

Non-admitted patient care Local Hospital Network aggregate DSS 2014-15

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Non-admitted patient care Local Hospital Network aggregate DSS 2014-15

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	557824
Registration status:	Health , Superseded 13/11/2014
DSS type:	Data Set Specification (DSS)
Scope:	The scope of the Non-admitted patient care Local Hospital Network aggregate data set specification (DSS) is non-admitted patient service events involving non-admitted patients provided by:

- [Local Hospital Networks](#)
- other public hospital services that are managed by a state or territory health authority and are included in the *General list of in-scope public hospital services*, which have been developed under the *National Health Reform Agreement (2011)*.

Excluded from the DSS scope are non-admitted patient service events reported to the Non-admitted patient care hospital aggregate national minimum data set (NMDS).

Local Hospital Networks are defined as those entities recognised as such by the relevant state or territory health authority.

The DSS is intended to capture instances of service provision from the point of view of the patient.

For the purpose of this DSS, a non-admitted service is a specialty unit or organisational arrangement under which a Local Hospital Network provides non-admitted services.

The NMDS scope includes:

All arrangements made to deliver non-admitted patient service events (not covered by the national minimum data sets listed below) to non-admitted patients:

- irrespective of location (includes on-campus and off-campus),
- whose treatment has been funded through the Local Hospital Network, regardless of the source from which the Local Hospital Network derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included; and
- regardless of setting or mode.

Excluded from the DSS scope are:

All services covered by:

- the Admitted patient care NMDS;
- the Admitted patient mental health care NMDS;
- the Non-admitted patient emergency department care NMDS, e.g. all non-admitted services provided to admitted patients are excluded;
- the Non-admitted patient care hospital aggregate NMDS; and
- service events which deliver non-clinical care, e.g. activities such as home cleaning, meals on wheels or home maintenance.

Collection and usage attributes

Statistical unit:	Non-admitted patient service event
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Guide for use:

A non-admitted patient service event is defined as an interaction between one or more health care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.

Counting rules:

1. All non-admitted services that meet the criteria of a non-admitted patient service event should be counted, and be counted only once regardless of the number of health care providers present.
2. Patients can be counted as having multiple non-admitted patient service events in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.
3. Patient education services can be counted as non-admitted patient service events, provided that they meet the criteria included in the definition of a non-admitted patient service event.
4. Non-admitted services involving multiple health professionals are counted as one non-admitted patient service event.
5. Each patient attending a group session is counted as a non-admitted patient service event, providing that the session included the provision of therapeutic/clinical advice for each patient and that this was recorded using a dated entry in each patient's medical record. A group flag is included in the NMDS to record this type of service event.
6. Telephone and other telehealth consultations can be counted as service events if they substitute for a face to face consultation, provided that they meet all the criteria included in the definition of a non-admitted patient service event. A telephone/telehealth consultation is only counted as one non-admitted patient service event, irrespective of the number of health professionals or locations participating in the consultation.
7. Services provided to inpatients (including services provided by staff working in non-admitted services who visit admitted patients in wards, or other types of consultation and liaison services involving inpatients) are not counted as non-admitted patient service events.
8. Travel by a health professional is not counted as a non-admitted patient service event.
9. All non-admitted services that meet the criteria in the definition of non-admitted patient service events must be counted, irrespective of funding source (including Medicare Benefits Schedule) for the non-admitted service. A funding source flag is included in the NMDS.
10. For activity based funding purposes, services from stand-alone diagnostic services are not counted as non-admitted patient service events; these are an integral part of the requesting clinic's non-admitted patient service event.
11. Renal dialysis, total parenteral nutrition and home enteral nutrition performed by the patient in their own home without the presence of a health care provider may be counted as a non-admitted patient service event, provided there is documentation of the procedures in the patient's medical record.

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

Comments:

Interaction with the Non-admitted patient care hospital aggregate NMDS.

The Non-admitted patient care hospital aggregate NMDS and Non-admitted patient care Local Hospital Network aggregate DSS work together to collect data on the public hospital system. The two data set specifications collect the same non-admitted activity data items, but at different levels of the system:

<i>Hierarchical level</i>	<i>Data collected through</i>
Public hospital	Non-admitted patient care hospital aggregate NMDS
Local Hospital Network	Non-admitted patient care Local Hospital Network aggregate DSS
Jurisdictional health authority	Non-admitted patient care Local Hospital Network aggregate DSS

It is intended that once the Non-admitted patient care Local Hospital Network aggregate DSS is established, the two collections will be merged into a single NMDS.

In the Non-admitted patient care Local Hospital Network aggregate DSS and the Non-admitted patient care hospital aggregate NMDS, the term 'establishment' is used to refer to entities reporting at each of the hierarchical levels (that is, public hospital, Local Hospital Network and jurisdictional health authority). Thus, for the purposes of this DSS, the term 'establishment' refers to a Local Hospital Network or a jurisdictional health authority unless specifically identified differently.

The principle should be applied that no activity is to be double-counted or included in both the Non-admitted patient care Local Hospital Network aggregate DSS and the Non-admitted patient care hospital aggregate NMDS.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Independent Hospital Pricing Authority 2014. Tier 2 Non-Admitted Services Compendium, Version 3.0. Independent Hospital Pricing Authority, Sydney. Viewed 4 April 2014,

<http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/tier2-non-admitted-services-compendium-2014%E2%80%932015-html>

Independent Hospital Pricing Authority 2014. Tier 2 Non-Admitted Services Definitions Manual, Version 3.0. Independent Hospital Pricing Authority, Sydney. Viewed 4 April 2014,

<http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/tier-2-non-admitted-services-definition-manual-2014%E2%80%932015-html>

Relational attributes

Related metadata references: Has been superseded by [Non-admitted patient care Local Hospital Network aggregate DSS 2015-16](#)

[Health](#), Superseded 19/11/2015

See also [Non-admitted patient care hospital aggregate NMDS 2014-15](#)

[Health](#), Superseded 13/11/2014

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
DSS specific information:			
Only required to report Establishment—number of group sessions, total N[NNNNNN] , Establishment—number of group session non-admitted patient service events, total service events N[NNNNNN] and Establishment—number of individual session non-admitted patient service events, total service events N[NNNNNN] using the following two funding source categories:			
<ul style="list-style-type: none"> • Medicare Benefits Scheme (07) • All other funding sources (01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 13, 14 and 99) 			
-	Establishment—Local Hospital Network identifier, code NNN	Mandatory	1
-	Establishment—number of group session non-admitted patient service events, total service events N[NNNNNN]	Mandatory	1
-	Establishment—number of group sessions, total N[NNNNNN]	Mandatory	1
-	Establishment—number of individual session non-admitted patient service events, total service events N[NNNNNN]	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Non-admitted patient service event—non-admitted service type, code (Tier 2 v3.0) NN.NN	Mandatory	1