

Establishment—number of individual session occasions of service for non-admitted patients (district nursing services), total N[NNNNNN]

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Establishment—number of individual session occasions of service for non-admitted patients (district nursing services), total N[NNNNNN]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Individual sessions—district nursing services
Synonymous names:	Type of non-admitted patient care - district nursing services individual sessions
METEOR identifier:	270512
Registration status:	Health , Standard 01/03/2005
Definition:	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:	Total occasions of service N[NNNNNN]

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

Guide for use:

For occasions of service as individual sessions by district nursing services to non-admitted patients.

District nursing services:

- 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.

*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.

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.

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.

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:

Is re-engineered from  [Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (14.7 KB)
No registration status

Is re-engineered from  [Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (26.0 KB)
No registration status

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 2007-08](#)
Health, Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008

[Public hospital establishments NMDS 2008-09](#)
Health, Superseded 03/12/2008
Implementation start date: 01/07/2008
Implementation end date: 30/06/2009

[Public hospital establishments NMDS 2009-10](#)
Health, Superseded 05/01/2010
Implementation start date: 01/07/2009

[Public hospital establishments NMDS 2010-11](#)
Health, Superseded 18/01/2011
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011

[Public hospital establishments NMDS 2011-12](#)
Health, Superseded 07/12/2011
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012

[Public hospital establishments NMDS 2012-13](#)
Health, Superseded 07/02/2013
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Implementation end date: 30/06/2013

[Public hospital establishments NMDS 2013-14](#)
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