to be included. The exceptions are for dialysis and endoscopy and related procedures which have been recommended for separate counting.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service. The list of Type of non-admitted</p>
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patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)
Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—endoscopy and related procedures

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of individual session occasions of service for non-admitted patients (endoscopy and related procedures), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - endoscopy and related procedures individual sessions
<i>METeOR identifier:</i>	270507
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the endoscopy and related procedures functional unit of an establishment.
Data Element Concept:	Establishment—number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For all occasions of endoscopy and related procedures provided as individual sessions to non-admitted patients.</p> <p>Endoscopy and related procedures include:</p> <ul style="list-style-type: none">• cystoscopy• gastroscopy• oesophagoscopy• duodenoscopy• colonoscopy• bronchoscopy• laryngoscopy. <p>Where one of these procedures is carried out in a ward or clinic classified elsewhere, for example in the emergency department, the occasion is to be included under endoscopy and related procedures, and to be excluded from the other category. Care must be taken to ensure procedures for admitted patients are excluded from this category.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p>
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A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)
Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health,
Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—mental health

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment—number of individual session occasions of service for non-admitted patients (mental health), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - mental health individual sessions
<i>METeOR identifier:</i>	270504
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the mental health functional unit of an establishment.
Data Element Concept:	Establishment—number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For all occasions of service as individual sessions to non-admitted patients attending designated psychiatric or mental health units within hospitals.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional</p>
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units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—other medical/surgical/diagnostic

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (other medical/surgical/diagnostic), total N[NNNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care - other medical/surgical/diagnostic individual sessions
<i>METeOR identifier:</i>	270511
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other service provided to a patient in a medical/surgical/diagnostic unit of a health service establishment not defined elsewhere. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For any occasion of service to a non-admitted patient given at a designated unit primarily responsible for the provision of medical/surgical or diagnostic services which have not already been covered in other data elements.</p> <p>Other medical/surgical/diagnostic services include:</p> <ul style="list-style-type: none">• electrocardiogram (ECG)• obstetrics• nuclear medicine• general medicine• general surgery• fertility and so on. <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of</p>
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care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications: Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—other outreach services

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (other outreach services), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care
<i>METeOR identifier:</i>	270514
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients through the outreach services of an establishment not defined elsewhere.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For occasions of outreach services as individual sessions to non-admitted patients.</p> <p>Other outreach services:</p> <ul style="list-style-type: none">• involve travel by the service provider*• are not classified in allied health or community health services above. <p>*Travel does not include movement within an establishment, movement between sites in a multi-campus establishment or between establishments. Such cases should be classified under the appropriate non-admitted patient category.</p> <p>It is intended that these activities should represent non-medical/surgical/psychiatric services. Activities such as home cleaning, meals on wheels, home maintenance and so on should be included.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted</p>
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occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Comments:

Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.

This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary. For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications:

Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—pathology

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (pathology), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care
<i>METeOR identifier:</i>	270505
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the pathology functional unit of an establishment. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For all occasions of service as individual sessions to non-admitted patients from designated pathology laboratories. Occasions of service to all patients from other establishments should be counted separately.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum</p>
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subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—pharmacy

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (pharmacy), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care
<i>METeOR identifier:</i>	270509
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the pharmacy functional unit of an establishment.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For all occasions of service as individual sessions to non-admitted patients from pharmacy departments.</p> <p>Those drugs dispensed/administered in other departments such as the emergency department, or outpatient departments, are to be counted by the respective departments.</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in</p>
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respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual sessions—radiology and organ imaging

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – number of individual session occasions of service for non-admitted patients (radiology and organ imaging), total N[NNNNNN]
<i>Synonymous names:</i>	Type of non-admitted patient care
<i>METeOR identifier:</i>	270510
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the radiology and organ imaging functional unit of an establishment.
Data Element Concept:	Establishment – number of individual session occasions of service for non-admitted patients

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For all occasions of radiology and organ imaging services as individual sessions to non-admitted patients.</p> <p>Radiology and organ imaging includes services undertaken in radiology (X-ray) departments as well as in specialised organ imaging clinics carrying out ultrasound, computerised tomography (CT) and magnetic resonance imaging (MRI).</p> <p>This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.</p> <p>A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.</p> <p>The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum</p>
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subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26 KB)

Supersedes [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.69 KB)

Implementation in Data Set Specifications:

Public hospital establishments NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Individual/group session indicator

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service contact – group session status, individual/group session indicator code ANN.N
<i>METeOR identifier:</i>	291057
<i>Registration status:</i>	Health, Standard 04/05/2005
<i>Definition:</i>	Whether two or more patients received services at the same time from the same hospital staff, as represented by a code.
Data Element Concept:	Service contact – group session status

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	String						
<i>Format:</i>	ANN.N						
<i>Maximum character length:</i>	5						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>A12.1</td><td>Individual sessions</td></tr><tr><td>A12.2</td><td>Group sessions</td></tr></tbody></table>	Value	Meaning	A12.1	Individual sessions	A12.2	Group sessions
Value	Meaning						
A12.1	Individual sessions						
A12.2	Group sessions						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This excludes the situation where individuals all belong to the same family. In such cases, the service is being provided to the family unit and as a result the session should be counted as a single occasion of service to an individual.
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Relational attributes

<i>Related metadata references:</i>	Supersedes Individual/group session, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.54 KB)
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Infant weight, neonate, stillborn

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Birth – birth weight, total grams NNNN
<i>METeOR identifier:</i>	269938
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The first weight, in grams, of the live-born or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth.
Data Element Concept:	Birth – birth weight

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	NNNN
<i>Maximum character length:</i>	4
<i>Unit of measure:</i>	Gram (g)

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>For live births, birthweight should preferably be measured within the first hour of life before significant postnatal weight loss has occurred. While statistical tabulations include 500 g groupings for birthweight, weights should not be recorded in those groupings. The actual weight should be recorded to the degree of accuracy to which it is measured.</p> <p>In perinatal collections the birthweight is to be provided for liveborn and stillborn babies.</p> <p>Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9000g and age is less than 365 days.</p>
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Source and reference attributes

<i>Origin:</i>	National Health Data Committee
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Relational attributes

<i>Related metadata references:</i>	Supersedes Infant weight, neonate, stillborn, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.22 KB)
<i>Implementation in Data Set Specifications:</i>	Perinatal NMDS Health, Superseded 07/12/2005 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Perinatal NMDS Health, Superseded 06/09/2006 <i>Implementation start date:</i> 01/07/2006 <i>Implementation end date:</i> 30/06/2007

Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Information specific to this data set:

For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.

Weight is an important indicator of pregnancy outcome, is a major risk factor for neonatal morbidity and mortality and is required to analyse perinatal services for high-risk infants.

This metadata item is required to generate Australian National Diagnosis Related Groups.

Influence of environmental factor

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – extent of environmental factor influence, code (ICF 2001) [X]N
<i>METeOR identifier:</i>	320198
<i>Registration status:</i>	Health, Standard 29/11/2006 Community services, Standard 16/10/2006
<i>Definition:</i>	The degree to which a specified environmental factor influences the body function or structure, the activity or participation of a person, as represented by a code.
<i>Context:</i>	The environment in which a person functions or experiences disability.
Data Element Concept:	Person – extent of environmental factor influence

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	[X]N	
<i>Maximum character length:</i>	2	
<i>Permissible values:</i>	Value	Meaning
	0	No barrier
	1	Mild barrier
	2	Moderate barrier
	3	Severe barrier
	4	Complete barrier
	+0	No facilitator
	+1	Mild facilitator
	+2	Moderate facilitator
	+3	Substantial facilitator
	+4	Complete facilitator
<i>Supplementary values:</i>	8	Barrier not specified
	+8	Facilitator not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability for a person. Extent of influence of environmental factors corresponds to the degree or strength or magnitude of the influence and the amount of time the influence is experienced by the person. It is
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essentially a summary measure, in which are embedded the concepts of availability, quality and importance, that indicates the effect the specified environmental factor has on the person. Whether, and by how much, environmental factors are influencing an individual's level of functioning, and whether the influence is a facilitator or barrier, may indicate the sorts of interventions that will optimise the individual's functioning. This information may be for policy development, service provision, or advocacy purposes. Preventative strategies could be indicated by this information.

This value domain can be used to collect information across the whole spectrum of influence, for example, tactile flooring may be a facilitator to a person with visual impairment and a barrier to a person with mobility impairments. In line with the ICF approach to functioning and disability, this value domain recognises, and gives the means to record, the positive influence of environmental factors as well as those factors that limit the level of functioning of a person.

The codes are mutually exclusive. The choice of codes depends on the context of the data collection. For example; if collecting information about the positive influence of an environmental factor such as a community service it would be appropriate to use Code 0 No facilitator if the service was not influencing the person's level of functioning (even if the service were not a barrier to the person's functioning).

Code +0 No facilitator:

Used when the environment factor does not impact in a positive way on the body structure or function, activity or participation of a person.

Code +1 Mild facilitator:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 5-24% of the time the person participates in the specified domain of functioning or has a low level of impact on the person's functioning.

Code +2 Moderate facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 25-49% of the time the person participates in the specified domain of functioning or has a significant, but moderate impact on the person's functioning.

Code +3 Substantial facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 50-95% of the time the person participates in the specified domain of functioning or has an extreme effect on the person's functioning.

Code +4 Complete facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 96-100% of the time the person participates in the specified domain of functioning or the person functions optimally with this environmental factor.

Code +8 Facilitator not specified:

Used when there is insufficient information to record the Extent of environmental influence code (ICF 2001) N in classes +1 to

+4.

Code 0 No barrier:

Used when the environment factor does not impact in a negative way on the body structure or function, activity or participation of a person.

Code 1 Mild barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 5-24% of the time the person participates in the specified domain of functioning or has a low level of impact on the person's functioning.

Code 2 Moderate barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 25-49% of the time the person participates in that specified domain of functioning or has a significant, but moderate impact on the person's functioning.

Code 3 Severe barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 50-95% of the time the person participates in that specified domain of functioning or has an extreme effect on the person's functioning.

Code 4 Complete barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 96-100% of the time the person participates in the specified domain of functioning or is of such magnitude that the person is unable to function.

Code 8 Barrier not specified:

Used when there is insufficient information to record the Extent of environmental influence code (ICF 2001) N in classes 1 to 4.

Code 9 Not applicable:

Used when environmental factors impacts in neither a positive or negative way on the body structure or function, activity or participation of a person or for between 0-4% of the time the person participates in that specified area and has minimal impact on the person's level of functioning in the specified domain.

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
<i>Origin:</i>	WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none">• WHO ICF website http://www.who.int/classifications/icf/en/• Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

Guide for use:

Environmental factors represent the circumstances in which the individual lives. These factors are conceived as immediate (e.g. physical features of the environment, social environment) and societal (formal and informal social structures, services and systems). Different environments may have a very different impact on the same individual with a given health condition.

The influence of environmental factors may be positive, increasing the level of functioning (a facilitator), or negative, decreasing the level of functioning (a barrier).

The extent of influence of the **Environmental factors** is affected both by the degree or strength of influence, and the amount of time the influence is experienced by the person.

This metadata item is recorded in conjunction with [Environmental factor code N](#) to indicate the extent to which specified environmental factors influence the body function or structure, the activity or participation of a person.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:

Environmental factors cluster Health, Standard 29/11/2006
Community services, Standard 16/10/2006

Informal carer existence indicator

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Collection and usage attributes

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

Collection and usage attributes

<i>Guide for use:</i>	<p>Informal carers may include those people who receive a pension or benefit for their caring role and people providing care under family care agreements. Excluded from the definition of informal carers are volunteers organised by formal services and paid workers.</p> <p>This metadata item is purely descriptive of a client's circumstances. It is not intended to reflect whether the informal carer is considered by the service provider to be capable of undertaking the caring role. The expressed views of the client and/or their carer should be used as the basis for determining whether the client is recorded as having an informal carer or not.</p> <p>When asking a client whether they have an informal carer, it is important for agencies or establishments to recognise that a carer does not always live with the person for whom they care. That is, a person providing significant care and assistance to the</p>
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client does not have to live with the client in order to be called an informal carer.

Collection methods:

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

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

Examples of questions used for data collection include:

Home and Community Care NMDS

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

Commonwealth State/Territory Disability Agreement NMDS

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

Comments:

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

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

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

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

Source and reference attributes

Origin:

Australian Institute of Health and Welfare

National Health Data Committee

National Community Services Data Committee

Reference documents:

Australian Bureau of Statistics (ABS) 1993 Disability, Ageing and Carers Survey and 1998 survey.

Australian Institute of Health and Welfare (2005)

Commonwealth State/Territory Disability Agreement National Minimum Data Set collection (CSTDA NMDS) Data Guide: 2005-06.

National HACC Minimum Data Set User Guide Version 2 July 2005. Home and Community Care (HACC) Program.

Relational attributes

Related metadata references:

Supersedes [Person \(requiring care\) – carer availability status, code N](#) Health, Superseded 04/07/2007, Community services, Superseded 02/05/2006

Implementation in Data Set Specifications:

Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007

Information specific to this data set:

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

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

Initial visit indicator—diabetes mellitus

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Patient – initial visit since diagnosis indicator (diabetes mellitus), code N
<i>METeOR identifier:</i>	302470
<i>Registration status:</i>	Health, Standard 21/09/2005
<i>Definition:</i>	Whether the visit to a health professional is an initial visit for diabetes, or other related condition, after a diagnosis of diabetes, as represented by a code.
Data Element Concept:	Patient – initial visit since diagnosis indicator (diabetes mellitus)

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><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Yes	2	No	9	Not stated/inadequately described
Value	Meaning								
1	Yes								
2	No								
9	Not stated/inadequately described								
<i>Supplementary values:</i>									

Collection and usage attributes

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

Collection and usage attributes

<i>Guide for use:</i>	CODE 1 Yes: Record if this is the initial visit of the patient for diabetes, or a related condition, after diagnosis. CODE 2 No: Record if this is not the initial visit of the patient for diabetes, or a related condition, after diagnosis.
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Source and reference attributes

<i>Submitting organisation:</i>	National diabetes data working group
<i>Origin:</i>	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

<i>Related metadata references:</i>	Supersedes Patient – initial visit since diagnosis status (diabetes mellitus), code N Health, Superseded 21/09/2005
<i>Implementation in Data Set Specifications:</i>	Diabetes (clinical) DSS Health, Standard 21/09/2005

Injecting drug use status

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Client – injecting drug use status, code N
<i>METeOR identifier:</i>	270113
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The client's use of injection as a method of administering drugs, as represented by a code.
Data Element Concept:	Client – injecting drug use status

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>Last injected three months ago or less</td></tr><tr><td>2</td><td>Last injected more than three months ago but less than or equal to twelve months ago</td></tr><tr><td>3</td><td>Last injected more than twelve months ago</td></tr><tr><td>4</td><td>Never injected</td></tr><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Last injected three months ago or less	2	Last injected more than three months ago but less than or equal to twelve months ago	3	Last injected more than twelve months ago	4	Never injected	9	Not stated/inadequately described
Value	Meaning												
1	Last injected three months ago or less												
2	Last injected more than three months ago but less than or equal to twelve months ago												
3	Last injected more than twelve months ago												
4	Never injected												
9	Not stated/inadequately described												
<i>Supplementary values:</i>													

Data element attributes

Collection and usage attributes

<i>Collection methods:</i>	To be collected on commencement of treatment with a service. For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.
<i>Comments:</i>	<p>This metadata item has been developed for use in clinical settings. A code that refers to a three-month period to define 'current' injecting drug use is required as a clinically relevant period of time.</p> <p>The metadata item may also be used in population surveys that require a longer timeframe, for example to generate 12-month prevalence rates, by aggregating Codes 1 and 2. However, caution must be exercised when comparing clinical samples with population samples.</p> <p>This metadata item is important for identifying patterns of drug use and harms associated with injecting drug use.</p>

Source and reference attributes

<i>Submitting organisation:</i>	Intergovernmental Committee on Drugs National Minimum Data Set Working Group
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Relational attributes

Related metadata references:

Supersedes [Injecting drug use status, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (15.76 KB)

Implementation in Data Set Specifications:

Alcohol and other drug treatment services NMDS Health, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Alcohol and other drug treatment services NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Intended length of hospital stay

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care – intended length of hospital stay, code N
<i>METeOR identifier:</i>	270399
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The intention of the responsible clinician at the time of the patient's admission to hospital or at the time the patient is placed on an elective surgery waiting list, to discharge the patient either on the day of admission or a subsequent date, as represented by a code.
Data Element Concept:	Episode of admitted patient care – intended length of hospital stay

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>Intended same-day</td></tr><tr><td>2</td><td>Intended overnight</td></tr></tbody></table>	Value	Meaning	1	Intended same-day	2	Intended overnight
Value	Meaning						
1	Intended same-day						
2	Intended overnight						

Data element attributes

Collection and usage attributes

<i>Collection methods:</i>	The intended length of stay should be ascertained for all admitted patients at the time the patient is admitted to hospital.
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Source and reference attributes

<i>Origin:</i>	National Health Data Committee
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Relational attributes

<i>Related metadata references:</i>	Supersedes Intended length of hospital stay, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.41 KB) Is used in the formation of Episode of admitted patient care – major diagnostic category, code (AR-DRG v5.1) NN Health, Standard 01/03/2005 Is used in the formation of Episode of admitted patient care – diagnosis related group, code (AR-DRG v5.1) ANNA Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Admitted patient care NMDS Health, Superseded 07/12/2005 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Admitted patient care NMDS 2006-2007 Health, Superseded

23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient care NMDS 2007-2008 Health, Superseded
05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Intended place of birth

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Birth event – setting of birth (intended), code N
<i>METeOR identifier:</i>	269980
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The intended place of birth at the onset of labour, as represented by a code.
<i>Context:</i>	Perinatal care
Data Element Concept:	Birth event – setting of birth

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>Hospital, excluding birth centre</td></tr><tr><td>2</td><td>Birth centre, attached to hospital</td></tr><tr><td>3</td><td>Birth centre, free standing</td></tr><tr><td>4</td><td>Home</td></tr><tr><td>8</td><td>Other</td></tr><tr><td>9</td><td>Not stated</td></tr></tbody></table>	Value	Meaning	1	Hospital, excluding birth centre	2	Birth centre, attached to hospital	3	Birth centre, free standing	4	Home	8	Other	9	Not stated
Value	Meaning														
1	Hospital, excluding birth centre														
2	Birth centre, attached to hospital														
3	Birth centre, free standing														
4	Home														
8	Other														
9	Not stated														
<i>Supplementary values:</i>															

Collection and usage attributes

<i>Comments:</i>	The development of a definition of a birth centre is currently under consideration by the Commonwealth in conjunction with the states and territories.
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Code 1 Hospital, excluding birth centre Hospital, excluding birth centre, includes for women who have elective caesarean sections</p> <p>Code 4 Home Home, should be restricted to the home of the woman or a relative or friend.</p> <p>Code 8 Other Other, includes community (health) centres.</p>
<i>Comments:</i>	Women who plan to give birth in birth centres or at home usually have different risk factors for outcome compared to those who plan to give birth in hospitals. Women who are transferred to hospital after the onset of labour have increased risks of intervention and adverse outcomes.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Relational attributes

Related metadata references: Supersedes [Intended place of birth, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.85 KB)

Intention of treatment for cancer

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Cancer treatment— intention of treatment, code N
<i>METeOR identifier:</i>	288690
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The intention of the initial treatment for cancer for the particular patient, as represented by a code.
Data Element Concept:	Cancer treatment— intention of treatment

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>Prophylactic</td></tr><tr><td>2</td><td>Curative</td></tr><tr><td>3</td><td>Non-curative or palliative</td></tr></tbody></table>	Value	Meaning	1	Prophylactic	2	Curative	3	Non-curative or palliative
Value	Meaning								
1	Prophylactic								
2	Curative								
3	Non-curative or palliative								
<i>Supplementary values:</i>	<table><tbody><tr><td>0</td><td>Did not have treatment</td></tr><tr><td>9</td><td>Not stated</td></tr></tbody></table>	0	Did not have treatment	9	Not stated				
0	Did not have treatment								
9	Not stated								

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 0 Did not have treatment This code is used when the patient did not have treatment as part of the initial management plan</p> <p>CODE 1 Prophylactic This code is used when the cancer has not developed</p> <p>CODE 2 Curative This code is used when treatment is given for control of the disease</p> <p>CODE 3 Non-curative or Palliative This code is used when the cure is unlikely to be achieved and treatment is given primarily for the purpose of pain control. Other benefits of the treatment are considered secondary contributions to the patient's quality of life</p> <p>CODE 9 Intention was not stated Patient had treatment for cancer but the intention was not stated.</p>
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This item is collected for surgical treatment, radiation therapy and systemic therapy agent treatment.
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Source and reference attributes

<i>Submitting organisation:</i>	National Cancer Control Initiative
<i>Origin:</i>	Commission on Cancer, American College of Surgeons New South Wales Health Department
<i>Reference documents:</i>	Commission on Cancer, Standards of the Commission on Cancer Registry Operations and Data Standards (ROADS) Volume II (1998) Public Health Division NSW Clinical Cancer Data Collection for Outcomes and Quality. Data Dictionary Version 1 Sydney NSW Health Dept (2001)

Relational attributes

<i>Related metadata references:</i>	Supersedes Intention of treatment for cancer, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.89 KB)
<i>Implementation in Data Set Specifications:</i>	Cancer (clinical) DSS Health, Superseded 07/12/2005 Cancer (clinical) DSS Health, Standard 07/12/2005 <i>Information specific to this data set:</i> It is used for correlating outcome with original intent of the treatment.

Inter-hospital contracted patient

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care – inter-hospital contracted patient status, code N
<i>METeOR identifier:</i>	270409
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals, as represented by a code.
Data Element Concept:	Episode of admitted patient care – inter-hospital contracted patient status

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>Inter-hospital contracted patient from public sector hospital</td></tr><tr><td>2</td><td>Inter-hospital contracted patient from private sector hospital</td></tr><tr><td>3</td><td>Not contracted</td></tr><tr><td>9</td><td>Not reported</td></tr></tbody></table>	Value	Meaning	1	Inter-hospital contracted patient from public sector hospital	2	Inter-hospital contracted patient from private sector hospital	3	Not contracted	9	Not reported
Value	Meaning										
1	Inter-hospital contracted patient from public sector hospital										
2	Inter-hospital contracted patient from private sector hospital										
3	Not contracted										
9	Not reported										
<i>Supplementary values:</i>											

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A specific arrangement should apply (either written or verbal) whereby one hospital contracts with another hospital for the provision of specific services. The arrangement may be between any combination of hospital; for example, public to public, public to private, private to private, or private to public.</p> <p>This data element item will be derived as follows.</p> <p>If Contract role = B (Hospital B, that is, the provider of the hospital service; contracted hospital), and Contract type = 2, 3, 4 or 5 (that is, a hospital (Hospital A) purchases the activity, rather than a health authority or other external purchaser, and admits the patient for all or part of the episode of care, and/or records the contracted activity within the patient's record for the episode of care). Then record a value of 1, if Hospital A is a public hospital or record a value of 2, if Hospital A is a private hospital.</p>
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Otherwise if the Contract role is not B, and/or the Contract type is not 2, 3, 4 or 5 record a value of 3.

Collection methods:

All services provided at both the originating and destination hospitals should be recorded and reported by the originating hospital. The destination hospital should record the admission as an 'Inter-hospital contracted patient' so that these services can be identified in the various statistics produced about hospital activity.

Source and reference attributes

Origin:

National Health Data Committee

Relational attributes

Related metadata references:

Is formed using [Hospital – contract type, code N](#) Health, Standard 01/03/2005

Is formed using [Hospital – contract role, code A](#) Health, Standard 01/03/2005

Supersedes [Inter-hospital contracted patient, version 2, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.35 KB)

Implementation in Data Set Specifications:

Admitted patient care NMDS Health, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Interpreter services required

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – interpreter service required, yes/no code N
<i>Synonymous names:</i>	Need for interpreter service
<i>METeOR identifier:</i>	304294
<i>Registration status:</i>	Health, Standard 08/02/2006 Community services, Standard 10/04/2006
<i>Definition:</i>	Whether an interpreter service is required by or for the person, as represented by a code.
Data Element Concept:	Person – interpreter service required

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>	Includes verbal language, non verbal language and languages other than English. CODE 1 Yes Use this code where interpreter services are required. CODE 2 No Use this code where interpreter services are not required. Persons requiring interpreter services for any form of sign language should be coded as Interpreter required.
<i>Collection methods:</i>	Recommended question: Do you [does the person] require an interpreter? Yes No

Relational attributes

<i>Related metadata references:</i>	Supersedes Person – interpreter service required status (health), code N Health, Superseded 08/02/2006
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Killip classification code

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – Killip classification, code N
<i>METeOR identifier:</i>	285151
<i>Registration status:</i>	Health, Standard 04/06/2004
<i>Definition:</i>	The Killip class, as a measure of haemodynamic compromise, of the person at the time of presentation, as represented by a code.
Data Element Concept:	Person – Killip classification

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>Class 1</td></tr><tr><td>2</td><td>Class 2</td></tr><tr><td>3</td><td>Class 3</td></tr><tr><td>4</td><td>Class 4</td></tr><tr><td>8</td><td>Other</td></tr><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Class 1	2	Class 2	3	Class 3	4	Class 4	8	Other	9	Not stated/inadequately described
Value	Meaning														
1	Class 1														
2	Class 2														
3	Class 3														
4	Class 4														
8	Other														
9	Not stated/inadequately described														
<i>Supplementary values:</i>															

Collection and usage attributes

<i>Guide for use:</i>	<p>Rales or crepitations represent evidence of pulmonary interstitial oedema on lung auscultation and an S₃ is an audible extra heart sound by cardiac auscultation.</p> <p>CODE 1 Class 1 Absence of crepitations/rales over the lung fields and absence of S₃.</p> <p>CODE 2 Class 2 Crepitations/rales over 50% or less of the lung fields or the presence of an S₃.</p> <p>CODE 3 Class 3 Crepitations/rales over more than 50% of the lung fields.</p> <p>CODE 4 Class 4 Cardiogenic Shock. Clinical criteria for cardiogenic shock are hypotension (a systolic blood pressure of less than 90 mmHg for at least 30 minutes or the need for supportive measures to maintain a systolic blood pressure of greater than or equal to 90 mmHg), end-organ hypoperfusion (cool extremities or a urine output of less than 30 ml/h, and a heart rate of greater than or equal to 60 beats per minute). The haemodynamic criteria are a cardiac index of no more than 2.2 l/min per square meter of body-surface area and a pulmonary-capillary wedge pressure of at least 15 mmHg.</p>
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Data element attributes

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group
Steward: The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references: Supersedes [Killip classification code, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (15.68 KB)

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Information specific to this data set:

For Acute Coronary Syndrome (ACS) reporting, this data element describes the objective evidence of haemodynamic compromise by clinical examination at the time of presentation. Rales or crepitations represent evidence of pulmonary interstitial oedema on lung auscultation and an S3 is an audible extra heart sound by cardiac auscultation.

Labour force status

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – labour force status, code N
<i>METeOR identifier:</i>	270112
<i>Registration status:</i>	Health, Standard 01/03/2005 Community services, Standard 01/03/2005 Housing assistance, Standard 01/03/2005
<i>Definition:</i>	The self reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force, as represented by a code.
Data Element Concept:	Person – labour force status

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>Employed</td></tr><tr><td>2</td><td>Unemployed</td></tr><tr><td>3</td><td>Not in the labour force</td></tr></tbody></table>	Value	Meaning	1	Employed	2	Unemployed	3	Not in the labour force
Value	Meaning								
1	Employed								
2	Unemployed								
3	Not in the labour force								
<i>Supplementary values:</i>	<table><tbody><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	9	Not stated/inadequately described						
9	Not stated/inadequately described								

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Employed:</p> <p>Persons aged 15 years and over who, during the reference week:</p> <p>(a) worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising 'Employees', 'Employers' and 'Own Account Workers'); or</p> <p>(b) worked for one hour or more without pay in a family business or on a farm (i.e. 'Contributing Family Worker'); or</p> <p>(c) were 'Employees' who had a job but were not at work and were:</p> <ul style="list-style-type: none">• on paid leave• on leave without pay, for less than four weeks, up to the end of the reference week• stood down without pay because of bad weather or plant breakdown at their place of employment, for less than four weeks up to the end of the reference week• on strike or locked out• on workers' compensation and expected to be returning to their job, or• receiving wages or salary while undertaking full-time study; or <p>(d) were 'Employers', 'Own Account Workers' or 'Contributing</p>
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Family Workers' who had a job, business or farm, but were not at work.

CODE 2 Unemployed:

Unemployed persons are those aged 15 years and over who were not employed during the reference week, and:

(a) had actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week. Were available for work in the reference week, or would have been available except for temporary illness (i.e. lasting for less than four weeks to the end of the reference week). Or were waiting to start a new job within four weeks from the end of the reference week and would have started in the reference week if the job had been available then; or

(b) were waiting to be called back to a full-time or part-time job from which they had been stood down without pay for less than four weeks up to the end of the reference week (including the whole of the reference week) for reasons other than bad weather or plant breakdown. Note: Actively looking for work includes writing, telephoning or applying in person to an employer for work. It also includes answering a newspaper advertisement for a job, checking factory or job placement agency notice boards, being registered with a job placement agency, checking or registering with any other employment agency, advertising or tendering for work or contacting friends or relatives.

CODE 3 Not in the Labour Force:

Persons not in the labour force are those persons aged 15 years and over who, during the reference week, were not in the categories employed or unemployed, as defined. They include persons who were keeping house (unpaid), retired, voluntarily inactive, permanently unable to work, persons in institutions (hospitals, gaols, sanatoriums, etc.), trainee teachers, members of contemplative religious orders, and persons whose only activity during the reference week was jury service or unpaid voluntary work for a charitable organisation.

Collection methods:

For information about collection, refer to the ABS website:

<http://www.abs.gov.au/Ausstats/abs@.nsf/0/AEB5AA310D68DF8FCA25697E0018FED8?Open>

Source and reference attributes

Origin:

Australian Bureau of Statistics 1995. Directory of Concepts and Standards for Social, Labour and Demographic Variables. Australia 1995. Cat. no. 1361.0.30.001. Canberra: AGPS.

<http://www.abs.gov.au/Ausstats/abs@.nsf/0/AEB5AA310D68DF8FCA25697E0018FED8?Open> (last viewed 21 December 2005)

Data element attributes

Collection and usage attributes

Comments:

Labour force status is one indicator of the socio-economic status of a person and is a key element in assessing the circumstances and needs of individuals and families.

Source and reference attributes

Origin:

Health Data Standards Committee

Relational attributes

Related metadata references:

Supersedes [Labour force status, version 3, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005.pdf](#) (19.53 KB)

Implementation in Data Set Specifications:

Cardiovascular disease (clinical) DSS Health, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS Health, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007

Laterality of primary cancer

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person with cancer – laterality of primary cancer, code [N]
<i>METeOR identifier:</i>	270177
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The side of a paired organ that is the origin of the primary cancer, as represented by a code.
Data Element Concept:	Person with cancer – laterality of primary cancer

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>Left</td></tr><tr><td>2</td><td>Right</td></tr><tr><td>3</td><td>Bilateral</td></tr></tbody></table>	Value	Meaning	1	Left	2	Right	3	Bilateral
Value	Meaning								
1	Left								
2	Right								
3	Bilateral								
<i>Supplementary values:</i>	<table><tbody><tr><td>9</td><td>Not known</td></tr><tr><td>Null</td><td>Not applicable</td></tr></tbody></table>	9	Not known	Null	Not applicable				
9	Not known								
Null	Not applicable								

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The valid International Classification of Diseases for Oncology values for the variable are provided in the list below:</p> <p>CODE 1 Left Origin of primary site is on the left side of a paired organ. Paired organs are: Breast (C50), Lung (C34), Kidney (C64), Ovary (C56), Eyes (C69), Arms (C76.4, C44.6, C49.1, C47.1, C40.0, C77.3,), Legs (C76.5, C44.7, C49.2, C47.2, C40.2, C77.4), Ears (C44.2, C49.0, C30.1), Testicles (C62), Parathyroid glands (C75.0), Adrenal glands (C74.9, C74.0, C74.1), Tonsils (C09.9, C02.4, C11.1, C09.0, C09.1, C03.9), Ureter (C66.9), Carotid body (C75.4), Vas deferens (C63.1), Optic nerve (C72.3)</p> <p>CODE 2 Right Origin of primary site is on the right side of a paired organ.</p> <p>CODE 3 Bilateral Includes organs that are bilateral as a single primary (e.g. bilateral retinoblastoma (M9510/3, C69.2), (M9511/3, C69.2), (M9512/3, C69.2), (C69.6, C48.0), bilateral Wilms tumours (C64.9, M8960/3)) Note: Bilateral cancers are very rare.</p> <p>CODE 9 Unknown It is unknown whether, for a paired organ the origin of the</p>
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cancer was on the left or right side of the body.

Collection methods:

This information should be obtained from the patient's pathology report, the patient's medical record, or the patient's medical practitioner/nursing staff.

Source and reference attributes

Origin:

World Health Organization

Reference documents:

Percy C, Van Holten V, Muir C (eds). International Classification of Diseases for Oncology, 2nd edition. Geneva: WHO, 1990

Relational attributes

Related metadata references:

Supersedes [Laterality of primary cancer, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.37 KB)

Implementation in Data Set Specifications:

Cancer (clinical) DSS Health, Superseded 07/12/2005

Cancer (clinical) DSS Health, Standard 07/12/2005

Leave days from residential care

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of residential care – number of leave days, total N[NN]
<i>METeOR identifier:</i>	270304
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The number of days spent on leave from a residential care service during an episode of residential care.
Data Element Concept:	Episode of residential care – number of leave days

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A day is measured from midnight to midnight.</p> <p>Leave days can occur for a variety of reasons, including:</p> <ul style="list-style-type: none">• treatment by specialised mental health service• treatment by a non-specialised health service• time in the community. <p>The following rules apply in the calculation of leave days:</p> <ul style="list-style-type: none">• the day the resident goes on leave is counted as a leave day• days the resident is on leave is counted as leave days• the day the resident returns from leave is not counted as a leave day• if the resident starts a residential stay and goes on leave on the same day, this is not counted as a leave day• if the resident returns from leave and then goes on leave again on the same day, this is counted as a leave day• if the resident returns from leave and ends residential care on the same day, the day should not be counted as leave day• leave days at the end of a residential stay after the commencement of leave are not counted. <p>If a period of leave is greater than seven days or the resident fails to return from leave, then the residential stay is formally ended.</p>
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Relational attributes

<i>Related metadata references:</i>	Supersedes Leave days from residential care, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.64 KB)
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Implementation in Data Set Specifications:

Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Information specific to this data set:

Episode of residential care end date minus episode of residential care start date minus leave days from residential care must be ≥ 0 days.

Length of non-admitted patient emergency department service episode

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Non-admitted patient emergency department service episode – service episode length, total minutes NNNNN
<i>METeOR identifier:</i>	270404
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The amount of time, measured in minutes, between when a patient presents at an emergency department for an emergency department service episode, and when the non-admitted component of the emergency department service episode has concluded.
<i>Data Element Concept:</i>	Non-admitted patient emergency department service episode – service episode length

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5
<i>Unit of measure:</i>	Minute (m)

Data element attributes

Source and reference attributes

<i>Submitting organisation:</i>	National reference group for non-admitted patient data development, 2001-02
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Relational attributes

<i>Related metadata references:</i>	Supersedes Length of non-admitted patient emergency department service episode, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.53 KB) Is formed using Health service event – presentation date, DDMMYYYY Health, Standard 01/03/2005 Is formed using Health service event – presentation time, hhmm Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Non-admitted patient emergency department care NMDS Health, Superseded 07/12/2005 Non-admitted patient emergency department care NMDS Health, Superseded 24/03/2006 <i>Implementation start date:</i> 01/07/2005 <i>Implementation end date:</i> 30/06/2006 Non-admitted patient emergency department care NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Non-admitted patient emergency department care NMDS 2007-2008 Health, Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

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

Implementation start date: 01/07/2008

Length of stay

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care – length of stay (excluding leave days), total N[NN]
<i>METeOR identifier:</i>	269982
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The length of stay of a patient, excluding leave days, measured in days.
<i>Data Element Concept:</i>	Episode of admitted patient care – length of stay (excluding leave days)

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Formula: LOS = Separation date - Admission date - Total leave days The calculation is inclusive of admission and separation dates.
<i>Comments:</i>	Perinatal length of stay metadata items include leave days and so are not included in this metadata item.

Source and reference attributes

<i>Origin:</i>	National Health Data Committee
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Relational attributes

<i>Related metadata references:</i>	Supersedes Length of stay, version 3, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.11 KB) Is formed using Episode of admitted patient care – number of leave days, total N[NN] Health, Standard 01/03/2005 Is formed using Episode of admitted patient care – separation date, DDMMYYYY Health, Standard 01/03/2005 Is formed using Episode of admitted patient care – number of leave periods, total N[N] Health, Standard 01/03/2005 Is formed using Episode of admitted patient care – admission date, DDMMYYYY Health, Standard 01/03/2005
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Length of stay (including leave days)

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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

Source and reference attributes

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

Relational attributes

<i>Related metadata references:</i>	Is formed using Episode of admitted patient care – separation
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[date, DDMMYYYY](#) Health, Standard 01/03/2005

Is formed using [Episode of admitted patient care – admission date, DDMMYYYY](#) Health, Standard 01/03/2005

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

Length of stay (including leave days) (antenatal)

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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

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

<i>Related metadata references:</i>	Is formed using Person – date of birth, DDMMYYYY Health, Standard 04/05/2005, Community services, Standard
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25/08/2005, Housing assistance, Standard 20/06/2005
Is formed using [Episode of admitted patient care – admission date, DDMMYYYY](#) Health, Standard 01/03/2005
Supersedes [Episode of admitted patient care \(antenatal\) – length of stay \(including leave days\), total N\[NN\]](#) Health,
Superseded 04/07/2007

Length of stay (including leave days) (postnatal)

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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

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

<i>Related metadata references:</i>	<p>Is formed using Episode of admitted patient care – separation date, DDMMYYYY Health, Standard 01/03/2005</p> <p>Is formed using Person – date of birth, DDMMYYYY Health, Standard 04/05/2005, Community services, Standard</p>
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25/08/2005, Housing assistance, Standard 20/06/2005
Supersedes [Episode of admitted patient care \(postnatal\) – length of stay \(including leave days\), total N\[NN\]](#) Health,
Superseded 04/07/2007

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 05/12/2007
<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:	Service provider organisation – 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.
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Primary palliative care</p> <p>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.</p> <p>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.</p> <p>CODE 2 Specialist palliative care level 1</p> <p>Capability: Provides palliative care for patients, primary carers and families whose needs exceed the capability of primary palliative care providers. Provides assessment and care</p>
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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 05/12/2007