



Residential mental health care NMDS 2008-2009

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Registry)**

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Data Element Technical Names

Episode of care – additional diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	8
Person – area of usual residence, geographical location code (ASGC 2007) NNNNN	10
Establishment – Australian state/territory identifier, code N	13
Person – country of birth, code (SACC 1998) NNNN	16
Person – date of birth, DDMMYYYY	20
Episode of residential care – episode end date, DDMMYYYY	25
Episode of residential care – episode end mode, code N	26
Episode of residential care – episode start date, DDMMYYYY	28
Episode of residential care – episode start mode, code N	29
Establishment – organisation identifier (Australian), NNX[X]NNNNN	31
Establishment – organisation identifier (state/territory), NNNNN	34
Establishment – sector, code N	36
Person – Indigenous status, code N	38
Episode of residential care – number of leave days, total N[NN]	43
Person – marital status, code N	45
Episode of care – mental health legal status, code N	48
Person – person identifier, XXXXX[X(14)]	51
Episode of care – principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	54
Episode of residential care – referral destination (mental health care), code N	56
Establishment – region identifier, X[X]	58
Residential stay – episode start date, DDMMYYYY	60
Person – sex, code N	61

Metadata items

Residential mental health care NMDS 2008-2009

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Set Specification
<i>METeOR identifier:</i>	362316
<i>Registration status:</i>	Health, Standard 05/02/2008
<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>	01/07/2008
<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 2007-2008 Health](#), Superseded 05/02/2008

Metadata items in this Data Set Specification

<i>Seq No.</i>	<i>Metadata item</i>	<i>Obligation</i>	<i>Max occurs</i>
-	Episode of care – additional diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	Mandatory	1
-	Person – area of usual residence, geographical location code (ASGC 2007) NNNNN	Mandatory	1
-	Establishment – Australian state/territory identifier, code N	Mandatory	1
-	Person – country of birth, code (SACC 1998) NNNN	Conditional	1
-	Person – date of birth, DDMMYYYY	Mandatory	1
-	Episode of residential care – episode end date, DDMMYYYY	Mandatory	1
-	Episode of residential care – episode end mode, code N	Mandatory	1
-	Episode of residential care – episode start date, DDMMYYYY	Mandatory	1
-	Episode of residential care – episode start mode, code N	Mandatory	1
-	Establishment – organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Establishment – organisation identifier (state/territory), NNNNN	Mandatory	1
-	Establishment – sector, code N	Mandatory	1
-	Person – Indigenous status, code N	Mandatory	1
-	Episode of residential care – number of leave days, total N[NN]	Mandatory	1
-	Person – marital status, code N	Mandatory	1
-	Episode of care – mental health legal status, code N	Mandatory	1
-	Person – person identifier, XXXXXX[X(14)]	Mandatory	1
-	Episode of care – principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	Mandatory	1
-	Episode of residential care – referral destination (mental health care), code N	Mandatory	1
-	Establishment – region identifier, X[X]	Mandatory	1
-	Residential stay – episode start date, DDMMYYYY	Mandatory	1
-	Person – sex, code N	Mandatory	1

Additional diagnosis

Identifying and definitional attributes

<i>Technical name:</i>	Episode of care – additional diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	356587
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code.

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Record each additional diagnosis relevant to the episode of care in accordance with the ICD-10-AM Australian Coding Standards. Generally, external cause, place of occurrence and activity codes will be included in the string of additional diagnosis codes. In some data collections these codes may also be copied into specific fields.</p> <p>The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.</p> <p>Additional diagnoses give information on the conditions that are significant in terms of treatment required, investigations needed and resources used during the episode of care. They are used for casemix analyses relating to severity of illness and for correct classification of patients into Australian Refined Diagnosis Related Groups (AR-DRGs).</p>
<i>Collection methods:</i>	An additional diagnosis should be recorded and coded where appropriate upon separation of an episode of admitted patient care or the end of an episode of residential care. The additional diagnosis is derived from and must be substantiated by clinical documentation.
<i>Comments:</i>	<p>Additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:</p> <ul style="list-style-type: none">• Commencement, alteration or adjustment of therapeutic treatment

- Diagnostic procedures
- Increased clinical care and/or monitoring

In accordance with the Australian Coding Standards, certain conditions that do not meet the above criteria may also be recorded as additional diagnoses.

Additional diagnoses are significant for the allocation of Australian Refined Diagnosis Related Groups. The allocation of patient to major problem or complication and co-morbidity Diagnosis Related Groups is made on the basis of the presence of certain specified additional diagnoses. Additional diagnoses should be recorded when relevant to the patient's episode of care and not restricted by the number of fields on the morbidity form or computer screen.

External cause codes, although not diagnosis of condition codes, should be sequenced together with the additional diagnosis codes so that meaning is given to the data for use in injury surveillance and other monitoring activities.

Source and reference attributes

Origin: National Centre for Classification in Health

Relational attributes

Related metadata references: Supersedes [Episode of care – additional diagnosis, code \(ICD-10-AM 5th edn\) ANN{.N\[N\]}](#) Health, Superseded 05/02/2008

Implementation in Data Set Specifications: Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Area of usual residence

Identifying and definitional attributes

<i>Technical name:</i>	Person – area of usual residence, geographical location code (ASGC 2007) NNNNN
<i>METeOR identifier:</i>	362291
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Geographical location of usual residence of the person, as represented by a code.
Data Element Concept:	Person – area of usual residence

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2007
<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. 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 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.</p> <p>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.</p>
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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 \(ASGC 2006\) NNNNN](#) Health, Superseded 05/02/2008

Implementation in Data Set Specifications:

Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

Community mental health care NMDS 2008-2009 Health,

Standard 05/02/2008

Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008

Perinatal NMDS 2008-2009 Health, Standard 05/02/2008

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Australian State/Territory identifier (establishment)

Identifying and definitional attributes

<i>Technical name:</i>	Establishment – Australian state/territory identifier, code N
<i>METeOR identifier:</i>	269941
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	An identifier of the Australian state or territory in which an establishment is located, as represented by a code.
Data Element Concept:	Establishment – Australian state/territory identifier

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>New South Wales</td></tr><tr><td>2</td><td>Victoria</td></tr><tr><td>3</td><td>Queensland</td></tr><tr><td>4</td><td>South Australia</td></tr><tr><td>5</td><td>Western Australia</td></tr><tr><td>6</td><td>Tasmania</td></tr><tr><td>7</td><td>Northern Territory</td></tr><tr><td>8</td><td>Australian Capital Territory</td></tr><tr><td>9</td><td>Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)</td></tr></tbody></table>	Value	Meaning	1	New South Wales	2	Victoria	3	Queensland	4	South Australia	5	Western Australia	6	Tasmania	7	Northern Territory	8	Australian Capital Territory	9	Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)
Value	Meaning																				
1	New South Wales																				
2	Victoria																				
3	Queensland																				
4	South Australia																				
5	Western Australia																				
6	Tasmania																				
7	Northern Territory																				
8	Australian Capital Territory																				
9	Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)																				

Collection and usage attributes

<i>Guide for use:</i>	The order presented here is the standard for the Australian Bureau of Statistics (ABS). Other organisations (including the Australian Institute of Health and Welfare) publish data in state order based on population (that is, Western Australia before South Australia and Australian Capital Territory before Northern Territory).
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Source and reference attributes

<i>Reference documents:</i>	Australian Bureau of Statistics 2005. Australian Standard Geographical Classification (ASGC). Cat. no. 1216.0 . Canberra: ABS. Viewed on 30/09/2005
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Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	This metadata item applies to the location of the establishment and not to the patient's area of usual residence.
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Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare
Origin: National Health Data Committee
National Community Services Data Committee

Relational attributes

Related metadata references: Supersedes [Australian State/Territory identifier, version 4, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005.pdf](#) (18.84 KB)
Is used in the formation of [Establishment – geographical location, code \(ASGC 2007\) NNNNN](#) Health, Standard 05/02/2008
Is used in the formation of [Service delivery outlet – geographic location, code \(ASGC 2007\) NNNNN](#) Health, Standard 05/02/2008
Is used in the formation of [Service delivery outlet – geographic location, code \(ASGC 2006\) NNNNN](#) Health, Superseded 05/02/2008
Is used in the formation of [Establishment – geographical location, code \(ASGC 2006\) NNNNN](#) Health, Superseded 05/02/2008
Is used in the formation of [Establishment – geographical location, code \(ASGC 2005\) NNNNN](#) Health, Superseded 14/09/2006
Is used in the formation of [Service delivery outlet – geographic location, code \(ASGC 2005\) NNNNN](#) Health, Superseded 14/09/2006
Is used in the formation of [Establishment – organisation identifier \(Australian\), NNX\[X\]NNNNN](#) Health, Standard 01/03/2005
Is used in the formation of [Service delivery outlet – geographic location, code \(ASGC 2004\) NNNNN](#) Health, Superseded 21/03/2006

Implementation in Data Set Specifications: Admitted patient care NMDS Health, Superseded 07/12/2005
Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008
Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Mental health establishments NMDS 2005-2006 Health, Superseded 07/12/2005
Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006
Mental health establishments NMDS 2006-2007 Health,

Superseded 23/10/2006
Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008
Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008
Residential mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Country of birth

Identifying and definitional attributes

<i>Technical name:</i>	Person – country of birth, code (SACC 1998) NNNN
<i>METeOR identifier:</i>	270277
<i>Registration status:</i>	Health, Standard 01/03/2005 Community services, Standard 01/03/2005 Housing assistance, Standard 20/06/2005
<i>Definition:</i>	The country in which the person was born, as represented by a code.
Data Element Concept:	Person – country of birth

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Standard Australian Classification of Countries 1998
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNN
<i>Maximum character length:</i>	4

Collection and usage attributes

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

Collection and usage attributes

<i>Collection methods:</i>	<p>Some data collections ask respondents to specify their country of birth. In others, a pre-determined set of countries is specified as part of the question, usually accompanied by an 'other (please specify)' category.</p> <p>Recommended questions are:</p> <p>In which country were you/was the person/was (name) born? Australia Other (please specify)</p> <p>Alternatively, a list of countries may be used based on, for example common Census responses.</p> <p>In which country were you/was the person/was (name) born? Australia England New Zealand</p>
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Italy
Viet Nam
Scotland
Greece
Germany
Philippines
India
Netherlands
Other (please specify)

In either case coding of data should conform to the SACC. Sometimes respondents are simply asked to specify whether they were born in either 'English speaking' or 'non-English speaking' countries but this question is of limited use and this method of collection is not recommended.

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

Source and reference attributes

Origin: National Health Data Committee
National Community Services Data Committee

Relational attributes

Related metadata references: Supersedes [Country of birth, version 4, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005.pdf](#) (19.86 KB)

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005
Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005
Admitted patient care NMDS Health, Superseded 07/12/2005
Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient mental health care NMDS Health, Superseded 07/12/2005
Admitted patient mental health care NMDS Health, Superseded 23/10/2006
Admitted patient mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient palliative care NMDS Health, Superseded 07/12/2005
Admitted patient palliative care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient palliative care NMDS 2007-08 Health, Superseded 05/02/2008
Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

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

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

Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

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

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

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

Commonwealth State/Territory Disability Agreement NMDS - 1 July 2006 Community services, Standard 27/04/2007

Community mental health care 2004-2005 Health, Superseded 08/12/2004

Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005

Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006

Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008

Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

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

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

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

Non-admitted patient emergency department care NMDS Health, Superseded 07/12/2005

Non-admitted patient emergency department care NMDS Health, Superseded 24/03/2006

Non-admitted patient emergency department care NMDS Health, Superseded 23/10/2006

Non-admitted patient emergency department care NMDS 2007-2008 Health, Superseded 05/02/2008

Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008

Perinatal NMDS Health, Superseded 07/12/2005

Perinatal NMDS Health, Superseded 06/09/2006

Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008

Perinatal NMDS 2008-2009 Health, Standard 05/02/2008

Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005

Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006

Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

SAAP Client Collection National Minimum Data Set
Community services, Standard 30/11/2007
SAAP Demand for Accommodation National Minimum Data
Set Community services, Standard 30/11/2007

Data set specification specific attributes

Implementation start date: 01/07/2008

Date of birth

Identifying and definitional attributes

<i>Technical name:</i>	Person – date of birth, DDMMYYYY
<i>METeOR identifier:</i>	287007
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005 Housing assistance, Standard 20/06/2005
<i>Definition:</i>	The date of birth of the person.
<i>Data Element Concept:</i>	Person – date of birth

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years. Additionally, an estimated date flag or a date accuracy indicator should be reported in conjunction with all estimated dates of birth.</p> <p>For data collections concerned with children's services, it is suggested that the estimated date of birth of children aged under 2 years should be reported to the nearest 3 month period, i.e. 0101, 0104, 0107, 0110 of the estimated year of birth. For example, a child who is thought to be aged 18 months in October of one year would have his/her estimated date of birth reported as 0104 of the previous year. Again, an estimated date flag or date accuracy indicator should be reported in conjunction with all estimated dates of birth.</p>
<i>Collection methods:</i>	<p>Information on date of birth can be collected using the one question:</p> <p>What is your/(the person's) date of birth?</p> <p>In self-reported data collections, it is recommended that the following response format is used:</p> <p>Date of birth: __ / __ / _____</p> <p>This enables easy conversion to the preferred representational layout (DDMMYYYY).</p> <p>For record identification and/or the derivation of other metadata items that require accurate date of birth information, estimated dates of birth should be identified by a date accuracy indicator to prevent inappropriate use of date of birth data . The linking of client records from diverse sources, the sharing of</p>

patient data, and data analysis for research and planning all rely heavily on the accuracy and integrity of the collected data. In order to maintain data integrity and the greatest possible accuracy an indication of the accuracy of the date collected is critical. The collection of an indicator of the accuracy of the date may be essential in confirming or refuting the positive identification of a person. For this reason it is strongly recommended that the data element Date – accuracy indicator, code AAA also be recorded at the time of record creation to flag the accuracy of the data.

Comments:

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

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

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

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

Source and reference attributes

Origin:

National Health Data Committee
National Community Services Data Committee

Reference documents:

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

Relational attributes

Related metadata references:

See also [Date – accuracy indicator, code AAA](#) Health, Standard 04/05/2005, Community services, Standard 30/09/2005

See also [Date – estimate indicator, code N](#) Community services, Standard 27/04/2007

Supersedes [Person – date of birth, DDMMYYYY](#) Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005

Is used in the formation of [Episode of admitted patient care – major diagnostic category, code \(AR-DRG v5.1\) NN](#) Health, Standard 01/03/2005

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

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

Is used in the formation of [Episode of admitted patient care – diagnosis related group, code \(AR-DRG v5.1\) ANNA](#) Health, Standard 01/03/2005

Is used in the formation of [Episode of admitted patient care \(postnatal\) – length of stay \(including leave days\), total N\[NN\]](#)

Implementation in Data Set Specifications:

Health, Superseded 04/07/2007
Is used in the formation of [Episode of admitted patient care \(antenatal\) – length of stay \(including leave days\), total N\[NN\]](#)
Health, Superseded 04/07/2007
AROC inpatient data set specification Health, Candidate 14/02/2007
Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005
Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005
Admitted patient care NMDS Health, Superseded 07/12/2005
Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient mental health care NMDS Health, Superseded 07/12/2005
Admitted patient mental health care NMDS Health, Superseded 23/10/2006
Admitted patient mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient palliative care NMDS Health, Superseded 07/12/2005
Admitted patient palliative care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient palliative care NMDS 2007-08 Health, Superseded 05/02/2008
Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008
Alcohol and other drug treatment services NMDS Health, Superseded 21/03/2006
Alcohol and other drug treatment services NMDS Health, Superseded 23/10/2006
Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008
Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008
Cancer (clinical) DSS Health, Superseded 07/12/2005
Cancer (clinical) DSS Health, Standard 07/12/2005
Cancer (clinical) DSS Health, Candidate 14/09/2006
Cardiovascular disease (clinical) DSS Health, Superseded 15/02/2006
Cardiovascular disease (clinical) DSS Health, Superseded 04/07/2007
Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007
Children's Services NMDS Community services, Standard 18/12/2007
Commonwealth State/Territory Disability Agreement NMDS -

1 July 2006 Community services, Standard 27/04/2007
 Community mental health care 2004-2005 Health, Superseded 08/12/2004
 Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
 Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
 Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
 Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008
 Computer Assisted Telephone Interview demographic module DSS Health, Standard 04/05/2005
 Diabetes (clinical) DSS Health, Superseded 21/09/2005
 Diabetes (clinical) DSS Health, Standard 21/09/2005
 Health care client identification DSS Health, Standard 04/05/2005
 Health care provider identification DSS Health, Superseded 04/07/2007
 Health care provider identification DSS Health, Standard 04/07/2007
 Health labour force NMDS Health, Standard 01/03/2005
 Juvenile Justice NMDS Community services, Standard 27/03/2007
 Non-admitted patient emergency department care NMDS Health, Superseded 07/12/2005
 Non-admitted patient emergency department care NMDS Health, Superseded 24/03/2006
 Non-admitted patient emergency department care NMDS Health, Superseded 23/10/2006
 Non-admitted patient emergency department care NMDS 2007-2008 Health, Superseded 05/02/2008
 Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008
 Perinatal NMDS Health, Superseded 07/12/2005
 Perinatal NMDS Health, Superseded 06/09/2006
 Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008
 Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
 Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
 Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
 Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
 Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008
 SAAP Client Collection National Minimum Data Set Community services, Standard 30/11/2007

Data set specification specific attributes

Implementation start date: 01/07/2008
Information specific to this data set: This field must not be null.

National Minimum Data Sets:

For the provision of State and Territory hospital data to Commonwealth agencies this field must:

- be less than or equal to Admission date, Date patient presents or Service contact date
- be consistent with diagnoses and procedure codes, for records to be grouped.

Episode of residential care end date

Identifying and definitional attributes

<i>Technical name:</i>	Episode of residential care – episode end date, DDMMYYYY
<i>METeOR identifier:</i>	270062
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Date on which a resident formally or statistically ends an episode of residential care .
Data Element Concept:	Episode of residential care – episode end date

Value domain attributes

Representational attributes

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

Data element attributes

Relational attributes

<i>Related metadata references:</i>	Supersedes Episode of residential care end date, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.57 KB)
<i>Implementation in Data Set Specifications:</i>	Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005 Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006 Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008 Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
<i>Information specific to this data set:</i>	Data in this field must: <ul style="list-style-type: none">• be ≤ last day of reference period• be ≥ first day of reference period• be ≥ Episode of residential care start date

Episode of residential care end mode

Identifying and definitional attributes

<i>Technical name:</i>	Episode of residential care – episode end mode, code N
<i>METeOR identifier:</i>	270063
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The reason for ending an episode of residential care , as represented by a code.
Data Element Concept:	Episode of residential care – episode end mode

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>Died</td></tr><tr><td>2</td><td>Left against clinical advice / at own risk</td></tr><tr><td>3</td><td>Commenced leave where there is no intention that the resident returns to overnight residential care within seven days</td></tr><tr><td>4</td><td>Other end of residential care at this establishment</td></tr><tr><td>5</td><td>End of reference period</td></tr><tr><td>9</td><td>Unknown/not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Died	2	Left against clinical advice / at own risk	3	Commenced leave where there is no intention that the resident returns to overnight residential care within seven days	4	Other end of residential care at this establishment	5	End of reference period	9	Unknown/not stated/inadequately described
Value	Meaning														
1	Died														
2	Left against clinical advice / at own risk														
3	Commenced leave where there is no intention that the resident returns to overnight residential care within seven days														
4	Other end of residential care at this establishment														
5	End of reference period														
9	Unknown/not stated/inadequately described														
<i>Supplementary values:</i>															

Collection and usage attributes

<i>Guide for use:</i>	CODES 1 - 4 These codes refer to the formal episode of residential care end. CODE 1 Died CODE 2 Left against clinical advice / at own risk CODE 3 Commenced leave where there is no intention that the resident returns to overnight residential care within seven days CODE 5 End of reference period This code refers to the statistical episode of residential care end. CODE 9 Unknown/not stated/inadequately described This code refers to other.
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Data element attributes

Relational attributes

<i>Related metadata references:</i>	Supersedes Episode of residential care end mode, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.35 KB)
<i>Implementation in Data Set Specifications:</i>	Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005

Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Episode of residential care start date

Identifying and definitional attributes

<i>Technical name:</i>	Episode of residential care – episode start date, DDMMYYYY
<i>METeOR identifier:</i>	270064
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The date on which the resident formally or statistically starts an episode of residential care .
Data Element Concept:	Episode of residential care – episode start date

Value domain attributes

Representational attributes

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

Data element attributes

Relational attributes

<i>Related metadata references:</i>	Supersedes Episode of residential care start date, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.09 KB)
<i>Implementation in Data Set Specifications:</i>	Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005 Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006 Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008 Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
<i>Information specific to this data set:</i>	Right justified and zero filled. episode of residential care start date ≤ episode of residential care end date. episode of residential care start date ≥ date of birth.

Episode of residential care start mode

Identifying and definitional attributes

<i>Technical name:</i>	Episode of residential care – episode start mode, code N
<i>METeOR identifier:</i>	270075
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The reason for starting an episode of residential care , as represented by a code.
Data Element Concept:	Episode of residential care – episode start mode

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>Unplanned return from leave where there had been no intention that the resident would return to overnight residential care at the establishment within seven days</td></tr><tr><td>2</td><td>Other (i.e. start of a new residential stay)</td></tr><tr><td>3</td><td>Start of a new reference period</td></tr></tbody></table>	Value	Meaning	1	Unplanned return from leave where there had been no intention that the resident would return to overnight residential care at the establishment within seven days	2	Other (i.e. start of a new residential stay)	3	Start of a new reference period
Value	Meaning								
1	Unplanned return from leave where there had been no intention that the resident would return to overnight residential care at the establishment within seven days								
2	Other (i.e. start of a new residential stay)								
3	Start of a new reference period								
<i>Supplementary values:</i>	9 Unknown/not stated/inadequately described								

Collection and usage attributes

<i>Guide for use:</i>	<p>CODES 1-2 These codes refer to the formal episode of residential care start.</p> <p>CODE 1 Unplanned return from leave where there had been no intention that the resident would return to overnight residential care at the establishment within seven days</p> <p>CODE 2 Other (i.e. start of a new residential stay)</p> <p>CODE 3 Start of a new reference period</p> <p>This code refers to the statistical episode of residential care start.</p> <p>CODE 9 Unknown/not stated/inadequately described</p> <p>This code refers to other.</p>
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Data element attributes

Relational attributes

<i>Related metadata references:</i>	Supersedes Episode of residential care start mode, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.86 KB)
<i>Implementation in Data Set Specifications:</i>	Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005 Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006 Residential mental health care NMDS 2007-2008 Health,

Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Establishment identifier

Identifying and definitional attributes

<i>Technical name:</i>	Establishment – organisation identifier (Australian), NNX[X]NNNNN
<i>METeOR identifier:</i>	269973
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The identifier for the establishment in which episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.
Data Element Concept:	Establishment – organisation identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	String
<i>Format:</i>	NNX[X]NNNNN
<i>Maximum character length:</i>	9

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Concatenation of: Australian state/territory identifier (character position 1); Sector (character position 2); Region identifier (character positions 3-4); and Organisation identifier (state/territory), (character positions 5-9).
<i>Comments:</i>	Establishment identifier should be able to distinguish between all health care establishments nationally.

Source and reference attributes

<i>Origin:</i>	National Health Data Committee
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Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment identifier, version 4, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.97 KB) Is formed using Establishment – Australian state/territory identifier, code N Health, Standard 01/03/2005 Is formed using Establishment – organisation identifier (state/territory), NNNNN Health, Standard 01/03/2005 Is formed using Establishment – sector, code N Health, Standard 01/03/2005 Is formed using Establishment – region identifier, X[X] Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Admitted patient mental health care NMDS Health, Superseded 07/12/2005 Admitted patient mental health care NMDS Health, Superseded

23/10/2006
Admitted patient mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient palliative care NMDS Health, Superseded 07/12/2005
Admitted patient palliative care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient palliative care NMDS 2007-08 Health, Superseded 05/02/2008
Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008
Alcohol and other drug treatment services NMDS Health, Superseded 21/03/2006
Alcohol and other drug treatment services NMDS Health, Superseded 23/10/2006
Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008
Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008
Community mental health care 2004-2005 Health, Superseded 08/12/2004
Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Community mental health establishments NMDS 2004-2005 Health, Superseded 08/12/2004
Elective surgery waiting times (census data) NMDS Health, Standard 07/12/2005
Elective surgery waiting times (census data) NMDS Health, Superseded 07/12/2005
Elective surgery waiting times (removals data) NMDS Health, Standard 07/12/2005
Elective surgery waiting times (removals data) NMDS Health, Superseded 07/12/2005
Health care client identification Health, Superseded 04/05/2005
Health care client identification DSS Health, Standard 04/05/2005
Mental health establishments NMDS 2005-2006 Health, Superseded 07/12/2005
Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006
Mental health establishments NMDS 2006-2007 Health, Superseded 23/10/2006
Mental health establishments NMDS 2007-2008 Health, Superseded 05/02/2008
Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Non-admitted patient emergency department care NMDS Health, Superseded 07/12/2005
Non-admitted patient emergency department care NMDS Health, Superseded 24/03/2006
Non-admitted patient emergency department care NMDS Health, Superseded 23/10/2006
Non-admitted patient emergency department care NMDS 2007-2008 Health, Superseded 05/02/2008
Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008
Outpatient care NMDS Health, Superseded 04/07/2007
Outpatient care NMDS Health, Standard 04/07/2007
Perinatal NMDS Health, Superseded 07/12/2005
Perinatal NMDS Health, Superseded 06/09/2006
Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008
Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
Public hospital establishments NMDS Health, Superseded 21/03/2006
Public hospital establishments NMDS Health, Superseded 23/10/2006
Public hospital establishments NMDS 2007-2008 Health, Superseded 05/02/2008
Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008
Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Establishment number

Identifying and definitional attributes

<i>Technical name:</i>	Establishment – organisation identifier (state/territory), NNNNN
<i>METeOR identifier:</i>	269975
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	An identifier for an establishment, unique within the state or territory.
Data Element Concept:	Establishment – organisation identifier (state/territory)

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Comments:</i>	Identifier should be a unique code for the health care establishment used in that state/territory.
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Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment number, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005 .pdf (14.61 KB) Is used in the formation of Establishment – organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Admitted patient care NMDS Health, Superseded 07/12/2005 Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006 Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008 Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008 Cancer (clinical) DSS Health, Superseded 07/12/2005 Cancer (clinical) DSS Health, Standard 07/12/2005 Cancer (clinical) DSS Health, Candidate 14/09/2006 Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005 Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006 Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008 Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Health care client identification Health, Superseded 04/05/2005
Health care client identification DSS Health, Standard
04/05/2005
Mental health establishments NMDS 2005-2006 Health,
Superseded 07/12/2005
Mental health establishments NMDS 2005-2006 Health,
Superseded 21/03/2006
Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006
Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008
Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008
Residential mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Establishment sector

Identifying and definitional attributes

<i>Technical name:</i>	Establishment – sector, code N
<i>METeOR identifier:</i>	269977
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	A section of the health care industry with which a health care establishment can identify, as represented by a code.
Data Element Concept:	Establishment – sector

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						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Alcohol and other drug treatment services NMDS:</p> <p>This data element is used to differentiate between establishments run by the government sector (code 1) and establishments that receive some government funding but are run by the non-government sector (code 2).</p> <p>CODE 1 is to be used when the establishment:</p> <ul style="list-style-type: none">operates from the public accounts of a Commonwealth, state or territory government or is part of the executive, judicial or legislative arms of government,is part of the general government sector or is controlled by some part of the general government sector,provides government services free of charge or at nominal prices, andis financed mainly from taxation. <p>CODE 2 is to be used only when the establishment:</p> <ul style="list-style-type: none">is not controlled by government,is directed by a group of officers, an executive committee or a similar bodyelected by a majority of members, andmay be an income tax exempt charity.
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Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment sector, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.79 KB) Is used in the formation of Establishment – organisation
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Implementation in Data Set Specifications:

[identifier \(Australian\), NNX\[X\]NNNNN](#) Health, Standard 01/03/2005
Admitted patient care NMDS Health, Superseded 07/12/2005
Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008
Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Health care client identification Health, Superseded 04/05/2005
Health care client identification DSS Health, Standard 04/05/2005
Mental health establishments NMDS 2005-2006 Health, Superseded 07/12/2005
Mental health establishments NMDS 2005-2006 Health, Superseded 21/03/2006
Mental health establishments NMDS 2006-2007 Health, Superseded 23/10/2006
Mental health establishments NMDS 2007-2008 Health, Superseded 05/02/2008
Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008
Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008
Information specific to this data set: CODE 1 is to be used for government-operated residential mental health care services.
CODE 2 to be used for residential mental health care services operated by non-government organisations.

Indigenous status

Identifying and definitional attributes

<i>Technical name:</i>	Person – Indigenous status, code N
<i>METeOR identifier:</i>	291036
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005
<i>Definition:</i>	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. This is in accord with the first two of three components of the Commonwealth definition.
Data Element Concept:	Person – Indigenous 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>Aboriginal but not Torres Strait Islander origin</td></tr><tr><td>2</td><td>Torres Strait Islander but not Aboriginal origin</td></tr><tr><td>3</td><td>Both Aboriginal and Torres Strait Islander origin</td></tr><tr><td>4</td><td>Neither Aboriginal nor Torres Strait Islander origin</td></tr></tbody></table>	Value	Meaning	1	Aboriginal but not Torres Strait Islander origin	2	Torres Strait Islander but not Aboriginal origin	3	Both Aboriginal and Torres Strait Islander origin	4	Neither Aboriginal nor Torres Strait Islander origin
Value	Meaning										
1	Aboriginal but not Torres Strait Islander origin										
2	Torres Strait Islander but not Aboriginal origin										
3	Both Aboriginal and Torres Strait Islander origin										
4	Neither Aboriginal nor Torres Strait Islander origin										
<i>Supplementary values:</i>	9 Not stated/inadequately described										

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS Website as indicated in the Reference documents.</p> <p>The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:</p> <p>Indigenous:</p> <ul style="list-style-type: none">• Aboriginal but not Torres Strait Islander origin.• Torres Strait Islander but not Aboriginal origin.• Both Aboriginal and Torres Strait Islander origin. <p>Non-indigenous:</p> <ul style="list-style-type: none">• Neither Aboriginal nor Torres Strait Islander origin. <p>Not stated/ inadequately described:</p> <p>This category is not to be available as a valid answer to the questions but is intended for use:</p>
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- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.
- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

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

Data element attributes

Collection and usage attributes

Collection methods:

The standard question for Indigenous Status is as follows:

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

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

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

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

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

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

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

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

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

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

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

Yes, both Aboriginal and Torres Strait Islander...

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

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

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

There are three components to the Commonwealth definition:

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

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

Source and reference attributes

Origin: National Health Data Committee
National Community Services Data Committee

Reference documents: Australian Bureau of Statistics 1999. [Standards for Social, Labour and Demographic Variables. Cultural Diversity Variables](#), Canberra. Viewed 3 August 2005.

Relational attributes

Related metadata references: Supersedes [Person – Indigenous status, code N](#) Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005

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

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

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

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

Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006

Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008

Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

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

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

Admitted patient mental health care NMDS 2007-2008 Health, Superseded 05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

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

Admitted patient palliative care NMDS 2006-2007 Health,

Superseded 23/10/2006
 Admitted patient palliative care NMDS 2007-08 Health,
 Superseded 05/02/2008
 Admitted patient palliative care NMDS 2008-09 Health,
 Standard 05/02/2008
 Alcohol and other drug treatment services NMDS Health,
 Superseded 21/03/2006
 Alcohol and other drug treatment services NMDS Health,
 Superseded 23/10/2006
 Alcohol and other drug treatment services NMDS 2007-2008
 Health, Superseded 05/02/2008
 Alcohol and other drug treatment services NMDS 2008-2009
 Health, Standard 05/02/2008
 Cardiovascular disease (clinical) DSS Health, Superseded
 15/02/2006
 Cardiovascular disease (clinical) DSS Health, Superseded
 04/07/2007
 Cardiovascular disease (clinical) DSS Health, Standard
 04/07/2007
 Child protection and support services (CPSS) - out-of-home
 care NMDS (July 2007) Community services, Standard
 18/12/2007
 Children's Services NMDS Community services, Standard
 18/12/2007
 Commonwealth State/Territory Disability Agreement NMDS -
 1 July 2006 Community services, Standard 27/04/2007
 Community mental health care 2004-2005 Health, Superseded
 08/12/2004
 Community mental health care NMDS 2005-2006 Health,
 Superseded 07/12/2005
 Community mental health care NMDS 2006-2007 Health,
 Superseded 23/10/2006
 Community mental health care NMDS 2007-2008 Health,
 Superseded 05/02/2008
 Community mental health care NMDS 2008-2009 Health,
 Standard 05/02/2008
 Computer Assisted Telephone Interview demographic module
 DSS Health, Standard 04/05/2005
 Diabetes (clinical) DSS Health, Superseded 21/09/2005
 Diabetes (clinical) DSS Health, Standard 21/09/2005
 Health care client identification DSS Health, Standard
 04/05/2005
 Juvenile Justice NMDS Community services, Standard
 27/03/2007
 Non-admitted patient emergency department care NMDS
 Health, Superseded 07/12/2005
 Non-admitted patient emergency department care NMDS
 Health, Superseded 24/03/2006
 Non-admitted patient emergency department care NMDS
 Health, Superseded 23/10/2006
 Non-admitted patient emergency department care NMDS 2007-
 2008 Health, Superseded 05/02/2008
 Non-admitted patient emergency department care NMDS 2008-
 2009 Health, Standard 05/02/2008

Perinatal NMDS Health, Superseded 07/12/2005
Perinatal NMDS Health, Superseded 06/09/2006
Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008
Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
Residential mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008
SAAP Client Collection National Minimum Data Set
Community services, Standard 30/11/2007
SAAP Demand for Accommodation National Minimum Data
Set Community services, Standard 30/11/2007

Data set specification specific attributes

Implementation start date: 01/07/2008

Leave days from residential care

Identifying and definitional attributes

<i>Technical name:</i>	Episode of residential care – number of leave days, total N[NN]
<i>METeOR identifier:</i>	270304
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The number of days spent on leave from a residential care service during an episode of residential care.
Data Element Concept:	Episode of residential care – number of leave days

Value domain attributes

Representational attributes

<i>Representation class:</i>	Total
<i>Data type:</i>	Number
<i>Format:</i>	N[NN]
<i>Maximum character length:</i>	3
<i>Unit of measure:</i>	Day

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A day is measured from midnight to midnight.</p> <p>Leave days can occur for a variety of reasons, including:</p> <ul style="list-style-type: none">• treatment by specialised mental health service• treatment by a non-specialised health service• time in the community. <p>The following rules apply in the calculation of leave days:</p> <ul style="list-style-type: none">• the day the resident goes on leave is counted as a leave day• days the resident is on leave is counted as leave days• the day the resident returns from leave is not counted as a leave day• if the resident starts a residential stay and goes on leave on the same day, this is not counted as a leave day• if the resident returns from leave and then goes on leave again on the same day, this is counted as a leave day• if the resident returns from leave and ends residential care on the same day, the day should not be counted as leave day• leave days at the end of a residential stay after the commencement of leave are not counted. <p>If a period of leave is greater than seven days or the resident fails to return from leave, then the residential stay is formally ended.</p>
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Relational attributes

<i>Related metadata references:</i>	Supersedes Leave days from residential care, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.64 KB)
<i>Implementation in Data Set</i>	Residential mental health care NMDS 2005-2006 Health,

Specifications:

Superseded 07/12/2005

Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006

Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008

Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Information specific to this data set: Episode of residential care end date minus episode of residential care start date minus leave days from residential care must be ≥ 0 days.

Marital status

Identifying and definitional attributes

<i>Technical name:</i>	Person – marital status, code N
<i>METeOR identifier:</i>	291045
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005 Housing assistance, Standard 10/02/2006
<i>Definition:</i>	A person's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code.
<i>Data Element Concept:</i>	Person – marital 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>Never married</td></tr><tr><td>2</td><td>Widowed</td></tr><tr><td>3</td><td>Divorced</td></tr><tr><td>4</td><td>Separated</td></tr><tr><td>5</td><td>Married (registered and de facto)</td></tr><tr><td>6</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Never married	2	Widowed	3	Divorced	4	Separated	5	Married (registered and de facto)	6	Not stated/inadequately described
Value	Meaning														
1	Never married														
2	Widowed														
3	Divorced														
4	Separated														
5	Married (registered and de facto)														
6	Not stated/inadequately described														
<i>Supplementary values:</i>															

Collection and usage attributes

<i>Guide for use:</i>	Refers to the current marital status of a person. CODE 2 Widowed This code usually refers to registered marriages but when self reported may also refer to de facto marriages. CODE 4 Separated This code refers to registered marriages but when self reported may also refer to de facto marriages. CODE 5 Married (registered and de facto) Includes people who have been divorced or widowed but have since re-married, and should be generally accepted as applicable to all de facto couples, including of the same sex. CODE 6 Not stated/inadequately described This code is not for use on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.
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Source and reference attributes

<i>Origin:</i>	The ABS standards for the collection of Social and Registered
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marital status appear on the ABS Website. Australian Bureau of Statistics. [Family, household and income unit variables. Cat. no. 1286.0.](#) Canberra: ABS.

Data element attributes

Collection and usage attributes

Collection methods:

This metadata item collects information on social marital status. The recommended question module is:

Do you/Does the person usually live with a partner in a registered or de facto marriage?

Yes, in a registered marriage

Yes, in a defacto marriage

No, never married

No, separated

No, divorced

No, widowed

It should be noted that information on marital status is collected differently by the ABS, using a set of questions. However, the question outlined above is suitable and mostly sufficient for use within the health and community services fields. See Source document for information on how to access the ABS standards.

While agencies are encouraged to use the recommended question described above, it is acknowledged that this is not always possible in practice. For example, where the data collection is a by-product of the provision of a health or community service, the information may be ascertained using different means. However, the recommended question should be used wherever practically possible.

Comments:

The ABS standards identify two concepts of marital status:

- Registered marital status - defined as whether a person has, or has had, a registered marriage;
- Social marital status - based on a person's living arrangement (including de facto marriages), as reported by the person.

It is recommended that the social marital status concept be collected when information on social support/home arrangements is sought, whereas the registered marital status concept need only be collected where it is specifically required for the purposes of the collection.

While marital status is an important factor in assessing the type and extent of support needs, such as for the elderly living in the home environment, marital status does not adequately address the need for information about social support and living arrangement and other data elements need to be formulated to capture this information.

Source and reference attributes

Origin:

National Health Data Standards Committee

National Community Services Data Committee

Relational attributes

Related metadata references:

Supersedes [Person – marital status, housing assistance code N](#)

Implementation in Data Set Specifications:

Housing assistance, Superseded 10/02/2006
Supersedes [Person – marital status, code N](#) Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005
Admitted patient mental health care NMDS Health, Superseded 07/12/2005
Admitted patient mental health care NMDS Health, Superseded 23/10/2006
Admitted patient mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Community mental health care 2004-2005 Health, Superseded 08/12/2004
Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Computer Assisted Telephone Interview demographic module DSS Health, Standard 04/05/2005
Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Mental health legal status

Identifying and definitional attributes

<i>Technical name:</i>	Episode of care – mental health legal status, code N
<i>METeOR identifier:</i>	270351
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of admitted patient care, an episode of residential care or treatment of a patient/client by a community based service during a reporting period, as represented by a code.
Data Element Concept:	Episode of care – mental health legal 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>Involuntary patient</td></tr><tr><td>2</td><td>Voluntary patient</td></tr><tr><td>3</td><td>Not permitted to be reported under legislative arrangements in the jurisdiction</td></tr></tbody></table>	Value	Meaning	1	Involuntary patient	2	Voluntary patient	3	Not permitted to be reported under legislative arrangements in the jurisdiction
Value	Meaning								
1	Involuntary patient								
2	Voluntary patient								
3	Not permitted to be reported under legislative arrangements in the jurisdiction								
<i>Supplementary values:</i>									

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Involuntary patient</p> <p>Involuntary patient should only be used by facilities which are approved for this purpose. While each state and territory mental health legislation differs in the number of categories of involuntary patient that are recognised, and the specific titles and legal conditions applying to each type, the legal status categories which provide for compulsory detention or compulsory treatment of the patient can be readily differentiated within each jurisdiction. These include special categories for forensic patients who are charged with or convicted of some form of criminal activity. Each state/territory health authority should identify which sections of their mental health legislation provide for detention or compulsory treatment of the patient and code these as involuntary status.</p> <p>CODE 2 Voluntary patient</p> <p>Voluntary patient to be used for reporting to the NMDS-Community mental health care, where applicable.</p> <p>CODE 3 Not permitted to be reported under legislative arrangements in the jurisdiction</p> <p>Not permitted to be reported under legislative arrangements in the jurisdiction, is to be used for reporting to the National Minimum Data Set - Community mental health care, where applicable.</p>
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Data element attributes

Collection and usage attributes

Guide for use:

The mental health legal status of admitted patients treated within approved hospitals may change many times throughout the episode of care.

Patients may be admitted to hospital on an involuntary basis and subsequently be changed to voluntary status; some patients are admitted as voluntary but are transferred to involuntary status during the hospital stay. Multiple changes between voluntary and involuntary status during an episode of care in hospital or treatment in the community may occur depending on the patient's clinical condition and his/her capacity to consent to treatment.

Similarly, the mental health legal status of residents treated within residential care services may change on multiple occasions throughout the episode of residential care or residential stay.

Collection methods:

Admitted patients to be reported as involuntary if the patient is involuntary at any time during the episode of care.

Residents in residential mental health services to be reported as involuntary if the resident is involuntary at any time during the episode of residential care.

Patients of ambulatory mental health care services to be reported as involuntary if the patient is involuntary at the time of a service contact.

Source and reference attributes

Origin:

National Health Data Committee

Relational attributes

Related metadata references:

Is used in the formation of [Episode of admitted patient care – major diagnostic category, code \(AR-DRG v5.1\) NN](#) Health, Standard 01/03/2005

Is used in the formation of [Episode of admitted patient care – diagnosis related group, code \(AR-DRG v5.1\) ANNA](#) Health, Standard 01/03/2005

Implementation in Data Set Specifications:

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

Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006

Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008

Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

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

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

Admitted patient mental health care NMDS 2007-2008 Health, Superseded 05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Community mental health care 2004-2005 Health, Superseded

08/12/2004

Community mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005

Community mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006

Community mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008

Community mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Residential mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005

Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006

Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008

Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Person identifier

Identifying and definitional attributes

<i>Technical name:</i>	Person – person identifier, XXXXXX[X(14)]
<i>METeOR identifier:</i>	290046
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005
<i>Definition:</i>	Person identifier unique within an establishment or agency.
Data Element Concept:	Person – person identifier

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. Field cannot be blank.
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Source and reference attributes

<i>Reference documents:</i>	AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia
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Relational attributes

<i>Related metadata references:</i>	Supersedes Person – person identifier (within establishment/agency), XXXXXX[X(14)] Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005
<i>Implementation in Data Set Specifications:</i>	AROC inpatient data set specification Health, Candidate 14/02/2007 Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005 Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005 Admitted patient care NMDS Health, Superseded 07/12/2005 Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006 Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008 Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

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

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

Admitted patient mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

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

Admitted patient palliative care NMDS 2006-2007 Health,
Superseded 23/10/2006

Admitted patient palliative care NMDS 2007-08 Health,
Superseded 05/02/2008

Admitted patient palliative care NMDS 2008-09 Health,
Standard 05/02/2008

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

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

Alcohol and other drug treatment services NMDS 2007-2008
Health, Superseded 05/02/2008

Alcohol and other drug treatment services NMDS 2008-2009
Health, Standard 05/02/2008

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

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

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

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

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

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

Community mental health care 2004-2005 Health, Superseded
08/12/2004

Community mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005

Community mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006

Community mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008

Community mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

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

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

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

Juvenile Justice NMDS Community services, Standard
27/03/2007

Non-admitted patient emergency department care NMDS
Health, Superseded 07/12/2005

Non-admitted patient emergency department care NMDS

Health, Superseded 24/03/2006
Non-admitted patient emergency department care NMDS
Health, Superseded 23/10/2006
Non-admitted patient emergency department care NMDS 2007-
2008 Health, Superseded 05/02/2008
Non-admitted patient emergency department care NMDS 2008-
2009 Health, Standard 05/02/2008
Perinatal NMDS Health, Superseded 07/12/2005
Perinatal NMDS Health, Superseded 06/09/2006
Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008
Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
Residential mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Principal diagnosis

Identifying and definitional attributes

<i>Technical name:</i>	Episode of care – principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}
<i>METeOR identifier:</i>	361034
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code.
Data Element Concept:	Episode of care – principal diagnosis

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th edition
<i>Representation class:</i>	Code
<i>Data type:</i>	String
<i>Format:</i>	ANN{.N[N]}
<i>Maximum character length:</i>	6

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The principal diagnosis must be determined in accordance with the Australian Coding Standards. Each episode of admitted patient care must have a principal diagnosis and may have additional diagnoses. The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.</p> <p>As a minimum requirement the Principal diagnosis code must be a valid code from the current edition of ICD-10-AM.</p> <p>For episodes of admitted patient care, some diagnosis codes are too imprecise or inappropriate to be acceptable as a principal diagnosis and will group to 951Z, 955Z and 956Z in the Australian Refined Diagnosis Related Groups.</p> <p>Diagnosis codes starting with a V, W, X or Y, describing the circumstances that cause an injury, rather than the nature of the injury, cannot be used as principal diagnosis. Diagnosis codes which are morphology codes cannot be used as principal diagnosis.</p>
<i>Collection methods:</i>	A principal diagnosis should be recorded and coded upon separation , for each episode of patient care. The principal diagnosis is derived from and must be substantiated by clinical documentation.
<i>Comments:</i>	The principal diagnosis is one of the most valuable health data elements. It is used for epidemiological research, casemix studies and planning purposes.

Source and reference attributes

<i>Origin:</i>	Health Data Standards Committee National Centre for Classification in Health National Data Standard for Injury Surveillance Advisory Group
<i>Reference documents:</i>	Bramley M, Peasley K, Langtree L and Innes K 2002. The ICD-10-AM Mental Health Manual: an integrated classification and diagnostic tool for community-based mental health services. Sydney: National Centre for Classification in Health, University of Sydney

Relational attributes

<i>Related metadata references:</i>	Supersedes Episode of care – principal diagnosis, code (ICD-10-AM 5th edn) ANN[.N[N]] Health, Superseded 05/02/2008
<i>Implementation in Data Set Specifications:</i>	Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008 Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008 Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008 Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008 Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
<i>Information specific to this data set:</i>	Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002. The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential care).

Referral destination to further care (from specialised mental health residential care)

Identifying and definitional attributes

<i>Technical name:</i>	Episode of residential care – referral destination (mental health care), code N
<i>METeOR identifier:</i>	270130
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The type of health care the resident is referred to by the residential mental health care service for further care at the end of residential stay, as represented by a code.
<i>Data Element Concept:</i>	Episode of residential care – referral destination (mental health care)

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>Specialised mental health admitted patient care</td></tr><tr><td>2</td><td>Specialised mental health residential care</td></tr><tr><td>3</td><td>Specialised mental health ambulatory care</td></tr><tr><td>4</td><td>Private psychiatrist care</td></tr><tr><td>5</td><td>General practitioner care</td></tr><tr><td>6</td><td>Other care</td></tr><tr><td>7</td><td>Not referred</td></tr><tr><td>8</td><td>Not applicable (i.e. end of reference period)</td></tr><tr><td>9</td><td>Unknown/not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	1	Specialised mental health admitted patient care	2	Specialised mental health residential care	3	Specialised mental health ambulatory care	4	Private psychiatrist care	5	General practitioner care	6	Other care	7	Not referred	8	Not applicable (i.e. end of reference period)	9	Unknown/not stated/inadequately described
Value	Meaning																				
1	Specialised mental health admitted patient care																				
2	Specialised mental health residential care																				
3	Specialised mental health ambulatory care																				
4	Private psychiatrist care																				
5	General practitioner care																				
6	Other care																				
7	Not referred																				
8	Not applicable (i.e. end of reference period)																				
9	Unknown/not stated/inadequately described																				
<i>Supplementary values:</i>																					

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Where the resident is referred to two or more types of health care, the type of health care provided by the service primarily responsible for the care of the resident is to be reported.
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Relational attributes

<i>Related metadata references:</i>	Supersedes Referral from specialised mental health residential care, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.51 KB)
<i>Implementation in Data Set Specifications:</i>	Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005 Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006

Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Region code

Identifying and definitional attributes

<i>Technical name:</i>	Establishment – region identifier, X[X]
<i>METeOR identifier:</i>	269940
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	An alphanumeric identifier for the location of health services in a defined geographic or administrative area.
Data Element Concept:	Establishment – region identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	String
<i>Format:</i>	X[X]
<i>Maximum character length:</i>	2

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Domain values are specified by individual states/territories. Regions may also be known as Areas or Districts. Any valid region code created by a jurisdiction is permitted.
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Relational attributes

<i>Related metadata references:</i>	Supersedes Region code, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.33 KB) Is used in the formation of Establishment – organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Admitted patient care NMDS Health, Superseded 07/12/2005 Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006 Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008 Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008 Community mental health care NMDS 2005-2006 Health, Superseded 07/12/2005 Community mental health care NMDS 2006-2007 Health, Superseded 23/10/2006 Community mental health care NMDS 2007-2008 Health, Superseded 05/02/2008 Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008 Health care client identification Health, Superseded 04/05/2005 Health care client identification DSS Health, Standard 04/05/2005 Mental health establishments NMDS 2005-2006 Health,

Superseded 07/12/2005
Mental health establishments NMDS 2005-2006 Health,
Superseded 21/03/2006
Mental health establishments NMDS 2006-2007 Health,
Superseded 23/10/2006
Mental health establishments NMDS 2007-2008 Health,
Superseded 05/02/2008
Mental health establishments NMDS 2008-2009 Health,
Standard 05/02/2008
Residential mental health care NMDS 2005-2006 Health,
Superseded 07/12/2005
Residential mental health care NMDS 2006-2007 Health,
Superseded 23/10/2006
Residential mental health care NMDS 2007-2008 Health,
Superseded 05/02/2008
Residential mental health care NMDS 2008-2009 Health,
Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Residential stay start date

Identifying and definitional attributes

<i>Technical name:</i>	Residential stay – episode start date, DDMMYYYY
<i>METeOR identifier:</i>	269953
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	Date on which a resident formally started a residential stay.
<i>Data Element Concept:</i>	Residential stay – episode start date

Value domain attributes

Representational attributes

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

Data element attributes

Relational attributes

<i>Related metadata references:</i>	Supersedes Residential stay start date, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.61 KB)
<i>Implementation in Data Set Specifications:</i>	Residential mental health care NMDS 2005-2006 Health, Superseded 07/12/2005 Residential mental health care NMDS 2006-2007 Health, Superseded 23/10/2006 Residential mental health care NMDS 2007-2008 Health, Superseded 05/02/2008 Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
<i>Information specific to this data set:</i>	Right justified and zero filled. Residential stay start date ≤ episode of residential care end date. Residential stay start date ≥ date of birth

Sex

Identifying and definitional attributes

<i>Technical name:</i>	Person – sex, code N
<i>METeOR identifier:</i>	287316
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005 Housing assistance, Standard 10/02/2006
<i>Definition:</i>	The biological distinction between male and female, as represented by a code.
<i>Data Element Concept:</i>	Person – sex

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>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Intersex or indeterminate</td></tr></tbody></table>	Value	Meaning	1	Male	2	Female	3	Intersex or indeterminate
Value	Meaning								
1	Male								
2	Female								
3	Intersex or indeterminate								
<i>Supplementary values:</i>	9 Not stated/inadequately described								

Collection and usage attributes

<i>Guide for use:</i>	Diagnosis and procedure codes should be checked against the national ICD-10-AM sex edits, unless the person is undergoing, or has undergone a sex change or has a genetic condition resulting in a conflict between sex and ICD-10-AM code. CODE 3 Intersex or indeterminate Intersex or indeterminate, refers to a person, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason. Intersex or indeterminate, should be confirmed if reported for people aged 90 days or greater.
<i>Comments:</i>	The definition for Intersex in Guide for use is sourced from the ACT Legislation (Gay, Lesbian and Transgender) Amendment Act 2003.

Source and reference attributes

<i>Origin:</i>	Australian Capital Territory 2003. Legislation (Gay, Lesbian and Transgender) Amendment Act 2003
<i>Reference documents:</i>	Legislation (Gay, Lesbian and Transgender) Amendment Act 2003. See http://www.legislation.act.gov.au/a/2003-14/20030328-4969/pdf/2003-14.pdf .

Data element attributes

Collection and usage attributes

Collection methods:

Operationally, sex is the distinction between male and female, as reported by a person or as determined by an interviewer.

When collecting data on sex by personal interview, asking the sex of the respondent is usually unnecessary and may be inappropriate, or even offensive. It is usually a simple matter to infer the sex of the respondent through observation, or from other cues such as the relationship of the person(s) accompanying the respondent, or first name. The interviewer may ask whether persons not present at the interview are male or female.

A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment. Throughout this process, which may be over a considerable period of time, the person's sex could be recorded as either Male or Female.

In data collections that use the ICD-10-AM classification, where sex change is the reason for admission, diagnoses should include the appropriate ICD-10-AM code(s) that clearly identify that the person is undergoing such a process. This code(s) would also be applicable after the person has completed such a process, if they have a procedure involving an organ(s) specific to their previous sex (e.g. where the patient has prostate or ovarian cancer).

CODE 3 Intersex or indeterminate

Is normally used for babies for whom sex has not been determined for whatever reason.

Should not generally be used on data collection forms completed by the respondent.

Should only be used if the person or respondent volunteers that the person is intersex or where it otherwise becomes clear during the collection process that the individual is neither male nor female.

CODE 9 Not stated/inadequately described

Is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Source and reference attributes

Origin:

Australian Institute of Health and Welfare (AIHW) National Mortality Database 1997/98 AIHW 2001 National Diabetes Register, Statistical Profile, December 2000 (Diabetes Series No. 2.)

Reference documents:

Australian Bureau of Statistics

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

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

In AS4846 and AS5017 alternative codes are presented. Refer to the current standard for more details.

Relational attributes

Related metadata references:

Supersedes [Person – sex \(housing assistance\), code N](#) Housing assistance, Superseded 10/02/2006
Supersedes [Person – sex, code N](#) Health, Superseded 04/05/2005, Community services, Superseded 31/08/2005
Is used in the formation of [Episode of admitted patient care – major diagnostic category, code \(AR-DRG v5.1\) NN](#) Health, Standard 01/03/2005
Is used in the formation of [Episode of admitted patient care – diagnosis related group, code \(AR-DRG v5.1\) ANNA](#) Health, Standard 01/03/2005

Implementation in Data Set Specifications:

AROC inpatient data set specification Health, Candidate 14/02/2007
Acute coronary syndrome (clinical) DSS Health, Superseded 07/12/2005
Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005
Admitted patient care NMDS Health, Superseded 07/12/2005
Admitted patient care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient mental health care NMDS Health, Superseded 07/12/2005
Admitted patient mental health care NMDS Health, Superseded 23/10/2006
Admitted patient mental health care NMDS 2007-2008 Health, Superseded 05/02/2008
Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient palliative care NMDS Health, Superseded 07/12/2005
Admitted patient palliative care NMDS 2006-2007 Health, Superseded 23/10/2006
Admitted patient palliative care NMDS 2007-08 Health, Superseded 05/02/2008
Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008
Alcohol and other drug treatment services NMDS Health, Superseded 21/03/2006
Alcohol and other drug treatment services NMDS Health, Superseded 23/10/2006
Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008
Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008
Cancer (clinical) DSS Health, Superseded 07/12/2005
Cancer (clinical) DSS Health, Standard 07/12/2005
Cancer (clinical) DSS Health, Candidate 14/09/2006
Cardiovascular disease (clinical) DSS Health, Superseded 15/02/2006
Cardiovascular disease (clinical) DSS Health, Superseded

04/07/2007
 Cardiovascular disease (clinical) DSS Health, Standard
 04/07/2007
 Children's Services NMDS Community services, Standard
 18/12/2007
 Commonwealth State/Territory Disability Agreement NMDS -
 1 July 2006 Community services, Standard 27/04/2007
 Community mental health care 2004-2005 Health, Superseded
 08/12/2004
 Community mental health care NMDS 2005-2006 Health,
 Superseded 07/12/2005
 Community mental health care NMDS 2006-2007 Health,
 Superseded 23/10/2006
 Community mental health care NMDS 2007-2008 Health,
 Superseded 05/02/2008
 Community mental health care NMDS 2008-2009 Health,
 Standard 05/02/2008
 Computer Assisted Telephone Interview demographic module
 DSS Health, Standard 04/05/2005
 Diabetes (clinical) DSS Health, Superseded 21/09/2005
 Diabetes (clinical) DSS Health, Standard 21/09/2005
 Health care client identification DSS Health, Standard
 04/05/2005
 Health care provider identification DSS Health, Superseded
 04/07/2007
 Health care provider identification DSS Health, Standard
 04/07/2007
 Juvenile Justice NMDS Community services, Standard
 27/03/2007
 Non-admitted patient emergency department care NMDS
 Health, Superseded 07/12/2005
 Non-admitted patient emergency department care NMDS
 Health, Superseded 24/03/2006
 Non-admitted patient emergency department care NMDS
 Health, Superseded 23/10/2006
 Non-admitted patient emergency department care NMDS 2007-
 2008 Health, Superseded 05/02/2008
 Non-admitted patient emergency department care NMDS 2008-
 2009 Health, Standard 05/02/2008
 Perinatal NMDS Health, Superseded 07/12/2005
 Perinatal NMDS Health, Superseded 06/09/2006
 Perinatal NMDS 2007-2008 Health, Superseded 05/02/2008
 Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
 Residential mental health care NMDS 2005-2006 Health,
 Superseded 07/12/2005
 Residential mental health care NMDS 2006-2007 Health,
 Superseded 23/10/2006
 Residential mental health care NMDS 2007-2008 Health,
 Superseded 05/02/2008
 Residential mental health care NMDS 2008-2009 Health,
 Standard 05/02/2008
 SAAP Client Collection National Minimum Data Set
 Community services, Standard 30/11/2007

Data set specification specific attributes

Implementation start date: 01/07/2008