# Patient accommodation status

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <a href="http://meteor.aihw.gov.au">http://meteor.aihw.gov.au</a>

### Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000118 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 30-JUN-93

Definition: Public or other status of the patient as defined under the Medicare

Agreements.

Public patient: an eligible person who, on admission to a recognised

hospital or soon after, elects to be a public patient.

A public patient shall be entitled to receive the care and treatment referred to in clause 6.2 of the Medicare Agreements without charge.

Other patients comprise private patient and ineligible patients:

- A private patient is an eligible person who, on admission to a recognised hospital or as soon as possible thereafter, elects to be a private patient treated by a medical practitioner of his or her own choice. Where such an election is made, the patient assumes responsibility for meeting certain hospital charges as well as the professional charges raised by any treating medical practitioner.

- An ineligible patient is a person who is not eligible under the Medicare Agreements. (An eligible person is an Australian resident

or person who is deemed to be eligible by the Minister for

Community Services and Health. See s.3 of the Health Insurance Act 1973 (Cwlth).)

Context: To facilitate analyses of hospital utilisation and policy relating to

health care financing.

## Relational and Representational Attributes

Datatype: Numeric

Representational CODE

form:

Representation N

layout:

Minimum Size: 1

Maximum Size: 1

Data Domain: 1 Public patient (hospital patient)

2 Other patient

Related metadata: has been superseded by Patient accommodation eligibility status

version 2

is used in conjunction with Compensable status version 1 is used in conjunction with Insurance status version 1

### Administrative Attributes

Source Document:

Source Organisation: National minimum data set working parties

Comments: Data elements 'Patient accommodation eligibility status',

'Compensable status', and 'Type of episode of care' collectively replace the charging classification proposed by the Taskforce on National Hospital Statistics (1988). This latter item included the following codes:

1 = Hospital

2 = Private

1 = Compensable

2 = Long-stay acute

3 = Long-stay nursing home type

4 = Ordinary (Medicare)

5 = Non-Medicare

6 = Long-stay compensable

The Morbidity Working Party took the view that this set of categories was not logically consistent as it uses a mixture of charging categories (1, 3, 5, 6) and length of stay categories (2, 4, 6) and did not include all possible combinations (for example, public nursing home type patient, private nursing home type patient).

The working party agreed that it would be more logical to collect the following simple data categories from which the suggested data categories could be derived, as well as other categories:

- patient accommodation
- compensable status
- type of episode.

The working party also considered collecting the category 'Medicare status':

- Medicare eligible
- not eligible

- not identifiable.

However, the Morbidity Working Party agreed that the small number of ineligible patients did not justify the resources needed to collect this category, and decided against its inclusion. Ineligible patients are included with private (eligible) patients in the other patient category, so that the categories of this data item are exhaustive.

The Psychiatric Working Party was informed by members that all patients of psychiatric hospitals were considered to have public patient status and hence this data item was not relevant for psychiatric and related hospitals. Patients in designated long-stay/rehabilitation beds in South Australia and Queensland public psychiatric hospitals pay two thirds of their pension for board and lodging, but no charge is made for treatment.

These patients are not labelled as private patients. Similar provisions probably exist in legislation in all States, as a result of decisions made in about 1969 (previously, long-stay patients were not eligible for pensions at all).

The Victorian member advised that the Office of Psychiatric Services was considering the possibility of developing private beds for psychiatric hospitals in the future. If this approach to provision of in-patient psychiatric services is adopted to any significant degree, it might be useful for this data item to be included in the National Minimum Data Set.

At its second meeting, the Psychiatric Working Party recommended that this item be included in the data set.

#### Data Element Links

Information Model Entities linked to this Data Element

NHIM Assessment event

Data Agreements which include this Data Element

NMDS - Admitted patient care

From 01-Jul-89 to 30-Jun-93