

# Admitted patient care NMDS 2006-07

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# Admitted patient care NMDS 2006-07

## Identifying and definitional attributes

|                             |  |
|-----------------------------|--|
| <b>Metadata item type:</b>  | Data Set Specification   |
| <b>METEOR identifier:</b>   | 334023   |
| <b>Registration status:</b> | <a href="#">Health</a> , Superseded 23/10/2006   |
| <b>DSS type:</b>            | National Minimum Data Set (NMDS)   |
| <b>Scope:</b>               | <p>Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.</p> <p>Hospital boarders and still births are not included as they are not admitted to hospital. Organ procurement episodes are also not included.</p> |

## Collection and usage attributes

|                                   |  |
|-----------------------------------|--|
| <b>Statistical unit:</b>          | Episodes of care for admitted patients   |
| <b>Collection methods:</b>        | <p>Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (e.g. monthly).</p> <p><i>National reporting arrangements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p> |
| <b>Implementation start date:</b> | 01/07/2006   |
| <b>Implementation end date:</b>   | 30/06/2007   |

**Comments:**

*Scope links with other NMDS*

Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:

- Admitted patient mental health care NMDS.

Episodes of care for admitted patients where care type is palliative care:

- Admitted patient palliative care NMDS.

*Glossary items*

Some previous Knowledgebase data element concepts are available in the METeOR glossary. Glossary items are available online through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are listed below.

[Admission](#)

[Diagnosis](#)

[Episode of acute care](#)

[Hospital boarder](#)

[Hospital-in-the-home care](#)

[Live birth](#)

[Neonate](#)

[Newborn qualification status](#)

[Organ procurement - posthumous](#)

[Same-day patient](#)

[Separation](#)

**Source and reference attributes**

**Origin:** National Health Information Management Group

**Relational attributes**

**Related metadata references:** Supersedes [Admitted patient care NMDS Health](#), Superseded 07/12/2005

Has been superseded by [Admitted patient care NMDS 2007-08 Health](#), Superseded 05/02/2008

**Metadata items in this Data Set Specification**

| Seq No. | Metadata item  | Obligation  | Max occurs |
|---------|--|-------------|------------|
| -       | <a href="#">Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN]</a> | Conditional | 1          |

| Seq No. | Metadata item   | Obligation  | Max occurs |
|---------|---|-------------|------------|
| -       | <a href="#">Episode of admitted patient care—admission date, DDMMYYYY</a>   | Mandatory   | 1          |
|         | <b>DSS specific information:</b>  |             |            |
|         | Right justified and zero filled.  |             |            |
|         | admission date ≤ separation date  |             |            |
|         | admission date ≥ date of birth  |             |            |
| -       | <a href="#">Episode of admitted patient care—admission mode, code N</a>   | Mandatory   | 1          |
| -       | <a href="#">Episode of admitted patient care—admission urgency status, code N</a>   | Mandatory   | 1          |
| -       | <a href="#">Episode of admitted patient care—diagnosis related group, code (AR-DRG v5.1) ANNA</a>   | Mandatory   | 1          |
| -       | <a href="#">Episode of admitted patient care—elected accommodation status, code N</a>   | Mandatory   | 1          |
| -       | <a href="#">Episode of admitted patient care—intended length of hospital stay, code N</a>   | Mandatory   | 1          |
| -       | <a href="#">Episode of admitted patient care—major diagnostic category, code (AR-DRG v5.1) NN</a>   | Mandatory   | 1          |
| -       | <a href="#">Episode of admitted patient care—number of days of hospital-in-the-home care, total {N[NN]}</a>   | Mandatory   | 1          |
| -       | <a href="#">Episode of admitted patient care—number of leave days, total N[NN]</a>  | Mandatory   | 1          |
|         | <b>DSS specific information:</b>  |             |            |
|         | For the provision of state and territory hospital data to Commonwealth agencies:  |             |            |
|         | (Episode of admitted patient care—separation date, DDMMYYYY minus Episode of admitted patient care—admission date, DDMMYYYY) minus Admitted patient hospital stay—number of leave days, total N[NN] must be ≥ 0 days.   |             |            |
| -       | <a href="#">Episode of admitted patient care—procedure, code (ACHI 5th edn) NNNNN-NN</a>  | Mandatory   | 50         |
|         | <b>DSS specific information:</b>  |             |            |
|         | As a minimum requirement procedure codes must be valid codes from ICD-10-AM procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.   |             |            |
|         | An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.  |             |            |
|         | Record all procedures undertaken during an episode of care in accordance with the ICD-10-AM (3rd edition) Australian Coding Standards.  |             |            |
|         | The order of codes should be determined using the following hierarchy:  |             |            |
|         | <ul style="list-style-type: none"> <li>• procedure performed for treatment of the principal diagnosis</li> <li>• procedure performed for the treatment of an additional diagnosis</li> <li>• diagnostic/exploratory procedure related to the principal diagnosis</li> <li>• diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.</li> </ul> |             |            |
|         | Effective for collection from 01/07/2006  |             |            |
| -       | <a href="#">Episode of admitted patient care—referral source, public psychiatric hospital code NN</a>   | Conditional | 1          |

| Seq No. | Metadata item  | Obligation | Max occurs |
|---------|--|------------|------------|
| -       | <a href="#">Episode of admitted patient care—separation date, DDMMYYYY</a>   | Mandatory  | 1          |
|         | <b>DSS specific information:</b>   |            |            |
|         | For the provision of state and territory hospital data to Commonwealth agencies this field must:   |            |            |
|         | <ul style="list-style-type: none"> <li>• be ≤ last day of financial year</li> <li>• be ≥ first day of financial year</li> <li>• be ≥ Admission date</li> </ul>   |            |            |
| -       | <a href="#">Episode of admitted patient care—separation mode, code N</a>   | Mandatory  | 1          |
| -       | <a href="#">Episode of care—additional diagnosis, code (ICD-10-AM 5th edn) ANN{,N[N]}</a>  | Mandatory  | 50         |
|         | <b>DSS specific information:</b>   |            |            |
|         | An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.   |            |            |
|         | Effective for collection from 01/07/2006   |            |            |
| -       | <a href="#">Episode of care—expected principal source of funding, hospital code NN</a>   | Mandatory  | 1          |
| -       | <a href="#">Episode of care—inter-hospital contracted patient status, code N</a>   | Mandatory  | 1          |
| -       | <a href="#">Episode of care—mental health legal status, code N</a>   | Mandatory  | 1          |
| -       | <a href="#">Episode of care—number of psychiatric care days, total N[NNNN]</a>   | Mandatory  | 1          |
|         | <b>DSS specific information:</b>   |            |            |
|         | Total days in psychiatric care must be: ≥ zero; and ≤ length of stay.  |            |            |
| -       | <a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 5th edn) ANN{,N[N]}</a>   | Mandatory  | 1          |
|         | <b>DSS specific information:</b>   |            |            |
|         | The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.   |            |            |
|         | Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis. |            |            |
|         | Effective for collection from 01/07/2006   |            |            |
| -       | <a href="#">Establishment—Australian state/territory identifier, code N</a>  | Mandatory  | 1          |
|         | <b>DSS specific information:</b>   |            |            |
|         | This data element applies to the location of the establishment and not to the patient's area of usual residence.   |            |            |
| -       | <a href="#">Establishment—organisation identifier (state/territory), NNNNN</a>   | Mandatory  | 1          |
| -       | <a href="#">Establishment—region identifier, X[X]</a>  | Mandatory  | 1          |
| -       | <a href="#">Establishment—sector, code N</a>   | Mandatory  | 1          |
| -       | <a href="#">Hospital service—care type, code N[N].N</a>  | Mandatory  | 1          |

| Seq No. | Metadata item  | Obligation  | Max occurs |
|---------|--|-------------|------------|
| -       | <a href="#">Injury event—activity type, code (ICD-10-AM 5th edn) ANNNN</a>   | Mandatory   | 50         |
|         | <b>DSS specific information:</b>   |             |            |
|         | To be used with ICD-10-AM external cause codes.  |             |            |
|         | Effective for collection from 01/07/2006   |             |            |
| -       | <a href="#">Injury event—external cause, code (ICD-10-AM 5th edn) ANN{,N[N]}</a>   | Mandatory   | 50         |
|         | <b>DSS specific information:</b>   |             |            |
|         | As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.   |             |            |
|         | Effective for collection from 01/07/2006   |             |            |
| -       | <a href="#">Injury event—place of occurrence, code (ICD-10-AM 5th edn) ANN{,N[N]}</a>  | Mandatory   | 50         |
|         | <b>DSS specific information:</b>   |             |            |
|         | To be used with ICD-10-AM external cause codes.  |             |            |
|         | Effective for collection from 01/07/2006   |             |            |
| -       | <a href="#">Patient—hospital insurance status, code N</a>  | Mandatory   | 1          |
| -       | <a href="#">Person—area of usual residence, geographical location code (ASGC 2005) NNNNN</a>   | Mandatory   | 1          |
| -       | <a href="#">Person—country of birth, code (SACC 1998) NNNN</a>   | Mandatory   | 1          |
| -       | <a href="#">Person—date of birth, DDMMYYYY</a>   | Mandatory   | 1          |
|         | <b>DSS specific information:</b>   |             |            |
|         | This field must not be null.   |             |            |
|         | National Minimum Data Sets:  |             |            |
|         | For the provision of State and Territory hospital data to Commonwealth agencies this field must:   |             |            |
|         | <ul style="list-style-type: none"> <li>• be less than or equal to Admission date, Date patient presents or Service contact date</li> <li>• be consistent with diagnoses and procedure codes, for records to be grouped.</li> </ul> |             |            |
| -       | <a href="#">Person—eligibility status, Medicare code N</a>   | Mandatory   | 1          |
| -       | <a href="#">Person—Indigenous status, code N</a>   | Mandatory   | 1          |
| -       | <a href="#">Person—person identifier, XXXXXX[X(14)]</a>  | Mandatory   | 1          |
| -       | <a href="#">Person—sex, code N</a>   | Mandatory   | 1          |
| -       | <a href="#">Person—weight (measured), total grams NNNN</a>   | Conditional | 1          |
|         | <b>DSS specific information:</b>   |             |            |
|         | 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 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.   |             |            |

