

Establishment—patients/clients in residence at year end, total N[NNN]

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Establishment—patients/clients in residence at year end, total N[NNN]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Patients in residence at year end
METEOR identifier:	270046
Registration status:	Health , Standard 01/03/2005
Definition:	A headcount of all formally admitted patients/clients in residence in long-stay facilities.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Establishment—patients/clients in residence at year end
METEOR identifier:	269517
Registration status:	Health , Standard 01/03/2005
Definition:	A headcount of all formally admitted patients/clients in residence in long-stay facilities (public psychiatric hospitals, alcohol and drug hospitals, residential aged care services) at midnight, to be done on 30 June.
Object class:	Establishment
Property:	Patients/clients in residence at year end

Value domain attributes

Identifying and definitional attributes

Value domain:	Total people N[NNN]
METEOR identifier:	270654
Registration status:	Health , Standard 01/03/2005 Housing assistance , Standard 01/05/2013
Definition:	Total number of people.

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNN]
Maximum character length:	4
Unit of measure:	Person

Data element attributes

Collection and usage attributes

Collection methods: For public psychiatric hospitals and alcohol and drug hospitals, all states have either an annual census or admission tracking that would enable a statistical census. The Commonwealth Department of Health and Ageing is able to carry out a statistical census from its residential aged care service databases.

A headcount snapshot could be achieved either by census or by the admission/discharge derivation approach.

There are difficulties with the snapshot in view of both seasonal and day of the week fluctuations. Most of the traffic occurs in a small number of beds.

Any headcount should avoid the problems associated with using 31 December or 1 January. The end of the normal financial year is probably more sensible (the Wednesday before the end of the financial year was suggested, but probably not necessary). This should be qualified by indicating that the data does not form a time series in its own right.

Comments: The number of separations and bed days for individual long-stay establishments is often a poor indication of the services provided. This is because of the relatively small number of separations in a given institution. Experience has shown that the number of patients/clients in residence can often give a more reliable picture of the levels of services being provided.

Source and reference attributes

Submitting organisation: Morbidity working party

Relational attributes

Related metadata references: Is re-engineered from  [Patients in residence at year end, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.9 KB)
No registration status