Episode of care—number of psychiatric care days, total N[NNNN]

Exported from METEOR (AIHW's Metadata Online Registry)

Episode of care—number of psychiatric care days, total N[NNNN]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Total psychiatric care days
METEOR identifier:	270300
Registration status:	Health, Superseded 11/04/2014
Definition:	The sum of the number of days or part days of stay that the person received care as an admitted patient or **resident** within a designated psychiatric unit, minus the sum of leave days occurring during the stay within the designated unit.
Data Element Concept:	Episode of care—number of psychiatric care days
Value Domain:	Total days N[NNNN]

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNN]
Maximum character length:	5
Unit of measure:	Day

Data element attributes

Collection and usage attributes

Guide for use:	Designated psychiatric units are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients affected by mental disorder. The unit may or may not be recognised under relevant State and Territory legislation to treat patients on an involuntary basis. Patients are admitted patients in the acute and psychiatric hospitals and residents in community based residences.

Public acute care hospitals:

Designated psychiatric units in public acute care hospitals are normally recognised by the State/Territory health authority in the funding arrangements applying to those hospitals.

Private acute care hospitals:

Designated psychiatric units in private acute care hospitals normally require license or approval by the State/Territory health authority in order to receive benefits from health funds for the provision of psychiatric care.

Psychiatric hospitals:

Total psychiatric care days in stand-alone psychiatric hospitals are calculated by counting those days the patient received specialist psychiatric care. Leave days and days on which the patient was receiving other care (e.g. specialised intellectual ability or drug and alcohol care) should be excluded.

Psychiatric hospitals are establishments devoted primarily to the treatment and

care of admitted patients with psychiatric, mental or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the Health Insurance Act 1973 (Commonwealth) (now licensed/approved by each State/Territory health authority), catering primarily for patients with psychiatric or behavioural disorders are included in this category.

Community-based residential services:

Designated psychiatric units refers to 24-hour staffed community-based residential units established in community settings that provide specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability. Special psychiatric units for the elderly are covered by this category, including psychogeriatric hostels or psychogeriatric nursing homes. Note that residences occupied by admitted patients located on hospital grounds, whether on the campus of a general or stand-alone psychiatric hospital, should be counted in the category of admitted patient services and not as community-based residential services.

Counting of patient days and leave days in designated psychiatric units should follow the standard definitions applying to these items.

For each period of care in a designated psychiatric unit, total days is calculated by subtracting the date on which care commenced within the unit from the date on which the specialist unit care was completed, less any leave days that occurred during the period.

Total psychiatric care days in 24-hour community-based residential care are calculated by counting those days the patient received specialist psychiatric care. Leave days and days on which the patient was receiving other care (e.g. specialised intellectual ability or drug and alcohol care) should be excluded.

Admitted patients in acute care:

Commencement of care within a designated psychiatric unit may be the same as the date the patient was admitted to the hospital, or occur subsequently, following transfer of the patient from another hospital ward. Where commencement of psychiatric care occurs by transfer from another ward, a new episode of care may be recorded, depending on whether the care type has changed (see metadata item Care type). Completion of care within a designated psychiatric unit may be the same as the date the patient was discharged from the hospital, or occur prior to this on transfer of the patient to another hospital ward. Where completion of psychiatric care is followed by transfer to another hospital ward, a new episode of care may be recorded, depending on whether the care type has changed (see metadata item Care type. Total psychiatric care days may cover one or more periods in a designated psychiatric unit within the overall hospital stay.

Collection methods: Accurate counting of total days in psychiatric care requires periods in designated psychiatric units to be identified in the person-level data collected by state or territory health authorities. Several mechanisms exist for this data field to be implemented:

- Ideally, the new data field should be collected locally by hospitals and added to the unit record data provided to the relevant state/territory health authority.
- Acute care hospitals in most states and territories include details of the wards in which the patient was accommodated in the unit record data provided to the health authority. Local knowledge should be used to identify designated psychiatric units within each hospital's ward codes, to allow total psychiatric care days to be calculated for each episode of care.
- Acute care hospitals and 24-hour staffed community-based residential services should be identified separately at the level of the establishment.

Comments: This metadata item was originally designed to monitor trends in the delivery of psychiatric admitted patient care in acute care hospitals. It has been modified to enable collection of data in the community-based residential care sector. The metadata item is intended to improve understanding in this area and contribute to the ongoing evaluation of changes occurring in mental health services.

Source and reference attributes

Submitting organisation: National Mental Health Information Strategy Committee

Reference documents: Health Insurance Act 1973 (Commonwealth)

Relational attributes

Related metadata references:

Has been superseded by Episode of care—number of psychiatric care days, total N[NNNN]
  Health, Superseded 18/12/2019
  Tasmanian Health, Superseded 19/06/2020

Is formed using Episode of admitted patient care—admission date, DDMMYYYY
  Health, Superseded 06/09/2018
  National Health Performance Authority (retired), Retired 01/07/2016
  Tasmanian Health, Superseded 17/06/2020

Is formed using Episode of admitted patient care—number of leave days, total N[NN]
  Health, Standard 01/03/2005
  Tasmanian Health, Standard 06/09/2016

Is formed using Episode of admitted patient care—separation date, DDMMYYYY
  Health, Standard 01/03/2005
  Tasmanian Health, Standard 02/09/2016

Is formed using Establishment—establishment type, sector and services provided code AN.N{.N}
  Health, Superseded 04/08/2016

Is formed using Hospital service—care type, code N[N].N
  Health, Superseded 07/02/2013

Is re-engineered from ⬛ Total psychiatric care days, version 2, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (23.8 KB)
  No registration status

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
DSS specific information: Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

Admitted patient care NMDS 2006-07
  Health, Superseded 23/10/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

Admitted patient care NMDS 2007-08
  Health, Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

Admitted patient care NMDS 2008-09
  Health, Superseded 04/02/2009
Implementation start date: 01/07/2008
Implementation end date: 30/06/2009
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

Admitted patient care NMDS 2009-10
  Health, Superseded 22/12/2009
Implementation start date: 01/07/2009
Implementation end date: 30/06/2010
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

[Admitted patient care NMDS 2010-11](#)
[Health](#), Superseded 18/01/2011
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

[Admitted patient care NMDS 2011-12](#)
[Health](#), Superseded 11/04/2012
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

[Admitted patient care NMDS 2012-13](#)
[Health](#), Superseded 02/05/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

[Admitted patient care NMDS 2013-14](#)
[Health](#), Superseded 11/04/2014
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014
DSS specific information:

Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.

[Admitted patient mental health care NMDS](#)
[Health](#), Superseded 23/10/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.

[Admitted patient mental health care NMDS](#)
[Health](#), Superseded 07/12/2005
Implementation start date: 01/07/2005
Implementation end date: 30/06/2006
DSS specific information:

Total days in psychiatric care must be >= zero;

Total days in psychiatric care must be <= length of stay.

[Admitted patient mental health care NMDS 2007-08](#)
[Health](#), Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.

[Admitted patient mental health care NMDS 2008-09](#)
[Health](#), Superseded 04/02/2009
Implementation start date: 01/07/2008

Implementation end date: 30/06/2009
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.

[Admitted patient mental health care NMDS 2009-10](#)
[Health,](#) Superseded 05/01/2010
Implementation start date: 01/07/2009
Implementation end date: 30/06/2010
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.

[Admitted patient mental health care NMDS 2010-11](#)
[Health,](#) Superseded 18/01/2011
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.

[Admitted patient mental health care NMDS 2011-12](#)
[Health,](#) Superseded 07/12/2011
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.

[Admitted patient mental health care NMDS 2012-13](#)
[Health,](#) Superseded 02/05/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.

[Admitted patient mental health care NMDS 2013-14](#)
[Health,](#) Superseded 15/10/2014
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014
DSS specific information:

Total days in psychiatric care must be ≥ zero;

Total days in psychiatric care must be ≤ length of stay.