Cardiovascular disease (clinical) DSS

Short form

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Data Set Specification contents

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Cardiovascular disease (clinical) DSS

Identifying and definitional attributes

Metadata item type: Data Set Specification

METeOR identifier: 353668

Registration status: NHIG, Standard 04/07/2007

DSS type: Data Set Specification (DSS)

Scope: The collection of cardiovascular data (CV−Data) in this metadata set is voluntary.

The definitions used in CV−Data are designed to underpin the data collected by health professionals in their day−to−day practice. They relate to the realities of a clinical consultation and the ongoing nature of care and relationships that are formed between doctors and patients in clinical practice.

The data elements specified in this metadata set provide a framework for:

- promoting the delivery of high quality cardiovascular disease preventive and management care to patients,
- facilitating ongoing improvement in the quality of cardiovascular and chronic disease care predominantly in primary care and other community settings in Australia, and
- supporting general practice and other primary care services as they develop information systems to complement the above.

This is particularly important as general practice is the setting in which chronic disease prevention and management predominantly takes place. Having a nationally recognised set of definitions in relation to defining a patient's cardiovascular behavioural, social and biological risk factors, and their prevention and management status for use in these clinical settings, is a prerequisite to achieving these aims.

Many of the data elements in this metadata set are also used in the collection of diabetes clinical information.

Where appropriate, it may be useful if the data definitions in this metadata set were used to address data definition needs for use in non−clinical environments such as public health surveys etc. This could allow for qualitative comparisons between data collected in, and aggregated from clinical settings (i.e. using application of CV−Data), with that collected through other means (e.g. public health surveys).

Collection and usage attributes

Collection methods: This metadata set is primarily concerned with the clinical use of CV−data. It could also be used by a wider range of health and health related establishments that create, use or maintain, records on health care clients.

Relational attributes

Related metadata references: Supersedes Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Metadata items in this Data Set Specification

Seq No.	*Metadata item*	*Obligation*	*Max occurs*
–	Alcohol consumption frequency (self reported)	Mandatory	1
–	Alcohol consumption in standard drinks per day (self reported)	Mandatory	1
–	Behaviour−related risk factor intervention − purpose	Mandatory	5
–	Behaviour−related risk factor intervention purpose	Mandatory	8
–	Blood pressure—diastolic (measured)	Mandatory	1
–	Blood pressure—systolic (measured)	Mandatory	1

–	Cholesterol—HDL (measured)	Mandatory	1
–	Cholesterol—LDL (calculated)	Mandatory	1
–	Cholesterol—total (measured)	Mandatory	1
–	Country of birth	Mandatory	1
–	Creatinine serum level (measured)	Mandatory	1
–	CVD drug therapy—condition	Mandatory	1
–	Date of birth	Mandatory	99
–	Date of diagnosis	Mandatory	1
–	Date of referral to rehabilitation	Conditional	1
–	Diabetes status	Mandatory	1
–	Diabetes therapy type	Mandatory	1
–	Division of General Practice number	Mandatory	1
–	Fasting status	Mandatory	1
–	Formal community support access status	Mandatory	1
–	Height (measured)	Mandatory	1
–	Indigenous status	Mandatory	1
–	Informal carer existence indicator	Mandatory	1
–	Labour force status	Mandatory	1
–	Living arrangement	Mandatory	1
–	Person identifier	Mandatory	1
–	Physical activity sufficiency status	Mandatory	1
–	Postcode—Australian (person)	Mandatory	1
–	Preferred language	Mandatory	1
–	Premature cardiovascular disease family history (status)	Mandatory	1
–	Proteinuria status	Mandatory	1
–	Renal disease therapy	Mandatory	1
–	Service contact date	Mandatory	99
–	Sex	Mandatory	1
–	Tobacco smoking status	Mandatory	1
–	Tobacco smoking—consumption/quantity (cigarettes)	Mandatory	1
–	Triglyceride level (measured)	Mandatory	1
–	Vascular history	Mandatory	1
–	Vascular procedures	Mandatory	1
–	Waist circumference (measured)	Mandatory	1
–	Weight in kilograms (measured)	Mandatory	1

Alcohol consumption frequency (self reported)

Identifying and definitional attributes

Technical name:	Person—alcohol consumption frequency (self−reported), code NN
METeOR identifier:	270247
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's self−reported frequency of alcohol consumption, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—alcohol consumption frequency
METeOR identifier:	269699
Registration status:	NHIG, Standard 01/03/2005
Definition:	An indicator of how frequently alcohol is consumed by a person.
Context:	Public health, health care and clinical settings.
Object class:	Person
Property:	Alcohol consumption frequency

Value domain attributes

Identifying and definitional attributes

Value domain:	Alcohol consumption frequency code NN
METeOR identifier:	270794
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing frequency of alcohol consumption.

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Every day/7 days per week
02	5 to 6 days per week
03	3 to 4 days per week
04	1 to 2 days per week
05	2 to 3 days per month
06	Once per month
07	7 to 11 days in the past year
08	4 to 6 days in the past year
09	2 to 3 days in the past year
10	Once in the past year
11	Never drank any alcoholic beverage in the past year
12	Never in my life

Supplementary values:

99	Not reported

Data element attributes

Collection and usage attributes

Collection methods: The World Health Organisation, in its 2000 International Guide for Monitoring Alcohol Consumption and Related Harm document, suggests that in assessing alcohol consumption patterns a 'Graduated Quantity Frequency' method is preferred. This method requires that questions about the quantity

and frequency of alcohol consumption should be asked to help determine short−term and long−term health consequences. This information can be collected (but not confined to) the following ways:

- in a clinical setting with questions asked by a primary healthcare professional
- as a self−completed questionnaire in a clinical setting
- as part of a health survey
- as part of a computer aided telephone interview.

It should be noted that, particularly in telephone interviews, the question(s) asked may not be a direct repetition of the Value domain; yet they may still yield a response that could be coded to the full Value domain or a collapsed version of the Value domain.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: Australian Alcohol Guidelines: Health Risks and Benefits, National Health & Medical Research Council, October 2001

Relational attributes

Related metadata references: Supersedes Alcohol consumption frequency− self report, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Data set specification specific attributes

Information specific to this data set: These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1−2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5−year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio−demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors

including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: – have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*
Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

Alcohol consumption in standard drinks per day (self reported)

Identifying and definitional attributes

Technical name:	Person—alcohol consumption amount (self−reported), total standard drinks NN
METeOR identifier:	270249
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's self−reported usual number of alcohol−containing standard drinks on a day when they consume alcohol.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—alcohol consumption amount
METeOR identifier:	269833
Registration status:	NHIG, Standard 01/03/2005
Definition:	The ethyl alcohol (ethanol) consumed by a person in alcoholic beverages such as beer, cider, wine, spirits and mixed drinks.
Context:	Public health, health care and clinical settings.
Object class:	Person
Property:	Alcohol consumption amount

Value domain attributes

Identifying and definitional attributes

Value domain:	Total standard drinks NN
METeOR identifier:	270796
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of standard drinks.

Representational attributes

Representation class:	Total
Data type:	Number
Format:	NN
Maximum character length:	2

Supplementary values:

Value	Meaning
99	Consumption not reported

Unit of measure:	Standard drink

Collection and usage attributes

Guide for use:

Alcohol consumption is usually measured in standard drinks.

An Australian standard drink contains 10 grams of alcohol, which is equivalent to 12.5 millilitres of alcohol.

Data element attributes

Collection and usage attributes

Guide for use:

This estimation is based on the person's description of the type (spirits, beer, wine, other) and number of standard drinks, as defined by the National Health and Medical Research Council (NH&MRC), consumed per day. One standard drink contains 10 grams of alcohol.

The following gives the NH&MRC examples of a standard drink:

- Light beer (2.7%):
  - − 1 can or stubbie = 0.8 a standard drink

- Medium light beer (3.5%):
  - – 1 can or stubbie = 1 standard drink
- Regular Beer – (4.9% alcohol):
  - – 1 can = 1.5 standard drinks
  - – 1 jug = 4 standard drinks
  - – 1 slab (cans or stubbies) = about 36 standard drinks
- Wine (9.5% – 13% alcohol):
  - – 750–ml bottle = about 7 to 8 standard drinks
  - – 4–litre cask = about 30 to 40 standard drinks
- Spirits:
  - – 1 nip = 1 standard drink
  - – Pre–mixed spirits (around 5% alcohol) = 1.5 standard drinks

When calculating consumption in standard drinks per day, the total should be reported with part drinks recorded to the next whole standard drink (e.g. 2.4 = 3).

Collection methods: The *World Health Organisation's 2000 International Guide for Monitoring Alcohol Consumption and Related Harm document* suggests that in assessing alcohol consumption patterns a 'Graduated Quantity Frequency' method is preferred. This method requires that questions about the quantity and frequency of alcohol consumption should be asked to help determine short–term and long–term health consequences.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: The World Health Organisation's 2000 International Guide for Monitoring Alcohol Consumption and Related Harm document –National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001.

Relational attributes

Related metadata references: Supersedes Alcohol consumption in standard drinks per day – self report, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Computer Assisted Telephone Interviewing (CATI) Alcohol Consumption Module DSS *No registration status*

Data set specification specific attributes

Information specific to this data set: These data are used to help determine the overall health profile of an individual. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.
- Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al. 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards.

Most if not all of this benefit is achieved with 1−2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Behaviour–related risk factor intervention – purpose

Identifying and definitional attributes

Technical name:	Episode of care—behaviour–related risk factor intervention purpose, code N
METeOR identifier:	270338
Registration status:	NHIG, Standard 01/03/2005
Definition:	The behaviour–related risk factor(s) associated with an intervention(s), as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Episode of care—behaviour–related risk factor intervention purpose
METeOR identifier:	269774
Registration status:	NHIG, Standard 01/03/2005
Definition:	The behaviour–related risk factor(s) associated with an intervention(s).
Context:	Public health, health care and clinical settings: The presence of one or more behaviour–related risk factors can be used to help determine the risk of future adverse health events and the development of chronic diseases.
Object class:	Episode of care
Property:	Behaviour–related risk factor intervention purpose

Value domain attributes

Identifying and definitional attributes

Value domain:	Behavior–related risk factor code N
METeOR identifier:	270848
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing behaviour–related risk factors.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Smoking
2	Nutrition
3	Alcohol misuse
4	Physical inactivity
8	Other

Supplementary values:

9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use:	More than one code can be recorded.

Source and reference attributes

Submitting organisation:	Cardiovascular Data Working Group
Origin:	Smoking, Nutrition, Alcohol, Physical Activity (SNAP) Framework – Commonwealth Department of Health and Ageing – June 2001. Australian Institute of Health and Welfare 2002. Chronic Diseases and associated risk factors in Australians, 2001; Canberra.

Relational attributes

Related metadata references: Supersedes Behaviour−related risk factor intervention − purpose, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Data set specification specific attributes

Information specific to this data set: Behaviour−related risk factors include tobacco smoking, nutrition patterns that are high in saturated fats and excessive energy (calories /kilojoules) (National Heart Foundation of Australia − A review of the relationship between dietary fat and cardiovascular disease, AJND, 1999. 56 (Supp) S5−S22), alcohol misuse and physical inactivity.

The importance of behaviour−related risk factors in health has become increasingly relevant in recent times because chronic diseases have emerged as the principal threat to the health of Australians. Most of the chronic diseases have their roots in these risk−taking behaviours (Chronic Diseases and associated risk factors in Australians, 2001; AIHW 2002 Canberra).

Smoking, Nutrition, Alcohol, Physical Activity (SNAP) initiative:

SNAP Framework for General Practice is an initiative of the Joint Advisory Group (JAG) on General Practice and Population Health.

The lifestyle−related behavioural risk factors of smoking, poor nutrition (and associated overweight and obesity) and harmful and hazardous alcohol use and declining levels of physical activity have been identified as significant contributors to the burden of disease in Australia, and particularly towards the National Health Priority Areas (NHPAs) of diabetes, cardiovascular disease, some cancers, injury, mental health and asthma. The NHPAs represent about 70% of the burden of illness and injury in Australia. Substantial health gains could occur by public health interventions that address these contributory factors.

Around 86% of the Australian population attends a general practice at least once a year. There is therefore substantial opportunity for general practitioners to observe and influence the lifestyle risk behaviours of their patients. Many general practitioners already undertake risk factor management with their patients. There are also a number of initiatives within general practices, Divisions of General Practice, state/territory and Commonwealth Governments and peak non−government organisations aimed at reducing disease related to these four behavioural risk factors. Within the health system, there is potential for greater collaboration and integration of approaches for influencing risk factor behaviour based on system−wide roll−out of evidence−based best practice interventions.

The aim of the SNAP initiative is to reduce the health and socioeconomic impact of smoking, poor nutrition, harmful and hazardous alcohol use and physical inactivity on patients and the community through a systematic approach to behavioural interventions in primary care. This will provide an opportunity to make better use of evidence−based interventions and to ensure adoption of best practice initiatives widely through general practice.

Behaviour–related risk factor intervention purpose

Identifying and definitional attributes

Technical name:	Episode of care—behaviour–related risk factor intervention, code NN
METeOR identifier:	270165
Registration status:	NHIG, Standard 01/03/2005
Definition:	The intervention taken to modify or manage the patient's behaviour–related risk factor(s), as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Episode of care—behaviour–related risk factor intervention
METeOR identifier:	269626
Registration status:	NHIG, Standard 01/03/2005
Definition:	The intervention taken to modify or manage the patient's behaviour–related risk factor(s).
Context:	Public health, health care and clinical settings: To enable analysis of the interventions within an episode of care, in relation to the outcome of this care, especially when linked to information on risk factors. The recording of Clinician's management interventions is critical information for health service monitoring, planning and patient outcomes. It is a major descriptor of the care provided throughout an episode of care.
Object class:	Episode of care
Property:	Behaviour–related risk factor intervention

Value domain attributes

Identifying and definitional attributes

Value domain:	Behaviour–related risk factor intervention code NN
METeOR identifier:	270741
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing type of intervention taken for a behaviour related risk factor.

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	No intervention
02	Information and education (not including written regimen)
03	Counselling
04	Pharmacotherapy
05	Referral provided to a health professional
06	Referral to a community program, support group or service
07	Written regimen provided
08	Surgery
98	Other

Supplementary values:

99	Not stated/inadequately defined

Collection and usage attributes

Guide for use:

CODE 01 No intervention

Refers to no intervention taken with regard to the behaviour−related risk factor intervention−purpose.

CODE 02 Information and education (not including written regimen)

Refers to where there is no treatment provided to the patient for a behaviour−related risk factor intervention−purpose other than information and education.

CODE 03 Counselling

Refers to any method of individual or group counselling directed towards the behaviour−related risk factor intervention−purpose. This code excludes counselling activities that are part of referral options as defined in code 05 and 06.

CODE 04 Pharmacotherapy

Refers to pharmacotherapies that are prescribed or recommended for the management of the behaviour−related risk factor intervention−purpose.

CODE 05 Referral provided to a health professional

Refers to a referral to a health professional who has the expertise to assist the patient manage the behaviour−related risk factor intervention−purpose.

CODE 06 Referral to a community program, support group or service

Refers to a referral to community program, support group or service that has the expertise and resources to assist the patient manage the behaviour−related risk factor intervention−purpose.

CODE 07 Written regimen provided

Refers to the provision of a written regimen (nutrition plan, exercise prescription, smoking contract) given to the patient to assist them with the management of the behaviour−related risk factor intervention−purpose.

CODE 08 Surgery

Refers to a surgical procedure undertaken to assist the patient with the management of the behaviour−related risk factor intervention−purpose.

Data element attributes

Collection and usage attributes

Guide for use: More than one code can be recorded.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Relational attributes

Related metadata references: Supersedes Behaviour−related risk factor intervention, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Data set specification specific attributes

Blood pressure—diastolic (measured)

Identifying and definitional attributes

Technical name:	Person—blood pressure (diastolic) (measured), millimetres of mercury NN[N]
METeOR identifier:	270072
Registration status:	NHIG, Standard 01/03/2005
Definition:	The person's diastolic **blood pressure,** measured in millimetres of mercury (mmHg).

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—blood pressure (diastolic)
METeOR identifier:	269544
Registration status:	NHIG, Standard 01/03/2005
Definition:	The person's diastolic **blood pressure**.
Context:	Public health, health care and clinical settings
Object class:	Person
Property:	Blood pressure

Value domain attributes

Identifying and definitional attributes

Value domain:	Millimetres of mercury NN[N]
METeOR identifier:	270671
Registration status:	NHIG, Standard 01/03/2005
Definition:	Number of millimetres of mercury (mmHg).

Representational attributes

Representation class:	Total
Data type:	Number
Format:	NN[N]
Maximum character length:	3

Supplementary values:

Value	Meaning
999	Not stated/inadequately described

Unit of measure: Millimetre of mercury (mmHg)

Data element attributes

Collection and usage attributes

Guide for use:

The diastolic pressure is recorded as phase V Korotkoff (disappearance of sound) however phase IV Korotkoff (muffling of sound) is used if the sound continues towards zero but does not cease.

If Blood pressure – diastolic is not collected or not able to be collected, code 999.

Collection methods:

Measurement protocol for resting blood pressure:

The diastolic blood pressure is one component of a routine blood pressure measurement (i.e. systolic/diastolic) and reflects the minimum pressure to which the arteries are exposed.

- The patient should be relaxed and seated, preferably for several minutes, (at least 5 minutes). Ideally, patients should not take caffeine–containing beverages or smoke for two hours before blood pressure is measured.

- Ideally, patients should not exercise within half an hour of the measurement being taken (National Nutrition Survey User's Guide).
- Use a mercury sphygmomanometer. All other sphygmomanometers should be calibrated regularly against mercury sphygmomanometers to ensure accuracy.
- Bladder length should be at least 80%, and width at least 40% of the circumference of the mid−upper arm. If the velcro on the cuff is not totally attached, the cuff is probably too small.
- Wrap cuff snugly around upper arm, with the centre of the bladder of the cuff positioned over the brachial artery and the lower border of the cuff about 2 cm above the bend of the elbow.
- Ensure cuff is at heart level, whatever the position of the patient.
- Palpate the radial pulse of the arm in which the blood pressure is being measured.
- Inflate cuff to the pressure at which the radial pulse disappears and note this value. Deflate cuff, wait 30 seconds, and then inflate cuff to 30 mm Hg above the pressure at which the radial pulse disappeared.
- Deflate the cuff at a rate of 2−3 mm Hg/beat (2−3 mm Hg/sec) or less.
- Recording the diastolic pressure use phase V Korotkoff (disappearance of sound). Use phase IV Korotkoff (muffling of sound) only if sound continues towards zero but does not cease. Wait 30 seconds before repeating the procedure in the same arm. Average the readings.
- If the first two readings differ by more than 4 mmHg diastolic or if initial readings are high, take several readings after five minutes of quiet rest.

Comments:

The pressure head is the height difference a pressure can raise a fluid's equilibrium level above the surface subjected to pressure. (Blood pressure is usually measured as a head of Mercury, and this is the unit of measure nominated for this metadata item.)

The current (2002) definition of hypertension is based on the level of blood pressure above which treatment is recommended, and this depends on the presence of other risk factors, e.g. age, diabetes etc. (NHF 1999 Guide to Management of Hypertension).

Source and reference attributes

Submitting organisation:

Cardiovascular Data Working Group

National Diabetes Data Working Group

Origin:

The National Heart Foundation Blood Pressure Advisory Committee's 'Guidelines for the Management of Hypertension − 1999' which are largely based on World Health Organization Recommendations. (Guidelines Subcommittee of the WHO−ISH: 1999 WHO−ISH guidelines for management of hypertension. J Hypertension 1999; 17:151−83).

Australian Bureau of Statistics 1998. National Nutrition Survey User's Guide 1995. Cat. No. 4801.0. Canberra: ABS. (p. 20).

National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Reference documents:

'Guidelines for the Management of Hypertension − 1999' largely based on World Health Organization Recommendations. (Guidelines Subcommittee of the WHO) J Hypertension 1999; 17: 151−83.).

Diabetes Control and Complications Trial: DCCT New England Journal of Medicine, 329(14), September 30, 1993.

UKPDS 38 Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UK Prospective Diabetes

Study Group. British Medical Journal (1998); 317: 703−713.

Relational attributes

Related metadata references:

Supersedes Blood pressure − diastolic measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Information specific to this data set:

In the primary care setting, blood pressure on both arms should be measured at the first visit, particularly if there is evidence of peripheral vascular disease.

Variation of up to 5 mm Hg in blood pressure between arms can be acceptable. In certain conditions (e.g. chronic aortic dissection, subclavian artery stenosis) all blood pressure recordings should be taken from the arm with the highest reading.

Measure sitting and standing blood pressures in elderly and diabetic patients or in other situations in which orthostatic hypotension might be suspected.

Measure and record heart rate and rhythm. Note: Atrial fibrillation in a patient with hypertension indicates increased risk of stroke.

In all patients, consideration should be given to obtaining blood pressure measurements outside the clinic setting either by self−measurement of blood pressure at home or by non−invasive ambulatory blood pressure monitoring.

Target−organ damage and cardiovascular outcome relate more closely to blood pressures measured outside the clinic, particularly with ambulatory monitoring. An accurate, reliable machine and technique are essential if home blood pressure monitoring is to be used. In up to 30% of patients who are hypertensive in the clinic, blood pressure outside the clinic is within acceptable limits ('white coat' hypertension).

High blood pressure is a major risk factor for coronary heart disease, heart failure, stroke, and renal failure with the risk increasing along with the level of blood pressure (Ashwell 1997; DHSH 1994b; Whelton 1994; Kannel 1991). The higher the blood pressure, the higher the risk of both stroke and coronary heart disease. The dividing line between normotension and hypertension is arbitrary.
Both systolic and diastolic blood pressures are predictors of heart, stroke and vascular disease at all ages (Kannel 1991), although diastolic blood pressure is a weaker predictor of death due to coronary heart disease (Neaton &

Wentworth 1992).

The risk of disease increases as the level of blood pressure increases. When blood pressure is lowered by 4–6 mm Hg over two to three years, it is estimated that the risk reduces by14 per cent in patients with coronary heart disease and by 42 per cent in stroke patients (Collins et al 1990; Rose 1992.) When high blood pressure is controlled by medication, the risk of cardiovascular disease is reduced, but not to the levels of unaffected people.

In settings such as general practice where the monitoring of a person's health is ongoing and where a measure can change over time, the service contact date should be recorded.

Blood pressure—systolic (measured)

Identifying and definitional attributes

Technical name:	Person—blood pressure (systolic) (measured), millimetres of mercury NN[N]
METeOR identifier:	270073
Registration status:	NHIG, Standard 01/03/2005
Definition:	The person's systolic **blood pressure,** measured in millimetres of mercury (mmHg).

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—blood pressure (systolic)
METeOR identifier:	269878
Registration status:	NHIG, Standard 01/03/2005
Definition:	The person's systolic **blood pressure**.
Context:	Public health, health care and clinical settings
Object class:	Person
Property:	Blood pressure

Value domain attributes

Identifying and definitional attributes

Value domain:	Millimetres of mercury NN[N]
METeOR identifier:	270671
Registration status:	NHIG, Standard 01/03/2005
Definition:	Number of millimetres of mercury (mmHg).

Representational attributes

Representation class:	Total
Data type:	Number
Format:	NN[N]
Maximum character length:	3

Supplementary values:

Value	Meaning
999	Not stated/inadequately described

Unit of measure: Millimetre of mercury (mmHg)

Data element attributes

Collection and usage attributes

Guide for use: For recording the systolic reading, use phase I Korotkoff (the first appearance of sound). If Blood pressure – systolic is not collected or not able to be collected, code 999.

Collection methods: Measurement protocol for resting blood pressure:

The systolic blood pressure is one component of a routine blood pressure measurement (i.e. systolic/diastolic) and reflects the maximum pressure to which the arteries are exposed.

- The patient should be relaxed and seated, preferably for several minutes, (at least 5 minutes). Ideally, patients should not take caffeine–containing beverages or smoke for two hours before blood pressure is measured.
- Ideally, patients should not exercise within half an hour of the measurement being taken (National Nutrition Survey User's Guide).
- Use a mercury sphygmomanometer. All other sphygmomanometers should be calibrated regularly against mercury sphygmomanometers to ensure accuracy.

- Bladder length should be at least 80%, and width at least 40% of the circumference of the mid−upper arm. If the Velcro on the cuff is not totally attached, the cuff is probably too small.
- Wrap cuff snugly around upper arm, with the centre of the bladder of the cuff positioned over the brachial artery and the lower border of the cuff about 2 cm above the bend of the elbow.
- Ensure cuff is at heart level, whatever the position of the patient.
- Palpate the radial pulse of the arm in which the blood pressure is being measured.
- Inflate cuff to the pressure at which the radial pulse disappears and note this value. Deflate cuff, wait 30 seconds, and then inflate cuff to 30 mm Hg above the pressure at which the radial pulse disappeared.
- Deflate the cuff at a rate of 2−3 mm Hg/beat (2−3 mm Hg/sec) or less.
- For recording the systolic reading, use phase I Korotkoff (the first appearance of sound). Wait 30 seconds before repeating the procedure in the same arm. Average the readings. If the first two readings differ by more than 6 mm Hg systolic or if initial readings are high, take several readings after five minutes of quiet rest.

Comments: The pressure head is the height difference a pressure can raise a fluid's equilibrium level above the surface subjected to pressure. (Blood pressure is usually measured as a head of Mercury, and this is the unit of measure nominated for this metadata item.)

The current (2002) definition of hypertension is based on the level of blood pressure above which treatment is recommended, and this depends on the presence of other risk factors, e.g. age, diabetes etc. (NHF 1999 Guide to Management of Hypertension).

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

National Diabetes Data Working Group

Origin: The National Heart Foundation Blood Pressure Advisory Committee's 'Guidelines for the Management of Hypertension − 1999' which are largely based on World Health Organization Recommendations. (Guidelines Subcommittee of the WHO−SH: 1999 WHO−ISH guidelines for management of hypertension. J Hypertension 1999; 17:151−83).

Australian Bureau of Statistics 1998. National Nutrition Survey User's Guide 1995. Cat. No. 4801.0. Canberra: ABS. (p. 20).

National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Reference documents: 'Guidelines for the Management of Hypertension − 1999' largely based on World Health Organization Recommendations. (Guidelines Subcommittee of the WHO) J Hypertension 1999; 17: 151−83.).

Diabetes Control and Complications Trial: DCCT New England Journal of Medicine, 329(14), September 30, 1993.

UKPDS 38 Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UK Prospective Diabetes Study Group. British Medical Journal (1998); 317: 703−713.

Relational attributes

Related metadata references: Supersedes Blood pressure − systolic measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Information specific to this data set:

In the primary care setting, blood pressure on both arms should be measured at the first visit, particularly if there is evidence of peripheral vascular disease.

Variation of up to 5 mm Hg in blood pressure between arms can be acceptable. In certain conditions (e.g. chronic aortic dissection, subclavian artery stenosis) all blood pressure recordings should be taken from the arm with the highest reading.

Measure sitting and standing blood pressures in elderly and diabetic patients or in other situations in which orthostatic hypotension might be suspected.

Measure and record heart rate and rhythm. Note: Atrial fibrillation in a patient with hypertension indicates increased risk of stroke.

In all patients, consideration should be given to obtaining blood pressure measurements outside the clinic setting either by self−measurement of blood pressure at home or by non−invasive ambulatory blood pressure monitoring.

Target−organ damage and cardiovascular outcome relate more closely to blood pressures measured outside the clinic, particularly with ambulatory monitoring. An accurate, reliable machine and technique are essential if home blood pressure monitoring is to be used. In up to 30% of patients who are hypertensive in the clinic, blood pressure outside the clinic is within acceptable limits ('white coat' hypertension).

High blood pressure is a major risk factor for coronary heart disease, heart failure, stroke, and renal failure with the risk increasing along with the level of blood pressure (Ashwell 1997; DHSH 1994b; Whelton 1994; Kannel 1991). The higher the blood pressure, the higher the risk of both stroke and coronary heart disease. The dividing line between normotension and hypertension is arbitrary.

Both systolic and diastolic blood pressures are predictors of heart, stroke and vascular disease at all ages (Kannel 1991), although diastolic blood pressure is a weaker predictor of death due to coronary heart disease (Neaton & Wentworth 1992).

The risk of disease increases as the level of blood pressure increases. When blood pressure is lowered by 4−6 mm Hg over two to three years, it is estimated that the risk reduces by14 per cent in patients with coronary heart disease and by 42 per cent in stroke patients (Collins et al 1990; Rose 1992.) When high blood pressure is controlled by medication, the risk of cardiovascular disease is reduced, but not to the levels of unaffected people.

In settings such as general practice where the monitoring of a person's health is ongoing and where a measure can change over time, the service contact date should be recorded.

Cholesterol—HDL (measured)

Identifying and definitional attributes

Technical name:	Person—high−density lipoprotein cholesterol level (measured), total millimoles per litre [N].NN
METeOR identifier:	270401
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's high−density lipoprotein cholesterol (HDL−C), measured in mmol/L.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—high−density lipoprotein cholesterol level
METeOR identifier:	269571
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's high−density lipoprotein cholesterol (HDL−C) level.
Context:	Public health, health care and clinical settings
Object class:	Person
Property:	High−density lipoprotein cholesterol level

Value domain attributes

Identifying and definitional attributes

Value domain:	Total millimoles per litre [N].NN
METeOR identifier:	270899
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of millimoles per litre (mmol/L).

Representational attributes

Representation class:	Total
Data type:	Number
Format:	[N].NN
Maximum character length:	3

Supplementary values:

Value	Meaning
9.99	Not measured/inadequately described

Unit of measure: Millimole per litre (mmol/L)

Data element attributes

Collection and usage attributes

Guide for use:

When reporting, record whether or not the measurement of High−density Lipoprotein Cholesterol (HDL−C) was performed in a fasting specimen.

In settings where the monitoring of a person's health is ongoing and where a measure can change over time (such as general practice), the date of assessment should be recorded.

Collection methods:

When reporting, record absolute result of the most recent HDL−Cholesterol measurement in the last 12 months to the nearest 0.01 mmol/L.

Measurement of lipid levels should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authorities.

- To be collected as a single venous blood sample, preferably following a 12−hour fast where only water and medications have been consumed.

- Prolonged tourniquet use can artefactually increase levels by up to 20%.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

National Diabetes Data Working Group

Origin: National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand, Lipid Management Guidelines − 2001, MJA 2001; 175: S57−S88.

Relational attributes

Related metadata references: Supersedes Cholesterol−HDL − measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Person—low−density lipoprotein cholesterol level (calculated), total millimoles per litre N[N].N NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Information specific to this data set: High−density Lipoprotein Cholesterol (HDL−C) is easily measured and has been shown to be a negative predictor of future coronary events.

An inverse relationship between the level of HDL−C and the risk of developing premature coronary heart disease (CHD) has been a consistent finding in a large number of prospective population studies. In many of these studies, the level of HDL−C has been the single most powerful predictor of future coronary events. Key studies of the relationship between HDLs and CHD include the Framingham Heart Study (Castelli et al. 1986), the PROCAM Study (Assman et al 1998), the Helsinki Heart Study (Manninen et al. 1992) and the MRFIT study (Stamler et al. 1986; Neaton et al 1992).

There are several well−documented functions of HDLs that may explain the ability of these lipoproteins to protect against arteriosclerosis (Barter and Rye 1996). The best recognised of these is the cholesterol efflux from cells promoted by HDLs in a process that may minimise the accumulation of foam cells in the artery wall. The major proteins of HDLs and also other proteins (e.g. paraoxonase) that co−transport with HDLs in plasma have anti−oxidant properties. Thus, HDLs have the ability to inhibit the oxidative modification of LDLs and may therefore reduce the atherogenicity of these lipoproteins.

Overall, it has been concluded from the prospective population studies that for every 0.025 mmol/L increase in HDL−C, the coronary risk is reduced by 2−5%. For a review of the relationship between HDL−C and CHD, see Barter and Rye (1996). A level below 1.0 mmol/L increases risk approximately

2−fold (Gordon et al. 1989; Assmann et al. 1998). (Lipid Management Guidelines − 2001, MJA 2001; 175: S57−S88.

In settings such as general practice where the monitoring of a person's health is ongoing and where a measure can change over time, the Service contact date should be recorded.

Cholesterol—LDL (calculated)

Identifying and definitional attributes

Technical name:	Person—low−density lipoprotein cholesterol level (calculated), total millimoles per litre N[N].N
METeOR identifier:	270402
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's calculated low−density lipoprotein cholesterol (LDL−C).

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—low−density lipoprotein cholesterol level
METeOR identifier:	269576
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's low−density lipoprotein cholesterol (LDL−C) level.
Context:	Public health, health care and clinical setting.
Object class:	Person
Property:	Low−density lipoprotein cholesterol level

Value domain attributes

Identifying and definitional attributes

Value domain:	Millimoles per litre N[N].N
METeOR identifier:	270940
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of millimoles per litre (mmol/L).

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[N].N
Maximum character length:	3

Supplementary values:

Value	Meaning
99.9	Not stated/inadequately described

Unit of measure: Millimole per litre (mmol/L)

Data element attributes

Collection and usage attributes

Guide for use:

Formula:

LDL−C = (plasma total cholesterol) − (high density lipoprotein cholesterol) − (fasting plasma triglyceride divided by 2.2).

Collection methods:

The LDL−C is usually calculated from the Friedwald Equation (Friedwald et al. 1972), which depends on knowing the blood levels of the total cholesterol and HDL−C and the fasting level of the triglyceride.

Note that the Friedwald equation becomes unreliable when the plasma triglyceride exceeds 4.5 mmol/L.

Note also that while cholesterol levels are reliable for the first 24 hours after the onset of acute coronary syndromes, they may be unreliable for the subsequent 6 weeks after an event.

- Measurement of lipid levels should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authorities.

- To be collected as a single venous blood sample, preferably following a 12−hour fast where only water and medications have been consumed.

Comments:

High blood cholesterol is a key factor in heart, stroke and vascular disease, especially coronary heart disease (CHD).

Poor nutrition can be a contributing factor to heart, stroke and vascular disease as a population's level of saturated fat intake is the prime determinant of its level of blood cholesterol.

The majority of the cholesterol in plasma is transported as a component of LDL−C. Thus, the evidence linking CHD to plasma total cholesterol and LDL−C is essentially the same.

Source and reference attributes

Submitting organisation:

Cardiovascular Data Working Group

Origin:

National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand, Lipid Management Guidelines − 2001, MJA 2001; 175: S57−S88.

Relational attributes

Related metadata references:

Is formed using Person—cholesterol level (measured), total millimoles per litre N[N].N NHIG, Standard 01/03/2005

Is formed using Person—high−density lipoprotein cholesterol level (measured), total millimoles per litre [N].NN NHIG, Standard 01/03/2005

Is formed using Person—triglyceride level (measured), total millimoles per litre N[N].N NHIG, Standard 01/03/2005

Supersedes Cholesterol−LDL calculated, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Is formed using Health service event—fasting indicator, code N NHIG, Standard 21/09/2005

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Data set specification specific attributes

Information specific to this data set:

Many studies have demonstrated the significance of blood cholesterol components as risk factors for heart, stroke and vascular disease.

Scientific studies have shown a continuous relationship between lipid levels and Coronary Heart Disease (CHD) and overwhelming evidence that lipid lowering interventions reduces CHD progression, morbidity and mortality.

There are many large−scale, prospective population studies defining the relationship between plasma total (and Low−density Lipoprotein (LDL)) cholesterol and the future risk of developing CHD. The results of prospective population studies are consistent and support several general conclusions:

- the majority of people with CHD do not have markedly elevated levels of plasma total cholesterol or LDL−C,
- there is a continuous positive but curvilinear relationship between the concentration of plasma total (and LDL) cholesterol and the risk of having a coronary event and of dying from CHD,
- there is no evidence that a low level of plasma (or LDL) cholesterol predisposes to an increase in non−coronary mortality.

The excess non−coronary mortality at low cholesterol levels in the Honolulu Heart Study (Yano et al. 1983; Stemmermann et al. 1991) was apparent only in people who smoked and is consistent with a view that smokers may have occult smoking related disease that is responsible for both an increased mortality and a low plasma cholesterol.

It should be emphasised that the prospective studies demonstrate an association between plasma total cholesterol and LDL−C and the risk of developing CHD. (Lipid Management Guidelines – 2001, MJA 2001; 175: S57−S88 and Commonwealth Department of Health & Ageing and Australian Institute of Health and Welfare (1999) National Health Priority Areas Report: Cardiovascular Health 1998. AIHW Cat. No. PHE 9. HEALTH and AIHW, Canberra pgs 14−17).

In settings such as general practice where the monitoring of a person's health is ongoing and where a measure can change over time, the service contact date should be recorded.

Cholesterol—total (measured)

Identifying and definitional attributes

Technical name:	Person—cholesterol level (measured), total millimoles per litre N[N].N
METeOR identifier:	270403
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's total cholesterol (TC), measured in mmol/L.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—cholesterol level
METeOR identifier:	269577
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's total cholesterol (TC).
Context:	Public health, health care and clinical settings
Object class:	Person
Property:	Cholesterol level

Value domain attributes

Identifying and definitional attributes

Value domain:	Total millimoles per litre N[N].N
METeOR identifier:	270785
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of millimoles per litre (mmol/L).

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[N].N
Maximum character length:	3

Supplementary values:

Value	Meaning
99.9	Not stated/inadequately described.

Unit of measure: Millimole per litre (mmol/L)

Data element attributes

Collection and usage attributes

Guide for use:

Measurement in mmol/L to 1 decimal place.

Record the absolute result of the total cholesterol measurement. When reporting, record whether or not the measurement of Cholesterol–total – measured was performed in a fasting specimen.

Collection methods:

When reporting, record absolute result of the most recent Cholesterol–total – measured in the last 12 months to the nearest 0.1 mmol/L.

Measurement of lipid levels should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authorities.

- To be collected as a single venous blood sample, preferably following a 12–hour fast where only water and medications have been consumed.
- Prolonged tourniquet use can artefactually increase levels by up to 20%.

Comments:

In settings where the monitoring of a person's health is ongoing and where a measure can change over time (such as general practice), the Service

contact—service contact date, DDMMYYYY should be recorded.

High blood cholesterol is a key factor in heart, stroke and vascular disease, especially coronary heart disease.

Poor nutrition can be a contributing factor to heart, stroke and vascular disease as a population's level of saturated fat intake is the prime determinant of its level of blood cholesterol.

Large clinical trials have shown that people at highest risk of cardiovascular events (e.g. pre−existing ischaemic heart disease) will derive the greatest benefit from lipid lowering drugs. For this group of patients, the optimum threshold plasma lipid concentration for drug treatment is still a matter of research. In May 1999 the PBS threshold total cholesterol concentration, for subsidy of drug treatment, was reduced from 5.5 to 4.0 mmol/L. (Australian Medical Handbook).

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand, Lipid Management Guidelines – 2001, MJA 2001; 175: S57−S88

National Health Priority Areas Report: Cardiovascular Health 1998. AIHW Cat. No. PHE 9. HEALTH and AIHW, Canberra.

The Royal College of Pathologists of Australasia web based Manual of Use and Interpretation of Pathology Tests

Relational attributes

Related metadata references: Supersedes Cholesterol−total – measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Person—low−density lipoprotein cholesterol level (calculated), total millimoles per litre N[N].N NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS – Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Information specific to this data set: Scientific studies have shown a continuous relationship between lipid levels and coronary heart disease and overwhelming evidence that lipid lowering interventions reduce coronary heart disease progression, morbidity and mortality. Studies show a positive relationship between an individual's total

blood cholesterol level and risk of coronary heart disease as well as death (Kannel & Gordon 1970; Pocock et al. 1989).

Many studies have demonstrated the significance of blood cholesterol components as risk factors for heart, stroke and vascular disease.

Several generalisations can be made from these cholesterol lowering trials:

- that the results of the intervention trials are consistent with the prospective population studies in which (excluding possible regression dilution bias) a 1.0 mmol/L reduction in plasma total cholesterol translates into an approximate 20% reduction in the risk of future coronary events.
- It should be emphasised, however, that this conclusion does not necessarily apply beyond the range of cholesterol levels which have been tested in these studies.
- That the benefits of cholesterol lowering are apparent in people with and without coronary artery disease.

There is high level evidence that in patients with existing coronary heart disease, lipid intervention therapy reduces the risk of subsequent stroke

Country of birth

Identifying and definitional attributes

Technical name:	Person—country of birth, code (SACC 1998) NNNN
METeOR identifier:	270277
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 20/06/2005
Definition:	The country in which the person was born, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—country of birth
METeOR identifier:	269686
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 27/07/2005
Definition:	The country in which the person was born.
Context:	Country of birth is important in the study of access to services by different population sub−groups. Country of birth is the most easily collected and consistently reported of a range of possible data items that may indicate cultural or language diversity. Country of birth may be used in conjunction with other data such as period of residence in Australia, etc., to derive more sophisticated measures of access to (or need for) services by different population sub−groups.
Object class:	Person
Property:	Country of birth

Value domain attributes

Identifying and definitional attributes

Value domain:	Country code (SACC 1998) NNNN
METeOR identifier:	270812
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 20/06/2005
Definition:	A SACC code set representing a country.
Classification Scheme:	Standard Australian Classification of Countries 1998

Representational attributes

Representation class:	Code
Data type:	Number
Format:	NNNN
Maximum character length:	4

Collection and usage attributes

Guide for use:	The Standard Australian Classification of Countries 1998 (SACC) is a four−digit, three−level hierarchical structure specifying major group, minor group and country. A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia.

Data element attributes

Collection and usage attributes

Collection methods:

Some data collections ask respondents to specify their country of birth. In others, a pre−determined set of countries is specified as part of the question, usually accompanied by an ‘other (please specify)’ category.

Recommended questions are:

In which country were you/was the person/was (name) born?

Australia

Other (please specify)

Alternatively, a list of countries may be used based on, for example common Census responses.

In which country were you/was the person/was (name) born?

Australia

England

New Zealand

Italy

Viet Nam

Scotland

Greece

Germany

Philippines

India

Netherlands

Other (please specify)

In either case coding of data should conform to the SACC.

Sometimes respondents are simply asked to specify whether they were born in either 'English speaking' or 'non−English speaking' countries but this question is of limited use and this method of collection is not recommended.

Comments:

This metadata item is consistent with that used in ABS collections and is recommended for use whenever there is a requirement for comparison with ABS data.

Source and reference attributes

Origin:

National Health Data Committee

National Community Services Data Committee

Relational attributes

Related metadata references:

Supersedes Country of birth, version 4, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

ACT Health Morbidity Data Collection Specification 2006–2007 *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Admitted patient care NMDS NHIG, Superseded 07/12/2005

Admitted patient care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient mental health care NMDS NHIG, Superseded 07/12/2005

Admitted patient mental health care NMDS NHIG, Superseded 23/10/2006

Admitted patient mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient palliative care NMDS NHIG, Superseded 07/12/2005

Admitted patient palliative care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient palliative care NMDS 2007–08 NHIG, Standard 23/10/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 21/03/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

Alcohol and other drug treatment services NMDS 2007–2008 NHIG, Standard 23/10/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Commonwealth State/Territory Disability Agreement NMDS – 1 July 2006 NCSIMG, Standard 27/04/2007

Community mental health care 2004–2005 NHIG, Superseded 08/12/2004

Community mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Community mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Community mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Community–based palliative care client DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Congenital anomalies NMDS (Under development by the NPSU September 2006) *No registration status*

Gambling Support Services *No registration status*

Health care client identification NHIG, Superseded 04/05/2005

Health care client identification DSS NHIG, Standard 04/05/2005

Non–admitted patient emergency department care NMDS NHIG, Superseded 07/12/2005

Non–admitted patient emergency department care NMDS NHIG, Superseded 24/03/2006

Non–admitted patient emergency department care NMDS *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 23/10/2006

Non–admitted patient emergency department care NMDS 2007–2008 NHIG, Standard 23/10/2006

Organ and tissue donation *No registration status*

Outpatient care patient level DSS *No registration status*

Perinatal NMDS NHIG, Superseded 07/12/2005

Perinatal NMDS NHIG, Superseded 06/09/2006

Perinatal NMDS 2007–2008 NHIG, Standard 06/09/2006

Problem gambling NMDS *No registration status*

Residential mental health care NMDS NHIG, Proposed 15/08/2005

Residential mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Residential mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Residential mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

SAAP Client Collection National Minimum Data Set NCSIMG, Proposed 14/04/2007

SAAP Demand for Accommodation National Minimum Data Set *No registration status*

TEST sorting DSS *No registration status*

TEST sorting DSS (no clusters) *No registration status*

Data set specification specific attributes

Creatinine serum level (measured)

Identifying and definitional attributes

Technical name:	Person—creatinine serum level, micromoles per litre NN[NN]
METeOR identifier:	270392
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's serum creatinine level measured in micromoles per litre (μmol/L).

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—creatinine serum level
METeOR identifier:	269566
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's serum creatinine level.
Context:	Clinical settings and population survey
Object class:	Person
Property:	Creatinine serum level

Value domain attributes

Identifying and definitional attributes

Value domain:	Micromoles per litre NN[NN]
METeOR identifier:	270882
Registration status:	NHIG, Standard 01/03/2005
Definition:	Number of micromoles per litre (μmol/L)

Representational attributes

Representation class:	Total
Data type:	String
Format:	NN[NN]
Maximum character length:	4
Unit of measure:	Micromole per litre (μmol/L)

Data element attributes

Collection and usage attributes

Guide for use:

There is no agreed standard as to which units serum creatinine should be recorded in.

Note: If the measurement is obtained in mmol/L it is to be multiplied by 1000.

Collection methods:

Measurement of creatinine should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authority.

- Single venous blood test taken at the time of other screening blood tests.
- Fasting not required.

Comments:

Serum creatinine can be used to help determine renal function. Serum creatinine by itself is an insensitive measure of renal function because it does not increase until more than 50% of renal function has been lost.

Serum creatinine together with a patient's age, weight and sex can be used to calculate glomerular filtration rate (GFR), which is an indicator of renal status/ function. The calculation uses the Cockcroft–Gault formula.

Creatinine is normally produced in fairly constant amounts in the muscles, as a result the breakdown of phosphocreatine. It passes into the blood and is

excreted in the urine. Serum creatinine can be used to help determine renal function. The elevation in the creatinine level in the blood indicates disturbance in kidney function.

GFR decreases with age, but serum creatinine remains relatively stable. When serum creatinine is measured, renal function in the elderly tends to be overestimated, and GFR should be used to assess renal function, according to the Cockcroft−Gault formula:

$$\text{GFR (ml/min)} = \frac{(140 - \text{age [yrs]}) \times \text{body wt (kg)}}{814 \times \text{serum creatinine (mmol/l)}} \quad [\times 0.85 \text{ (for women)}]$$

To determine chronic renal impairment

GFR > 90ml/min − normal

GFR >60 − 90ml/min − mild renal impairment

GFR >30 − 60ml/min − moderate renal impairment

GFR 0 − 30 ml/min − severe renal impairment

Note: The above GFR measurement should be for a period greater than 3 months. GFR may also be assessed by 24−hour creatinine clearance adjusted for body surface area.

In general, patients with GFR < 30 ml/min are at high risk of progressive deterioration in renal function and should be referred to a nephrology service for specialist management of renal failure.

Patients should be assessed for the complications of chronic renal impairment including anaemia, hyperparathyroidism and be referred for specialist management if required.

Patients with rapidly declining renal function or clinical features to suggest that residual renal function may decline rapidly (ie. hypertensive, proteinuric (>1g/24hours), significant comorbid illness) should be considered for referral to a nephrologist well before function declines to less than 30ml/min. (Draft CARI Guidelines 2002. Australian Kidney Foundation). Patients in whom the cause of renal impairment is uncertain should be referred to a nephrologist for assessment.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

National Diabetes Data Working Group

Origin: Caring for Australians with Renal Impairment (CARI) Guidelines. Australian Kidney Foundation

Relational attributes

Related metadata references: Supersedes Creatinine serum − measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Intensive care DSS NHIG, Recorded 14/07/2006

Data set specification specific attributes

Information specific to this data set:

In settings where the monitoring of a person's health is ongoing and where a measure can change over time (such as general practice), the Service contact—service contact date, DDMMYYYY should be recorded.

Record absolute result of the most recent serum creatinine measurement in the last 12 months to the nearest µmol/L (micromoles per litre).

CVD drug therapy—condition

Identifying and definitional attributes

Technical name:	Person—cardiovascular disease condition targeted by drug therapy, code NN
METeOR identifier:	270193
Registration status:	NHIG, Standard 01/03/2005
Definition:	The condition(s) for which drug therapy is being used for the prevention or long−term treatment of cardiovascular disease, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—cardiovascular disease condition targeted by drug therapy
METeOR identifier:	269658
Registration status:	NHIG, Standard 01/03/2005
Definition:	Describes the condition(s) for which drug therapy is being used for the prevention or long−term treatment of cardiovascular disease.
Context:	Public health, health care and clinical settings: Its main use is to enable categorisation of drug management regimens used in the community for the long−term care of patients with or at increased risk of vascular disease.
Object class:	Person
Property:	Cardiovascular disease condition targeted by drug therapy

Value domain attributes

Identifying and definitional attributes

Value domain:	Drug therapy target cardiovascular condition code NN
METeOR identifier:	270765
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing cardiovascular condition targeted by drug therapy.

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Heart failure
02	Ischaemic heart disease
03	Hypertension
04	Atrial fibrillation (AF)
05	Other dysrhythmia or conductive disorder
06	Dyslipidaemia
07	Peripheral vascular disease (PVD)
08	Renal vascular disease
09	Stroke
10	Transient ischaemic attack (TIA)
97	Other
98	No CVD drugs prescribed

Supplementary values:

99	Not recorded

Collection and usage attributes

Guide for use:	The categorisations may be made using the most recent version of the Australian Modification of the appropriate International Classification of Diseases codes.

Data element attributes

Collection and usage attributes

Guide for use:	More than one code can be recorded.
Comments:	References such as the Australian Medicines Handbook can be used to identify specific drugs that are appropriate for use in the management of the conditions identified in the value domain.

Source and reference attributes

Submitting organisation:	Cardiovascular Data Working Group

Relational attributes

Related metadata references:	Supersedes CVD drug therapy – condition, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006 Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007 Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007 Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Date of birth

Identifying and definitional attributes

Technical name:	Person—date of birth, DDMMYYYY
METeOR identifier:	287007
Registration status:	NHIG, Standard 04/05/2005 NCSIMG, Standard 25/08/2005 NHDAMG, Standard 20/06/2005
Definition:	The date of birth of the person.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—date of birth
METeOR identifier:	269565
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 27/07/2005
Definition:	The date of birth of the person.
Context:	Required for a range of clinical and administrative purposes. Date of birth enables derivation of age for use in demographic analyses, assists in the unique identification of clients if other identifying information is missing or in question, and may be required for the derivation of other metadata items (e.g. the diagnosis related group for admitted patients).
Object class:	Person
Property:	Date of birth

Value domain attributes

Identifying and definitional attributes

Value domain:	Date DDMMYYYY
METeOR identifier:	270566
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/03/2005
Definition:	The day of a particular month and year.

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years. Additionally, an estimated date flag or a date accuracy indicator should be reported in conjunction with all estimated dates of birth. For data collections concerned with children's services, it is suggested that the estimated date of birth of children aged under 2 years should be reported to the nearest 3 month period, i.e. 0101, 0104, 0107, 0110 of the estimated year of birth. For example, a child who is thought to be aged 18 months in October of one year would have his/her estimated date of birth reported as 0104 of the previous year. Again, an estimated date flag or date accuracy indicator should

be reported in conjunction with all estimated dates of birth.

Collection methods: Information on date of birth can be collected using the one question:

What is your/(the person's) date of birth?

In self–reported data collections, it is recommended that the following response format is used:

Date of birth: _ _ / _ _ / _ _ _ _

This enables easy conversion to the preferred representational layout (DDMMYYYY).

For record identification and/or the derivation of other metadata items that require accurate date of birth information, estimated dates of birth should be identified by a date accuracy indicator to prevent inappropriate use of date of birth data . The linking of client records from diverse sources, the sharing of patient data, and data analysis for research and planning all rely heavily on the accuracy and integrity of the collected data. In order to maintain data integrity and the greatest possible accuracy an indication of the accuracy of the date collected is critical. The collection of an indicator of the accuracy of the date may be essential in confirming or refuting the positive identification of a person. For this reason it is strongly recommended that the data element Date—accuracy indicator, code AAA also be recorded at the time of record creation to flag the accuracy of the data.

Comments: Privacy issues need to be taken into account in asking persons their date of birth.

Wherever possible and wherever appropriate, date of birth should be used rather than age because the actual date of birth allows a more precise calculation of age.

When date of birth is an estimated or default value, national health and community services collections typically use 0101 or 0107 or 3006 as the estimate or default for DDMM.

It is suggested that different rules for reporting data may apply when estimating the date of birth of children aged under 2 years because of the rapid growth and development of children within this age group which means that a child's development can vary considerably over the course of a year. Thus, more specific reporting of estimated age is suggested.

Source and reference attributes

Origin: National Health Data Committee

National Community Services Data Committee

Reference documents: AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia

AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

Related metadata references: See also Date—accuracy indicator, code AAA NHIG, Standard 04/05/2005, NCSIMG, Standard 30/09/2005

See also Date—estimate indicator, code N NCSIMG, Standard 27/04/2007

Supersedes Person—date of birth, DDMMYYYY NHIG, Superseded 04/05/2005, NCSIMG, Superseded 25/08/2005

Is used in the formation of Episode of admitted patient care—length of stay (including leave days) (postnatal), total N[NN] NHIG, Standard 04/07/2007

Is used in the formation of Episode of admitted patient care—length of stay (including leave days) (antenatal), total N[NN] NHIG, Standard 04/07/2007

Is used in the formation of Record—linkage key, code 581 XXXXXDDMMYYYYN NCSIMG, Recorded 27/03/2007

Is used in the formation of Record—linkage key 581, statistical code XXXXXDDMMYYYYN *No registration status*

Is used in the formation of Person—statistical linkage key, XXXXXDDMMYYYYN *No registration status*

Is used in the formation of Major Diagnostic Category – supplied by hospital – code (AR–DRG v5.1) NN *No registration status*

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR–DRG v5.1) NN NHIG, Standard 01/03/2005

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR–DRG v5.1) ANNA NHIG, Standard 01/03/2005

Is used in the formation of Episode of admitted patient care (postnatal)—length of stay (including leave days), total N[NN] NHIG, Superseded 04/07/2007

Is used in the formation of Episode of admitted patient care (antenatal)—length of stay (including leave days), total N[NN] NHIG, Superseded 04/07/2007

Implementation in Data Set Specifications:

AROC inpatient data set specification NHIG, Candidate 14/02/2007

Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS – Queensland Health CPIC *No registration status*

Admitted patient care NMDS NHIG, Superseded 07/12/2005

Admitted patient care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient mental health care NMDS NHIG, Superseded 07/12/2005

Admitted patient mental health care NMDS NHIG, Superseded 23/10/2006

Admitted patient mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient palliative care NMDS NHIG, Superseded 07/12/2005

Admitted patient palliative care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient palliative care NMDS 2007–08 NHIG, Standard 23/10/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 21/03/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

Alcohol and other drug treatment services NMDS 2007–2008 NHIG, Standard 23/10/2006

Cancer (clinical) DSS NHIG, Superseded 07/12/2005

Cancer (clinical) DSS NHIG, Candidate 14/09/2006

Cancer (clinical) DSS NHIG, Standard 07/12/2005

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Child protection and support services (CPSS) client cluster *No registration status*

Child protection and support services (CPSS) sibling cluster *No registration status*

Children's services NMDS *No registration status*

Commonwealth State/Territory Disability Agreement NMDS – 1 July 2006 NCSIMG, Standard 27/04/2007

Community mental health care 2004–2005 NHIG, Superseded 08/12/2004

Community mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Community mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Community mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Community–based palliative care client DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Congenital anomalies NMDS (Under development by the NPSU September 2006) *No registration status*

Date of birth DSS *No registration status*

Dementia MDS *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Gambling Support Services *No registration status*

Health care client identification DSS NHIG, Standard 04/05/2005

Health care provider identification DSS NHIG, Superseded 04/07/2007

Health care provider identification DSS NHIG, Standard 04/07/2007

Health labour force NMDS NHIG, Standard 01/03/2005

Juvenile Justice NMDS 2005–06 NCSIMG, Standard 27/03/2007

Medical Indemnity DSS *No registration status*

National Bowel Screening Program NMDS *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 07/12/2005

Non–admitted patient emergency department care NMDS NHIG, Superseded 24/03/2006

Non–admitted patient emergency department care NMDS *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 23/10/2006

Non–admitted patient emergency department care NMDS 2007–2008 NHIG, Standard 23/10/2006

Organ and tissue donation *No registration status*

Outpatient care patient level DSS *No registration status*

Perinatal NMDS NHIG, Superseded 07/12/2005

Perinatal NMDS NHIG, Superseded 06/09/2006

Perinatal NMDS 2007–2008 NHIG, Standard 06/09/2006

Residential mental health care NMDS NHIG, Proposed 15/08/2005

Residential mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Residential mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Residential mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

SAAP Client Collection National Minimum Data Set NCSIMG, Proposed 14/04/2007

SAAP date of birth data cluster *No registration status*

Statistical linkage key 581 cluster NCSIMG, Recorded 27/03/2007

Statistical linkage key DSS *No registration status*

Data set specification specific attributes

Date of diagnosis

Identifying and definitional attributes

Technical name:	Patient—diagnosis date, DDMMYYYY
METeOR identifier:	270544
Registration status:	NHIG, Standard 01/03/2005
Definition:	The date on which a patient is diagnosed with a particular condition or disease.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Patient—diagnosis date
METeOR identifier:	269449
Registration status:	NHIG, Standard 01/03/2005
Definition:	The date on which a patient is diagnosed with a particular condition or disease.
Object class:	Patient
Property:	Diagnosis date

Value domain attributes

Identifying and definitional attributes

Value domain:	Date DDMMYYYY
METeOR identifier:	270566
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/03/2005
Definition:	The day of a particular month and year.

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Comments:	Classification systems, which enable the allocation of a code to the diagnostic information, can be used in conjunction with this metadata item.

Source and reference attributes

Submitting organisation:	Cardiovascular Data Working Group

Relational attributes

Related metadata references:	Supersedes Date of diagnosis, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006 Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007 Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007 Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Date of referral to rehabilitation

Identifying and definitional attributes

Technical name:	Health service event—referral to rehabilitation service date, DDMMYYYY
METeOR identifier:	269993
Registration status:	NHIG, Standard 01/03/2005
Definition:	The date on which a person is referred to a rehabilitation service.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Health service event—referral to rehabilitation service date
METeOR identifier:	269431
Registration status:	NHIG, Standard 01/03/2005
Definition:	The date on which a person is referred to a rehabilitation service.
Context:	Clinical settings.
Object class:	Health service event
Property:	Referral to rehabilitation service date

Value domain attributes

Identifying and definitional attributes

Value domain:	Date DDMMYYYY
METeOR identifier:	270566
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/03/2005
Definition:	The day of a particular month and year.

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	If date of referral is not known then provision should be made to collect month and year as a minimum, using 01 as DD (as the date part) if only the month and year are known.
Collection methods:	To be collected at the time of commencement of rehabilitation.

Source and reference attributes

Submitting organisation:	Cardiovascular Data Working Group

Relational attributes

Related metadata references:	Supersedes Date of referral to rehabilitation, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005 Acute coronary syndrome (clinical) DSS *No registration status* Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005 Acute coronary syndrome (clinical) DSS – Queensland Health CPIC *No registration status* Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Diabetes status

Identifying and definitional attributes

Technical name:	Person—diabetes mellitus status, code NN
METeOR identifier:	270194
Registration status:	NHIG, Standard 01/03/2005
Definition:	Whether a person has or is at risk of diabetes, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—diabetes mellitus status
METeOR identifier:	269659
Registration status:	NHIG, Standard 01/03/2005
Definition:	Identifies a person with or at risk of diabetes.
Context:	Public health, health care and clinical settings.
Object class:	Person
Property:	Diabetes mellitus status

Value domain attributes

Identifying and definitional attributes

Value domain:	Diabetes mellitus status code NN
METeOR identifier:	270766
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing diagnosis of a type of diabetes mellitus diagnosis or other risk factor for developing diabetes mellitus.

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Type 1 diabetes
02	Type 2 diabetes
03	Gestational diabetes mellitus (GDM)
04	Other (secondary diabetes)
05	Previous gestational diabetes mellitus (GDM)
06	Impaired fasting glucose (IFG)
07	Impaired glucose tolerance (IGT)
08	Not diagnosed with diabetes
09	Not assessed

Supplementary values:

99	Not stated/inadequately described

Collection and usage attributes

Guide for use:

Note that where there is a Gestational diabetes mellitus (GDM) or Previous GDM (i.e. permissible values 3 & 5) and a current history of Type 2 diabetes then record 'Code 2' Type 2 diabetes.

This same principle applies where a history of either Impaired fasting glycaemia (IFG) or Impaired glucose tolerance (IGT) and a current history and Type 2 diabetes, then record 'Code 2' Type 2 diabetes.

CODE 01 Type 1 diabetes

Beta−cell destruction, usually leading to absolute insulin deficiency. Includes those cases attributed to an autoimmune process, as well as those with beta−cell destruction and who are prone to ketoacidosis for which neither an aetiology nor pathogenesis is known (idiopathic). It does not include those forms of beta−cell destruction or failure to which specific causes can be assigned (e.g. cystic fibrosis, mitochondrial defects). Some subjects with Type 1 diabetes can be identified at earlier clinical stages than 'diabetes mellitus'.

CODE 02 Type 2 diabetes

Type 2 includes the common major form of diabetes, which results from defect(s) in insulin secretion, almost always with a major contribution from insulin resistance.

CODE 03 Gestational diabetes mellitus (GDM)

GDM is a carbohydrate intolerance resulting in hyperglycaemia of variable severity with onset or first recognition during pregnancy. The definition applies irrespective of whether or not insulin is used for treatment or the condition persists after pregnancy. Diagnosis is to be based on the Australian Diabetes in Pregnancy Society (ADIPS) Guidelines.

CODE 04 Other (secondary diabetes)

This categorisation include less common causes of diabetes mellitus, but are those in which the underlying defect or disease process can be identified in a relatively specific manner. They include, for example, genetic defects of beta−cell function, genetic defects in insulin action, diseases of the exocrine pancreas, endocrinopathies, drug or chemical−induced, infections, uncommon forms of immune−mediated diabetes, other genetic syndromes sometimes associated with diabetes.

CODE 05 Previous GDM

Where the person has a history of GDM.

CODE 06 Impaired fasting glycaemia (IFG)

IFG or 'non−diabetic fasting hyperglycaemia' refers to fasting glucose concentrations, which are lower than those required to diagnose diabetes mellitus but higher than the normal reference range. An individual is considered to have IFG if they have a fasting plasma glucose of 6.1 or greater and less than 7.0 mmol/L if challenged with an oral glucose load, they have a fasting plasma glucose concentration of 6.1 mmol/L or greater, but less than 7.0 mmol/L, AND the 2 hour value in the Oral Glucose Tolerance Test (OGTT) is less than 7.8 mmol/L.

CODE 07 Impaired glucose tolerance (IGT)

IGT is categorised as a stage in the natural history of disordered carbohydrate metabolism; subjects with IGT have an increased risk of progressing to diabetes. IGT refers to a metabolic state intermediate between normal glucose homeostasis and diabetes. Those individuals with IGT manifest glucose intolerance only when challenged with an oral glucose load. IGT is diagnosed if the 2 hour value in the OGTT is greater than 7.8 mmol/L. and less than 11.1 mmol/L AND the fasting plasma glucose concentration is less than 7.0 mmol/L.

CODE 08 Not diagnosed with diabetes

The subject has no known diagnosis of Type 1, Type 2, GDM, Previous GDM, IFG, IGT or Other (secondary diabetes).

CODE 09 Not assessed

The subject has not had their diabetes status assessed.

CODE 99 Not stated/inadequately described

This code is for unknown or information unavailable.

Collection methods: The diagnosis is derived from and must be substantiated by clinical documentation.

Source and reference attributes

Origin: Developed based on Definition, Diagnosis and Classification of Diabetes Mellitus and its Complications Part 1: Diagnosis and Classifications of Diabetes Mellitus Provisional Report of a World Health Organization Consultation (Alberti & Zimmet 1998).

Data element attributes

Collection and usage attributes

Collection methods: Diabetes (clinical):

A type of diabetes should be recorded and coded for each episode of patient care.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

National Diabetes Data Working Group

Relational attributes

Related metadata references: Supersedes Diabetes status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS – Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Information specific to this data set: People with diabetes have two to five times increased risk of developing heart, stroke and vascular disease (Zimmet & Alberti 1997). Cardiovascular disease is the most common cause of death in people with diabetes.

Diabetes is also an important cause of stroke, and people with diabetes may have a worse prognosis after stroke.

Heart, stroke and vascular disease and diabetes share common risk factors, but also diabetes is an independent risk factor for heart, stroke and vascular disease.

During the 1995 National Health Survey, about 15 per cent of those with diabetes reported having heart disease, at almost six times the rate noted among people without diabetes. In 1996–97, almost one in six hospital separations, with coronary heart disease as any listed diagnosis, also had diabetes recorded as an associated diagnosis. Heart disease appears earlier in life and is more often fatal among those with diabetes.

Diabetes may accentuate the role of elevated blood pressure in stroke. The incidence and prevalence of peripheral vascular disease in those with diabetes increase with the duration of the peripheral vascular disease.

Mortality is increased among patients with peripheral vascular disease and diabetes, in particular if foot ulcerations, infection or gangrene occur. There is limited information on whether the presence of heart, stroke and vascular disease promotes diabetes in some way.

High blood pressure, high cholesterol and obesity are often present along with diabetes. As well as all being independent cardiovascular risk factors, when they are in combination with glucose intolerance (a feature of diabetes) and other risk factors such as physical inactivity and smoking, these factors present a greater risk for heart, stroke and vascular disease.

Evidence is accumulating that high cholesterol and glucose intolerance, which often occur together, may have a common aetiological factor. Despite these similarities, trends in cardiovascular mortality and diabetes incidence and mortality are moving in opposite directions.

While the ageing of the population following reductions in cardiovascular mortality may have contributed to these contrasting trends, the role of other factors also needs to be clearly understood if common risk factor prevention strategies are to be considered. (From Commonwealth Department of Health & Aged Care and Australian Institute of Health and Welfare (1999) National Health Priority Areas Report: Cardiovascular Health).

In settings such as general practice where the monitoring of a person's health is ongoing and where diabetes status can change over time, the service contact date should be recorded.

Diabetes therapy type

Identifying and definitional attributes

Technical name:	Person—diabetes therapy type, code NN
METeOR identifier:	270236
Registration status:	NHIG, Standard 01/03/2005
Definition:	The type of diabetes therapy the person is currently receiving, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—diabetes therapy type
METeOR identifier:	269852
Registration status:	NHIG, Standard 01/03/2005
Definition:	The type of diabetes therapy the person is currently receiving.
Object class:	Person
Property:	Diabetes therapy type

Value domain attributes

Identifying and definitional attributes

Value domain:	Diabetes therapy code NN
METeOR identifier:	270787
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing the type of diabetes mellitus therapy being used.

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Diet and exercise only
02	Oral hypoglycaemic – sulphonylurea only
03	Oral hypoglycaemic – biguanide (eg metformin) only
04	Oral hypoglycaemic – alpha–glucosidase inhibitor only
05	Oral hypoglycaemic – thiazolidinedione only
06	Oral hypoglycaemic – meglitinide only
07	Oral hypoglycaemic – combination (eg biguanide & sulphonylurea)
08	Oral hypoglycaemic – other
09	Insulin only
10	Insulin plus oral hypoglycaemic
98	Nil – not currently receiving diabetes treatment

Supplementary values:

99	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 01 Diet & exercise only

This code includes the options of generalised prescribed diet; avoid added sugar/simple carbohydrates (CHOs); low joule diet; portion exchange diet and uses glycaemic index and a recommendation for increased exercise.

CODE 98 Nil – not currently receiving diabetes treatment

This code is used when there is no current diet, tablets or insulin therapy(ies).

CODE 99 Not stated/inadequately described

Use this code when missing information.

Data element attributes

Collection and usage attributes

Collection methods: To be collected at the commencement of treatment and at each review.

Comments: In settings where the monitoring of a person's health is ongoing and where management can change over time (such as general practice), the Service contact—service contact date, DDMMYYYY should be recorded.

The main use of this data element is to enable categorisation of management regimes against best practice for diabetes.

Source and reference attributes

Submitting organisation: National Diabetes Data Working Group

Cardiovascular Data Working Group

Reference documents: Berkow R, editor. The Merck Manual. 16th ed. Rahway (New Jersey, USA): Merck Research Laboratories; 1992.

Relational attributes

Related metadata references: Supersedes Diabetes therapy type, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (2nd tier data items) NHIG, Recorded 21/05/2007

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Division of General Practice number

Identifying and definitional attributes

Technical name:	Division of general practice—organisation identifier, NNN
METeOR identifier:	270014
Registration status:	NHIG, Standard 01/03/2005
Definition:	The unique identifier for the Division of general practice number as designated by the Commonwealth Government of Australia. Each separately administered Division of general practice has a unique identifying number.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Division of general practice—organisation identifier
METeOR identifier:	269850
Registration status:	NHIG, Standard 01/03/2005
Definition:	The Division of general practice number as designated by the Commonwealth Government of Australia. Each separately administered Division of general practice has a unique identifying number.
Context:	Public health and health care: To facilitate outcomes focused collection, linkage, pooling, analysis, reporting and feedback of aggregated data, which could potentially be linked to other health initiatives.
Object class:	Division of general practice
Property:	Organisation identifier

Value domain attributes

Identifying and definitional attributes

Value domain:	Identifier NNN
METeOR identifier:	270640
Registration status:	NHIG, Standard 01/03/2005
Definition:	A logical combination of numeric characters that identify an entity.

Representational attributes

Representation class:	Identifier
Data type:	Number
Format:	NNN
Maximum character length:	3

Data element attributes

Source and reference attributes

Submitting organisation:	Cardiovascular Data Working Group
Origin:	The actual Division of General Practice numbers can be obtained by selecting the individual State or Territory from the *Divisions Directory* found within the Australian Division of General Practice website

Relational attributes

Related metadata references:	Supersedes Division of general practice number, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006 Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007 Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Data set specification specific attributes

Fasting status

Identifying and definitional attributes

Technical name:	Health service event—fasting indicator, code N
METeOR identifier:	302941
Registration status:	NHIG, Standard 21/09/2005
Definition:	Whether the patient was fasting at the time of an examination, test, investigation or procedure, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Health service event—fasting indicator
METeOR identifier:	269594
Registration status:	NHIG, Standard 01/03/2005
Definition:	The fasting status of the patient at the time of an examination, test, investigation or procedure.
Context:	Public health, health care and clinical setting.
Object class:	Health service event
Property:	Fasting indicator

Value domain attributes

Identifying and definitional attributes

Value domain:	Yes/no/not stated/inadequately described code N
METeOR identifier:	301747
Registration status:	NHIG, Standard 21/09/2005 NCSIMG, Standard 14/02/2006 NHDAMG, Standard 10/02/2006
Definition:	A code set representing 'yes', 'no' and 'not stated/inadequately described'.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Yes
2	No

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 9 Not stated/inadequately described This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Guide for use:	CODE 1 Yes: Record if the patient is fasting at the time of an examination, test, investigation or procedure. CODE 2 No: Record if the patient is not fasting at the time of an examination, test, investigation or procedure.
Comments:	In settings where the monitoring of a person's health is ongoing and where management can change over time (such as general practice), the service contact date should be recorded.

Source and reference attributes

Submitting organisation:	National Diabetes Data Working Group
	Cardiovascular Data Working Group

Relational attributes

Related metadata references:	Supersedes Health service event—fasting status, code N NHIG, Superseded 21/09/2005
	Is used in the formation of Person—low−density lipoprotein cholesterol level (calculated), total millimoles per litre N[N].N NHIG, Standard 01/03/2005
Implementation in Data Set Specifications:	Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006
	Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007
	Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007
	Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Formal community support access status

Identifying and definitional attributes

Technical name:	Person—formal community support access indicator (current), code N
METeOR identifier:	270169
Registration status:	NHIG, Standard 01/03/2005
Definition:	Whether a person is currently accessing a formal community support service or services, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—formal community support access indicator
METeOR identifier:	269630
Registration status:	NHIG, Standard 01/03/2005
Definition:	An indicator of a person who is currently accessing a formal community support service or services.
Context:	Personal and social support and clinical settings: This metadata item provides information about the use of formal community support services by clients.
Object class:	Person
Property:	Formal community support access indicator

Value domain attributes

Identifying and definitional attributes

Value domain:	Current access status code N
METeOR identifier:	270745
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing whether or not a product/service is currently being accessed.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Currently accessing
2	Currently not accessing

Supplementary values:

9	Not known/inadequately described

Data element attributes

Collection and usage attributes

Guide for use:

CODE 1:

The person is currently accessing at least one paid community support service (i.e. meals on wheels, home help, in−home respite, service packages, district nursing services, etc).

CODE 2:

The person is not currently accessing any paid community support service or services.

CODE 9:

The person's current status with regards to accessing community support services is not known or inadequately described for more specific coding.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Relational attributes

Related metadata references: Supersedes Formal community support access status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Height (measured)

Identifying and definitional attributes

Technical name:	Person—height (measured), total centimetres NN[N].N
METeOR identifier:	270361
Registration status:	NHIG, Standard 01/03/2005
Definition:	The height of a person measured in centimetres.
Context:	Public health and health care

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—height
METeOR identifier:	269792
Registration status:	NHIG, Standard 01/03/2005
Definition:	The height of a person.
Context:	Public health and health care: Stature is a major indicator of general body size and of bone length and of nutritional and health status of the individual and the community at large. It is important in screening for disease or malnutrition, and in the interpretation of weight (Lohman et al. 1988). Shortness is known to be a predictor of all cause mortality and coronary heart disease mortality in middle aged men (Marmot et al. 1984) and of less favourable gestational outcomes in women (Kramer 1988). Self−reported or parentally reported height for children and adolescents should be used cautiously if at all. It enables the calculation of body mass index which requires the measurement of height and weight (body mass) for adults.
Object class:	Person
Property:	Height

Value domain attributes

Identifying and definitional attributes

Value domain:	Total centimetres NN[N].N
METeOR identifier:	270714
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of centimetres.

Representational attributes

Representation class:	Total
Data type:	Number
Format:	NN[N].N
Maximum character length:	4
Supplementary values:	**Value** — **Meaning** 999.9 — Not measured
Unit of measure:	Centimetre (cm)

Data element attributes

Collection and usage attributes

Guide for use:	In order to ensure consistency in measurement, the measurement protocol described under Collection methods should be used. Measurements of height should be assessed in relation to children and adolescents' age and pubertal status.
Collection methods:	The measurement protocol described below are those recommended by the *International Society for the Advancement of Kinanthropometry as described*

by Norton et al. (1996), and the World Health Organization (WHO Expert Committee 1995), which was adapted from Lohman et al. (1988).

Measurement protocol:

Height measurements can be based on recumbent length or standing height. In general, length measurements are recommended for children under 2 years of age and height measurements for others.

The measurement of height requires a vertical metric rule, a horizontal headboard, and a non−compressible flat even surface on which the subject stands. The equipment may be fixed or portable, and should be described and reported.

The graduations on the metric rule should be at 0.1 cm intervals, and the metric rule should have the capacity to measure up to at least 210 cm.

Measurement intervals and labels should be clearly readable under all conditions of use of the instrument.

Apparatus that allows height to be measured while the subject stands on a platform scale is not recommended.

Adults and children who can stand:

The subject should be measured without shoes (i.e. is barefoot or wears thin socks) and wears little clothing so that the positioning of the body can be seen. Anything that may affect or interfere with the measurement should be noted on the data collection form (e.g. hairstyles and accessories, or physical problems). The subject stands with weight distributed evenly on both feet, heels together, and the head positioned so that the line of vision is at right angles to the body. The correct position for the head is in the Frankfort horizontal plan (Norton et al. 1996). The arms hang freely by the sides. The head, back, buttocks and heels are positioned vertically so that the buttocks and the heels are in contact with the vertical board. To obtain a consistent measure, the subject is asked to inhale deeply and stretch to their fullest height. The measurer applies gentle upward pressure through the mastoid processes to maintain a fully erect position when the measurement is taken. Ensure that the head remains positioned so that the line of vision is at right angles to the body, and the heels remain in contact with the base board.

The movable headboard is brought onto the top of the head with sufficient pressure to compress the hair.

The measurement is recorded to the nearest 0.1 cm. Take a repeat measurement. If the two measurements disagree by more than 0.5 cm, then take a third measurement. All raw measurements should be recorded on the data collection form. If practical, it is preferable to enter the raw data into the database as this enables intra−observer and, where relevant, inter−observer errors to be assessed. The subject's measured height is subsequently calculated as the mean of the two observations, or the mean of the two closest measurements if a third is taken, and recorded on the form. If only a mean value is entered into the database then the data collection forms should be retained.

It may be necessary to round the mean value to the nearest 0.1 cm. If so, rounding should be to the nearest even digit to reduce systematic over reporting (Armitage & Berry 1994). For example, a mean value of 172.25 cm would be rounded to 172.2 cm, while a mean value of 172.35 cm would be rounded to 172.4 cm.

Infants:

For the measurement of supine length of children up to and including 2 years of age, two observers are required. One observer positions the head correctly while the other ensures the remaining position is correct and brings the measuring board in contact with the feet. The subject lies in a supine position on a recumbent length table or measuring board. The crown of the head must touch the stationary, vertical headboard. The subject's head is held with the line of vision aligned perpendicular to the plane of the measuring surface. The shoulders and buttocks must be flat against the table top, with the shoulders and hips aligned at right angles to the long axis of the body. The legs must be extended at the hips and knees and lie flat against the table top and the arms rest against the sides of the trunk. The measurer must ensure that the legs remain flat on the table and must shift the movable board against the heels. In infants care has to be taken to extend the legs gently. In some older children two observers may also be required.

In general, length or height is measured and reported to the nearest 0.1 cm. For any child, the length measurement is approximately 0.5 – 1.5 cm greater than the height measurement. It is therefore recommended that when a length measurement is applied to a height–based reference for children over 24 months of age (or over 85 cm if age is not known), 1.0 cm be subtracted before the length measurement is compared with the reference. It is also recommended that as a matter of procedure and data recording accuracy, the date be recorded when the change is made from supine to standing height measure.

Validation and quality control measures:

All equipment, whether fixed or portable should be checked prior to each measurement session to ensure that both the headboard and floor (or footboard) are at 90 degrees to the vertical rule. With some types of portable anthropometer it is necessary to check the correct alignment of the headboard, during each measurement, by means of a spirit level. Within– and, if relevant, between–observer variability should be reported. They can be assessed by the same (within–) or different (between–) observers repeating the measurement of height, on the same subjects, under standard conditions after a short time interval. The standard deviation of replicate measurements (technical error of measurement (Pederson & Gore 1996)) between observers should not exceed 5 mm and be less than 5 mm within observers.

Extreme values at the lower and upper end of the distribution of measured height should be checked both during data collection and after data entry. Individuals should not be excluded on the basis of true biological difference. Last digit preference, and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.

Comments:

This metadata item applies to persons of all ages. It is recommended for use in population surveys and health care settings.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items are being developed for physical activity.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be

presented by sex and 5−year age groups. However 5−year age groups are not generally suitable for children and adolescents. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present height data in categories. It is recommended that 5 cm groupings are used for this purpose. Height data should not be rounded before categorisation. The following categories may be appropriate for describing the heights of Australian men, women, children and adolescents although the range will depend on the population:

Height < 70 cm

70 cm = Height < 75 cm

75 cm = Height < 80 cm

... in 5 cm categories

185 cm = Height < 190 cm

Height => 190 cm

Relational attributes

Related metadata references:

Supersedes Height − measured, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Female—pre−pregnancy body mass index (self−reported), ratio NN[N].N[N] *No registration status*

Is used in the formation of Child—body mass index (self−reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Child—body mass index (measured), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Adult—body mass index (self−reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Adult—body mass index (measured), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Implementation in Data Set Specifications:

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Organ and tissue donation *No registration status*

Data set specification specific attributes

Indigenous status

Identifying and definitional attributes

Technical name:	Person—Indigenous status, code N
METeOR identifier:	291036
Registration status:	NHIG, Standard 04/05/2005 NCSIMG, Standard 25/08/2005
Definition:	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. This is in accord with the first two of three components of the Commonwealth definition.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—Indigenous status
METeOR identifier:	269618
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/03/2005
Definition:	Indigenous Status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition.
Context:	Australia's Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. In the current climate of reconciliation, accurate and consistent statistics about Aboriginal and Torres Strait Islander peoples are needed in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area. The purpose of this metadata item is to provide information about people who identify as being of Aboriginal or Torres Strait Islander origin. Agencies or establishments wishing to determine the eligibility of individuals for particular benefits, services or rights will need to make their own judgments about the suitability of the standard measure for these purposes, having regard to the specific eligibility criteria for the program concerned.
Object class:	Person
Property:	Indigenous status

Value domain attributes

Identifying and definitional attributes

Value domain:	Indigenous status code N
METeOR identifier:	270885
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005
Definition:	A code set representing Indigenous status.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Aboriginal but not Torres Strait Islander origin
2	Torres Strait Islander but not Aboriginal origin
3	Both Aboriginal and Torres Strait Islander origin
4	Neither Aboriginal nor Torres Strait Islander origin

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use:

This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS Website as indicated in the Reference documents.

The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:

Indigenous:

- Aboriginal but not Torres Strait Islander origin.
- Torres Strait Islander but not Aboriginal origin.
- Both Aboriginal and Torres Strait Islander origin.

Non−indigenous:

- Neither Aboriginal nor Torres Strait Islander origin.

Not stated/ inadequately described:

This category is not to be available as a valid answer to the questions but is intended for use:

- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.
- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

Only in the last two situations may the tick boxes on the questionnaire be left blank.

Data element attributes

Collection and usage attributes

Collection methods:

The standard question for Indigenous Status is as follows:

[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

This question is recommended for self−enumerated or interview−based collections. It can also be used in circumstances where a close relative, friend, or another member of the household is answering on behalf of the subject. It is strongly recommended that this question be asked directly wherever possible.

When someone is not present, the person answering for them should be in a position to do so, i.e. this person must know well the person about whom the question is being asked and feel confident to provide accurate information

about them.

This question must always be asked regardless of data collectors' perceptions based on appearance or other factors.

The Indigenous status question allows for more than one response. The procedure for coding multiple responses is as follows:

If the respondent marks 'No' and either 'Aboriginal' or 'Torres Strait Islander', then the response should be coded to either Aboriginal or Torres Strait Islander as indicated (i.e. disregard the 'No' response).

If the respondent marks both the 'Aboriginal' and 'Torres Strait Islander' boxes, then their response should be coded to 'Both Aboriginal and Torres Strait Islander Origin'.

If the respondent marks all three boxes ('No', 'Aboriginal' and 'Torres Strait Islander'), then the response should be coded to 'Both Aboriginal and Torres Strait Islander Origin' (i.e. disregard the 'No' response).

This approach may be problematical in some data collections, for example when data are collected by interview or using screen based data capture systems. An additional response category

Yes, both Aboriginal and Torres Strait Islander...

may be included if this better suits the data collection practices of the agency or establishment concerned.

Comments:

The following definition, commonly known as 'The Commonwealth Definition', was given in a High Court judgement in the case of Commonwealth v Tasmania (1983) 46 ALR 625.

'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

There are three components to the Commonwealth definition:

- descent;
- self−identification; and
- community acceptance.

In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self−identification only.

Source and reference attributes

Origin:

National Health Data Committee

National Community Services Data Committee

Reference documents:

Australian Bureau of Statistics 1999. Standards for Social, Labour and Demographic Variables. Cultural Diversity Variables, Canberra. Viewed 3 August 2005.

Relational attributes

Related metadata references:

Supersedes Person—Indigenous status, code N NHIG, Superseded 04/05/2005, NCSIMG, Superseded 25/08/2005

Implementation in Data Set Specifications:

AROC inpatient data set specification NHIG, Candidate 14/02/2007

Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS – Queensland Health CPIC *No registration status*

Admitted patient care NMDS NHIG, Superseded 07/12/2005

Admitted patient care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient mental health care NMDS NHIG, Superseded 07/12/2005

Admitted patient mental health care NMDS NHIG, Superseded 23/10/2006

Admitted patient mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient palliative care NMDS NHIG, Superseded 07/12/2005

Admitted patient palliative care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient palliative care NMDS 2007–08 NHIG, Standard 23/10/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 21/03/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

Alcohol and other drug treatment services NMDS 2007–2008 NHIG, Standard 23/10/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Child protection and support services (CPSS) – out–of–home care NMDS (July 2007) *No registration status*

Child protection and support services (CPSS) client cluster *No registration status*

Children's services NMDS *No registration status*

Commonwealth State/Territory Disability Agreement NMDS – 1 July 2006 NCSIMG, Standard 27/04/2007

Community mental health care 2004–2005 NHIG, Superseded 08/12/2004

Community mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Community mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Community mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Community–based palliative care client DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Congenital anomalies NMDS (Under development by the NPSU September 2006) *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Gambling Support Services *No registration status*

Health care client identification DSS NHIG, Standard 04/05/2005

Juvenile Justice NMDS 2005–06 NCSIMG, Standard 27/03/2007

National Bowel Screening Program NMDS *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 07/12/2005

Non–admitted patient emergency department care NMDS NHIG, Superseded 24/03/2006

Non–admitted patient emergency department care NMDS *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 23/10/2006

Non–admitted patient emergency department care NMDS 2007–2008 NHIG, Standard 23/10/2006

Outpatient care patient level DSS *No registration status*

Perinatal NMDS NHIG, Superseded 07/12/2005

Perinatal NMDS NHIG, Superseded 06/09/2006

Perinatal NMDS 2007–2008 NHIG, Standard 06/09/2006

Recommended Data Specifications for Community Care *No registration status*

Residential mental health care NMDS NHIG, Proposed 15/08/2005

Residential mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Residential mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Residential mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

SAAP Client Collection National Minimum Data Set NCSIMG, Proposed 14/04/2007

SAAP Demand for Accommodation National Minimum Data Set *No registration status*

Data set specification specific attributes

Informal carer existence indicator

Identifying and definitional attributes

Technical name:	Person—informal carer existence indicator, code N
Synonymous names:	Informal carer availability, Informal carer existence flag, Carer arrangements (informal)
METeOR identifier:	320939
Registration status:	NHIG, Standard 04/07/2007 NCSIMG, Standard 29/04/2006
Definition:	Whether a person has an **informal carer**, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—informal carer existence indicator
METeOR identifier:	320937
Registration status:	NHIG, Recorded 12/01/2007 NCSIMG, Standard 02/05/2006
Definition:	Whether a person has an **informal carer**.
Object class:	Person
Property:	Informal carer existence indicator

Value domain attributes

Identifying and definitional attributes

Value domain:	Yes/no/not stated/inadequately described code N
METeOR identifier:	301747
Registration status:	NHIG, Standard 21/09/2005 NCSIMG, Standard 14/02/2006 NHDAMG, Standard 10/02/2006
Definition:	A code set representing 'yes', 'no' and 'not stated/inadequately described'.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Yes
2	No

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 9 Not stated/inadequately described

This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Guide for use: Informal carers may include those people who receive a pension or benefit for their caring role and people providing care under family care agreements. Excluded from the definition of informal carers are volunteers organised by formal services and paid workers.

This metadata item is purely descriptive of a client's circumstances. It is not intended to reflect whether the informal carer is considered by the service provider to be capable of undertaking the caring role. The expressed views of

the client and/or their carer should be used as the basis for determining whether the client is recorded as having an informal carer or not.

When asking a client whether they have an informal carer, it is important for agencies or establishments to recognise that a carer does not always live with the person for whom they care. That is, a person providing significant care and assistance to the client does not have to live with the client in order to be called an informal carer.

Collection methods:

Agencies or establishments and service providers may collect this item at the beginning of each service episode and /or assess this information at subsequent assessments.

Some agencies, establishments/providers may record this information historically so that they can track changes over time. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date.

Examples of questions used for data collection include:

Home and Community Care NMDS

'Do you have someone who helps look after you?'

Commonwealth State/Territory Disability Agreement NMDS

*'Does the service user have an informal carer, such as **family** member, friend or neighbour, who provides care and assistance on a regular and sustained basis?*

Comments:

Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer is a significant risk factor contributing to institutionalisation. Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

This definition of informal carer is not the same as the Australian Bureau of Statistics (ABS) definition of principal carer, 1993 Disability, Ageing and Carers Survey and primary carer used in the 1998 survey. The ABS definitions require that the carer has or will provide care for a certain amount of time and that they provide certain types of care.

The ABS defines a primary carer as a person of any age who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self care). This may not be appropriate for community services agencies wishing to obtain information about a person's carer regardless of the amount of time that care is for, or the types of care provided.

Information such as the amount of time for which care is provided can of course be collected separately but, if it were not needed, it would place a burden on service providers.

Source and reference attributes

Origin: Australian Institute of Health and Welfare

National Health Data Committee

National Community Services Data Committee

Reference documents: Australian Bureau of Statistics (ABS) 1993 Disability, Ageing and Carers Survey and 1998 survey.

Australian Institute of Health and Welfare (2005) Commonwealth State/Territory Disability Agreement National Minimum Data Set collection (CSTDA NMDS) Data Guide: 2005–06.

National HACC Minimum Data Set User Guide Version 2 July 2005. Home and Community Care (HACC) Program.

Relational attributes

Related metadata references: Supersedes Person (requiring care)—carer availability status, code N NHIG, Superseded 04/07/2007, NCSIMG, Superseded 02/05/2006

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Commonwealth State/Territory Disability Agreement NMDS – 1 July 2006 NCSIMG, Standard 27/04/2007

Data set specification specific attributes

Information specific to this data set: Informal carers are now present in 1 in 20 households in Australia (Schofield HL. Herrman HE, Bloch S, Howe A and Singh B. ANZ J PubH. 1997) and are acknowledged as having a very important role in the care of stroke survivors (Stroke Australia Task Force. National Stroke Strategy. NSF; 1997) and in those with end–stage renal disease.

Absence of a carer may also preclude certain treatment approaches (for example, home dialysis for end–stage renal disease). Social isolation has also been shown to have a negative impact on prognosis in males with known coronary artery disease with several studies suggesting increased mortality rates in those living alone or with no confidant.

Labour force status

Identifying and definitional attributes

Technical name:	Person—labour force status, code N
METeOR identifier:	270112
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/03/2005
Definition:	The self reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—labour force status
METeOR identifier:	269466
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/08/2005
Definition:	The self reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force. The categories are determined by a person's status in relation to current economic activity (which is measured by their activities in relation to work in a specified reference period).
Object class:	Person
Property:	Labour force status

Value domain attributes

Identifying and definitional attributes

Value domain:	Labour force status code N
METeOR identifier:	270700
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/03/2005
Definition:	A code set representing the labour force status of a person.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Employed
2	Unemployed
3	Not in the labour force

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 1 Employed:

Persons aged 15 years and over who, during the reference week:

(a) worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising 'Employees', 'Employers' and 'Own Account Workers'); or

(b) worked for one hour or more without pay in a family business or on a farm (i.e. 'Contributing Family Worker'); or

(c) were 'Employees' who had a job but were not at work and were:

- on paid leave
- on leave without pay, for less than four weeks, up to the end of the reference week
- stood down without pay because of bad weather or plant breakdown at their place of employment, for less than four weeks up to the end of the reference week
- on strike or locked out
- on workers' compensation and expected to be returning to their job, or
- receiving wages or salary while undertaking full−time study; or

(d) were 'Employers', 'Own Account Workers' or 'Contributing Family Workers' who had a job, business or farm, but were not at work.

CODE 2 Unemployed:

Unemployed persons are those aged 15 years and over who were not employed during the reference week, and:

(a) had actively looked for full−time or part−time work at any time in the four weeks up to the end of the reference week. Were available for work in the reference week, or would have been available except for temporary illness (i.e. lasting for less than four weeks to the end of the reference week). Or were waiting to start a new job within four weeks from the end of the reference week and would have started in the reference week if the job had been available then; or

(b) were waiting to be called back to a full−time or part−time job from which they had been stood down without pay for less than four weeks up to the end of the reference week (including the whole of the reference week) for reasons other than bad weather or plant breakdown. Note: Actively looking for work includes writing, telephoning or applying in person to an employer for work. It also includes answering a newspaper advertisement for a job, checking factory or job placement agency notice boards, being registered with a job placement agency, checking or registering with any other employment agency, advertising or tendering for work or contacting friends or relatives.

CODE 3 Not in the Labour Force:

Persons not in the labour force are those persons aged 15 years and over who, during the reference week, were not in the categories employed or unemployed, as defined. They include persons who were keeping house (unpaid), retired, voluntarily inactive, permanently unable to work, persons in institutions (hospitals, gaols, sanatoriums, etc.), trainee teachers, members of contemplative religious orders, and persons whose only activity during the reference week was jury service or unpaid voluntary work for a charitable organisation.

Collection methods: For information about collection, refer to the ABS website:

http://www.abs.gov.au/Ausstats/abs@.nsf/0/AEB5AA310D68DF8FCA25697E0018FED8?Open

Source and reference attributes

Origin: Australian Bureau of Statistics 1995. Directory of Concepts and Standards for Social, Labour and Demographic Variables. Australia 1995. Cat. no. 1361.0.30.001. Canberra: AGPS.

http://www.abs.gov.au/Ausstats/abs@.nsf/0/AEB5AA310D68DF8FCA25697E0018FED8?Open (last viewed 21 December 2005)

Data element attributes

Collection and usage attributes

Comments: Labour force status is one indicator of the socio−economic status of a person and is a key element in assessing the circumstances and needs of individuals and families.

Source and reference attributes

Origin: Health Data Standards Committee

Relational attributes

Related metadata references: Supersedes Labour force status, version 3, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: AROC inpatient data set specification NHIG, Candidate 14/02/2007

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Children's services NMDS *No registration status*

Commonwealth State/Territory Disability Agreement NMDS − 1 July 2006 NCSIMG, Standard 27/04/2007

SAAP Client Collection National Minimum Data Set NCSIMG, Proposed 14/04/2007

Data set specification specific attributes

Living arrangement

Identifying and definitional attributes

Technical name:	Person—living arrangement, health sector code N
METeOR identifier:	299712
Registration status:	NHIG, Standard 14/06/2005
Definition:	Whether a person usually resides alone or with others, as represented by a code.
Context:	Client support needs and clinical setting.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—living arrangement
METeOR identifier:	269813
Registration status:	NHIG, Standard 19/04/2005 NCSIMG, Standard 01/03/2005
Definition:	Whether a person usually resides alone or with others.
Object class:	Person
Property:	Living arrangement

Value domain attributes

Identifying and definitional attributes

Value domain:	Living arrangement health sector code N
METeOR identifier:	299716
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing the living arrangement of a person in the health sector.
Classification Scheme:	Parent classification for living arrangement categories

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Lives alone
2	Lives with others

Supplementary values:

9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Collection methods:	This item does not seek to describe the quality of the arrangements but merely the fact of the arrangement. It is recognised that this item may change on a number of occasions during the course of an episode of care.
Comments:	Whether or not a person lives alone is a significant determinant of risk. Living alone may preclude certain treatment approaches (e.g. home dialysis for end−stage renal disease). Social isolation has also been shown to have a negative impact on prognosis in males with known coronary artery disease with several studies suggesting increased mortality rates in those living alone or with no confidant.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Relational attributes

Related metadata references: Supersedes Living arrangement, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: AROC inpatient data set specification NHIG, Candidate 14/02/2007

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Community−based palliative care client DSS *No registration status*

Data set specification specific attributes

Person identifier

Identifying and definitional attributes

Technical name:	Person—person identifier, XXXXXX[X(14)]
METeOR identifier:	290046
Registration status:	NHIG, Standard 04/05/2005 NCSIMG, Standard 25/08/2005
Definition:	Person identifier unique within an establishment or agency.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—person identifier
METeOR identifier:	287172
Registration status:	NHIG, Standard 04/05/2005 NCSIMG, Standard 25/08/2005
Definition:	Person identifier unique within an establishment or agency.
Context:	This item could be used for editing at the agency, establishment or collection authority level and, potentially, for record linkage. There is no intention that this item would be available beyond collection authority level.
Object class:	Person
Property:	Person identifier

Value domain attributes

Identifying and definitional attributes

Value domain:	Identifier XXXXXX[X(14)]
METeOR identifier:	270657
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005
Definition:	A logical combination of valid alphanumeric characters that identify an entity.

Representational attributes

Representation class:	Identifier
Data type:	String
Format:	XXXXXX[X(14)]
Maximum character length:	20

Data element attributes

Collection and usage attributes

Guide for use:	Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. Field cannot be blank.

Source and reference attributes

Reference documents:	AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

Related metadata references:	Supersedes Person—person identifier (within establishment/agency), XXXXXX[X(14)] NHIG, Superseded 04/05/2005, NCSIMG, Superseded 25/08/2005
Implementation in Data Set Specifications:	AROC inpatient data set specification NHIG, Candidate 14/02/2007 Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS – Queensland Health CPIC *No registration status*

Admitted patient care NMDS NHIG, Superseded 07/12/2005

Admitted patient care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient mental health care NMDS NHIG, Superseded 07/12/2005

Admitted patient mental health care NMDS NHIG, Superseded 23/10/2006

Admitted patient mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Admitted patient palliative care NMDS NHIG, Superseded 07/12/2005

Admitted patient palliative care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Admitted patient palliative care NMDS 2007–08 NHIG, Standard 23/10/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 21/03/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

Alcohol and other drug treatment services NMDS 2007–2008 NHIG, Standard 23/10/2006

Cancer (clinical) DSS NHIG, Superseded 07/12/2005

Cancer (clinical) DSS NHIG, Candidate 14/09/2006

Cancer (clinical) DSS NHIG, Standard 07/12/2005

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Community mental health care 2004–2005 NHIG, Superseded 08/12/2004

Community mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Community mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Community mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Congenital anomalies NMDS (Under development by the NPSU September 2006) *No registration status*

Health care client identification DSS NHIG, Standard 04/05/2005

Health care provider identification DSS NHIG, Superseded 04/07/2007

Health care provider identification DSS NHIG, Standard 04/07/2007

Intensive care DSS NHIG, Recorded 14/07/2006

Juvenile Justice NMDS 2005–06 NCSIMG, Standard 27/03/2007

Non–admitted patient emergency department care NMDS NHIG, Superseded 07/12/2005

Non–admitted patient emergency department care NMDS NHIG, Superseded 24/03/2006

Non–admitted patient emergency department care NMDS *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 23/10/2006

Non–admitted patient emergency department care NMDS 2007–2008 NHIG, Standard 23/10/2006

Outpatient care patient level DSS *No registration status*

Perinatal NMDS NHIG, Superseded 07/12/2005

Perinatal NMDS NHIG, Superseded 06/09/2006

Perinatal NMDS 2007–2008 NHIG, Standard 06/09/2006

Residential mental health care NMDS NHIG, Proposed 15/08/2005

Residential mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Residential mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Residential mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

Data set specification specific attributes

Physical activity sufficiency status

Identifying and definitional attributes

Technical name:	Person—physical activity sufficiency status, code N
METeOR identifier:	270054
Registration status:	NHIG, Standard 01/03/2005
Definition:	Sufficiency of moderate or vigorous physical activity to confer a health benefit, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—physical activity sufficiency status
METeOR identifier:	269525
Registration status:	NHIG, Standard 01/03/2005
Definition:	Sufficiency of moderate or vigorous physical activity to confer a health benefit.
Context:	Public health, health care and clinical setting: To monitor health risk factors for national health priority areas and other chronic diseases.
Object class:	Person
Property:	Physical activity sufficiency status

Value domain attributes

Identifying and definitional attributes

Value domain:	Physical activity sufficiency status code N
METeOR identifier:	270659
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing the physical activity sufficiency status.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Sufficient
2	Insufficient
3	Sedentary

Supplementary values:

9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use:

The clinician makes a judgment based on assessment of the person's reported physical activity history for a usual 7−day period where:

CODE 1:

Sufficient physical activity for health benefit for a usual 7−day period is calculated by summing the total minutes of walking, moderate and/or vigorous physical activity.

Vigorous physical activity is weighted by a factor of two to account for its greater intensity. Total minutes for health benefit need to be equal to or more

than 150 minutes per week.

CODE 2:

Insufficient physical activity for health benefit is where the sum of the total minutes of walking, moderate and/or vigorous physical activity for a usual 7−day period is less than 150 minutes but more than 0 minutes.

CODE 3:

Sedentary is where there has been no moderate and/or vigorous physical activity during a usual 7−day period.

CODE 9:

There is insufficient information to more accurately define the person's physical activity sufficiency status or the information is not known.

Note: The National Heart Foundation of Australia and the National Physical Activity Guidelines for Australians describes moderate−intensity physical activity as causing a slight but noticeable, increase in breathing and heart rate and suggests that the person should be able to comfortably talk but not sing. Examples of moderate physical activity include brisk walking, low pace swimming, light to moderate intensity exercise classes. Vigorous physical activity is described as activity, which causes the person to 'huff and puff', and where talking in a full sentence between breaths is difficult.

Examples of vigorous physical activity include jogging, swimming (freestyle) and singles tennis.

Comments:

The above grouping subdivides a population into three mutually exclusive categories.

A sufficiently physically active person is a person who is physically active on a regular weekly basis equal to or in excess of that required for a health benefit. Sufficient physical activity for health results from participation in physical activity of adequate duration and intensity. Although there is no clear absolute threshold for health benefit, the accrual of 150 minutes of moderate (at least) intensity physical activity over a period of one week is thought to confer health benefit. Walking is included as a moderate intensity physical activity. Note that the 150 minutes of moderate physical activity should be made up of 30 minutes on most days of the week and this can be accumulated in 10 minute bouts (National Physical Activity Guidelines for Australians).

Health benefits can also be obtained by participation in vigorous physical activity, in approximate proportion to the total amount of activity performed, measured either as energy expenditure or minutes of physical activity (Pate et al. 1995).

Physical activity − health benefit for vigorous physical activity is calculated by:

- incorporating a weighted factor of 2, to account for its greater intensity
- summing the total minutes of walking, moderate and/or vigorous physical activity will then give an indication if a health benefit is likely.

Insufficient physical activity describes a person who engages in regular weekly physical activity but not to the level required for a health benefit through either moderate or vigorous physical activity.

A sedentary person is a person who does not engage in any regular weekly physical activity.

Source and reference attributes

Submitting organisation:	Cardiovascular Data Working Group
Origin:	The National Heart Foundation of Australia's Physical Activity Policy, April 2001. National Physical Activity Guidelines For Australians, developed by the University of Western Australia & the Centre for Health Promotion

Relational attributes

Related metadata references:	Supersedes Physical activity sufficiency status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006
	Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007
	Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007
	Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Postcode—Australian (person)

Identifying and definitional attributes

Technical name:	Person (address)—Australian postcode, code (Postcode datafile) {NNNN}
METeOR identifier:	287224
Registration status:	NHIG, Standard 04/05/2005 NCSIMG, Standard 25/08/2005 NHDAMG, Standard 10/02/2006
Definition:	The numeric descriptor for a postal delivery area, aligned with locality, suburb or place for the address of a person.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person (address)—Australian postcode
METeOR identifier:	269894
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 10/02/2006
Definition:	The numeric descriptor for a postal delivery area, aligned with locality, suburb or place for the address of a person.
Context:	Postcode is an important part of a person's postal address and facilitates written communication. It is one of a number of geographic identifiers that can be used to determine a geographic location. Postcode may assist with uniquely identifying a person.
Object class:	Person
Property:	Australian postcode

Value domain attributes

Identifying and definitional attributes

Value domain:	Australian postcode code (Postcode datafile) {NNNN}
METeOR identifier:	287222
Registration status:	NHIG, Standard 04/05/2005 NCSIMG, Standard 25/08/2005 NHDAMG, Standard 10/02/2006
Definition:	The Postcode datafile code set representing Australian postcodes as defined by Australia Post.
Classification Scheme:	Postcode datafile

Representational attributes

Representation class:	Code
Data type:	Number
Format:	{NNNN}
Maximum character length:	4

Collection and usage attributes

Comments:	Postcode – Australian may be used in the analysis of data on a geographical basis, which involves a conversion from postcodes to the Australian Bureau of Statistics (ABS) postal areas. This conversion results in some inaccuracy of information. However, in some data sets postcode is the only geographic identifier, therefore the use of other more accurate indicators (e.g. Statistical Local Area (SLA)) is not always possible. When dealing with aggregate data, postal areas, converted from postcodes, can be mapped to Australian Standard Geographical Classification codes using an ABS concordance, for example to determine SLAs. It should be noted that such concordances should not be used to determine the SLA of any individual's postcode. Where individual street addresses are available, these

can be mapped to ASGC codes (e.g. SLAs) using the ABS National Localities Index (NLI).

Data element attributes

Collection and usage attributes

Guide for use:

The postcode book is updated more than once annually as postcodes are a dynamic entity and are constantly changing.

Collection methods:

Leave Postcode – Australian blank for:

- Any overseas address
- Unknown address
- No fixed address.

May be collected as part of Address line or separately. Postal addresses may be different from where a person actually resides.

Source and reference attributes

Submitting organisation:

Standards Australia

Origin:

National Health Data Committee

National Community Services Data Committee

Reference documents:

AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia

AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Australia Post Postcode book. Reference through:

http://www1.auspost.com.au/postcodes/

Relational attributes

Related metadata references:

Supersedes Person (address)—Australian postcode (Postcode datafile), code NNN[N] NHIG, Superseded 04/05/2005, NCSIMG, Superseded 25/08/2005

See also Person—Australian state/territory identifier, code N NHIG, Standard 04/05/2005, NCSIMG, Standard 25/08/2005, NHDAMG, Standard 10/02/2006

Is used in the formation of Person—geographic location, community services code (ASGC 2004) NNNNN NCSIMG, Superseded 02/05/2006

Is used in the formation of Dwelling—geographic location, remoteness structure code (ASGC 2004) N[N] NHDAMG, Retired 10/02/2006

Implementation in Data Set Specifications:

AROC inpatient data set specification NHIG, Candidate 14/02/2007

Acute coronary syndrome (clinical) DSS – Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Child protection and support services (CPSS) – contacts, substantiations, and notifications NMDS *No registration status*

Child protection and support services (CPSS) – out–of–home care NMDS (July 2007) *No registration status*

Children's services NMDS *No registration status*

Commonwealth State/Territory Disability Agreement NMDS – 1 July 2006 NCSIMG, Standard 27/04/2007

Community–based palliative care client DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Dementia MDS *No registration status*

Draft Needle and Syringe program client data dictionary *No registration status*

Gambling Support Services *No registration status*

Health care client identification DSS NHIG, Standard 04/05/2005

Health care provider identification DSS NHIG, Superseded 04/07/2007

Health care provider identification DSS NHIG, Standard 04/07/2007

Juvenile Justice NMDS 2005–06 NCSIMG, Standard 27/03/2007

National Bowel Screening Program NMDS *No registration status*

National Maternal Death NMDS *No registration status*

Person usual physical address DSS *No registration status*

SAAP Client Collection National Minimum Data Set NCSIMG, Proposed 14/04/2007

Data set specification specific attributes

Information specific to this data set:

The postcode can also be used in association with the Australian Bureau of Statistics Socio–Economic Indexes for Areas (SEIFA) index (Australian Bureau of Statistics Socio–Economic Indexes for Areas (SEIFA), Australia (CD–ROM) to derive socio–economic disadvantage, which is associated with cardiovascular risk.

People from lower socio–economic groups are more likely to die from cardiovascular disease than those from higher socio–economic groups. In 1997, people aged 25 – 64 living in the most disadvantaged group of the population died from cardiovascular disease at around twice the rate of those living in the least disadvantaged group (Australian Institute of Health and Welfare (AIHW) 2001. Heart, stroke and vascular diseases– Australian facts 2001.).

This difference in death rates has existed since at least the 1970s.

Preferred language

Identifying and definitional attributes

Technical name:	Person—preferred language, code (ASCL 2005) NN{NN}
METeOR identifier:	304128
Registration status:	NHIG, Standard 08/02/2006 NCSIMG, Standard 29/04/2006
Definition:	The language (including sign language) most preferred by the person for communication, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—preferred language
METeOR identifier:	269744
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 10/04/2006
Definition:	The language (including sign language) most preferred by the person for communication.
Context:	Health and welfare services: An important indicator of ethnicity, especially for persons born in non–English–speaking countries. Its collection will assist in the planning and provision of multilingual services and facilitate program and service delivery for migrants and other non–English speakers.
Object class:	Person
Property:	Preferred language

Value domain attributes

Identifying and definitional attributes

Value domain:	Language code (ASCL 2005) NN{NN}
METeOR identifier:	304116
Registration status:	NHIG, Standard 08/02/2006 NCSIMG, Standard 30/09/2005 NHDAMG, Standard 10/02/2006
Definition:	The ASCL (2005) code set representing languages.
Classification Scheme:	Australian Standard Classification of Languages 2005

Representational attributes

Representation class:	Code
Data type:	Number
Format:	NN{NN}
Maximum character length:	4

Collection and usage attributes

Guide for use:	The Australian Standard Classification of Languages (ASCL) has a three–level hierarchical structure. The most detailed level of the classification consists of base units (languages) which are represented by four–digit codes. The second level of the classification comprises narrow groups of languages (the Narrow Group level), identified by the first two digits. The most general level of the classification consists of broad groups of languages (the Broad Group level) and is identified by the first digit. The classification includes Australian Indigenous languages and sign languages. For example, the Lithuanian language has a code of 3102. In this case 3 denotes that it is an Eastern European language, while 31 denotes that it is a Baltic language. The Pintupi Aboriginal language is coded as 8713. In this case 8 denotes that it is an Australian Indigenous language and 87 denotes

that the language is Western Desert language.

Language data may be output at the Broad Group level, Narrow Group level or base level of the classification. If necessary significant Languages within a Narrow Group can be presented separately while the remaining Languages in the Narrow Group are aggregated. The same principle can be adopted to highlight significant Narrow Groups within a Broad Group.

Data element attributes

Collection and usage attributes

Guide for use: This may be a language other than English even where the person can speak fluent English.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: ABS cat. no.1267.0.Australian Standard Classification of Languages (ASCL), 2005–06. Canberra:Australian Bureau of Statistics

Relational attributes

Related metadata references: Supersedes Person—preferred language, code NN NHIG, Superseded 08/02/2006

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

Alcohol and other drug treatment services NMDS 2007–2008 NHIG, Standard 23/10/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Data set specification specific attributes

Premature cardiovascular disease family history (status)

Identifying and definitional attributes

Technical name:	Person—premature cardiovascular disease family history status, code N
METeOR identifier:	270280
Registration status:	NHIG, Standard 01/03/2005
Definition:	Whether a person has a first degree relative (father, mother or sibling) who has had a vascular event or condition diagnosed before the age of 60 years, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—premature cardiovascular disease family history status
METeOR identifier:	269723
Registration status:	NHIG, Standard 01/03/2005
Definition:	Identifies a person who has a first degree relative (father, mother or sibling) who has had a vascular event or condition diagnosed before the age of 60 years.
Context:	Public health, health care and clinical settings.
Object class:	Person
Property:	Premature cardiovascular disease family history status

Value domain attributes

Identifying and definitional attributes

Value domain:	Family history code N
METeOR identifier:	270809
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing family history for a given disease or condition.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Yes
2	No
3	Family history status not known

Supplementary values:

9	Not recorded

Data element attributes

Collection and usage attributes

Guide for use:

CODE 1: Yes, the person has a first−degree relative under the age of 60 years who has had a vascular disease/condition diagnosed.

CODE 2: No, the person does not have a first−degree relative under the age of 60 years who has had a vascular disease/condition diagnosed.

CODE 3: Family history status not known, the existence of a premature family history for cardiovascular disease cannot be determined.

CODE 9: Not recorded, the information as to the existence of a premature family history for cardiovascular disease has not been recorded.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: Guidelines Subcommittee of the World Health Organization/International Society of Hypertension (WHO−ISH): 1999 WHO−ISH guidelines for management of hypertension. J Hypertension 1999; 17: 151 − 83.

Relational attributes

Related metadata references: Supersedes Premature cardiovascular disease family history − status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Data set specification specific attributes

Information specific to this data set: Having a family history of cardiovascular disease (CVD) is a risk factor for CVD and the risk increases if the event in the family member occurs at a young age. For vascular risk assessment a premature family history is considered to be present where a first−degree relative under age 60 years (woman or man) has had a vascular event/condition diagnosed. The evidence of family history being a strong risk factor for stroke only applies to certain limited stroke subtypes in certain populations.

Proteinuria status

Identifying and definitional attributes

Technical name:	Person—proteinuria status, code N{.N}
METeOR identifier:	270346
Registration status:	NHIG, Standard 01/03/2005
Definition:	Whether there is a presence of excessive protein in the urine of the person, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—proteinuria status
METeOR identifier:	269778
Registration status:	NHIG, Standard 01/03/2005
Definition:	The presence of excessive protein in the urine of the person.
Context:	Health care and clinical settings: Proteinuria is one of several indicators for renal disease or of conditions leading to renal disease. Renal disease when detected early is often responsive to intervention.
Object class:	Person
Property:	Proteinuria status

Value domain attributes

Identifying and definitional attributes

Value domain:	Proteinuria status code N{.N}
METeOR identifier:	270852
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing the status of protein in the urine.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N{.N}
Maximum character length:	2

Permissible values:

Value	Meaning
1	Negative for protein
1.1	Microalbuminuria present
1.2	Microalbuminuria not present
1.3	Microalbuminuria not tested
2	Proteinuria
3	Not tested

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 1 Negative for protein

Negative for proteinuria – less than 1 plus on dipstick–testing or excretion of 300 mg or less of protein from 24–hour urine collection.

CODE 1.1 Microalbuminuria present

Microalbuminuria present

CODE 1.2 Microalbuminuria not present

Microalbuminuria not present

CODE 1.3 Microalbuminuria not tested

Microalbuminuria not tested

CODE 2 Proteinuria

Proteinuria – one or more pluses of protein in dipstick urinalysis or for a 24–hour urine collection, where the patient excretes more than 300 mg/per day of protein.

CODE 3 Not tested

Not tested – no urinalysis for proteinuria was taken.

Collection methods: Where laboratory testing is used to determine Proteinuria status the categorisation must be substantiated by clinical documentation such as an official laboratory report.

Data element attributes

Collection and usage attributes

Collection methods: Dipstick testing can be used to test for protein in a urine specimen. Proteinuria (i.e. excessive protein in the urine) on dipstick urinalysis is described as one or more pluses of protein and for a 24–hour urine collection where the patient excretes more than 300 mg/day of protein.

Microalbuminuria can be determining using any one of the following tests: spot urine, timed urine (24–hour collection) or albumin/creatinine ratio. Although the presence of microalbuminuria does not warrant categorisation as proteinuria, it is clinically significant in the diagnosis and treatment of diabetes.

Comments: In settings where the monitoring of a person's health is ongoing and where a measure can change over time (such as general practice), the Patient—diagnosis date, DDMMYYYY should be recorded.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Relational attributes

Related metadata references: Supersedes Proteinuria – status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Renal disease therapy

Identifying and definitional attributes

Technical name:	Person—renal disease therapy, code N
METeOR identifier:	270264
Registration status:	NHIG, Standard 01/03/2005
Definition:	The therapy the person is receiving for renal disease, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—renal disease therapy
METeOR identifier:	269848
Registration status:	NHIG, Standard 01/03/2005
Definition:	The therapy the person is receiving for renal disease.
Context:	Clinical settings: Its main use is to enable categorisation of management regimes.
Object class:	Person
Property:	Renal disease therapy

Value domain attributes

Identifying and definitional attributes

Value domain:	Renal disease therapy code N
METeOR identifier:	270808
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing the type of therapy provided for treatment of renal disease.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Drugs for modification of renal disease
2	Drugs for treatment of complications of renal disease
3	Peritoneal dialysis
4	Haemodialysis
5	Functioning renal transplant

Collection and usage attributes

Guide for use:

CODE 1 Drugs for modification of renal disease

This code is used to indicate drugs for modification of renal disease, includes drugs intended to slow progression of renal failure. Examples include antiproteinurics such as angiotensin converting enzyme inhibitors (ACEI), angiotensin II receptor antagonists (ATRA) and immunosuppressants.

CODE 2 Drugs for treatment of complications of renal disease

This code is used to indicate drugs for the treatment of the complications of renal disease. Examples include antihypertensive agents and drugs that are intended to correct biochemical imbalances caused by renal disease. (e.g. loop diuretics, ACEI, erythropoietin, calcitriol, etc).

CODE 3 Peritoneal dialysis

This code is used to indicate peritoneal dialysis, chronic peritoneal dialysis, delivered at home, at a dialysis satellite centre or in hospital.

CODE 4 Haemodialysis

This code is used to indicate haemodialysis, chronic haemodialysis delivered at home, at a dialysis satellite centre or in hospital.

CODE 5 Functioning renal transplant

This code is used to indicate functioning renal transplant, the presence of a functioning renal transplant.

Data element attributes

Collection and usage attributes

Guide for use: More than one code can be recorded.

Collection methods: To be collected on commencement of treatment and regularly reviewed.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: Caring for Australians with Renal Impairment Guidelines. Australian Kidney Foundation

Relational attributes

Related metadata references: Supersedes Renal disease therapy, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Data set specification specific attributes

Information specific to this data set: Nephrotoxic agents (including radiocontrast) should be avoided where possible.
Drugs that impair auto−regulation of glomerular filtration rate (GFR) (NSAIDs, COX−2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri−operative etc).

Although combination ACEI and diuretic can be a very potent and efficacious means of reducing blood pressure (and thereby slowing progression), either drug should be introduced individually and carefully in a patient with underlying renal impairment. At the very least, diuretic therapy should be held or reduced when commencing an ACEI in a patient with renal impairment. Combination therapy with ACEI, diuretics and NSAIDs or COX−2 may be particularly harmful.

Drugs, which are primarily excreted by the kidney (e.g. metformin, sotalol, cisapride, etc.) need to be used with caution in patients with renal impairment. The calculated GFR needs to be determined and the dose reduced or the drug avoided as appropriate.

Service contact date

Identifying and definitional attributes

Technical name:	Service contact—service contact date, DDMMYYYY
METeOR identifier:	270122
Registration status:	NHIG, Standard 01/03/2005
Definition:	The date of service contact between a health service provider and patient/client.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Service contact—service contact date
METeOR identifier:	269585
Registration status:	NHIG, Standard 01/03/2005
Definition:	The date of each service contact between a health service provider and patient/client.
Context:	Community–based mental health care and clinical settings: The service contact is required for clinical audit and other quality assurance purposes.
Object class:	Service contact
Property:	Service contact date

Value domain attributes

Identifying and definitional attributes

Value domain:	Date DDMMYYYY
METeOR identifier:	270566
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 01/03/2005
Definition:	The day of a particular month and year.

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	Requires services to record the date of each service contact, including the same date where multiple visits are made on one day (except where the visits may be regarded as a continuation of the one service contact). Where an individual patient/client participates in a group activity, a service contact date is recorded if the person's participation in the group activity results in a dated entry being made in the patient's/client's record.
Collection methods:	For collection from community based (ambulatory and non–residential) agencies.

Relational attributes

Related metadata references:	Supersedes Service contact date, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005 Is used in the formation of Person—number of service contact dates, total N[NN] NHIG, Standard 01/03/2005 Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Implementation in Data Set Specifications:	Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007
	Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007
	Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*
	Community mental health care 2004−2005 NHIG, Superseded 08/12/2004
	Diabetes (clinical) DSS NHIG, Superseded 21/09/2005
	Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Sex

Identifying and definitional attributes

Technical name:	Person—sex, code N
METeOR identifier:	287316
Registration status:	NHIG, Standard 04/05/2005 NCSIMG, Standard 25/08/2005 NHDAMG, Standard 10/02/2006
Definition:	The biological distinction between male and female, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—sex
METeOR identifier:	269716
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 10/02/2006
Definition:	Sex is the biological distinction between male and female. Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.
Context:	Sex is a core metadata item in a wide range of social, labour and demographic statistics.
Object class:	Person
Property:	Sex

Value domain attributes

Identifying and definitional attributes

Value domain:	Sex code N
METeOR identifier:	270807
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Standard 01/03/2005 NHDAMG, Standard 10/02/2006
Definition:	A code set representing the biological distinction between male, female and intersex.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Male
2	Female
3	Intersex or indeterminate

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use: Diagnosis and procedure codes should be checked against the national ICD−10−AM sex edits, unless the person is undergoing, or has undergone a sex change or has a genetic condition resulting in a conflict between sex and ICD−10−AM code.

CODE 3 Intersex or indeterminate

Intersex or indeterminate, refers to a person, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason.

Intersex or indeterminate, should be confirmed if reported for people aged 90 days or greater.

Comments: The definition for Intersex in Guide for use is sourced from the ACT Legislation (Gay, Lesbian and Transgender) Amendment Act 2003.

Source and reference attributes

Origin: Australian Capital Territory 2003. Legislation (Gay, Lesbian and Transgender) Amendment Act 2003

Reference documents: Legislation (Gay, Lesbian and Transgender) Amendment Act 2003. See http://www.legislation.act.gov.au/a/2003−14/20030328−4969/pdf/2003−14.pdf.

Data element attributes

Collection and usage attributes

Collection methods: Operationally, sex is the distinction between male and female, as reported by a person or as determined by an interviewer.

When collecting data on sex by personal interview, asking the sex of the respondent is usually unnecessary and may be inappropriate, or even offensive. It is usually a simple matter to infer the sex of the respondent through observation, or from other cues such as the relationship of the person(s) accompanying the respondent, or first name. The interviewer may ask whether persons not present at the interview are male or female.

A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment. Throughout this process, which may be over a considerable period of time, the person's sex could be recorded as either Male or Female.

In data collections that use the ICD−10−AM classification, where sex change is the reason for admission, diagnoses should include the appropriate ICD−10−AM code(s) that clearly identify that the person is undergoing such a process. This code(s) would also be applicable after the person has completed such a process, if they have a procedure involving an organ(s) specific to their previous sex (e.g. where the patient has prostate or ovarian cancer).

CODE 3 Intersex or indeterminate

Is normally used for babies for whom sex has not been determined for whatever reason.

Should not generally be used on data collection forms completed by the respondent.

Should only be used if the person or respondent volunteers that the person is intersex or where it otherwise becomes clear during the collection process that the individual is neither male nor female.

CODE 9 Not stated/inadequately described

Is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Source and reference attributes

Origin: Australian Institute of Health and Welfare (AIHW) National Mortality Database 1997/98 AIHW 2001 National Diabetes Register, Statistical Profile, December 2000 (Diabetes Series No. 2.)

Reference documents: Australian Bureau of Statistics

AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia

In AS4846 and AS5017 alternative codes are presented. Refer to the current standard for more details.

Relational attributes

Related metadata references: Supersedes Person—sex (housing assistance), code N NHDAMG, Superseded 10/02/2006

Supersedes Person—sex, code N NHIG, Superseded 04/05/2005, NCSIMG, Superseded 31/08/2005

Is used in the formation of Record—linkage key, code 581 XXXXXDDMMYYYYN NCSIMG, Recorded 27/03/2007

Is used in the formation of Record—linkage key 581, statistical code XXXXXDDMMYYYYN *No registration status*

Is used in the formation of Person—statistical linkage key, XXXXXDDMMYYYYN *No registration status*

Is used in the formation of Major Diagnostic Category − supplied by hospital − code (AR−DRG v5.1) NN *No registration status*

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR−DRG v5.1) NN NHIG, Standard 01/03/2005

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR−DRG v5.1) ANNA NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: ACT Health Morbidity Data Collection Specification 2006−2007 *No registration status*

AROC inpatient data set specification NHIG, Candidate 14/02/2007

Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Admitted patient care NMDS NHIG, Superseded 07/12/2005

Admitted patient care NMDS 2006−2007 NHIG, Superseded 23/10/2006

Admitted patient care NMDS 2007−2008 NHIG, Standard 23/10/2006

Admitted patient mental health care NMDS NHIG, Superseded 07/12/2005

Admitted patient mental health care NMDS NHIG, Superseded 23/10/2006

Admitted patient mental health care NMDS 2007−2008 NHIG, Standard 23/10/2006

Admitted patient palliative care NMDS NHIG, Superseded 07/12/2005

Admitted patient palliative care NMDS 2006−2007 NHIG, Superseded 23/10/2006

Admitted patient palliative care NMDS 2007−08 NHIG, Standard 23/10/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 21/03/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

Alcohol and other drug treatment services NMDS 2007−2008 NHIG, Standard 23/10/2006

Cancer (clinical) DSS NHIG, Superseded 07/12/2005

Cancer (clinical) DSS NHIG, Candidate 14/09/2006

Cancer (clinical) DSS NHIG, Standard 07/12/2005

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Child protection and support services (CPSS) client cluster *No registration status*

Child protection and support services (CPSS) sibling cluster *No registration status*

Children's services NMDS *No registration status*

Commonwealth State/Territory Disability Agreement NMDS − 1 July 2006 NCSIMG, Standard 27/04/2007

Community mental health care 2004−2005 NHIG, Superseded 08/12/2004

Community mental health care NMDS 2005−2006 NHIG, Superseded 07/12/2005

Community mental health care NMDS 2006−2007 NHIG, Superseded 23/10/2006

Community mental health care NMDS 2007−2008 NHIG, Standard 23/10/2006

Community−based palliative care client DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS *No registration status*

Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Congenital anomalies NMDS (Under development by the NPSU September 2006) *No registration status*

Dementia MDS *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Draft Needle and Syringe program client data dictionary *No registration status*

Gambling Support Services *No registration status*

Health care client identification DSS NHIG, Standard 04/05/2005

Health care provider identification DSS NHIG, Superseded 04/07/2007

Health care provider identification DSS NHIG, Standard 04/07/2007

Intensive care DSS NHIG, Recorded 14/07/2006

Juvenile Justice NMDS 2005–06 NCSIMG, Standard 27/03/2007

Medical Indemnity DSS *No registration status*

National Bowel Screening Program NMDS *No registration status*

National opioid pharmacotherapy statistics annual data *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 07/12/2005

Non–admitted patient emergency department care NMDS NHIG, Superseded 24/03/2006

Non–admitted patient emergency department care NMDS *No registration status*

Non–admitted patient emergency department care NMDS NHIG, Superseded 23/10/2006

Non–admitted patient emergency department care NMDS 2007–2008 NHIG, Standard 23/10/2006

Organ and tissue donation *No registration status*

Outpatient care patient level DSS *No registration status*

Perinatal NMDS NHIG, Superseded 07/12/2005

Perinatal NMDS NHIG, Superseded 06/09/2006

Perinatal NMDS 2007–2008 NHIG, Standard 06/09/2006

Recommended Data Specifications for Community Care *No registration status*

Residential mental health care NMDS NHIG, Proposed 15/08/2005

Residential mental health care NMDS 2005–2006 NHIG, Superseded 07/12/2005

Residential mental health care NMDS 2006–2007 NHIG, Superseded 23/10/2006

Residential mental health care NMDS 2007–2008 NHIG, Standard 23/10/2006

SAAP Client Collection National Minimum Data Set NCSIMG, Proposed 14/04/2007

SAAP Demand for Accommodation National Minimum Data Set *No registration status*

Statistical linkage key 581 cluster NCSIMG, Recorded 27/03/2007

Statistical linkage key DSS *No registration status*

Test DSS *No registration status*

test *No registration status*

Data set specification specific attributes

Tobacco smoking status

Identifying and definitional attributes

Technical name:	Person—tobacco smoking status, code N
METeOR identifier:	270311
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's current and past smoking behaviour, as represented by a code.
Context:	Public health and health care

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—tobacco smoking status
METeOR identifier:	269750
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's current and past smoking behaviour.
Context:	Public health and health care
Object class:	Person
Property:	Tobacco smoking status

Value domain attributes

Identifying and definitional attributes

Value domain:	Tobacco smoking status code N
METeOR identifier:	270829
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing a person's smoking status.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Daily smoker
2	Weekly smoker
3	Irregular smoker
4	Ex−smoker
5	Never smoked

Collection and usage attributes

Guide for use:

CODE 1 Daily smoker

A person who smokes daily

CODE 2 Weekly smoker

A person who smokes at least weekly but not daily

CODE 3 Irregular smoker

A person who smokes less than weekly

CODE 4 Ex−smoker

A person who does not smoke at all now, but has smoked at least 100 cigarettes or a similar amount of other tobacco products in his/her lifetime.

CODE 5 Never−smoker

A person who does not smoke now and has smoked fewer than 100 cigarettes or similar amount of other tobacco products in his/her lifetime.

Source and reference attributes

Reference documents: Standard Questions on the Use of Tobacco Among Adults (1998)

Data element attributes

Collection and usage attributes

Collection methods: The recommended standard for collecting this information is the Standard Questions on the Use of Tobacco Among Adults − interviewer administered (Questions 1 and 4) and self−administered (Questions 1 and 1a) versions. The questionnaires are designed to cover persons aged 18 years and over.

Comments: There are two other ways of categorising this information:

- Regular and irregular smokers where a regular smoker includes someone who is a daily smoker or a weekly smoker. 'Regular' smokers is the preferred category to be reported in prevalence estimates.
- Daily and occasional smokers where an occasional smoker includes someone who is a weekly or irregular smoker. The category of 'occasional' smoker can be used when the aim of the study is to draw contrast between daily smokers and other smokers.
  Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5−year age groups. Summary statistics may need to be adjusted for age and other relevant variables.

Smoker type is used to define subpopulations of adults (age 18+ years) based on their smoking behaviour.

Smoking has long been known as a health risk factor. Population studies indicate a relationship between smoking and increased mortality/morbidity.

This data element can be used to estimate smoking prevalence. Other uses are:

- To evaluate health promotion and disease prevention programs (assessment of interventions)
- To monitor health risk factors and progress towards National Health Goals and Targets

It is recommended that in surveys of smoking, data on age, sex and other socio−demographic variables should be collected. It is also recommended that when smoking is investigated in relation to health, data on other risk factors including pregnancy status, physical activity, overweight and obesity, and alcohol consumption should be collected.

Relational attributes

Related metadata references: Supersedes Tobacco smoking status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Tobacco smoking—consumption/quantity (cigarettes)

Identifying and definitional attributes

Technical name:	Person—number of cigarettes smoked (per day), total N[N]
METeOR identifier:	270332
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of cigarettes (manufactured or roll−your−own) smoked per day by a person.
Context:	Public health and health care

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—number of cigarettes smoked
METeOR identifier:	269770
Registration status:	NHIG, Standard 01/03/2005
Definition:	The number of cigarettes smoked by a person.
Object class:	Person
Property:	Number of cigarettes smoked

Value domain attributes

Identifying and definitional attributes

Value domain:	Total cigarettes N[N]
METeOR identifier:	270844
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of cigarettes.

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[N]
Maximum character length:	2

Supplementary values:

Value	Meaning
99	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use:	This metadata item is relevant only for persons who currently smoke cigarettes daily or at least weekly. Daily consumption should be reported, rather than weekly consumption. Weekly consumption is converted to daily consumption by dividing by 7 and rounding to the nearest whole number. Quantities greater than 98 (extremely rare) should be recorded as 98.
Collection methods:	The recommended standard for collecting this information is the Standard Questions on the Use of Tobacco Among Adults (1998) – interviewer administered (Questions 3a and 3b) and self−administered (Questions 2a and 2b) versions. The questions cover persons aged 18 and over.
Comments:	The number of cigarettes smoked is an important measure of the magnitude of the tobacco problem for an individual. Research shows that of Australians who smoke, the overwhelming majority smoke cigarettes (manufactured or roll−your−own) rather than other tobacco products.

From a public health point of view, consumption level is relevant only for regular smokers (those who smoke daily or at least weekly).

Data on quantity smoked can be used to:

- evaluate health promotion and disease prevention programs (assessment of interventions)
- monitor health risk factors and progress towards National Health Goals and Targets
- ascertain determinants and consequences of smoking
- assess a person's exposure to tobacco smoke.

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5−year age groups. Summary statistics may need to be adjusted for age and other relevant variables.

It is recommended that in surveys of smoking, data on age, sex and other socio−demographic variables should be collected. It is also recommended that when smoking is investigated in relation to health, data on other risk factors including pregnancy status, physical activity, overweight and obesity, and alcohol consumption should be collected.

Relational attributes

Related metadata references:

Supersedes Tobacco smoking − consumption/quantity (cigarettes), version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Data set specification specific attributes

Information specific to this data set:

The number of cigarettes smoked is an important measure of the magnitude of the tobacco problem for an individual. Research shows that of Australians who smoke, the overwhelming majority smoke cigarettes (manufactured or roll−your−own) rather than other tobacco products. From a public health point of view, consumption level is relevant only for regular smokers (those who smoke daily or at least weekly).

Data on quantity smoked can be used to:

- evaluate health promotion and disease prevention programs (assessment of interventions)
- monitor health risk factors and progress towards National Health Goals and Targets
- ascertain determinants and consequences of smoking
- assess a person's exposure to tobacco smoke.

Triglyceride level (measured)

Identifying and definitional attributes

Technical name:	Person—triglyceride level (measured), total millimoles per litre N[N].N
METeOR identifier:	270229
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's triglyceride level measured in millimoles per litre.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—triglyceride level
METeOR identifier:	269684
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's triglyceride level.
Context:	Public health, health care and clinical setting.
Object class:	Person
Property:	Triglyceride level

Value domain attributes

Identifying and definitional attributes

Value domain:	Total millimoles per litre N[N].N
METeOR identifier:	270785
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of millimoles per litre (mmol/L).

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[N].N
Maximum character length:	3

Supplementary values:

Value	Meaning
99.9	Not stated/inadequately described.

Unit of measure: Millimole per litre (mmol/L)

Data element attributes

Collection and usage attributes

Guide for use: Record the absolute result of the total triglyceride measurement.

Collection methods: Measurement of lipid levels should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authorities.

- To be collected as a single venous blood sample, preferably following a 12−hour fast where only water and medications have been consumed.

Note that to calculate the low−density lipoprotein − cholesterol (LDL−C) from the Friedwald Equation (Friedwald et al, 1972):

- a fasting level of plasma triglyceride and knowledge of the levels of plasma total cholesterol and high−density lipoprotein − cholesterol (HDL−C) is required,
- the Friedwald equation becomes unreliable when the plasma triglyceride exceeds 4.5 mmol/L, and
- that while levels are reliable for the first 24 hours after the onset of acute coronary syndromes, they may be unreliable for the subsequent

6 weeks after an event.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Relational attributes

Related metadata references: Supersedes Triglycerides − measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Person—low−density lipoprotein cholesterol level (calculated), total millimoles per litre N[N].N NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Data set specification specific attributes

Information specific to this data set: A relationship between triglyceride and High−density Lipoprotein Cholesterol (HDL−C) and chronic heart disease (CHD) event rates has been shown. This view is supported by the observation that the remnants of triglyceride−rich lipoproteins are the particles that occur in dysbetalipoproteinaemia, a condition associated with a very high risk of premature atherosclerotic vascular disease. There have been two comprehensive reviews of the relationship between plasma triglyceride and CHD (see Criqui et al. 1993 and Austin et al. 1991). Criqui concludes that triglyceride is not an independent predictor of CHD and is probably not causally related to the disease, while Austin provides a compelling case for a causal role of (at least) some triglyceride rich lipoproteins. Conclusions drawn from population studies of the relationship between plasma triglyceride and the risk of CHD include the following:

- an elevated concentration of plasma triglyceride (> 2.0 mmol/L) is predictive of CHD when associated with either an increased concentration of LDL−C or a decreased concentration of HDL−C.
- the relationship between CHD risk and plasma triglyceride is not continuous, with evidence that the risk is greatest in people with triglyceride levels between 2 and 6 mmol/L (Lipid Management Guidelines − 2001, MJA 2001; 175: S57−S88. National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand).

It is likely that the positive relationship between plasma triglyceride and CHD, as observed in many population studies, is because an elevated level of plasma triglyceride in some people is a reflection of an accumulation of the atherogenic remnants of chylomicrons and very Low−density Lipoprotein

(LDL). These particles are rich in both triglyceride and cholesterol and appear to be at least as atherogenic as LDL.

Vascular history

Identifying and definitional attributes

Technical name:	Person—vascular condition status (history), code NN
METeOR identifier:	269958
Registration status:	NHIG, Standard 01/03/2005
Definition:	Whether the person has had a history of vascular conditions, as represented by a code.
Context:	The vascular history of the patient is important as an element in defining future risk for a cardiovascular event and as a factor in determining best practice management for various cardiovascular risk factor(s). It may be used to map vascular conditions, assist in risk stratification and link to best practice management.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—vascular condition status
METeOR identifier:	269475
Registration status:	NHIG, Standard 01/03/2005
Definition:	Describes the vascular condition of the person.
Context:	Public health, health care and clinical settings
Object class:	Person
Property:	Vascular condition status

Value domain attributes

Identifying and definitional attributes

Value domain:	Vascular condition code NN
METeOR identifier:	270630
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing vascular conditions.

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Myocardial infarction
02	Unstable angina pectoris
03	Angina
04	Heart failure
05	Atrial fibrillation
06	Other dysrhythmia or conductive disorder
07	Rheumatic heart disease
08	Non−rheumatic valvular heart disease
09	Left ventricular hypertrophy
10	Stroke
11	Transient ischaemic attack
12	Hypertension
13	Peripheral vascular disease (includes abdominal aortic aneurism)

	14	Deep vein thrombosis
	15	Other atherosclerotic disease
	16	Carotid stenosis
	17	Vascular renal disease
	18	Vascular retinopathy (hypertensive)
	19	Vascular retinopathy (diabetic)
	97	Other vascular
	98	No vascular history
Supplementary values:	99	Unknown/not stated /not specified

Collection and usage attributes

Comments: Can be mapped to the current version of ICD−10−AM.

Source and reference attributes

Origin: International Classification of Diseases − Tenth Revision − Australian Modification (3rd Edition 2000), National Centre for Classification in Health, Sydney

Data element attributes

Collection and usage attributes

Guide for use: More than one code can be recorded.

Collection methods: Ideally, vascular history information is derived from and substantiated by clinical documentation.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: National Centre for Classification in Health

National Data Standards for Injury Surveillance Advisory Group

Relational attributes

Related metadata references: Supersedes Vascular history, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Acute coronary syndrome (clinical) DSS *No registration status*

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Acute coronary syndrome (clinical) DSS − Queensland Health CPIC *No registration status*

Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Data set specification specific attributes

Vascular procedures

Identifying and definitional attributes

Technical name:	Person—vascular procedures (history), code NN
METeOR identifier:	269962
Registration status:	NHIG, Standard 01/03/2005
Definition:	The vascular procedures the person has undergone, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—vascular procedure
METeOR identifier:	269478
Registration status:	NHIG, Standard 01/03/2005
Definition:	Describes the vascular procedures the person has undergone.
Context:	Public health and health care: This metadata item is important for tracking cardiovascular patient management against appropriate practice for cardiovascular presentation(s) and risk factor(s) the person may exhibit.
Object class:	Person
Property:	Vascular procedure

Value domain attributes

Identifying and definitional attributes

Value domain:	Vascular procedure code NN
METeOR identifier:	270632
Registration status:	NHIG, Standard 01/03/2005
Definition:	A code set representing vascular procedures.

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Amputation for arterial vascular insufficiency
02	Carotid endarterectomy
03	Carotid angioplasty/stenting
04	Coronary angioplasty/stenting
05	Coronary artery bypass grafting
06	Renal artery angioplasty/stenting
07	Heart transplant
08	Heart valve surgery
09	Abdominal aortic aneurism repair/bypass graft/stenting
10	Cerebral circulation angioplasty/stenting
11	Femoral/popliteal bypass/graft/stenting
12	Congenital heart and blood vessel defect surgery
13	Permanent pacemaker implantation
14	Implantable cardiac defibrillator
98	Other

Supplementary values:

99	Unknown/not recorded

Data element attributes

Collection and usage attributes

Collection methods: Ideally, Vascular procedure information is derived from and substantiated by clinical documentation.

Comments: In settings where the monitoring of a person's health is ongoing and where a history can change over time (such as general practice), the Service contact—service contact date, DDMMYYYY should be recorded.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: Australian Institute of Health and Welfare (AIHW) 2001. Heart, stroke and vascular diseases – Australian facts 2001. AIHW Cat. No. CVD 13. Canberra: AIHW, National Heart foundation of Australia, National Stroke Foundation of Australia (CVD Series No. 14)

Relational attributes

Related metadata references: Supersedes Vascular procedures, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Waist circumference (measured)

Identifying and definitional attributes

Technical name:	Person—waist circumference (measured), total centimetres NN[N].N
METeOR identifier:	270129
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's waist circumference measured in centimetres.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—waist circumference
METeOR identifier:	269666
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's waist circumference measured half way between the inferior margin of the last rib and the crest of the ilium in the mid−axillary plane.
Context:	Public health, health care and clinical settings: Originally used in the calculation of Waist−to−hip ratio which requires the measurement of hip circumference and waist circumference as a predictor of obesity−related morbidity and mortality. More recently it has been used in its own right as an indicator of risk associated with excess abdominal fat.
Object class:	Person
Property:	Waist circumference

Collection and usage attributes

Comments:	This metadata item applies to persons of all ages. There is evidence that waist circumference alone might be used to identify people at health risk both from being overweight and from having a central fat distribution (Lean et al. 1995; Han et al. 1995; Pouliot et al. 1994; Seidell et al. 1992). It has been suggested that waist circumference as an index of truncal adiposity in adults may have certain advantages over other measurements of adiposity in predicting obesity related diseases. However, among children and adolescents, waist circumference measures should only be used as a measure of variation in an individual. As yet, no age appropriate cut−off points indicative of risk factors have been developed for use among children and adolescents.

Value domain attributes

Identifying and definitional attributes

Value domain:	Total centimetres NN[N].N
METeOR identifier:	270714
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of centimetres.

Representational attributes

Representation class:	Total
Data type:	Number
Format:	NN[N].N
Maximum character length:	4

Supplementary values:

Value	Meaning
999.9	Not measured

Unit of measure:	Centimetre (cm)

Data element attributes

Collection and usage attributes

Collection methods:

The collection of anthropometric measurements, particularly in those who are overweight or obese or who are concerned about their weight, should be performed with great sensitivity, and without drawing attention to an individual's weight.

The measurement protocol described below is that recommended by the World Health Organization (WHO Expert Committee 1995) which was adapted from Lohman et al. (1988) and the International Society for the Advancement of Kinanthropometry as described by Norton et al. (1996).

In order to ensure consistency in measurement, the following measurement protocol should be used.

Measurement protocol:

The measurement of waist circumference requires a narrow (< 7 mm wide), flexible, inelastic tape measure. The kind of tape used should be described and reported. The graduations on the tape measure should be at 0.1 cm intervals and the tape should have the capacity to measure up to 200 cm. Measurement intervals and labels should be clearly readable under all conditions of use of the tape measure.

The subject should remove any belts and heavy outer clothing. Measurement of waist circumference should be taken over at most one layer of light clothing. Ideally the measure is made directly over the skin.

The subject stands comfortably with weight evenly distributed on both feet, and the feet separated about 25–30 cm. The arms should hang loosely at the sides. Posture can affect waist circumference. The measurement is taken midway between the inferior margin of the last rib and the crest of the ilium, in the mid–axillary plane. Each landmark should be palpated and marked, and the midpoint determined with a tape measure and marked.

The circumference is measured with an inelastic tape maintained in a horizontal plane, at the end of normal expiration. The tape is snug, but does not compress underlying soft tissues. The measurer is positioned by the side of the subject to read the tape. To ensure contiguity of the two parts of the tape from which the circumference is to be determined, the cross–handed technique of measurement, as described by Norton et al. (1996), should be used. Ideally an assistant will check the position of the tape on the opposite side of the subject's body.

The measurement is recorded at the end of a normal expiration to the nearest 0.1 cm. Take a repeat measurement and record it to the nearest 0.1 cm. If the two measurements disagree by more than 1 cm, take a third measurement. All raw measurements should be recorded on the data collection form. If practical, it is preferable to enter the raw data into the database as this enables intra–observer and, where relevant, inter–observer errors to be assessed. The subject's measured waist circumference is subsequently calculated as the mean of the two observations, or the mean of the two closest measurements if a third is taken, and recorded on the form. If only a mean value is entered into the database then the data collection forms should be retained.

It may be necessary to round the mean value to the nearest 0.1 cm. If so, rounding should be to the nearest even digit to reduce systematic over–reporting (Armitage & Berry 1994). For example, a mean value of 72.25 cm would be rounded to 72.2 cm, while a mean value of 72.35 cm would be rounded to 72.4 cm.

Validation and quality control measures:

Steel tapes should be checked against a 1 metre engineer's rule every 12 months. If tapes other than steel are used they should be checked daily against a steel rule.

Within− and, if relevant, between−observer variability should be reported. They can be assessed by the same (within −) or different (between−) observers repeating the measurement, on the same subjects, under standard conditions after a short time interval. The standard deviation of replicate measurements (technical error of measurement (Pederson & Gore 1996) between observers should not exceed 2% and be less than 1.5% within observers.

Extreme values at the lower and upper end of the distribution of measured waist circumference should be checked both during data collection and after data entry. Individuals should not be excluded on the basis of true biological difference.

Last−digit preference, and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.

Comments:

This metadata item is recommended for use in population surveys and health care settings.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

National health metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items are being developed for physical activity.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5−year age groups. However 5−year age groups are not generally suitable for children and adolescents. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For reporting purposes, it may be desirable to present waist circumference in categories. It is recommended that 5−cm groupings are used for this purpose. Waist circumference should not be rounded before categorisation. The following categories may be appropriate for describing the waist circumferences of Australian men, women children and adolescents, although the range will depend on the population.

Waist < 35 cm

35 cm = Waist < 40 cm

40 cm = Waist < 45 cm

... in 5 cm categories

105 cm = Waist < 110 cm

Waist => 110 cm

Source and reference attributes

Submitting organisation: World Health Organization International Society for the Advancement of Kinanthropometry

Relational attributes

Related metadata references: Supersedes Waist circumference – measured, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Adult—waist–to–hip ratio, N.NN NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS – Demo for CPIC *No registration status*

Data set specification specific attributes

Weight in kilograms (measured)

Identifying and definitional attributes

Technical name:	Person—weight (measured), total kilograms N[NN].N
Synonymous names:	Infant weight, neonate, stillborn
METeOR identifier:	270208
Registration status:	NHIG, Standard 01/03/2005
Definition:	The weight (body mass) of a person measured in kilograms.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—weight
METeOR identifier:	269672
Registration status:	NHIG, Standard 01/03/2005
Definition:	The body mass of a person.
Context:	Public health and health care: Weight is an overall measure of body size that does not distinguish between fat and muscle. Weight is an indicator of nutrition status and health status. Low pre−pregnancy weight is an indicator of poorer gestational outcome in women (Kramer 1988). Low weight is also associated with osteoporosis. In general, change in weight is of interest in adults because it is an indicator of changing health status. Self reported or parentally reported weight for children and adolescents should be used cautiously if at all. It enables the calculation of body mass index which requires the measurement of height and weight (body mass) for adults.
Object class:	Person
Property:	Weight

Value domain attributes

Identifying and definitional attributes

Value domain:	Total kilograms N[NN].N
METeOR identifier:	270776
Registration status:	NHIG, Standard 01/03/2005
Definition:	Total number of kilograms.

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NN].N
Maximum character length:	4

Supplementary values:

Value	Meaning
999.9	Not collected

Unit of measure:	Kilogram (Kg)

Collection and usage attributes

Guide for use:	A continuous variable measured to the nearest 0.1 kg. CODE 999.9 Not collected Use this code if measured weight is not collected.

Data element attributes

Collection and usage attributes

Guide for use:

In order to ensure consistency in measurement, the measurement protocol described under Collection methods should be used.

Collection methods:

The collection of anthropometric measurements, particularly in those who are overweight or obese or who are concerned about their weight, should be performed with great sensitivity and without drawing attention to an individual's weight.

The measurement protocol described below is that recommended by the WHO Expert Committee (1995).

Measurement protocol:

Equipment used should be described and reported. Scales should have a resolution of at least 0.1kg and should have the capacity to weigh up to at least 200 kg. Measurement intervals and labels should be clearly readable under all conditions of use of the instrument. Scales should be capable of being calibrated across the entire range of measurements. Precision error should be no more than 0.1kg. Scales should be calibrated on each day of use. Manufacturers' guidelines should be followed with regard to the transportation of the scales.

Adults and children who can stand:

The subject stands over the centre of the weighing instrument, with the body weight evenly distributed between both feet.

Heavy jewellery should be removed and pockets emptied. Light indoor clothing can be worn, excluding shoes, belts, and sweater. Any variations from light indoor clothing (e.g. heavy clothing, such as kaftans or coats worn because of cultural practices) should be noted on the data collection form. Adjustments for non−standard clothing (i.e. other than light indoor clothing) should only be made in the data checking/cleaning stage prior to data analysis.

If the subject has had one or more limbs amputated, record this on the data collection form and weigh them as they are. If they are wearing an artificial limb, record this on the data collection form but do not ask them to remove it. Similarly, if they are not wearing the limb, record this but do not ask them to put it on.

The measurement is recorded to the nearest 0.1 kg. If the scales do not have a digital readout, take a repeat measurement. If the two measurements disagree by more than 0.5 kg, then take a third measurement. All raw measurements should be recorded on the data collection form. If practical, it is preferable to enter the raw data into the database as this enables intra−observer and, where relevant, inter−observer errors to be assessed. The subject's measured weight is subsequently calculated as the mean of the two observations, or the mean of the two closest measurements if a third is taken, and recorded on the form. If only a mean value is entered into the database then the data collection forms should be retained.

It may be necessary to round the mean value to the nearest 0.1 kg. If so, rounding should be to the nearest even digit to reduce systematic over reporting (Armitage and Berry 1994). For example, a mean value of 72.25 kg would be rounded to 72.2 kg, while a mean value of 72.35 kg would be rounded to 72.4 kg.

Infants:

Birth weight and gender should be recorded with gestational age. During infancy a levelled pan scale with a bean and movable weights or digital scales capable of measuring to two decimal places of a kilogram are acceptable. Birth weight should be determined within 12 hours of birth. The infant, with or without a nappy or diaper is placed on the scales so that the weight is distributed equally about the centre of the pan. When the infant is lying or suspended quietly, weight is recorded to the nearest 10 grams. If the nappy or diaper is worn, its weight is subtracted from the observed weight i.e. reference data for infants are based on nude weights.

Validation and quality control measures:

If practical, equipment should be checked daily using one or more objects of known weight in the range to be measured. It is recommended that the scale be calibrated at the extremes and in the mid range of the expected weight of the population being studied.

Within− and, if relevant, between−observer variability should be reported. They can be assessed by the same (within −) or different (between−) observers repeating the measurement of weight, on the same subjects, under standard conditions after a short time interval. The standard deviation of replicate measurements (technical error of measurement) between observers should not exceed 0.5 kg and be less than 0.5 kg within observers.

Extreme values at the lower and upper end of the distribution of measured height should be checked both during data collection and after data entry. Individuals should not be excluded on the basis of true biological difference.

Last digit preference, and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.

Comments:

This metadata item applies to persons of all ages. It is recommended for use in population surveys and health care settings.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items are being developed for physical activity.

Presentation of data:

Means and 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5−year age groups. However 5−year age groups are not generally suitable for children and adolescents. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present weight data in categories. It is recommended that 5 kg groupings are used for this purpose. Weight data should not be rounded before categorisation. The following categories may be appropriate for describing the weights of Australian men, women, children and adolescents, although the range will depend on the

population.

Weight < 10 kg

10 kg = Weight

15 kg = Weight < 20 kg

... in 5 kg categories

135 kg = Weight < 140 kg

Weight => 140 kg

Source and reference attributes

Submitting organisation: World Health Organization The consortium to develop standard methods for the collection and collation of anthropometric data in children as part of the National Food and Nutrition Monitoring and Surveillance Project, funded by the Commonwealth Department of Health and Ageing

Reference documents: Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults (US National Heart, Lung and Blood Institute (NHLBI) in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases).
Chronic Diseases and Associated Risk Factors in Australia 2001 (AIHW).

Relational attributes

Related metadata references: Supersedes Weight − measured, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Female—pre−pregnancy body mass index (self−reported), ratio NN[N].N[N] *No registration status*

Is used in the formation of Child—body mass index (self−reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Child—body mass index (measured), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Adult—body mass index (self−reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Adult—body mass index (measured), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Superseded 04/07/2007

Cardiovascular disease (clinical) DSS NHIG, Standard 04/07/2007

Cardiovascular disease (clinical) DSS − Demo for CPIC *No registration status*

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

National Maternal Death NMDS *No registration status*

Organ and tissue donation *No registration status*

Data set specification specific attributes