Non-admitted patient care hospital aggregate NMDS 2015-16

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Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	593190
Registration status:	Health, Superseded 19/11/2015
DSS type:	National Minimum Data Set (NMDS)
Scope:	The scope of the Non-admitted patient care hospital aggregate national minimum data set (NMDS) is non-admitted patient service events involving non-admitted patients provided by public hospitals

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

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 jurisdictional health authority, Local Hospital Network or hospital, regardless of the source from which the entity 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 NMDS 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 Community mental health care NMDS; and
- service events which deliver non-clinical care, e.g. activities such as home cleaning, meals on wheels or home maintenance.

For the purpose of this NMDS, a non-admitted service is a specialty unit or organisational arrangement under which a public hospital provides non-admitted services.

Collection and usage attributes

Statistical unit:	Non-admitted patient service event

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. The multiple health care provider indicator can be used to identify service events with three or more health care providers.

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. 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 data element identifying a group session is included in the NMDS to record this type of service event.

5. 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 consultation is only counted as one non-admitted patient service event, irrespective of the number of health professionals or locations participating in the consultation. A telehealth consulation has service events counted at the location of the healthcare provider and the location of the patient.

6. 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.

7. Travel by a health professional is not counted as a non-admitted patient service event.

8. 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.

9. For activity based funding purposes, 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.

10. Renal dialysis, total parenteral nutrition, home enteral nutrition and home ventilation 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: 01/07/2015

Implementation end date: 30/06/2016

Comments:	*Interaction with the Non-admitted patient care Local Hospital Network aggregate DSS 2015-16.*

Interaction with the Non-admitted patient care Local Hospital Network aggregate DSS 2015-16.

The Non-admitted patient care Local Hospital Network aggregate DSS and Non-admitted patient care hospital aggregate NMDS 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:

Hierarchical level	*Data collected through*
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 care patient hospital aggregate NMDS and the Non-admitted patient care Local Hospital Network aggregate DSS, 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 NMDS, the term 'establishment' refers to a public hospital 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 hospital aggregate NMDS and the Non-admitted patient care Local Hospital Network aggregate DSS.

Glossary items

Glossary terms that are relevant to this National minimum data set are included here:

Local Hospital Network

Source and reference attributes

Relational attributes

Related metadata references: Supersedes Non-admitted patient care hospital aggregate NMDS 2014-15
Health, Superseded 13/11/2014

Has been superseded by Non-admitted patient care hospital aggregate NMDS 2016-17
Health, Superseded 05/10/2016

See also Non-admitted patient care Local Hospital Network aggregate DSS 2015-16
Health, Superseded 19/11/2015

Metadata items in this Data Set Specification

- [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[NNNNN]](#), [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:

  - Medicare Benefits Scheme (07)
  - All other funding sources (01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 13, 88 and 98)

- [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 individual session non-admitted patient service events, total service events N[NNNNNN]](#) — Mandatory — 1
- [Establishment—organisation identifier (Australian), NNX[X]NNNNN](#) — Mandatory — 1
- [Establishment—organisation identifier (Australian), NNX[X]NNNNN](#) — Conditional — 0
- [Non-admitted patient service event—multiple health care provider indicator, yes/no/not stated/inadequately described code N](#) — Mandatory — 1

  DSS specific information:

  For the purposes of reporting non-admitted activity data for activity based funding, 'multiple health care providers' is defined as three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event.

- [Non-admitted patient service event—non-admitted service type, code (Tier 2 v4.0) NN.NN](#) — Mandatory — 1