

**National health data dictionary
Summary of updates since
Version 13**

(up to December 2006)

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Summary of updates to the National health data dictionary version 13

The purpose of this document is to inform users of updates to the NHDD version 13 published in July 2006. This reflects changes to national health data standards between the 1 July 2006 (when it was last downloaded) and the 5th January 2007. These changes include the addition of 16 new data elements, 9 revised data elements, 10 revised national minimum data sets, 1 new data set specification and 1 revised classification. As a result of standards being revised 9 data elements and 1 classification have been superseded. No national standards have been retired since version 13 of the NHDD was published.

These new standards have been agreed by the members of the Health Data Standards Committee (HDSC), Statistical Information Management Committee (SIMC) and endorsed by the National Health Information Group (NHIG) now known as the National Health Information Principal Committee (NHIMPC).

Summary table of updates to the NHDD version 13

Registration status	National Minimum Data Sets	Data Set Specifications	Data elements	Classifications
Standards (new)	Nil	1	16	Nil
Standards (revised)	10	Nil	9	1
Superseded	Nil	Nil	9	1
Retired	Nil	Nil	Nil	Nil

Revised National minimum data sets

NMDS	Description of change	Data elements revised	Data elements added	Data elements removed
Admitted patient care NMDS 2007-2008	Revision to three data elements and the removal of one data element from the NMDS.	Area of usual residence Funding source for hospital patient Admitted patient election status	Nil	Medicare eligibility status
Admitted patient mental health care NMDS 2007-2008	Revision to one data element in the NMDS.	Area of usual residence	Nil	Nil
Admitted patient palliative care NMDS 2007-08	Revision to two data elements in the NMDS.	Funding source for hospital patient Area of usual residence	Nil	Nil
Alcohol and other drug treatment services NMDS 2007-2008	Revision to one data element in the NMDS.	Geographical location of service delivery outlet	Nil	Nil
Community mental health care NMDS 2007-2008	Revision to one data element in the NMDS.	Area of usual residence	Nil	Nil
Mental health establishments NMDS 2007-2008	Revision to one data element in the NMDS.	Geographical location of establishment	Nil	Nil

NMDS	Description of change	Data elements revised	Data elements added	Data elements removed
Non-admitted patient emergency department care NMDS 2007-2008	Revision to one data element in the NMDS	Area of usual residence	Nil	Nil
Perinatal NMDS 2007-2008	Revision of NMDS description that broadens the scope. Revisions of 2 data elements and the addition of 1 data element to the NMDS.	Method of birth Presentation at birth	Area of usual residence	Nil
Public hospital establishments NMDS 2007-2008	Revision to one data element in the NMDS.	Geographical location of establishment	Nil	Nil
Residential mental health care NMDS 2007-2008	Revision to one data element in the NMDS.	Area of usual residence	Nil	Nil

New data set specifications

Functioning and disability data set specification

The Functioning and disability data set specification (DSS) is new to the NHDD. Its aim is to ensure national consistency in relation to defining and measuring human functioning and disability. This DSS has been developed to be consistent with the International Classification of Functioning, Disability and Health (ICF).

The Functioning and Disability DSS comprises the following four clusters to describe level of human functioning:

1. Body functioning, qualified by extent of impairment
2. Body structure, qualified by extent, nature and location of impairment
3. Activities and participation, qualified by level of difficulty and need for assistance with undertaking activities and extent of and satisfaction with participation
4. Environmental factors, qualified by extent of influence of the environment

New data elements in NHDD since 01/07/2006

Short name	Technical name
Activity and participation life area	Person—activity and participation life area, code (ICF 2001) AN[NNN]
Assistance with activities	Person—need for assistance with activities in a life area, code N
Body function	Person—body function, code (ICF 2001) AN[NNNN]
Body structure	Person—body structure, code (ICF 2001) AN[NNNN]
Caesarean section indicator, last previous birth	Female—caesarean section indicator (last previous birth) code N
Change to body structure	Person—nature of impairment of body structure, code (ICF 2001) N
Difficulty with activities	Person—level of difficulty with activities in life areas, code (ICF 2001) N
Environmental factor	Person—environmental factor, code (ICF 2001) AN[NNN]
Extent of participation	Person—extent of participation in a life area, code (ICF 2001) N
Impairment of body function	Person—extent of impairment of body function, code (ICF 2001) N

Short name	Technical name
Impairment of body structure	Person—extent of impairment of body structure, code (ICF 2001) N
Satisfaction with participation	Person—level of satisfaction with participation in a life area, code N
Influence of environmental factor	Person—extent of environmental factor influence, code (ICF 2001) [X]N
Location of impairment	Person—location of impairment of body structure, code (ICF 2001) N
Number of caesarean sections	Female—number of caesarean sections, total count N[N]
Parity	Female—parity, total N[N]

Revised data elements in NHDD since 01/07/2006

Short name	Technical name	Description of change
Area of usual residence	Person—area of usual residence, geographical location code (ASGC 2006) NNNNN	Revisions are a result of the release of the 2006 ASGC.
Admitted patient election status	Episode of admitted patient care—patient election status, code N	Technical name changed from Episode of admitted patient care—elected accommodation status, code N. Additional information provided in the guide for use field and text deleted from the collection methods field.
Department of Veterans' Affairs file number	Person—government funding identifier, Department of Veterans' Affairs file number AAXXNNNNA	Representation and guide for use revised to clarify the representation of a file number for a DVA dependent.
Funding source for hospital patient	Episode of care—principal source of funding, hospital code NN	Technical name and definition changed to remove the word and meaning of 'Expected' from the data element. Additional information provided in the guide for use field. New code 13 <i>No charge raised</i> added to value domain.
Geographical location of establishment	Establishment—geographical location, code (ASGC 2006) NNNNN	Revisions are a result of the release of the 2006 ASGC.
Geographical location of service delivery outlet	Service delivery outlet—geographic location, code (ASGC 2006) NNNNN	Revisions are a result of the release of the 2006 ASGC.
Medicare eligibility status	Person—eligibility status, Medicare code N	Additional information provided in the guide for use field and context removed from this data element.
Method of birth	Birth event—birth method, code N	Technical name changed from Birth event—delivery method, code N. Additional information provided in the guide for use field.
Presentation at birth	Birth event—birth presentation, code N	Revisions have been made to the definition, guide for use and comments fields.

Revised classification schemes since 01/07/2006

Name	Description of change
Australian Standard Geographical Classification 2006	Revisions are a result of the release of the 2006 ASGC.

National minimum data sets

Admitted patient care NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	339089
<i>Registration status:</i>	NHIG, Standard 29/11/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.</p> <p>Hospital boarders and still births are not included as they are not admitted to hospital. Posthumous organ procurement episodes are also not included.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of care for admitted patients
<i>Collection methods:</i>	<p>Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (e.g. monthly).</p> <p><i>National reporting arrangements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2007
<i>Comments:</i>	<p><i>Scope links with other NMDS</i></p> <p>Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:</p> <ul style="list-style-type: none">• Admitted patient mental health care NMDS. <p>Episodes of care for admitted patients where care type is palliative care:</p> <ul style="list-style-type: none">• Admitted patient palliative care NMDS. <p><i>Glossary items</i></p> <p>Some previous Knowledgebase data element concepts are available in the METeOR glossary. Glossary items are available online through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are listed below.</p>

Admission

Diagnosis
Episode of acute care
Hospital boarder
Hospital-in-the-home care
Live birth
Neonate
Newborn qualification status
Organ procurement - posthumous
Same-day patient
Separation

Source and reference attributes

Origin: National Health Information Management Group

Relational attributes

Related metadata references: Supersedes Admitted patient care NMDS 2006-2007 NHIG,
Superseded 29/11/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Activity when injured	Mandatory	50
-	Additional diagnosis	Mandatory	50
-	Admission date	Mandatory	1
-	Admitted patient election status	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Australian State/Territory identifier (establishment)	Mandatory	1
-	Care type	Mandatory	1
-	Country of birth	Mandatory	1
-	Date of birth	Mandatory	1
-	Diagnosis related group	Mandatory	1
-	Establishment number	Mandatory	1
-	Establishment sector	Mandatory	1
-	External cause (admitted patient)	Mandatory	50
-	Funding source for hospital patient	Mandatory	1
-	Hospital insurance status	Mandatory	1
-	Indigenous status	Mandatory	1
-	Intended length of hospital stay	Mandatory	1
-	Inter-hospital contracted patient	Mandatory	1
-	Major diagnostic category	Mandatory	1
-	Mental health legal status	Mandatory	1
-	Mode of admission	Mandatory	1
-	Mode of separation	Mandatory	1

-	Number of days of hospital-in-the-home care	Mandatory	1
-	Number of qualified days for newborns	Conditional	1
-	Person identifier	Mandatory	1
-	Place of occurrence of external cause of injury (ICD-10-AM)	Mandatory	50
-	Principal diagnosis	Mandatory	1
-	Procedure	Mandatory	50
-	Region code	Mandatory	1
-	Separation date	Mandatory	1
-	Sex	Mandatory	1
-	Source of referral to public psychiatric hospital	Conditional	1
-	Total leave days	Mandatory	1
-	Total psychiatric care days	Mandatory	1
-	Urgency of admission	Mandatory	1
-	Weight in grams (measured)	Conditional	1

Admitted patient mental health care NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	345110
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	The scope of this minimum data set is restricted to admitted patients receiving care in psychiatric hospitals or in designated psychiatric units in acute hospitals. The scope does not currently include patients who may be receiving treatment for psychiatric conditions in acute hospitals who are not in psychiatric units.

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of care for admitted patients
<i>Collection methods:</i>	Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly). <i>National reporting arrangements</i> State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis. <i>Periods for which data are collected and nationally collated</i> Financial years ending 30 June each year.
<i>Implementation start date:</i>	01/07/2007
<i>Comments:</i>	Number of days of hospital in the home care data will be collected from all states and territories except Western Australia from 1 July 2001. Western Australia will begin to collect data from a later date. <i>Scope links with other NMDS</i> Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals: <ul style="list-style-type: none">• Admitted patient care NMDS• Admitted patient palliative care NMDS <i>Glossary items</i> Some previous Knowledgebase data element concepts are available in the METeOR glossary. Currently the metadata search in METeOR does not cover glossary items however these items are available through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are included here. Resident Residential mental health care service Same-day patients

Separation

Source and reference attributes

Submitting organisation: National Health Information Group

Relational attributes

Related metadata references: Supersedes Admitted patient mental health care NMDS NHIG, Standard 07/12/2005

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Additional diagnosis	Mandatory	1
-	Admission date	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Care type	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Diagnosis related group	Mandatory	1
-	Employment status (admitted patient)	Mandatory	1
-	Employment status – public psychiatric hospital admissions	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Indigenous status	Mandatory	1
-	Major diagnostic category	Mandatory	1
-	Marital status	Conditional	1
-	Mental health legal status	Mandatory	1
-	Mode of separation	Mandatory	1
-	Person identifier	Mandatory	1
-	Previous specialised treatment	Mandatory	1
-	Principal diagnosis	Mandatory	1
-	Referral destination to further care (psychiatric patients)	Mandatory	1
-	Separation date	Mandatory	1
-	Sex	Mandatory	1
-	Source of referral to public psychiatric hospital	Mandatory	1
-	Total leave days	Mandatory	1
-	Total psychiatric care days	Mandatory	1
-	Type of accommodation	Mandatory	1
-	Type of usual accommodation	Mandatory	1

Admitted patient palliative care NMDS 2007-08 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	339098
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>The scope of this data set is admitted patients receiving palliative care in all public and private acute hospitals, and free standing day hospital facilities. Hospitals operated by the Australian Defence Force, correctional authorities and Australia's external territories are not currently included.</p> <p>Palliative care patients are identified by the data element <i>Hospital service – care type, code N[N].N</i>.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of care for admitted patients.
<i>Collection methods:</i>	<p><i>National reporting arrangements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data collected and collated nationally</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2007
<i>Comments:</i>	<p><i>Scope links with other NMDSs</i></p> <p>Episodes of care for admitted patients receiving palliative care in all public and private acute hospitals and free standing day hospital facilities:</p> <ul style="list-style-type: none">• Admitted patient care NMDS, version 2.• Admitted patient mental health care NMDS, version 2.

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
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Relational attributes

<i>Related metadata references:</i>	Supersedes Admitted patient palliative care NMDS 2006-2007 NHIG, Superseded 29/11/2006
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Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Additional diagnosis	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Date of birth	Conditional	1
-	Funding source for hospital patient	Mandatory	1
-	Indigenous status	Mandatory	1

-	Person identifier	Conditional	1
-	Principal diagnosis	Conditional	1
-	Sex	Mandatory	1
-	Admission date	Mandatory	1
-	Care type	Mandatory	1
-	Country of birth	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Mode of admission	Mandatory	1
-	Mode of separation	Mandatory	1
-	Number of days of hospital-in-the-home care	Mandatory	1
-	Previous specialised treatment	Mandatory	1
-	Separation date	Mandatory	1

Alcohol and other drug treatment services NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	345144
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>This metadata set is nationally mandated for collection and reporting.</p> <p>Publicly funded government and non-government agencies providing alcohol and/or drug treatment services. Including community-based ambulatory services and outpatient services.</p> <p>The following services are currently not included in the coverage:</p> <ul style="list-style-type: none">• services based in prisons and other correctional institutions;• agencies that provide primarily accommodation or overnight stays such as 'sobering-up shelters' and 'half-way houses';• agencies that provide services concerned primarily with health promotion;• needle and syringe programs;• agencies whose sole function is to provide prescribing and/or dosing of methadone; and• acute care and psychiatric hospitals, or alcohol and drug treatment units that report to the admitted patient care National Minimum Data Set and do not provide treatment to non-admitted patients. <p>Clients who are on a methadone maintenance program may be included in the collection where they also receive other types of treatment.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Completed treatment episodes for clients who participate in a treatment type as specified in the data element Episode of treatment for alcohol and other drugs – treatment type (main), code N.
<i>Collection methods:</i>	<p>Data to be reported in each agency on completed treatment episode and then forwarded to state/territory authorities for collation.</p> <p><i>National reporting requirements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2007

Source and reference attributes

Submitting organisation: National Health Information Group

Relational attributes

Related metadata references: Supersedes Alcohol and other drug treatment services NMDS
NHIG, Standard 21/03/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Client type (alcohol and other drug treatment services)	Mandatory	1
-	Country of birth	Mandatory	1
-	Date of birth	Mandatory	1
-	Date of cessation of treatment episode for alcohol and other drugs	Mandatory	1
-	Date of commencement of treatment episode for alcohol and other drugs	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Geographical location of service delivery outlet	Mandatory	1
-	Indigenous status	Mandatory	1
-	Injecting drug use status	Conditional	1
-	Main treatment type for alcohol and other drugs	Mandatory	1
-	Method of use for principal drug of concern	Conditional	1
-	Other drug of concern	Conditional	4
-	Other treatment type for alcohol and other drugs	Mandatory	4
-	Person identifier	Mandatory	1
-	Preferred language	Mandatory	1
-	Principal drug of concern	Conditional	1
-	Reason for cessation of treatment episode for alcohol and other drugs	Mandatory	1
-	Sex	Mandatory	1
-	Source of referral to alcohol and other drug treatment service	Mandatory	1
-	Treatment delivery setting for alcohol and other drugs	Mandatory	1

Community mental health care NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	345116
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	This NMDS includes data about service contacts provided by specialised mental health services for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised residential mental health services.

Collection and usage attributes

<i>Statistical unit:</i>	Mental health service contact
<i>Implementation start date:</i>	01/07/2007

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
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Relational attributes

<i>Related metadata references:</i>	Supersedes Community mental health care NMDS 2006-2007 NHIG, Standard 07/12/2005
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Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Area of usual residence	Mandatory	1
-	Australian State/Territory identifier (establishment)	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Establishment number	Mandatory	1
-	Establishment sector	Mandatory	1
-	Indigenous status	Mandatory	1
-	Marital status	Mandatory	1
-	Mental health legal status	Mandatory	1
-	Mental health service contact date	Mandatory	1
-	Mental health service contact duration	Mandatory	1
-	Mental health service contact – patient/client participation indicator	Mandatory	1
-	Mental health service contact – session type	Mandatory	1
-	Person identifier	Mandatory	1
-	Principal diagnosis	Mandatory	1

-	Region code	Mandatory	1
-	Sex	Mandatory	1

Mental health establishments NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	345134
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>All specialised mental health services managed or funded by State or Territory health authorities.</p> <p>The statistical units are specialised mental health services. These are the specialised mental health components of the State and Territory health authorities, and of regions within states and territories; specialised mental health service organisations; service units within those organisations; and private hospital and non-government residential service units funded by specialised mental health services.</p> <p>Non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding are included as service units for this NMDS.</p> <p>In addition, information on funding of non-government organisations by non-health departments for the provision of mental health services is collected through a specific data element.</p> <p>Ambulatory services managed by non-government organisations are not defined as statistical units for this NMDS.</p> <p>The data elements relevant to each of these types of statistical unit differ, as detailed below.</p> <p>States and Territories determine the organisational units that will report as 'regions', 'organisations', and 'service units' for this NMDS. However, as a minimum, each hospital reported to the Public Hospital Establishments NMDS should be defined as a service unit for the purposes of this NMDS and should use the same establishment identifiers in this NMDS as are used in the National Public Hospital Establishments NMDS. In addition, as a minimum, 24 hour staffed residential services and non-24 hour staffed residential services should be defined as separate service units.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Specialised mental health services.
<i>Collection methods:</i>	<p><i>National reporting arrangements</i></p> <p>State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2007

Comments:

Private hospitals and non-government organisation residential services

Only the following data elements are mandatory for non-government organisation residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding: Accrued mental health care days, Co-location status of mental health service, Geographical location of establishment, Establishment identifier, Number of available beds for admitted patients, Number of episodes of residential care, Separations, Specialised mental health services – hours staffed and Total recurrent expenditure.

For these services it is not mandatory to disaggregate data elements by Specialised mental health services program type or Specialised mental health services target population where specified.

Non-residential non-government organisation mental health services

Information on the total expenditure (\$) on non-residential non-government organisation mental health services (i.e. the 'grants to non-government organisations' data elements) by service type (e.g. accommodation services) is to be reported where available, but is also not mandatory.

Glossary items

Some previous Knowledgebase data element concepts are available in the METeOR glossary. Currently the metadata search in METeOR does not cover glossary items however these items are available through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are included here.

Episode of residential care end

Episode of residential care start

Mental health-funded non-government organisation

Residential mental health care service

Source and reference attributes

Submitting organisation: National Health Information Group

Relational attributes

Related metadata references: Supersedes Mental health establishments NMDS 2006-2007 NHIG, Standard 21/03/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Accrued mental health care days	Mandatory	1
-	Australian State/Territory identifier (establishment)	Mandatory	1
-	Carer participation arrangements – carer consultants employed	Mandatory	1
-	Carer participation arrangements – carer satisfaction surveys	Conditional	1
-	Carer participation arrangements – formal complaints mechanism	Conditional	1

◆ New data item

∇ Revised data item

- Carer participation arrangements – formal participation policy	Conditional	1
- Carer participation arrangements – regular discussion groups	Conditional	1
- Co-location status of mental health service	Conditional	1
- Consumer committee representation arrangements	Mandatory	1
- Consumer participation arrangements – consumer consultants employed	Conditional	1
- Consumer participation arrangements – consumer satisfaction surveys	Conditional	1
- Consumer participation arrangements – formal complaints mechanism	Conditional	1
- Consumer participation arrangements – formal participation policy	Conditional	1
- Consumer participation arrangements – regular discussion groups	Conditional	1
- Establishment identifier	Mandatory	1
- Establishment number	Mandatory	1
- Establishment sector	Mandatory	1
- Full-time equivalent staff (mental health) – all staff	Conditional	1
- Full-time equivalent staff – administrative and clerical staff	Mandatory	1
- Full-time equivalent staff – carer consultants	Mandatory	1
- Full-time equivalent staff – consultant psychiatrists and psychiatrists	Mandatory	1
- Full-time equivalent staff – consumer consultants	Mandatory	1
- Full-time equivalent staff – diagnostic and health professionals	Mandatory	1
- Full-time equivalent staff – domestic and other staff	Mandatory	1
- Full-time equivalent staff – enrolled nurses	Mandatory	1
- Full-time equivalent staff – occupational therapists	Mandatory	1
- Full-time equivalent staff – other diagnostic and health professionals	Mandatory	1
- Full-time equivalent staff – other medical officers	Mandatory	1
- Full-time equivalent staff – other personal care staff	Mandatory	1
- Full-time equivalent staff – psychiatry registrars and trainees	Mandatory	1
- Full-time equivalent staff – psychologists	Mandatory	1
- Full-time equivalent staff – registered nurses	Mandatory	1
- Full-time equivalent staff – salaried medical officers	Optional	1
- Full-time equivalent staff – social workers	Mandatory	1
- Geographical location of establishment	Mandatory	1
- Grants to non-government organisations – accommodation services	Mandatory	1
- Grants to non-government organisations – advocacy services	Conditional	1
- Grants to non-government organisations – community awareness/health promotion services	Conditional	1
- Grants to non-government organisations – counselling services	Conditional	1

- Grants to non-government organisations – independent living skills support services	Mandatory	1
- Grants to non-government organisations – other and unspecified mental health services	Mandatory	1
- Grants to non-government organisations – pre-vocational training services	Mandatory	1
- Grants to non-government organisations – psychosocial support services	Conditional	1
- Grants to non-government organisations – recreation services	Mandatory	1
- Grants to non-government organisations – respite services	Mandatory	1
- Grants to non-government organisations – self-help support group services	Mandatory	1
- Mental health services grants to non-government organisations by non-health departments	Mandatory	1
- National standards for mental health services review status	Mandatory	1
- Number of available beds for admitted patients	Conditional	1
- Number of episodes of residential care	Mandatory	1
- Recurrent expenditure (mental health) – non-salary operating costs	Conditional	1
- Recurrent expenditure (mental health) – salaries and wages	Optional	1
- Recurrent expenditure (salaries and wages) – administrative and clerical staff	Conditional	1
- Recurrent expenditure (salaries and wages) – carer consultants	Conditional	1
- Recurrent expenditure (salaries and wages) – consultant psychiatrists and psychiatrists	Conditional	1
- Recurrent expenditure (salaries and wages) – consumer consultants	Conditional	1
- Recurrent expenditure (salaries and wages) – diagnostic and health professionals	Conditional	1
- Recurrent expenditure (salaries and wages) – domestic and other staff	Conditional	1
- Recurrent expenditure (salaries and wages) – enrolled nurses	Conditional	1
- Recurrent expenditure (salaries and wages) – occupational therapists	Conditional	1
- Recurrent expenditure (salaries and wages) – other diagnostic and health professionals	Conditional	1
- Recurrent expenditure (salaries and wages) – other medical officers	Conditional	1
- Recurrent expenditure (salaries and wages) – other personal care staff	Conditional	1
- Recurrent expenditure (salaries and wages) – psychiatry registrars and trainees	Conditional	1
- Recurrent expenditure (salaries and wages) – psychologists	Conditional	1
- Recurrent expenditure (salaries and wages) – registered nurses	Conditional	1
- Recurrent expenditure (salaries and wages) – salaried medical officers	Conditional	1

◆ New data item

▽ Revised data item

- Recurrent expenditure (salaries and wages) – social workers	Conditional	1
- Recurrent expenditure – administrative expenses	Conditional	1
- Recurrent expenditure – Department of Veterans' Affairs funded	Mandatory	1
- Recurrent expenditure – depreciation	Conditional	1
- Recurrent expenditure – domestic services	Conditional	1
- Recurrent expenditure – drug supplies	Conditional	1
- Recurrent expenditure – food supplies	Conditional	1
- Recurrent expenditure – interest payments	Conditional	1
- Recurrent expenditure – medical and surgical supplies	Conditional	1
- Recurrent expenditure – National Mental Health Strategy funded	Conditional	1
- Recurrent expenditure – other Commonwealth Government funded	Conditional	1
- Recurrent expenditure – other patient revenue funded	Conditional	1
- Recurrent expenditure – other recurrent expenditure	Conditional	1
- Recurrent expenditure – other revenue funded	Conditional	1
- Recurrent expenditure – other State or Territory funded	Conditional	1
- Recurrent expenditure – patient transport	Conditional	1
- Recurrent expenditure – payments to visiting medical officers	Conditional	1
- Recurrent expenditure – recoveries funded	Conditional	1
- Recurrent expenditure – repairs and maintenance	Conditional	1
- Recurrent expenditure – State or Territory health authority funded	Conditional	1
- Recurrent expenditure – superannuation employer contributions	Conditional	1
- Recurrent expenditure – total	Conditional	1
- Region code	Conditional	1
- Residual expenditure (mental health service) – academic positions	Mandatory	1
- Residual expenditure (mental health service) – education and training	Mandatory	1
- Residual expenditure (mental health service) – insurance	Mandatory	1
- Residual expenditure (mental health service) – mental health promotion	Mandatory	1
- Residual expenditure (mental health service) – mental health research	Mandatory	1
- Residual expenditure (mental health service) – other indirect expenditure	Mandatory	1
- Residual expenditure (mental health service) – patient transport services	Mandatory	1
- Residual expenditure (mental health service) – program administration	Mandatory	1
- Residual expenditure (mental health service) – property leasing costs	Mandatory	1
- Residual expenditure (mental health service) – superannuation	Mandatory	1
- Residual expenditure (mental health service) – support services	Mandatory	1

◆ New data item

▽ Revised data item

-	Residual expenditure (mental health service) – workers compensation	Mandatory	1
-	Separations	Mandatory	1
-	Specialised mental health service program type	Mandatory	1
-	Specialised mental health service setting	Mandatory	1
-	Specialised mental health service target population	Mandatory	1
-	Specialised mental health service – hours staffed	Conditional	1
-	Specialised mental health service – supported public housing places	Mandatory	1

Non-admitted patient emergency department care NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	349836
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	This metadata set is nationally mandated for collection and reporting.

The scope of this National Minimum Data Set (NMDS) is non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either Peer Group A or B in the Australian Institute of Health and Welfare's Australian Hospital Statistics publication from the preceding financial year.

The care provided to patients in emergency departments is, in most instances, recognised as being provided to 'non-admitted' patients. Patients being treated in emergency departments may subsequently become 'admitted'. The care provided to non-admitted patients who are treated in the emergency department prior to being admitted is included in this NMDS.

Care provided to patients who are being treated in an emergency department site as an admitted patient (e.g. in an observation unit, short-stay unit, 'emergency department ward' or awaiting a bed in an admitted patient ward of the hospital) are excluded from the emergency department care NMDS since the recording of the care provided to these patients is part of the scope of the Admitted patient care NMDS.

Collection and usage attributes

<i>Statistical unit:</i>	Non-admitted patient emergency department service episodes.
<i>Collection methods:</i>	National reporting arrangements

State and territory health authorities provide the NMDS data to the Australian Institute of Health and Welfare for national collation, on an annual basis within 3 months of the end of a reporting period.

The Institute and the Commonwealth Department of Health and Ageing will agree on a data quality and timeliness protocol. Once cleaned, a copy of the data and a record of the changes made will be forwarded by the Institute to the Commonwealth Department of Health and Ageing. A copy of the cleaned data for each jurisdiction should also be returned to that jurisdiction on request.

Periods for which data are collected and nationally collated

Financial years, ending 30 June each year. Extraction of data for a financial year should be based on the date of the end of the non-admitted emergency department service episode.

Implementation start date: 01/07/2007

Comments: **Scope links with other metadata sets**

Episodes of care for admitted patients are reported through the Admitted patient care NMDS.

Source and reference attributes

Submitting organisation: National Health Information Management Principal Committee

Relational attributes

Related metadata references: Supersedes Non-admitted patient emergency department care NMDS NHIG, Superseded 23/10/2006

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Area of usual residence	Mandatory	1
-	Date of triage	Mandatory	1
-	Emergency department date of commencement of service event	Mandatory	1
-	Emergency department time of commencement of service event	Mandatory	1
-	Time of triage	Mandatory	1
-	Compensable status	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Date patient presents	Mandatory	1
-	Department of Veterans' Affairs patient	Mandatory	1
-	Emergency department arrival mode - transport	Mandatory	1
-	Emergency department departure date	Mandatory	1
-	Emergency department departure time	Mandatory	1
-	Emergency department episode end date	Mandatory	1
-	Emergency department episode end time	Mandatory	1
-	Emergency department service episode end status	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Indigenous status	Mandatory	1
-	Length of non-admitted patient emergency department service episode	Mandatory	1
-	Non-admitted patient emergency department service episode – triage category, code N	Mandatory	1
-	Person identifier	Mandatory	1
-	Sex	Mandatory	1
-	Time patient presents	Mandatory	1
-	Type of visit to emergency department	Mandatory	1

Perinatal NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	340684
<i>Registration status:</i>	NHIG, Standard 06/09/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	The scope of this minimum data set is all births in Australia in hospitals, birth centres and the community. The data set includes information on all births, both live and stillborn, of at least 20 weeks gestation or 400 grams birth weight.

Collection and usage attributes

<i>Collection methods:</i>	<i>National reporting arrangements</i> State and territory health authorities provide the data to the Australian Institute of Health and Welfare National Perinatal Statistics Unit for national collation, on an annual basis. <i>Periods for which data are collected and nationally collated</i> Financial years ending 30 June each year.
<i>Implementation start date:</i>	01/07/2007

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
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Relational attributes

<i>Related metadata references:</i>	Supersedes Perinatal NMDS NHIG, Superseded 06/09/2006
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Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Actual place of birth	Mandatory	1
-	Apgar score at 5 minutes	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Birth order	Mandatory	1
-	Birth plurality	Mandatory	1
-	Date of birth	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Gestational age	Mandatory	1
-	Indigenous status	Mandatory	1
-	Infant weight, neonate, stillborn	Mandatory	1
-	Method of birth	Mandatory	1
-	Onset of labour	Mandatory	1
-	Person identifier	Mandatory	1
-	Presentation at birth	Mandatory	1
-	Separation date	Mandatory	1

-	Sex	Mandatory	1
-	State/Territory of birth	Mandatory	1
-	Status of the baby	Mandatory	1
-	Country of birth	Mandatory	1

Public hospital establishments NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	345139
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	<p>The scope of this dataset is establishment-level data for public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans' Affairs, and alcohol and drug treatment centres.</p> <p>From version 9 Patient level data remains in the new National Minimum Data Set (NMDS) called Admitted patient care. This new NMDS replaces the version 8 NMDS called Institutional health care.</p> <p>Similar data for private hospitals and free standing day hospital facilities is collected by the Australian Bureau of Statistics in the Private Health Establishments Collection.</p> <p>Hospitals operated by the Australian Defence Force, corrections authorities and Australia's external territories are not currently included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.</p>

Collection and usage attributes

<i>Statistical unit:</i>	Public hospital establishments.
<i>Collection methods:</i>	<p>Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly).</p> <p><i>National reporting arrangements</i></p> <p>State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.</p> <p><i>Periods for which data are collected and nationally collated</i></p> <p>Financial years ending 30 June each year.</p>
<i>Implementation start date:</i>	01/07/2007
<i>Comments:</i>	<p><i>Scope links with other NMDSs</i></p> <p>Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:</p> <ul style="list-style-type: none">• Admitted patient care NMDS, version 1• Admitted patient mental health care NMDS, version 1• Admitted patient palliative care NMDS, version 1

Source and reference attributes

<i>Submitting organisation:</i>	National Health Information Group
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Relational attributes

Related metadata references: Supersedes Public hospital establishments NMDS NHIG, Standard 21/03/2006

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Establishment identifier	Mandatory	1
-	Establishment type	Conditional	1
-	Full-time equivalent staff – administrative and clerical staff	Mandatory	1
-	Full-time equivalent staff – diagnostic and health professionals	Mandatory	1
-	Full-time equivalent staff – domestic and other staff	Mandatory	1
-	Full-time equivalent staff – enrolled nurses	Mandatory	1
-	Full-time equivalent staff – other personal care staff	Mandatory	1
-	Full-time equivalent staff – registered nurses	Mandatory	1
-	Full-time equivalent staff – salaried medical officers	Mandatory	1
-	Full-time equivalent staff – student nurses	Mandatory	1
-	Full-time equivalent staff – trainee/pupil nurses	Mandatory	1
-	Geographical location of establishment	Mandatory	1
-	Gross capital expenditure (accrual accounting) – buildings and building services	Conditional	1
-	Gross capital expenditure (accrual accounting) – constructions	Conditional	1
-	Gross capital expenditure (accrual accounting) – equipment	Conditional	1
-	Gross capital expenditure (accrual accounting) – information technology	Mandatory	1
-	Gross capital expenditure (accrual accounting) – intangible assets	Mandatory	1
-	Gross capital expenditure (accrual accounting) – land	Mandatory	1
-	Gross capital expenditure (accrual accounting) – major medical equipment	Mandatory	1
-	Gross capital expenditure (accrual accounting) – other equipment	Mandatory	1
-	Gross capital expenditure (accrual accounting) – transport	Mandatory	1
-	Gross capital expenditure – computer equipment/installations	Mandatory	1
-	Gross capital expenditure – intangible assets	Mandatory	1
-	Gross capital expenditure – land and buildings	Mandatory	1
-	Gross capital expenditure – major medical equipment	Mandatory	1
-	Gross capital expenditure – other	Mandatory	1
-	Gross capital expenditure – plant and other equipment	Mandatory	1
-	Group sessions (public psychiatric, alcohol and drug hospital) – emergency and outpatient	Mandatory	1
-	Group sessions (public psychiatric, alcohol and drug hospital) – outreach and community	Mandatory	1
-	Group sessions – alcohol and other drug	Mandatory	1
-	Group sessions – allied health services	Mandatory	1

◆ New data item

▽ Revised data item

- Group sessions – community health services	Mandatory	1
- Group sessions – dental	Mandatory	1
- Group sessions – dialysis	Mandatory	1
- Group sessions – district nursing services	Mandatory	1
- Group sessions – emergency services	Mandatory	1
- Group sessions – endoscopy and related procedures	Mandatory	1
- Group sessions – mental health	Mandatory	1
- Group sessions – other medical/surgical/diagnostic	Mandatory	1
- Group sessions – other outreach services	Mandatory	1
- Group sessions – pathology	Mandatory	1
- Group sessions – pharmacy	Mandatory	1
- Group sessions – radiology and organ imaging	Mandatory	1
- Individual sessions (public psychiatric, alcohol and drug hospital) - emergency and outpatient	Mandatory	1
- Individual sessions (public psychiatric, alcohol and drug hospital) – outreach and community	Mandatory	1
- Individual sessions – alcohol and drug	Mandatory	1
- Individual sessions – allied health services	Mandatory	1
- Individual sessions – community health services	Mandatory	1
- Individual sessions – dental	Mandatory	1
- Individual sessions – dialysis	Mandatory	1
- Individual sessions – district nursing services	Conditional	1
- Individual sessions – emergency services	Mandatory	1
- Individual sessions – endoscopy and related procedures	Mandatory	1
- Individual sessions – mental health	Mandatory	1
- Individual sessions – other medical/surgical/diagnostic	Mandatory	1
- Individual sessions – other outreach services	Mandatory	1
- Individual sessions – pathology	Mandatory	1
- Individual sessions – pharmacy	Mandatory	1
- Individual sessions – radiology and organ imaging	Mandatory	1
- Net capital expenditure (accrual accounting) – buildings and building services	Mandatory	1
- Net capital expenditure (accrual accounting) – constructions	Mandatory	1
- Net capital expenditure (accrual accounting) – equipment	Mandatory	1
- Net capital expenditure (accrual accounting) – information technology	Mandatory	1
- Net capital expenditure (accrual accounting) – intangible assets	Mandatory	1
- Net capital expenditure (accrual accounting) – land	Mandatory	1
- Net capital expenditure (accrual accounting) – major medical equipment	Mandatory	1
- Net capital expenditure (accrual accounting) – other equipment	Mandatory	1
- Net capital expenditure (accrual accounting) – transport	Mandatory	1

◆ New data item

▽ Revised data item

-	Number of available beds for admitted patients	Mandatory	1
-	Recurrent expenditure (indirect health care) – (public health and monitoring services)	Mandatory	1
-	Recurrent expenditure (indirect health care) – central administrations	Mandatory	1
-	Recurrent expenditure (indirect health care) – central and statewide support services	Mandatory	1
-	Recurrent expenditure (indirect health care) – other	Mandatory	1
-	Recurrent expenditure (indirect health care) – patient transport services	Mandatory	1
-	Recurrent expenditure (salaries and wages) – administrative and clerical staff	Mandatory	1
-	Recurrent expenditure (salaries and wages) – diagnostic and health professionals	Mandatory	1
-	Recurrent expenditure (salaries and wages) – domestic and other staff	Mandatory	1
-	Recurrent expenditure (salaries and wages) – enrolled nurses	Mandatory	1
-	Recurrent expenditure (salaries and wages) – other personal care staff	Mandatory	1
-	Recurrent expenditure (salaries and wages) – registered nurses	Mandatory	1
-	Recurrent expenditure (salaries and wages) – salaried medical officers	Mandatory	1
-	Recurrent expenditure (salaries and wages) – student nurses	Mandatory	1
-	Recurrent expenditure (salaries and wages) – total	Mandatory	1
-	Recurrent expenditure (salaries and wages) – trainee/pupil nurses	Mandatory	1
-	Recurrent expenditure – administrative expenses	Mandatory	1
-	Recurrent expenditure – depreciation	Mandatory	1
-	Recurrent expenditure – domestic services	Mandatory	1
-	Recurrent expenditure – drug supplies	Mandatory	1
-	Recurrent expenditure – food supplies	Mandatory	1
-	Recurrent expenditure – interest payments	Mandatory	1
-	Recurrent expenditure – medical and surgical supplies	Mandatory	1
-	Recurrent expenditure – other recurrent expenditure	Mandatory	1
-	Recurrent expenditure – patient transport	Mandatory	1
-	Recurrent expenditure – payments to visiting medical officers	Mandatory	1
-	Recurrent expenditure – repairs and maintenance	Mandatory	1
-	Recurrent expenditure – superannuation employer contributions	Mandatory	1
-	Revenue – other	Mandatory	1
-	Revenue – patient	Mandatory	1
-	Revenue – recoveries	Mandatory	1
-	Specialised service indicators – acquired immune deficiency syndrome unit	Mandatory	1
-	Specialised service indicators – acute renal dialysis unit	Mandatory	1
-	Specialised service indicators – acute spinal cord injury unit	Mandatory	1

◆ New data item

▽ Revised data item

- Specialised service indicators – alcohol and drug unit	Mandatory	1
- Specialised service indicators – bone marrow transplantation unit	Mandatory	1
- Specialised service indicators – burns unit (level III)	Mandatory	1
- Specialised service indicators – cardiac surgery unit	Mandatory	1
- Specialised service indicators – clinical genetics unit	Mandatory	1
- Specialised service indicators – comprehensive epilepsy centre	Mandatory	1
- Specialised service indicators – coronary care unit	Mandatory	1
- Specialised service indicators – diabetes unit	Mandatory	1
- Specialised service indicators – domiciliary care service	Mandatory	1
- Specialised service indicators – geriatric assessment unit	Mandatory	1
- Specialised service indicators – heart, lung transplantation unit	Mandatory	1
- Specialised service indicators – hospice care unit	Mandatory	1
- Specialised service indicators – in-vitro fertilisation unit	Mandatory	1
- Specialised service indicators – infectious diseases unit	Mandatory	1
- Specialised service indicators – intensive care unit (level III)	Mandatory	1
- Specialised service indicators – liver transplantation unit	Mandatory	1
- Specialised service indicators – maintenance renal dialysis centre	Mandatory	1
- Specialised service indicators – major plastic/reconstructive surgery unit	Mandatory	1
- Specialised service indicators – neonatal intensive care unit (level III)	Mandatory	1
- Specialised service indicators – neuro surgical unit	Mandatory	1
- Specialised service indicators – nursing home care unit	Mandatory	1
- Specialised service indicators – obstetric/maternity	Mandatory	1
- Specialised service indicators – oncology unit, cancer treatment	Mandatory	1
- Specialised service indicators – pancreas transplantation unit	Mandatory	1
- Specialised service indicators – psychiatric unit/ward	Mandatory	1
- Specialised service indicators – rehabilitation unit	Mandatory	1
- Specialised service indicators – renal transplantation unit	Mandatory	1
- Specialised service indicators – sleep centre	Mandatory	1
- Specialised service indicators – specialist paediatric	Mandatory	1
- Teaching status	Mandatory	1

Residential mental health care NMDS 2007-2008 ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	345122
<i>Registration status:</i>	NHIG, Standard 23/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	Episodes of residential care for residents in all government-funded residential mental health care services in Australia, except those residential care services that are in receipt of funding under the Aged Care Act and subject to Commonwealth reporting requirements (i.e. report to the System for the payment of Aged Residential Care (SPARC) collection).

Collection and usage attributes

<i>Statistical unit:</i>	Episodes of residential care. Statistical units are entities from or about which statistics are collected, or in respect of which statistics are compiled, tabulated or published.
<i>Collection methods:</i>	Data are collected at each service from resident administrative and care related record systems. Services forward data to the relevant state or territory health authority on a regular basis (e.g. monthly). National reporting arrangements State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collection, on an annual basis. Western Australia will be able to only collect data for 2004-05 for those data elements that were included in the <i>National Health Data Dictionary version 12</i> . Government-operated services that employ mental health trained staff on-site 24 hours per day are to be included from 1 July 2004. Government-funded, non-government operated services and non 24-hour staffed services can be included from 1 July 2004, optionally. For non 24-hour staffed services to be included they must employ mental health-trained staff on-site at least 50 hours per week with at least 6 hours staffing on any single day. Periods for which data are collected and nationally collated Financial years ending 30 June each year. The reference period starts on 1 July and ends on 30 June each year.
<i>Implementation start date:</i>	01/07/2007
<i>Comments:</i>	Some admitted patient care services may meet the definition of a residential mental health service. However, as they are admitted patient care services, relevant data on their patients are reported to the National Minimum Data Set for Admitted

Patient Care.

Glossary items

Some previous Knowledgebase data element concepts are available in the METeOR glossary. Currently the metadata search in METeOR does not cover glossary items however these items are available through links in the relevant metadata items. In addition links to the glossary terms that are relevant to this National minimum data set are included here.

Episode of residential care end

Episode of residential care start

Resident

Residential mental health care service

Relational attributes

Related metadata references:

Supersedes Residential mental health care NMDS 2006-2007
NHIG, Standard 07/12/2005

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Additional diagnosis	Mandatory	1
-	Area of usual residence	Mandatory	1
-	Australian State/Territory identifier (establishment)	Mandatory	1
-	Country of birth	Conditional	1
-	Date of birth	Mandatory	1
-	Episode of residential care end date	Mandatory	1
-	Episode of residential care end mode	Mandatory	1
-	Episode of residential care start date	Mandatory	1
-	Episode of residential care start mode	Mandatory	1
-	Establishment identifier	Mandatory	1
-	Establishment number	Mandatory	1
-	Establishment sector	Mandatory	1
-	Indigenous status	Mandatory	1
-	Leave days from residential care	Mandatory	1
-	Marital status	Mandatory	1
-	Mental health legal status	Mandatory	1
-	Person identifier	Mandatory	1
-	Principal diagnosis	Mandatory	1
-	Referral destination to further care (from specialised mental health residential care)	Mandatory	1
-	Region code	Mandatory	1
-	Residential stay start date	Mandatory	1
-	Sex	Mandatory	1

Data set specifications

Functioning and Disability DSS ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	320319
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>DSS type:</i>	National Minimum Data Set (NMDS)
<i>Scope:</i>	The Functioning and Disability DSS aims to ensure national consistency in relation to defining and measuring human functioning and disability. This DSS has been developed to be consistent with the International Classification of Functioning, Disability and Health (ICF).

Functioning and disability are dual concepts in a broad framework.

Functioning is the umbrella term for any or all of: body functions, body structures, activities and participation. Functioning is a multidimensional concept denoting the neutral aspects of the interaction between an individual (with a health condition) and that individual's environmental and personal factors.

Disability is the umbrella term for any or all of: an impairment of body structure or function, a limitation in activities, or a restriction in participation. Disability is a multi-dimensional and complex concept and is conceived as a dynamic interaction between health conditions and environmental and personal factors (WHO 2001:6).

A health condition may be a disease (acute or chronic), disorder, injury or trauma. Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives. Personal factors relate to the individual, such as age, sex and Indigenous status.

The components of functioning and disability are classified and defined in the ICF as **body structures** and **body functions, activities and participation** and **environmental factors**. Each component is composed of various domains; these are sets of related physiological functions, anatomical structures, actions, tasks, areas of life, and external influences. Qualifiers, the numeric measures coded after the relevant domain, are usually essential to the meaningful use of the classification because of the neutral terms of the domains.

Many different 'definitions' of disability are used in Australia, both in administrative data collections and in Acts of Parliament. The consistent identification of disability in national data collections has been recommended in a number of reports, for instance to enable:

- the monitoring of access to generic services by people with a disability;
- the collection of more consistent data on disability support and related services, including data on service use by different groups;
- population data and service data to be related, thereby improving the nation's analytical capacity in relation to the need for and supply of services; and

- improved understanding of the relationship between disability, health conditions and other health outcomes.

Defining disability makes it possible to determine the number of people in the population with disability, those who are accessing services, both disability specific and generic, and those with a disability in the general population with unmet need. Better definition of disability will aid better targeting of resources to those in need.

The concept 'Disability' can be operationalised in a wide variety of settings and for various purposes, using a combination of related metadata items as building blocks.

The metadata items selected for a particular application may vary depending on the approach to functioning and disability. For example, in hospital rehabilitation, the focus may be on the impairment and activity dimensions, and in community-based care the focus may be primarily on participation. Some applications may require a broad scope for inclusion (e.g. discrimination legislation). Data collections relating to services will select combinations of the data elements, which best reflect the eligibility criteria for the service.

The Functioning and Disability DSS comprises the following four clusters to describe level of human functioning:

1. Body functioning, qualified by extent of impairment
2. Body structure, qualified by extent, nature and location of impairment
3. Activities and participation, qualified by level of difficulty and need for assistance with undertaking activities and extent of and satisfaction with participation
4. Environmental factors, qualified by extent of influence of the environment

Data collected using this DSS can be related to national data collections which use ICF concepts such as the Commonwealth State Territory Disability Agreement (CSTDA) NMDS collection and the ABS Survey of Ageing, Disability and Carers and, from 2006, the Census.

Collection and usage attributes

Collection methods:

Each of the four clusters that make up the Functioning and Disability DSS should be recorded for a complete description of human functioning. This information can be gathered over time by a range of health and community care providers.

Completion of the DSS will record a person-centred description of the experience of functioning of the individual who is the subject of the data. The experience of functioning is in relation to a health condition, and does not consider decrements in functioning that may be associated with social factors such as ethnic background or economic status. For example, the level of communication is recorded in relation to the health condition, not to the fact that a person does not speak English at home.

The ICF provides a framework for the description of human functioning and disability. The components of ICF are defined in relation to a health condition. A health condition is an umbrella term for 'disease (acute or chronic), disorder, injury or trauma' (WHO

2001). A health condition may be recorded, for example, as:

- Episode of care principal diagnosis, code (ICD-10-AM 5th Ed) ANN{.N[N]}
- Episode of care additional diagnosis, code (ICD-10-AM 5th Ed) ANN{.N[N]}.

This DSS may be used in data collections in the community services, housing and health sectors.

Comments:

The ICF was endorsed by the World Health Assembly in 2001 as a reference member of the WHO Family of International Classifications and of the Australian Family of Health and Related Classifications (endorsed by the National Health Information Management Group in 2002). The ICF is grounded in a human rights philosophy, and its relationship to the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities endorsed by the United Nations in 1994 is acknowledged. The purpose of the Rules is to ensure that people with disabilities, as members of their societies, may exercise the same rights and obligations as others.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin:

WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents:

Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website <http://www.who.int/classifications/icf/en/>
- Australian Collaborating Centre ICF website <http://www.aihw.gov.au/disability/icf/index.html>

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Activities and Participation cluster	Optional	1
	Activity and participation life area	Mandatory	1
	Assistance with activities	Optional	1
	Difficulty with activities	Optional	1
	Extent of participation	Optional	1
	Satisfaction with participation	Optional	1
-	Body functions cluster	Optional	1
	Body function	Mandatory	1
	Impairment of body function	Mandatory	1
-	Body structures cluster	Optional	1
	Body structure	Mandatory	1
	Change to body structure	Optional	1
	Impairment of body structure	Mandatory	1

◆ New data item

∇ Revised data item

	Location of impairment	Optional	1
-	Environmental factors cluster	Optional	1
	Environmental factor	Mandatory	1
	Influence of environmental factor	Mandatory	1

Data elements

List of data elements by short name

Short name	Technical name
Activity and participation life area	Person—activity and participation life area, code (ICF 2001) AN[NNN]
Admitted patient election status	Episode of admitted patient care—patient election status, code N
Area of usual residence	Person—area of usual residence, geographical location code (ASGC 2006) NNNNN
Assistance with activities	Person—need for assistance with activities in a life area, code N
Body function	Person—body function, code (ICF 2001) AN[NNNN]
Body structure	Person—body structure, code (ICF 2001) AN[NNNN]
Caesarean section indicator, last previous birth	Female—caesarean section indicator (last previous birth) code N
Change to body structure	Person—nature of impairment of body structure, code (ICF 2001) N
Department of Veterans' Affairs file number	Person—government funding identifier, Department of Veterans' Affairs file number AAXXNNNNA
Difficulty with activities	Person—level of difficulty with activities in life areas, code (ICF 2001) N
Environmental factor	Person—environmental factor, code (ICF 2001) AN[NNN]
Extent of participation	Person—extent of participation in a life area, code (ICF 2001) N
Funding source for hospital patient	Episode of care—principal source of funding, hospital code NN
Geographical location of establishment	Establishment—geographical location, code (ASGC 2006) NNNNN
Geographical location of service delivery outlet	Service delivery outlet—geographic location, code (ASGC 2006) NNNNN
Impairment of body function	Person—extent of impairment of body function, code (ICF 2001) N
Impairment of body structure	Person—extent of impairment of body structure, code (ICF 2001) N
Influence of environmental factor	Person—extent of environmental factor influence, code (ICF 2001) [X]N
Location of impairment	Person—location of impairment of body structure, code (ICF 2001) N
Medicare eligibility status	Person—eligibility status, Medicare code N
Method of birth	Birth event—birth method, code N
Number of caesarean sections	Female—number of caesarean sections, total count N[N]
Parity	Female—parity, total N[N]
Presentation at birth	Birth event—birth presentation, code N
Satisfaction with participation	Person—level of satisfaction with participation in a life area, code N

List of data elements by technical name

Technical name	Short name
Birth event—birth method, code N	Method of birth
Birth event—birth presentation, code N	Presentation at birth
Episode of admitted patient care—patient election status, code N	Admitted patient election status
Episode of care—principal source of funding, hospital code NN	Funding source for hospital patient
Establishment—geographical location, code (ASGC 2006) NNNNN	Geographical location of establishment
Female—caesarean section indicator (last previous birth) code N	Caesarean section indicator, last previous birth
Female—number of caesarean sections, total count N[N]	Number of caesarean sections
Female—parity, total N[N]	Parity
Person—activity and participation life area, code (ICF 2001) AN[NNN]	Activity and participation life area
Person—area of usual residence, geographical location code (ASGC 2006) NNNNN	Area of usual residence
Person—body function, code (ICF 2001) AN[NNNN]	Body function
Person—body structure, code (ICF 2001) AN[NNNN]	Body structure
Person—eligibility status, Medicare code N	Medicare eligibility status
Person—environmental factor, code (ICF 2001) AN[NNN]	Environmental factor
Person—extent of environmental factor influence, code (ICF 2001) [X]N	Influence of environmental factor
Person—extent of impairment of body function, code (ICF 2001) N	Impairment of body function
Person—extent of impairment of body structure, code (ICF 2001) N	Impairment of body structure
Person—extent of participation in a life area, code (ICF 2001) N	Extent of participation
Person—government funding identifier, Department of Veterans' Affairs file number AAXXNNNNA	Department of Veterans' Affairs file number
Person—level of difficulty with activities in life areas, code (ICF 2001) N	Difficulty with activities
Person—level of satisfaction with participation in a life area, code N	Satisfaction with participation
Person—location of impairment of body structure, code (ICF 2001) N	Location of impairment
Person—nature of impairment of body structure, code (ICF 2001) N	Change to body structure
Person—need for assistance with activities in a life area, code N	Assistance with activities
Service delivery outlet—geographic location, code (ASGC 2006) NNNNN	Geographical location of service delivery outlet

Activity and participation life area ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – activity and participation life area, code (ICF 2001) AN[NNN]
<i>METeOR identifier:</i>	320125
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The life area in which a person participates or undertakes activities, as represented by a code.
<i>Context:</i>	Human functioning and disability

Data element concept attributes

<i>Data element concept:</i>	Person – activity and participation life area
<i>Definition:</i>	The life area in which a person may participate or undertake activities.
<i>Object class:</i>	Person
<i>Property:</i>	Activity and participation life area

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	AN[NNN]
<i>Maximum character length:</i>	5

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability for a person.</p> <p>The activities and participation codes are a neutral list that covers the full range of life areas in which a person can be involved. The domains can be used to record positive or neutral experience of functioning as well as limitations and restrictions.</p> <p>Data can be collected at the three digit level in one chapter and at the chapter level in another. However it is only possible to collect data at a single level of the hierarchy in a single chapter to maintain mutual exclusivity. For example, it is not permitted to collect both 'Self care' (chapter level) and 'Looking after one's health' (3 digit level) as the former includes the latter.</p> <p>The value domain below refers to the highest hierarchical level (ICF chapter level). Data collected at this level, in association with</p>
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respective qualifiers (Activity difficulty level, Activity Need for assistance, Participation extent and Participation satisfaction level) will use the codes as indicated.

CODE d1 Learning and applying knowledge
CODE d2 General tasks and demands
CODE d3 Communication
CODE d4 Mobility
CODE d5 Self-care
CODE d6 Domestic life
CODE d7 Interpersonal interactions and relationships
CODE d8 Major life areas
CODE d9 Community, social and civic life

Data collected at this level will provide a general description of functioning for the person and can only be compared with data collected at the same level.

Each chapter contains categories at different levels ordered from general to detailed. For specific more detailed information the user should follow the structure of the ICF; the codes should be drawn from the same hierarchical level within any particular chapter. The full range of permissible values is listed in the **Activities** and **Participation** component of the ICF.

An example of a value domain at the 3 digit level from the Self-care chapter may include:

CODE d510 Washing oneself
CODE d520 Caring for body parts
CODE d530 Toileting
CODE d540 Dressing
CODE d550 Eating
CODE d560 Drinking
CODE d570 Looking after one's health

An example of value domains at the 4 digit level from the Mobility chapter may include:

CODE d4600 Moving around within the home
CODE d4601 Moving around within buildings other than home
CODE d4602 Moving around outside the home and other buildings
CODE d4701 Using private motorized transportation
CODE d4702 Using public motorized transportation

The prefix *d* denotes the domains within the component of *Activities and Participation*. At the user's discretion, the prefix *d* can be replaced by *a* or *p*, to denote activities or participation respectively.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin:

WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

AIHW 2003. ICF Australian User Guide Version 1.0. Canberra:

- Reference documents:
- AIHW
- Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:
- WHO ICF website
<http://www.who.int/classifications/icf/en/>
 - Australian Collaborating Centre ICF website
<http://www.aihw.gov.au/disability/icf/index.html>

Data element attributes

Collection and usage attributes

- Guide for use:*
- This metadata item, in conjunction with *Activity difficulty level code N*, enables the provision of information about the presence and extent of activity limitation for any given life area; with *Activity need for assistance code N*, the provision of information about the need for assistance with the given life area.
- The extent of, and level of satisfaction with, participation in a given area are indicated by the use of this metadata item with the qualifiers *Participation extent code N* and *Participation satisfaction level code N*.

Source and reference attributes

- Submitting organisation:*
- Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

- Implementation in Data Set Specifications:*
- Activities and Participation cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Admitted patient election status ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of admitted patient care – patient election status, code N
<i>METeOR identifier:</i>	326619
<i>Registration status:</i>	NHIG, Standard 29/11/2006
<i>Definition:</i>	Accommodation chargeable status elected by a patient on admission , as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Episode of admitted patient care – patient election status
<i>Definition:</i>	Accommodation chargeable status elected by a patient on admission .
<i>Context:</i>	Admitted patient care.
<i>Object class:</i>	Episode of admitted patient care
<i>Property:</i>	Patient election status

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	Number						
<i>Format:</i>	N						
<i>Maximum character length:</i>	1						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Public</td></tr><tr><td>2</td><td>Private</td></tr></tbody></table>	Value	Meaning	1	Public	2	Private
Value	Meaning						
1	Public						
2	Private						

Collection and usage attributes

<i>Guide for use:</i>	<p>Public patient:</p> <p>A person, eligible for Medicare, who receives or elects to receive a public hospital service free of charge.</p> <p>Includes: patients in public psychiatric hospitals who do not have the choice to be treated as a private patient. Also includes overseas visitors who are covered by a reciprocal health care agreement, and who elect to be treated as public patients.</p> <p>Private patient:</p> <p>A person who elects to be treated as a private patient and elects to be responsible for paying fees for the type referred to in clause 49 of the Australian Health Care Agreements (2003–2008).</p> <p>Clause 49 states that:</p> <p>Private patients, compensable patients and ineligible persons may be charged an amount for public hospital services as</p>
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determined by (the state or territory).

All patients in private hospitals (other than those receiving public hospital services and electing to be treated as a public patient) are private patients.

Includes: all patients who are charged (regardless of the level of the charge) or for whom a charge is raised for a third party payer (for example, Department of Veterans' Affairs and Compensable patients). Also includes patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital, and prisoners, who are Medicare ineligible while incarcerated.

Data element attributes

Collection and usage attributes

Guide for use:

Australian Health Care Agreements 2003–08 state that eligible persons are to be given the choice to receive, free of charge as public patients, health and emergency services.

At the time of, or as soon as practicable after, admission for a public hospital service, the patient must elect in writing to be treated as either

- a public patient or
- a private patient

This item is independent of the patient's hospital insurance status and room type.

Notes:

Inability to sign: In cases where the patient is unable to complete the patient election form, the patient should be assumed to be a public patient.

Compensation funding decisions: A patient may be recorded as a public patient as an interim patient election status while the patient's compensable status is being decided.

Inter-hospital contracted care: If the patient receives inter-hospital contracted care the following guidelines can be used if no further information is available:

- If the patient received contracted care that was purchased by a public hospital then it will be assumed that they elected to be treated as a public patient.
- If the patient received contracted care that was purchased by a private hospital then it will be assumed that they elected to be treated as a private patient.

Source and reference attributes

Submitting organisation:

Admitted patient care NMDS Technical Reference Group

Relational attributes

Related metadata references:

Supersedes Episode of admitted patient care – elected accommodation status, code N NHIG, Superseded 29/11/2006

Implementation in Data Set Specifications:

Admitted patient care NMDS 2007-2008 NHIG, Standard 29/11/2006

Implementation start date: 01/07/2007

Area of usual residence ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – area of usual residence, geographical location code (ASGC 2006) NNNNN
<i>METeOR identifier:</i>	341800
<i>Registration status:</i>	NHIG, Standard 14/09/2006
<i>Definition:</i>	Geographical location of usual residence of the person, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person – area of usual residence
<i>Definition:</i>	Geographical location of usual residence of the person.
<i>Object class:</i>	Person
<i>Property:</i>	Area of usual residence

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2006
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The geographical location is reported using a five digit numerical code. The first digit is the single-digit code to indicate State or Territory. The remaining four digits are the numerical code for the Statistical Local Area (SLA) within the State or Territory.</p> <p>The single digit codes for the states and territories and the four digit codes for the SLAs are as defined in the Australian Standard Geographical Classification (ASGC).</p> <p>The ASGC is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.</p> <p>The codes for SLA are unique within each State and Territory, but not within the whole country. Thus, to define a unique location, the code of the State or Territory is required in addition to the code for the SLA.</p> <p>The Australian Bureau of Statistics '(ABS) National Localities Index (NLI) (ABS Catalogue number 1252.0) can be used to</p>
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assign each locality or address in Australia to a SLA. The NLI is a comprehensive list of localities in Australia with their full code (including State or Territory and SLA) from the main structure of the ASGC.

For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign a SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA. In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the person's residence is used with the Streets Sub-index of the NLI to assign the SLA.

If the information available on the person's address indicates that it is in a split locality but is insufficient to assign an SLA, the code for the SLA which includes most of the split locality should be reported. This is in accordance with the NLI assignment of SLA when a split locality is identified and further detail about the address is not available.

The NLI does not assign a SLA code if the information about the address is insufficient to identify a locality, or is not an Australian locality. In these cases, the appropriate codes for undefined SLA within Australia (State or Territory unstated), undefined SLA within a stated State or Territory, no fixed place of abode (within Australia or within a stated State or Territory) or overseas should be used.

Collection methods:

When collecting the geographical location of a person's usual place of residence, the Australian Bureau of Statistics (ABS) recommends that 'usual' be defined as: 'the place where the person has or intends to live for 6 months or more, or the place that the person regards as their main residence, or where the person has no other residence, the place they currently reside.' Apart from collecting a person's usual place of residence there is also a need in some collections to collect area of residence immediately prior to or after assistance is provided, or at some other point in time.

Comments:

Geographical location is reported using Statistical Local Area (SLA) to enable accurate aggregation of information to larger areas within the Australian Standard Geographical Classification (ASGC) (such as Statistical Subdivisions and Statistical Divisions) as well as detailed analysis at the SLA level. The use of SLA also allows analysis relating the data to information compiled by the Australian Bureau of Statistics on the demographic and other characteristics of the population of each SLA. Analyses facilitated by the inclusion of SLA information include:

- comparison of the use of services by persons residing in different geographical areas,
- characterisation of catchment areas and populations for establishments for planning purposes, and
- documentation of the provision of services to residents of States or Territories other than the State or Territory of the provider.

Source and reference attributes

Origin: Health Data Standards Committee

Relational attributes

Related metadata references: Supersedes Person – area of usual residence, geographical location code (ASGC 2005) NNNNN NHIG, Superseded 14/09/2006

Implementation in Data Set Specifications: Admitted patient care NMDS 2007-2008 NHIG, Standard 29/11/2006

Implementation start date: 01/07/2007

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

Implementation start date: 01/07/2007

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

Implementation start date: 01/07/2007

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

Implementation start date: 01/07/2007

Perinatal NMDS NHIG, Standard 06/09/2006

Implementation start date: 01/07/2007

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

Implementation start date: 01/07/2007

Assistance with activities ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – need for assistance with activities in a life area, code N
<i>METeOR identifier:</i>	320213
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The level of help and/or supervision a person requires (or would require if the person currently helping/supervising was not available) to perform tasks and actions in a specified life area, as represented by a code.
<i>Context:</i>	Human functioning and disability

Data element concept attributes

<i>Data element concept:</i>	Person – need for assistance with activities in a life area
<i>Definition:</i>	The personal assistance and/or supervision a person needs to perform tasks and actions in a life area.
<i>Object class:</i>	Person
<i>Property:</i>	Need for assistance with activities in a life area

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	Number	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	Does not need help/supervision
	1	Sometimes needs help/supervision
	2	Always needs help/supervision
	3	Unable to do this task or action, even with assistance
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	This metadata item contributes to the definition of the concept ' Disability ' and gives an indication of the experience of disability for a person. In the context of health, an activity is the execution of a task or
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action by an individual. Activity limitations are difficulties an individual may have in executing an activity.

Activity limitation varies with the environment and is assessed in relation to a particular environment; the absence or presence of assistance, including aids and equipment, is an aspect of the environment.

This value domain records the level of a person's need for help or supervision, in a specified domain, in their overall life. This means that the need for assistance may not be directly relevant to the health or community care service being provided.

Where a life area includes a range of examples, (e.g. domestic life includes cooking, cleaning and shopping), if a person requires assistance in any of the areas then the highest level of assistance should be recorded.

Where need for assistance varies markedly over time (e.g. episodic psychiatric conditions) please record the average level of assistance needed.

The presence of an activity limitation with a given domain is indicated by a non-zero response in this value domain. Activity is limited when an individual, in the context of a health condition, either has need for assistance in performing an activity in an expected manner, or cannot perform the activity at all.

CODE 0 is used when the person has no need for supervision or help and can undertake the activity independently.

CODE 1 is used when the person sometimes needs assistance to perform an activity.

CODE 2 is used when the person always needs assistance to undertake the activity and cannot do the activity without assistance.

CODE 3 is used when the person cannot do the activity even with assistance

CODE 8 is used when a person's need for assistance to undertake the activity is unknown or there is insufficient information to use codes 0-3.

CODE 9 is used where the need for help or supervision is due to the person's age. For example, Education for persons less than 5 years and work for persons less than 15 years.

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
<i>Origin:</i>	WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website
<http://www.who.int/classifications/icf/en/>
- Australian Collaborating Centre ICF website
<http://www.aihw.gov.au/disability/icf/index.html>

Data element attributes

Collection and usage attributes

Guide for use:

This data element, in conjunction with Person – activities and participation life area, code (ICF 2001) AN[NNN], indicates a person's need for assistance in a given domain of activity.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:

Activities and Participation cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Body function ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – body function, code (ICF 2001) AN[NNNN]
<i>METeOR identifier:</i>	320141
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The physiological or psychological function of a person's body system, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person – body function
<i>Definition:</i>	The physiological or psychological function of a person's body system.
<i>Object class:</i>	Person
<i>Property:</i>	Body function

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	AN[NNNN]
<i>Maximum character length:</i>	6

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability for a person.</p> <p>Data can be collected at the three digit level in one chapter and at the chapter level in another. However it is only possible to collect data at a single level of the hierarchy in a single chapter to maintain mutual exclusivity. For example, it is not permitted to collect both Exercise tolerance functions (3 digit level) and 'fatiguability' (4-digit level) as the former includes the latter.</p> <p>The value domain below refers to the highest hierarchical level (ICF chapter level). Data collected at this level, in association with <i>Impairment extent code N</i> will use the codes as indicated.</p> <p>CODE b1 Mental functions CODE b2 Sensory functions and pain CODE b3 Voice and speech functions CODE b4 Functions of the cardiovascular, haematological, immunological and respiratory systems</p>
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CODE b5 Functions of the digestive, metabolic and the endocrine system
CODE b6 Genitourinary and reproductive functions
CODE b7 Neuromusculoskeletal and movement-related functions
CODE b8 Functions of the skin and related structures

Data collected at this level will provide a general description of the structures and can only be compared with data collected at the same level.

Each chapter contains categories at different levels ordered from general to detailed. For more detailed information the user should follow the structure of the ICF; the codes should be drawn from the same hierarchical level within any particular chapter. The full range of permissible values together, with definitions is listed in the *Body Functions* component of the ICF.

An example of a value domain at the 3 digit level from the Sensory functions and pain chapter may include:

CODE b210 Seeing functions
CODE b230 Hearing functions
CODE b235 Vestibular functions
CODE b250 Taste functions
CODE b255 Smell functions
CODE b260 Proprioceptive functions
CODE b265 Touch functions
CODE b270 Sensory functions related to temperature and other stimuli
CODE b279 Additional sensory functions, other specified and unspecified

An example of a value domain at the 4 digit level from the body function component may include:

CODE b1300 Energy level
CODE b1400 Sustaining attention
CODE b1442 Retrieval of memory
CODE b1521 Regulation of emotion
CODE b1641 Organization and planning

The prefix *b* denotes the domains within the component of *Body Functions*.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin:

WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents:

Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website
<http://www.who.int/classifications/icf/en/>

◆ New data item

∇ Revised data item

- Australian Collaborating Centre ICF website
<http://www.aihw.gov.au/disability/icf/index.html>

Data element attributes

Collection and usage attributes

Guide for use:

This data element can be used to record positive or neutral body function, as well as impairment of body function when used in conjunction with the metadata item Person—extent of impairment of body function, code (ICF 2001)N.

Where multiple body functions or impairments of body functions are recorded, the following prioritising system should be useful.

- The first recorded body function or impairment of body function is the one having the greatest impact on the individual.
- Second and subsequent body function or impairment of body function is also of relevance to the individual.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:

Body functions cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Body structure ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – body structure, code (ICF 2001) AN[NNNN]
<i>METeOR identifier:</i>	320147
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	An anatomical part of a person's body such as organs, limbs or their components, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person – body structure
<i>Definition:</i>	An anatomical part of a person's body such as organs, limbs or their components.
<i>Object class:</i>	Person
<i>Property:</i>	Body structure

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	AN[NNNN]
<i>Maximum character length:</i>	6

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item contributes to the definition of the concept <i>disability</i> and gives an indication of the experience of disability for a person.</p> <p>Data can be collected at the three digit level in one chapter and at the chapter level in another. However it is only possible to collect data at a single level of the hierarchy in a single chapter to maintain mutual exclusivity. For example, it is not permitted to collect both 'Skin and related structures' (chapter level) and 'Structure of nails' (3 digit level) as the former includes the latter.</p> <p>The value domain below refers to the highest hierarchical level (ICF chapter level). Data collected at this level, in association with respective qualifiers (<i>Impairment extent code N</i>, <i>Impairment nature code N</i>, <i>Impairment location code N</i>) will use the codes as indicated.</p> <p>CODE s1 Structures of the nervous system CODE s2 The eye, ear and related structures CODE s3 Structures involved in voice and speech CODE s4 Structures of the cardiovascular, immunological and</p>
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respiratory systems
CODE s5 Structures related to the digestive, metabolic and endocrine systems
CODE s6 Structures related to the genitourinary and reproductive systems
CODE s7 Structures related to movement
CODE s8 Skin and related structures

Data collected at this level will provide a general description of the structures and can only be compared with data collected at the same level.

Each chapter contains categories at different levels ordered from general to detailed. For more detailed information the user should follow the structure of the ICF; the codes should be drawn from the same hierarchical level within any particular chapter. The full range of permissible values together with definitions is listed in the Body Structures component of the ICF.

An example of a value domain at the 3 digit level from the Structures of the nervous system chapter may include:

CODE s110 Structure of the brain
CODE s120 Spinal cord and related structures
CODE s130 Structure of the meninges
CODE s140 Structure of sympathetic nervous system
CODE s150 Structure of parasympathetic nervous system
CODE s198 Structure of the nervous system, other specified
CODE s199 Structure of the nervous system, unspecified

An example of a value domain at the 4 digit level from the Structures related to movement chapter may include:

CODE s7300 Structure of upper arm
CODE s7301 Structure of forearm
CODE s7302 Structure of hand
CODE s7500 Structure of thigh
CODE s7501 Structure of lower leg
CODE s7502 Structure of ankle and foot
CODE s7600 Structure of vertebral column

The prefix *s* denotes the domains within the component of *Body Structures*.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin:

WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents:

Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website
<http://www.who.int/classifications/icf/en/>

◆ New data item

∇ Revised data item

- Australian Collaborating Centre ICF website
<http://www.aihw.gov.au/disability/icf/index.html>

Data element attributes

Collection and usage attributes

Guide for use:

This data element consists of a single, neutral list of body structures that can be used to record positive or neutral body function. In conjunction with *Impairment extent code N*, it enables the provision of information about the presence and extent of impairment for any given body structures; with *Impairment nature code N*, the provision of information about the nature of the impairment for given body functions; and *Impairment location code N*, the location of the impairment for given body functions.

Where multiple body structures or **impairments of body structures** are recorded, the following prioritising system should be useful:

- The first recorded body structure or impairment of body function is the one having the greatest impact on the individual.
- Second and subsequent body structure or impairment of body function is also of relevance to the individual.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:

Body structures cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Caesarean section indicator, last previous birth ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Female – caesarean section indicator (last previous birth) code N
<i>METeOR identifier:</i>	301993
<i>Registration status:</i>	NHIG, Standard 29/11/2006
<i>Definition:</i>	Whether a caesarean section was performed for the woman's last previous birth, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Female – caesarean section indicator
<i>Definition:</i>	Whether a caesarean section was performed on the woman.
<i>Context:</i>	Perinatal statistics
<i>Object class:</i>	Female
<i>Property:</i>	Caesarean section indicator

Source and reference attributes

<i>Submitting organisation:</i>	National Perinatal Data Development Committee
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Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	Number						
<i>Format:</i>	N						
<i>Maximum character length:</i>	1						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></tbody></table>	Value	Meaning	1	Yes	2	No
Value	Meaning						
1	Yes						
2	No						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This item should be completed if there has been a previous birth. In the case of no previous births, the item should be left blank.
<i>Comments:</i>	Previous caesarean sections are associated with a higher risk of obstetric complications, and when used with other indicators provides important information on the quality of obstetric care. This item can be used to determine vaginal births occurring after a caesarean section delivery (VBAC).

Source and reference attributes

<i>Submitting organisation:</i>	National Perinatal Data Development Committee
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Change to body structure ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – nature of impairment of body structure, code (ICF 2001) N
<i>METeOR identifier:</i>	320171
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The qualitative or quantitative change of a person's impairment in a specified body structure, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person – nature of impairment of body structure
<i>Definition:</i>	The qualitative or quantitative change to the characteristics of a person's body structure compared with accepted population standards.
<i>Object class:</i>	Person
<i>Property:</i>	Nature of impairment of body structure

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	Number	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	No change in structure
	1	Total absence
	2	Partial absence
	3	Additional part
	4	Aberrant dimensions
	5	Discontinuity
	6	Deviating position
	7	Qualitative changes in structure
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability
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for a person.

Impairments of body structure are problems in body structure such as a loss or significant departure from population standards or averages.

CODE 0 No change in structure

Used when the structure of the body part is within the range of the population standard.

CODE 1 Total absence

Used when the body structure is not present. For example total absence of the structures of the lower leg following a thorough knee amputation.

CODE 2 Partial absence

Used when only part of a body structure is present. For example partial absence of the bones of the lower leg following below knee amputation.

CODE 3 Additional part

Used when a structure, not usually present in the population is present, for example a sixth lumbar vertebra or an sixth digit on one hand.

CODE 4 Aberrant dimensions

Used when the shape and size of a body structure is significantly different from the population standard. For example radial aplasia where the shape and size of the radial bone does not develop.

CODE 5 Discontinuity

Used when parts of a body structure are separated, for example cleft palate or fracture.

CODE 6 Deviating position

Used when the location of a structure is not according to population standard; for example, transposition of the great vessels, where the aorta arises from the right ventricle and the pulmonary vessels from the left ventricle.

CODE 7 Qualitative changes in structure

Used when the structure of a body part is altered from the population standard. This includes accumulation of fluid, changes in bone structure as a result of osteoporosis or Paget's disease.

CODE 8 Not specified

Used when there is a change to a body structure, but the nature of the change is not described.

CODE 9 Not applicable

Used when it is not appropriate to code the nature of the change to a body structure.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health

<i>Origin:</i>	Organization Family of International Classifications. WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none"> • WHO ICF website http://www.who.int/classifications/icf/en/ • Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This data element is used in conjunction with specified body structures, for example 'partial absence of structures related to movement'. This data element may also be used in conjunction with Person – extent of impairment of body structure, code (ICF 2001) N and Person – location of impairment of body structure, code (ICF 2001) N.
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Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
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Relational attributes

<i>Implementation in Data Set Specifications:</i>	Body structures cluster NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
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Department of Veterans' Affairs file number ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – government funding identifier, Department of Veterans' Affairs file number AAXXNNNNA
<i>METeOR identifier:</i>	339127
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standardisation pending 06/12/2006
<i>Definition:</i>	A unique personal identifier issued to a veteran by the Department of Veterans' Affairs.

Data element concept attributes

<i>Data element concept:</i>	Person – government funding identifier
<i>Definition:</i>	A personal identifier allocated by a government department for the purpose of identifying those eligible for specific services.
<i>Object class:</i>	Person
<i>Property:</i>	Government funding identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	String
<i>Format:</i>	AAXXNNNNA
<i>Maximum character length:</i>	9

Collection and usage attributes

<i>Guide for use:</i>	<p>1st character is the state code (an alphabetic character) - N, V, Q, W, S or T for the appropriate state/territory. Australian Capital Territory is included in New South Wales (N) and Northern Territory with South Australia (S).</p> <p>Next 7 characters are the file number, made up of: War code + numeric digits, where: if War code is 1 alphabetic character, add 6 numeric characters (ANNNNNN)</p> <p>Where there is no war code as is the case with World War 1 veterans, insert a blank and add 6 numeric characters (NNNNNN)</p> <p>if War code is 2 alphabetic characters, add 5 numeric characters (AANNNNN)</p> <p>if War code is 3 alphabetic characters, add 4 numeric characters (AAANNNN)</p> <p>The 9th character is the segment link. For dependents of veterans, the 9th character is always an alphabetic character The alphabetic</p>
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code is generated in the order by which the cards are issued. For example A, B, C, D etc.

CAUTIONARY NOTE: For veterans the 9th character is left blank

Data element attributes

Collection and usage attributes

Collection methods:

The Department of Veterans' Affairs file number should only be collected from persons eligible to receive health services that are to be funded by the DVA. The number may be reported to the appropriate government agency to reconcile payment for the service provided.

DVA card number:

This number is the digitised version of the file number. If paper claims are optically scanned by the Health Insurance Commission, the digitised version of the file number is picked up by the scanner and converted to the normal file number format. For manual claims, the gold and white cards may be used in conjunction with the data element an imprinter. This method records the DVA file number and other card details on a manual voucher.

The data should not be used by private sector organisations for any purpose unless specifically authorised by law. For example, private sector organisations should not use the DVA file number for data linking unless specifically authorised by law.

This number must be recorded by a service provider each time a service is provided to a person who holds the entitlement for reimbursement purposes.

Comments:

All veterans and veteran community clients are issued with a DVA file number. The veteran community may access many different benefits, ranging from pensions to health services, through their DVA file number.

Note that Veterans may have a Medicare card number and a Department of Veterans Affairs (DVA) number or only a DVA number.

DVA has three (3) types of health cards:

- Gold Card
- White Card
- Repatriation Pharmaceutical Benefits Card.

Each card indicates, to the health provider, the level of health services the holder is eligible for, at the DVA expense.

The Gold card enables the holder to access a comprehensive range of health care and related services, for all conditions, whether they are related to war service or not.

The White card enables the holder to access health care and associated services for war or service-related conditions. Veterans of Australian forces may also be issued this card to receive treatment for malignant cancer, pulmonary tuberculosis and post

traumatic stress disorder and, for Vietnam veterans only, anxiety or depression, irrespective of whether these conditions are related to war service or not.

The white card holders are eligible to receive, for specific conditions, treatment from registered medical, hospital, pharmaceutical, dental and allied health care providers with whom DVA has arrangements.

A white card is also issued to eligible ex-service personnel who are from other countries, which enter into arrangements with the Australian government for the treatment of the conditions that these countries accept as war related.

When a gold/white card holder accesses health services at DVA expense, the DVA File Number is critical and should be used. The person's Medicare card number is not required or relevant.

It should be noted that there are a number of gold card holders who do not have a Medicare card.

The Repatriation Pharmaceutical Benefits card is an orange coloured card issued to eligible veterans and merchant mariners from Britain and the Commonwealth and other allied countries. This card enables the holder to access the range of pharmaceutical items available under the Repatriation Pharmaceutical Benefits Scheme. It does not provide access to other health services.

Source and reference attributes

Origin: Department of Veterans' Affairs

Relational attributes

Related metadata references: Supersedes Person – government funding identifier, Department of Veterans' Affairs file number AAXN[] NHIG, Superseded 29/11/2006

Difficulty with activities ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – level of difficulty with activities in life areas, code (ICF 2001) N
<i>METeOR identifier:</i>	320120
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The level of difficulty a person has in performing the tasks and actions involved in specified life areas, as represented by a code.
<i>Context:</i>	Human functioning and disability

Data element concept attributes

<i>Data element concept:</i>	Person – level of difficulty with activities in a life area
<i>Definition:</i>	The ease by which a person is able to perform tasks and actions in a life area.
<i>Object class:</i>	Person
<i>Property:</i>	Level of difficulty with activities in a life area

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	Number	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	No difficulty
	1	Mild difficulty
	2	Moderate difficulty
	3	Severe difficulty
	4	Complete difficulty
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

Guide for use: This metadata item contributes to the definition of the concept '**Disability**' and gives an indication of the experience of disability for a person.

In the context of health, an activity is the execution of a task or action by an individual. Activity limitations are difficulties an

individual may have in executing an activity.

Difficulties with activities can arise when there is a qualitative or quantitative alteration in the way in which these activities are carried out. Difficulty includes matters such as 'with pain', 'time taken', 'number of errors', 'clumsiness', 'modification of manner in which an activity is performed' e.g. sitting to get dressed instead of standing. 'Difficulty' is a combination of the frequency with which the problem exists, the duration of the problem and the intensity of the problem. Activity limitations are assessed against a generally accepted population standard, relative to cultural and social expectations.

Activity limitation varies with the environment and is assessed in relation to a particular environment; the absence or presence of **assistance**, including aids and equipment, is an aspect of the environment.

The user will select the code that most closely summarises, in terms of duration, frequency, manner or outcome, the level of difficulty of the person for whom the data is recorded.

CODE 0 No difficulty in this life area

Is used when there is no difficulty in performing this activity. This scale has a margin of error of 5%. [0-4%]

CODE 1 Mild difficulty

Is recorded for example, when the level of difficulty is below the threshold for medical intervention, the difficulty is experienced less than 25% of the time, and/or with a low alteration in functioning which may happen occasionally over the last 30 days. [5-24%]

CODE 2 Moderate difficulty

Is used for example when the level of difficulty is experienced less than 50% of the time and/or with a significant, but moderate effect on functioning (Up to half the scale of total performance) which may happen regularly over the last 30 days. [25-49%]

CODE 3 Severe difficulty

Is used for example when performance in this life area can be achieved, but with only extreme difficulty, and/or with an extreme effect on functioning which may happen often over the last 30 days. [50-95%]

CODE 4 Complete difficulty

Is used when the person can not perform in this life area due of the difficulty in doing so. This scale has a margin of error of 5%. [96-100%]

CODE 8 Not specified

Is used where a person has difficulty with activities in a life area but there is insufficient information to use codes 0-4.

CODE 9 Not applicable

Is used where a life area is not applicable to this person, e.g. domestic life for a child under 5.

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
<i>Origin:</i>	WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none">• WHO ICF website http://www.who.int/classifications/icf/en/• Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This data element, in conjunction with Person – activities and participation life area, code (ICF 2001) AN[NNN], indicates the presence and extent of activity limitation in a given domain of activity.
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Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
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Relational attributes

<i>Implementation in Data Set Specifications:</i>	Activities and Participation cluster NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
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Environmental factor ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – environmental factor, code (ICF 2001) AN[NNN]
<i>METeOR identifier:</i>	320207
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The physical, social and attitudinal environment in which people live and conduct their lives, as represented by a code.
<i>Context:</i>	The environment in which a person functions or experiences disability.

Data element concept attributes

<i>Data element concept:</i>	Person – environmental factor
<i>Definition:</i>	The physical, social and attitudinal environment in which people live and conduct their lives.
<i>Object class:</i>	Person
<i>Property:</i>	Environmental factor

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	AN[NNN]
<i>Maximum character length:</i>	5

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability for a person.</p> <p>Environmental factors represent the circumstances in which the individual lives. These factors are conceived as immediate (e.g. physical features of the environment, social environment) and societal (formal and informal social structures, services and systems). Different environments may have a very different impact on the same individual with a given health condition.</p> <p>Facilitators are features of the environment that have a positive effect on disability. Barriers are features of the environment that have a negative effect on disability.</p> <p>Data can be collected at the three digit level in one chapter and at the chapter level in another. However it is only possible to collect data at a single level of the hierarchy in a single chapter to</p>
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maintain mutual exclusivity. For example, it is not permitted to collect both 'Attitudes' (chapter level) and 'Social, norms, practices and ideology' (3 digit level) as the former includes the latter.

The value domain below refers to the highest hierarchical level (ICF chapter level). Data collected at this level, in association with *Extent of environmental factor influence code [X]N* will use the codes as indicated. The full range of the permissible values together with definitions can be found in the *Environmental Factors* component of the ICF.

Code e1 Products and technology

Code e2 Natural environment and human-made changes to environment

Code e3 Support and relationships

Code e4 Attitudes

Code e5 Services, systems and policies

Data collected at this level will provide a general description of the environmental factors and can only be compared with data collected at the same level.

An example of a value domain at the 3 digit level from the Environmental factors component may include:

CODE e225 Climate

CODE e240 Light

CODE e250 Sound

CODE e255 Vibration

CODE e260 Air quality

An example of a value domain at the 4 digit level from the the environmental factors component may include:

CODE e1151 Assistive products and technology for personal use in daily life

CODE e1201 Assistive products and technology for personal indoor and outdoor mobility and transportation

CODE e2151 Assistive products and technology for communication

CODE e1301 Assistive products and technology for education

CODE e1351 Assistive products and technology for employment

CODE e1401 Assistive products and technology for culture, recreation and sport

CODE e1451 Assistive products and technology for the practice of religion and spirituality

The prefix *e* denotes the domains within the component of *Environmental Factors*.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin:

WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents:

Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

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<http://www.who.int/classifications/icf/en/>
- Australian Collaborating Centre ICF website
<http://www.aihw.gov.au/disability/icf/index.html>

Data element attributes

Collection and usage attributes

Guide for use:

This data element is a neutral list of environmental factors. It may be used, in conjunction with Person – extent of environmental factor influence, code (ICF 2001) [X]N, in health, community services and other disability-related data collections to record the environmental factors that facilitate or inhibit optimum functioning at the body, person or societal level. Identification of environmental factors may assist in determining appropriate interventions to support the person to achieve optimum functioning.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:

Environmental factors cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Extent of participation ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – extent of participation in a life area, code (ICF 2001) N
<i>METeOR identifier:</i>	320219
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The degree of participation by an individual in a specified life area, as represented by a code.
<i>Context:</i>	Human functioning and disability

Data element concept attributes

<i>Data element concept:</i>	Person – extent of participation in a life area
<i>Definition:</i>	A person's degree of participation in a life area.
<i>Object class:</i>	Person
<i>Property:</i>	Extent of participation in a life area

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	Number	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	Full participation
	1	Mild participation restriction
	2	Moderate participation restriction
	3	Severe participation restriction
	4	Complete participation restriction
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item contributes to the definition of the concept 'Disability' and gives an indication of the experience of disability for a person.</p> <p>In the context of health, participation is involvement in a life situation. Participation restrictions are problems an individual may experience in involvement of life situations.</p> <p>This metadata item may be used to describe the extent of</p>
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participation in life situations for an individual with a health condition. The standard or norm to which an individual's participation is compared is that of an individual without a similar health condition in that particular society. The participation restriction records the discordance between the experienced participation and the expected participation of an individual without a health condition. The definition of 'particular society' is not specified and will inevitably give rise to different interpretations. If limiting the interpretation, it will be necessary to state the factors which are taken into account, for example, age, gender, ethnicity, religion, education, locality (town, state, rural, remote, urban).

The user will select the code that most closely summarises, in terms of duration, frequency, manner or outcome, the level of participation of the person for whom the data is recorded.

CODE 0 Full participation

Used when the person participates in this life area in the same way in terms of duration, frequency, manner or outcome as other individuals without a similar health condition in that particular society

CODE 1 Mild participation restriction

Used for example, when the person is restricted in their participation less than 25% of the time, and/or with a low alteration in functioning which may happen occasionally over the last 30 days

CODE 2 Moderate participation restriction

Used for example, when the person is restricted in their participation between 26% and 50% of the time with a significant, and/or with a moderate effect on functioning (Up to half the total scale of performance) which may happen regularly over the last 30 days

CODE 3 Severe participation restriction

Used for example, when participation in this life area can be achieved, but only rarely and/or with an extreme effect on functioning which may happen often over the last 30 days

CODE 4 Complete participation restriction

Used when the person can not participate in this life area. This scale has a margin of error of 5%

CODE 8 Not specified

Used when a person's participation in a life area is restricted but there is insufficient information to use codes 0-4

CODE 9 Not applicable

Used when participation in a life area is not relevant, such as employment for an infant.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

<i>Origin:</i>	WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none"> • WHO ICF website http://www.who.int/classifications/icf/en/ • Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Extent of participation is always associated with a health condition. For example, a restriction in participation in 'community, social and civic life' may be recorded when the person has had a stroke, but not when the restriction is associated only with personal preferences, without a related health condition. A value is attached to restriction of participation (i.e. a participation restriction is a disadvantage). The value is dependent on cultural norms, so that an individual may be disadvantaged in one group or location and not in another place. This data element is used in conjunction with a specified Activities and participation life area (ICF 2001) AN[NNN]. For example, a 'mild restriction in participation in exchange of information'.
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Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
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Relational attributes

<i>Implementation in Data Set Specifications:</i>	Activities and Participation cluster NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
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Funding source for hospital patient ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Episode of care – principal source of funding, hospital code NN
<i>METeOR identifier:</i>	339080
<i>Registration status:</i>	NHIG, Standard 29/11/2006
<i>Definition:</i>	The principal source of funds for an admitted patient episode or non-admitted patient service event, as represented by a code.
<i>Context:</i>	Admitted patient care. Hospital non-admitted patient care.

Data element concept attributes

<i>Data element concept:</i>	Episode of care – principal source of funding
<i>Definition:</i>	The principal source of funds for an admitted patient episode or non-admitted patient service event.
<i>Object class:</i>	Episode of care
<i>Property:</i>	Principal source of funding

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																												
<i>Data type:</i>	String																												
<i>Format:</i>	NN																												
<i>Maximum character length:</i>	2																												
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>01</td><td>Australian Health Care Agreements</td></tr><tr><td>02</td><td>Private health insurance</td></tr><tr><td>03</td><td>Self-funded</td></tr><tr><td>04</td><td>Worker's compensation</td></tr><tr><td>05</td><td>Motor vehicle third party personal claim</td></tr><tr><td>06</td><td>Other compensation (e.g. public liability, common law, medical negligence)</td></tr><tr><td>07</td><td>Department of Veterans' Affairs</td></tr><tr><td>08</td><td>Department of Defence</td></tr><tr><td>09</td><td>Correctional facility</td></tr><tr><td>10</td><td>Other hospital or public authority (contracted care)</td></tr><tr><td>11</td><td>Reciprocal health care agreements (with other countries)</td></tr><tr><td>12</td><td>Other</td></tr><tr><td>13</td><td>No charge raised</td></tr></tbody></table>	Value	Meaning	01	Australian Health Care Agreements	02	Private health insurance	03	Self-funded	04	Worker's compensation	05	Motor vehicle third party personal claim	06	Other compensation (e.g. public liability, common law, medical negligence)	07	Department of Veterans' Affairs	08	Department of Defence	09	Correctional facility	10	Other hospital or public authority (contracted care)	11	Reciprocal health care agreements (with other countries)	12	Other	13	No charge raised
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Collection and usage attributes*Guide for use:***CODE 01 Australian Health Care Agreements**

Australian Health Care Agreements should be recorded as the funding source for Medicare eligible admitted patients who elect to be treated as public patients and Medicare eligible emergency department patients and Medicare eligible patients presenting at a public hospital outpatient department for whom there is not a third party arrangement.

Includes: Public admitted patients in private hospitals funded by state or territory health authorities (at the state or regional level).

Excludes: Inter-hospital contracted patients and overseas visitors who are covered by Reciprocal health care agreements and elect to be treated as public admitted patients.

CODE 02 Private health insurance

Excludes: overseas visitors for whom travel insurance is the major funding source.

CODE 03 Self-funded

This code includes funded by the patient, by the patient's family or friends, or by other benefactors.

CODE 10 Other hospital or public authority

Includes: Patients receiving treatment under contracted care arrangements (Inter-hospital contracted patient).

CODE 11 Reciprocal health care agreements (with other countries)

Australia has Reciprocal Health Care Agreements with the United Kingdom, the Netherlands, Italy, Malta, Sweden, Finland, Norway, New Zealand and Ireland. The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient in any kind of hospital.

- The Agreements with Finland, Italy, Malta, the Netherlands, Norway, Sweden and the United Kingdom provide free care as a public patient in public hospitals, subsidised out-of-hospital medical treatment under Medicare, and subsidised medicines under the Pharmaceutical Benefits Scheme.

- The Agreements with New Zealand and Ireland provide free care as a public patient in public hospitals and subsidised medicines under the Pharmaceutical Benefits Scheme, but do not cover out-of-hospital medical treatment.

- Visitors from Italy and Malta are covered for a period of six months from the date of arrival in Australia only.

Excludes: Overseas visitors who elect to be treated as private patients.

CODE 12 Other funding source

Includes: Overseas visitors for whom travel insurance is the major funding source.

CODE 13 No charge

Includes: Admitted patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital or the state/territory. Also includes patients who receive private hospital services for whom no accommodation or facility charge is raised (for example, when the only charges are for medical services bulk-billed to Medicare), and patients for whom a charge is raised but is subsequently waived.

Excludes: Admitted public patients (Medicare eligible) whose funding source should be recorded as Australian Health Care Agreements or Reciprocal Health Care Agreements. Also excludes Medicare eligible non-admitted patients, presenting to a public hospital emergency department and Medicare eligible patients (for whom there is not a third party payment arrangement) presenting at a public hospital outpatient department, whose funding source should be recorded as Australian Health Care Agreements.

Also excludes patients presenting to an outpatient department who have chosen to be treated as a private patient and have been referred to a named medical specialist who is exercising a right of private practice. These patients are not considered to be patients of the hospital (see Guide for use).

Data element attributes

Collection and usage attributes

Guide for use:

If there is an expected funding source followed by a finalised actual funding source (for example, in relation to compensation claims), then the actual funding source known at the end of the reporting period should be recorded.

The expected funding source should be reported if the fee has not been paid but is not to be waived.

If a charge is raised for accommodation or facility fees for the episode/service event, the intent of this data element is to collect information on who is expected to pay, provided that the charge would cover most of the expenditure that would be estimated for the episode/service event. If the charge raised would cover less than half of the expenditure, then the funding source that represents the majority of the expenditure should be reported.

The major source of funding should be reported for nursing-home type patients.

Relational attributes

Related metadata references:

Supersedes Episode of care – expected principal source of funding, hospital code NN NHIG, Standard 01/03/2005

Implementation in Data Set Specifications:

Admitted patient care NMDS 2007-2008 NHIG, Standard 29/11/2006

Implementation start date: 01/07/2007

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

Implementation start date: 01/07/2007

◆ New data item

▽ Revised data item

Geographical location of establishment ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Establishment – geographical location, code (ASGC 2006) NNNNN
<i>METeOR identifier:</i>	341798
<i>Registration status:</i>	NHIG, Standard 14/09/2006
<i>Definition:</i>	The geographical location of the main administrative centre of an establishment, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Establishment – geographic location
<i>Definition:</i>	Geographical location of the establishment. For establishments with more than one geographical location, the location is defined as that of the main administrative centre.
<i>Context:</i>	Health services: To enable the analysis of service provision in relation to demographic and other characteristics of the population of a geographic area.
<i>Object class:</i>	Establishment
<i>Property:</i>	Geographic location

Collection and usage attributes

<i>Comments:</i>	The geographical location does not provide direct information on the geographical catchment area or catchment population of the establishment.
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Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2006
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	The geographical location is reported using a five-digit numerical code to indicate the Statistical Local Area (SLA) within the reporting state or territory, as defined in the Australian Standard Geographical Classification (ASGC) (Australian Bureau of Statistics (ABS), catalogue number 1216.0). It is a composite of State identifier and SLA (first digit = State identifier, next four
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digits = SLA).

The Australian Standard Geographical Classification (ASGC) is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.

The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC. For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or state can be used with the locality name to assign the SLA.

In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.

Source and reference attributes

Origin:

National Health Data Committee

Australian Standard Geographical Classification (Australian Bureau of Statistics Catalogue No. 1216.0)

Relational attributes

Related metadata references:

Supersedes Establishment – geographical location, code (ASGC 2005) NNNNN NHIG, Superseded 14/09/2006

Is formed using Establishment – Australian state/territory identifier, code N NHIG, Standard 01/03/2005

Implementation in Data Set Specifications:

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Geographical location of service delivery outlet ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Service delivery outlet – geographic location, code (ASGC 2006) NNNNN
<i>METeOR identifier:</i>	341802
<i>Registration status:</i>	NHIG, Standard 14/09/2006
<i>Definition:</i>	Geographical location of a site from which a health/community service is delivered, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Service delivery outlet – geographic location
<i>Definition:</i>	Geographical location of a site from which a health/community service is delivered.
<i>Context:</i>	Alcohol and other drug treatment services
<i>Object class:</i>	Service delivery outlet
<i>Property:</i>	Geographic location

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2006
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The geographical location is reported using a five digit numerical code to indicate the Statistical Local Area (SLA) within the reporting state or territory, as defined in the Australian Standard Geographical Classification (ASGC). It is a composite of State identifier and SLA (first digit = State identifier, next four digits = SLA).</p> <p>The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC. For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.</p>
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In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub- index of the NLI to assign the SLA.

Comments:

To enable the analysis of the accessibility of service provision in relation to demographic and other characteristics of the population of a geographic area.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Origin:

Australian Standard Geographical Classification (ABS Cat. No. 1216.0)

Relational attributes

Related metadata references:

Supersedes Service delivery outlet – geographic location, code (ASGC 2005) NNNNN NHIG, Superseded 14/09/2006

Is formed using Establishment – Australian state/territory identifier, code N NHIG, Standard 01/03/2005

Implementation in Data Set Specifications:

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

Implementation start date: 01/07/2007

Impairment of body function ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – extent of impairment of body function, code (ICF 2001) N
<i>METeOR identifier:</i>	320138
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	A person's degree of impairment in a specified body function, as represented by a code.
<i>Context:</i>	Human functioning and disability

Data element concept attributes

<i>Data element concept:</i>	Person – extent of impairment of body function
<i>Definition:</i>	A person's degree of impairment in a specified body function.
<i>Object class:</i>	Person
<i>Property:</i>	Extent of impairment of body function

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	No impairment
	1	Mild impairment
	2	Moderate impairment
	3	Severe impairment
	4	Complete impairment
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	This metadata item contributes to the definition of the concept ' Disability ' and gives an indication of the experience of disability for a person. Impairments of body structure or body function are problems in body structure or function such as a loss or significant departure from population standards or averages.
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CODE 0 No impairment

Used when there is no significant variation from accepted population standards in the biomedical status of the body structure or its functions [0-4%].

CODE 1 Mild impairment

Used when there is a slight or low variation from accepted population standards in the biomedical status of the body structure or its functions [5-24%].

CODE 2 Moderate impairment

Used when there is a medium (significant but not severe) variation from accepted population standards in the biomedical status of the body structure or its functions [25-49%].

CODE 3 Severe impairment

Used when there is an extreme variation from accepted population standards in the biomedical status of the body structure or its functions [50-95%].

CODE 4 Complete impairment

Used when there is a total variation from accepted population standards in the biomedical status of the body structure or its functions [96-100%].

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin:

World Health Organization (WHO) 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

Australian Institute of Health and Welfare (AIHW) 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents:

Further information on the ICF including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website
<http://www.who.int/classifications/icf/en/>
- Australian Collaborating Centre ICF website
<http://www.aihw.gov.au/disability/icf/index.html>

Data element attributes

Collection and usage attributes

Guide for use:

This coding is to be used in conjunction with specified Body Functions domains. For example, 'a mild impairment of functions related to the brain' to indicate the area of impairment and, potentially, the sorts of interventions that may result in improved functioning. The body function in which an individual experiences an impairment is indicated using the metadata item Person – body function, code (ICF 2001) AN[NNNN].

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications: Body functions cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Impairment of body structure ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – extent of impairment of body structure, code (ICF 2001) N
<i>METeOR identifier:</i>	320165
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	A person's degree of impairment in a specified body structure, as represented by a code.

Data element concept attributes

<i>Data element concept:</i>	Person – extent of impairment of body structure
<i>Definition:</i>	A person's degree of impairment in a specified body structure.
<i>Object class:</i>	Person
<i>Property:</i>	Extent of impairment of body structure

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	No impairment
	1	Mild impairment
	2	Moderate impairment
	3	Severe impairment
	4	Complete impairment
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	This metadata item contributes to the definition of the concept ' Disability ' and gives an indication of the experience of disability for a person. Impairments of body structure or body function are problems in body structure or function such as a loss or significant departure from population standards or averages. CODE 0 No impairment
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Used when there is no significant variation from accepted population standards in the biomedical status of the body structure or its functions [0-4%].

CODE 1 Mild impairment

Used when there is a slight or low variation from accepted population standards in the biomedical status of the body structure or its functions [5-24%].

CODE 2 Moderate impairment

Used when there is a medium (significant but not severe) variation from accepted population standards in the biomedical status of the body structure or its functions [25-49%].

CODE 3 Severe impairment

Used when there is an extreme variation from accepted population standards in the biomedical status of the body structure or its functions [50-95%].

CODE 4 Complete impairment

Used when there is a total variation from accepted population standards in the biomedical status of the body structure or its functions [96-100%].

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin:

World Health Organization (WHO) 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

Australian Institute of Health and Welfare (AIHW) 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents:

Further information on the ICF including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website
<http://www.who.int/classifications/icf/en/>
- Australian Collaborating Centre ICF website
<http://www.aihw.gov.au/disability/icf/index.html>

Data element attributes

Collection and usage attributes

Guide for use:

This data element is used in conjunction with specified body structures, for example 'mild impairment of structures related to movement'. This data element may also be used in conjunction with Person – nature of impairment of body structure, code (ICF 2001) N and Person – location of impairment of body structure, code (ICF 2001) N.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:

Body structures cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Influence of environmental factor ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – extent of environmental factor influence, code (ICF 2001) [X]N
<i>METeOR identifier:</i>	320198
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The degree to which a specified environmental factor influences the body function or structure, the activity or participation of a person, as represented by a code.
<i>Context:</i>	The environment in which a person functions or experiences disability.

Data element concept attributes

<i>Data element concept:</i>	Person – extent of environmental factor influence
<i>Definition:</i>	The degree to which specified environmental factors influence the body function or structure, the activity or participation of a person.
<i>Object class:</i>	Person
<i>Property:</i>	Extent of environmental factor influence

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	[X]N	
<i>Maximum character length:</i>	2	
<i>Permissible values:</i>	Value	Meaning
	0	No barrier
	1	Mild barrier
	2	Moderate barrier
	3	Severe barrier
	4	Complete barrier
	+0	No facilitator
	+1	Mild facilitator
	+2	Moderate facilitator
	+3	Substantial facilitator
	+4	Complete facilitator

<i>Supplementary values:</i>	8	Barrier not specified
	+8	Facilitator not specified
	9	Not applicable

Collection and usage attributes

Guide for use:

This metadata item contributes to the definition of the concept '**Disability**' and gives an indication of the experience of disability for a person.

Extent of influence of environmental factors corresponds to the degree or strength or magnitude of the influence and the amount of time the influence is experienced by the person. It is essentially a summary measure, in which are embedded the concepts of availability, quality and importance, that indicates the effect the specified environmental factor has on the person.

Whether, and by how much, environmental factors are influencing an individual's level of functioning, and whether the influence is a facilitator or barrier, may indicate the sorts of interventions that will optimise the individual's functioning. This information may be for policy development, service provision, or advocacy purposes. Preventative strategies could be indicated by this information.

This value domain can be used to collect information across the whole spectrum of influence, for example, tactile flooring may be a facilitator to a person with visual impairment and a barrier to a person with mobility impairments. In line with the ICF approach to functioning and disability, this value domain recognises, and gives the means to record, the positive influence of environmental factors as well as those factors that limit the level of functioning of a person.

The codes are mutually exclusive. The choice of codes depends on the context of the data collection. For example; if collecting information about the positive influence of an environmental factor such as a community service it would be appropriate to use Code 0 No facilitator if the service was not influencing the person's level of functioning (even if the service were not a barrier to the person's functioning).

Code +0 No facilitator:

Used when the environment factor does not impact in a positive way on the body structure or function, activity or participation of a person.

Code +1 Mild facilitator:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 5-24% of the time the person participates in the specified domain of functioning or has a low level of impact on the person's functioning.

Code +2 Moderate facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 25-49% of the time the person participates in the

specified domain of functioning or has a significant, but moderate impact on the person's functioning.

Code +3 Substantial facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 50-95% of the time the person participates in the specified domain of functioning or has an extreme effect on the person's functioning.

Code +4 Complete facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 96-100% of the time the person participates in the specified domain of functioning or the person functions optimally with this environmental factor.

Code +8 Facilitator not specified:

Used when there is insufficient information to record the Extent of environmental influence code (ICF 2001) N in classes +1 to +4.

Code 0 No barrier:

Used when the environment factor does not impact in a negative way on the body structure or function, activity or participation of a person.

Code 1 Mild barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 5-24% of the time the person participates in the specified domain of functioning or has a low level of impact on the person's functioning.

Code 2 Moderate barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 25-49% of the time the person participates in that specified domain of functioning or has a significant, but moderate impact on the person's functioning.

Code 3 Severe barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 50-95% of the time the person participates in that specified domain of functioning or has an extreme effect on the person's functioning.

Code 4 Complete barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 96-100% of the time the person participates in the specified domain of functioning or is of such magnitude that the person is unable to function.

Code 8 Barrier not specified:

Used when there is insufficient information to record the Extent of environmental influence code (ICF 2001) N in classes 1 to 4.

Code 9 Not applicable:

Used when environmental factors impacts in neither a positive or negative way on the body structure or function, activity or participation of a person or for between 0-4% of the time the person participates in that specified area and has minimal impact on the person's level of functioning in the specified domain.

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
<i>Origin:</i>	WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none">• WHO ICF website http://www.who.int/classifications/icf/en/• Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Environmental factors represent the circumstances in which the individual lives. These factors are conceived as immediate (e.g. physical features of the environment, social environment) and societal (formal and informal social structures, services and systems). Different environments may have a very different impact on the same individual with a given health condition.</p> <p>The influence of environmental factors may be positive, increasing the level of functioning (a facilitator), or negative, decreasing the level of functioning (a barrier).</p> <p>The extent of influence of the Environmental factors is affected both by the degree or strength of influence, and the amount of time the influence is experienced by the person.</p> <p>This metadata item is recorded in conjunction with <i>Environmental factor code N</i> to indicate the extent to which specified environmental factors influence the body function or structure, the activity or participation of a person.</p>
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Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
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Relational attributes

<i>Implementation in Data Set Specifications:</i>	Environmental factors cluster NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
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◆ New data item ∇ Revised data item

Location of impairment ♦

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – location of impairment of body structure, code (ICF 2001) N
<i>METeOR identifier:</i>	320177
<i>Registration status:</i>	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
<i>Definition:</i>	The location of a person's impairment in a specified body structure, as represented by a code.
<i>Context:</i>	Human functioning and disability

Data element concept attributes

<i>Data element concept:</i>	Person – location of impairment of body structure
<i>Definition:</i>	The site of impairment in a person's specified body structure.
<i>Object class:</i>	Person
<i>Property:</i>	Location of impairment of body structure

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Classification of Functioning, Disability and Health 2001	
<i>Representation class:</i>	Code	
<i>Data type:</i>	Number	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	0	More than one region
	1	Right
	2	Left
	3	Both sides
	4	Front
	5	Back
	6	Proximal
	7	Distal
<i>Supplementary values:</i>	8	Not specified
	9	Not applicable

Collection and usage attributes

<i>Guide for use:</i>	This metadata item contributes to the definition of the concept ' Disability ' and gives an indication of the experience of disability
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for a person.

Impairments of body structure are problems in body structure such as a loss or significant departure from population standards or averages.

Use only one code. Select the one that best describes the situation with this structure. Combinations are not possible.

CODE 0 More than one region (except both sides)

Used when the impairment is present in more than one body location (but not bilaterally see code 3); for example when burn scars affect many areas of skin.

CODE 1 Right

Used when the impairment is present to the right of the midline of the person's body.

CODE 2 Left

Used when the impairment is present to the left of the midline of the person's body.

CODE 3 Both sides (bilateral)

Used when the impairment is two-sided and disposed on opposite sides of the midline axis of the body, for example bilateral joint deformities.

CODE 4 Front

Used when the impairment is present in front of a line passing through the midline of the body when viewed from the side.

CODE 5 Back

Used when the impairment is present behind a line passing through the midline of the body when viewed from the side.

CODE 6 Proximal

Used when the impairment is situated towards the point of origin or attachment, as of a limb or bone (opposed to distal), for example the end of the structure that is closer to the centre of the body.

CODE 7 Distal

Used when the impairment is situated away from the point of origin or attachment, as of a limb or bone (opposed to proximal), for example the end of structure that is further away from the centre of the body.

CODE 8 Not specified

Used when there is an impairment of body structure but the location of the impairment is not recorded.

CODE 9 Not applicable

Used when it is not appropriate to code the location of an impairment of body structure.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

<i>Origin:</i>	WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
<i>Reference documents:</i>	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites: <ul style="list-style-type: none"> • WHO ICF website http://www.who.int/classifications/icf/en/ • Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This data element is to be used in conjunction with specified body structures, for example, 'impairment of proximal structures related to movement'. This data element may also be used in conjunction with Person – extent of impairment of body structure, code (ICF 2001) N and Person – nature of impairment of body structure, code (ICF 2001).
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Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
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Relational attributes

<i>Implementation in Data Set Specifications:</i>	Body structures cluster NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
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Medicare eligibility status ▽

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Technical name:</i>	Person – eligibility status, Medicare code N
<i>METeOR identifier:</i>	339084
<i>Registration status:</i>	NHIG, Standard 29/11/2006
<i>Definition:</i>	An indicator of a person's eligibility for Medicare at the time of the episode of care, as specified under the Commonwealth Health Insurance Act 1973, as represented by a code.
<i>Context:</i>	Admitted patient care: To facilitate analyses of hospital utilisation and policy relating to health care financing.

Data element concept attributes

<i>Data element concept:</i>	Person – eligibility status
<i>Definition:</i>	An indicator of a person's eligibility to receive a service as determined by an assessment.
<i>Object class:</i>	Person
<i>Property:</i>	Eligibility status

Source and reference attributes

<i>Submitting organisation:</i>	Australian Institute of Health and Welfare
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Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	Number						
<i>Format:</i>	N						
<i>Maximum character length:</i>	1						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Eligible</td></tr><tr><td>2</td><td>Not eligible</td></tr></tbody></table>	Value	Meaning	1	Eligible	2	Not eligible
Value	Meaning						
1	Eligible						
2	Not eligible						
<i>Supplementary values:</i>	<table><tbody><tr><td>9</td><td>Not stated/unknown</td></tr></tbody></table>	9	Not stated/unknown				
9	Not stated/unknown						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Eligible persons are <ul style="list-style-type: none">• Permanent residents of Australia• Persons who have an application for permanent residence (not an aged parent visa), and have either:<ul style="list-style-type: none">- a spouse, parent or child who is an Australian citizen or
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permanent resident, OR

- authority from Department of Immigration and Multicultural and Indigenous Affairs to work

- Foreign spouses of Australian residents:
 - must have an application for permanent residence, as above
- Asylum seekers who have been issued with valid temporary visas. The list of visas is subject to changes which may be applied by the Department of Immigration and Multicultural Affairs.
- American Fulbright scholars studying in Australia (but not their dependents)
- Diplomats and their dependants from reciprocal health countries (excluding New Zealand and Norway) have full access to Medicare without the restrictions for American Fulbright scholars.

Reciprocal health care agreements

Residents of countries with whom Australia has Reciprocal health care agreements are also eligible under certain circumstances. Australia has Reciprocal Health Care Agreements with Ireland, Italy, Finland, Malta, the Netherlands, New Zealand, Norway, Sweden and the United Kingdom. These Agreements give visitors from these countries access to Medicare and the Pharmaceutical Benefits Scheme for the treatment of an illness or injury which occurs during their stay, and which requires treatment before returning home (that is, these Agreements cover immediately necessary medical treatment, elective treatment is not covered). The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient in any kind of hospital.

- The Agreements with Finland, Italy, Malta, the Netherlands, Norway, Sweden and the United Kingdom provide free care as a public patient in public hospitals, subsidised out-of-hospital medical treatment under Medicare, and subsidised medicines under the Pharmaceutical Benefits Scheme.

- The Agreements with New Zealand and Ireland provide free care as a public patient in public hospitals and subsidised medicines under the Pharmaceutical Benefits Scheme, but do not cover out-of-hospital medical treatment.

- Visitors from Italy and Malta are covered for a period of six months from the date of arrival in Australia only.

Eligible patients may elect to be treated as either a public or a private patient.

Newborn babies take the eligibility status of the mother.

Not eligible/ineligible: means any person who is not Medicare