

# Local Hospital Networks/Public hospital establishments NMDS 2018–19

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Set Specification
<b>METEOR identifier:</b>	679203
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 17/10/2018</li></ul>
<b>DSS type:</b>	National Minimum Data Set (NMDS)
<b>Scope:</b>	<p>The scope of the Local Hospital Networks/Public hospital establishments national minimum data set (LHN/PHE NMDS) includes three levels of hierarchical reporting:</p> <ul style="list-style-type: none"><li>• The Public hospital establishments (PHE) component includes establishment-level data for public acute and psychiatric hospitals, and alcohol and drug treatment centres.</li><li>• The Local Hospital Networks (LHN) excludes data for hospital establishments which are already reported through the Public hospital establishments component. Local Hospital Networks are defined as those entities recognised as such by the relevant state or territory health authority.</li><li>• At the jurisdictional level, all public hospital services that are managed by a state or territory health authority and are included in the <i>General List of In-scope Public Hospital Services</i>, which has been developed under the National Health Reform Agreement (2011) (NHRA) and excluding data which are already reported in the PHE or LHN levels.</li></ul>

## Collection and usage attributes

<b>Statistical unit:</b>	PHE, LHN or health authority (depending on reporting level)
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**Guide for use:**

The following are principles of the collection. States and territories should consider these principles when providing data.

1. Data should be reported by states and territories at the level relevant to service management and/or provision.
2. The LHN/PHE NMDS should capture and differentiate between in-scope and out-of-scope of the NHRA.
3. The LHN/PHE NMDS must specify where financial data elements are reporting actual data and where they are reporting estimated data.
4. Where possible, the LHN/PHE NMDS should align with the Government health expenditure NMDS (GHE NMDS), so it is able to function as a subset of the GHE NMDS if required.
5. Reporting on expenditure relating to contracted care requires less detail than other expenditure.
6. Where possible, the changes to the PHE component of the NMDS should maintain the ability to report time series data from previous years.

Recurrent expenditure and related revenue data reported to the LHN/PHE NMDS should reconcile with published financial statements.

Actual recurrent expenditure and related revenue data are expected to be reported at the level at which they appear in the general ledger. Expenditure and revenue data are not expected to be apportioned to a lower level.

Expenditure data are reported in two ways:

- as it would appear in the general ledger line items ([Establishment—recurrent non-salary expenditure, public hospital expenditure categories code N\[N\]](#) and [Establishment—staffing categories, health code N\[N\]](#))
- by NHRA product streams [Establishment—total recurrent expenditure, National Health Reform Agreement 2011 product streams code N\[N\]](#). These are estimated data.

The total recurrent expenditure by product stream should equal the total recurrent expenditure by general ledger line item.

For the purposes of the LHN/PHE NMDS, funding from the Australian Government, state and territory health authorities and other state and territory government departments is considered to be revenue and should be reported as such.

**Collection methods:**

Some data for this NMDS are sourced from the state or territory health authority general ledger. Some other data are maintained at the LHN or hospital and are forwarded to the relevant state or territory health authority for inclusion.

*National reporting arrangements*

State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

*Periods for which data are collected and nationally collated*

Financial years ending 30 June each year.

**Implementation start date:** 01/07/2018

**Implementation end date:** 30/06/2019

**Comments:***Relationship between the three components*

The three levels of the hierarchy work together to collect the same types of recurrent expenditure and related revenue data items, but at different levels of the system. The reporting levels are mutually exclusive, so there should be no overlap in the reporting or expenditure and revenue data across the levels.

<i>Hierarchical level</i>	<i>Data collected through</i>
Public hospital establishments	PHE component
Local Hospital Network	LHN component
State or territory health authority	State or territory component

It is expected that recurrent expenditure and related revenue data will be reported at the level at which they occur.

For services 'managed by a state or territory health authority', only those services considered to be 'public hospital services' under the NHRA are in scope. For the public hospitals and LHNs, all activity, expenditure and related revenue in the General Ledger for that organisation would be in scope of this NMDS, regardless of whether all components are a 'public hospital service' under the NHRA.

For information on public hospital services in-scope or out-of-scope, refer to the National Efficient Price Determination (IHPA 2017a) and the National Efficient Cost Determination (IHPA 2017b).

In addition to the shared expenditure and revenue data items, the PHE component includes items such as establishment location, establishment type and specialised service indicators that do not appear in the other components.

*Scope links with other NMDSs*

The LHN/PHE NMDS shares scope with other hospital NMDSs as well as other establishment and expenditure collections:

- Admitted patient care NMDS
- Alcohol and other drug treatment services NMDS
- Government health expenditure NMDS
- Mental health establishments NMDS
- Non-admitted patient care hospital aggregate NMDS
- Non-admitted patient emergency department care NMDS.

**Source and reference attributes**

**Submitting organisation:** Independent Hospital Pricing Authority

**Steward:** [Australian Institute of Health and Welfare](#)

**Reference documents:** IHPA (Independent Hospital Pricing Authority) 2017a. National Efficient Price Determination 2017-18. IHPA, Sydney. Viewed 3 November 2017, <https://www.ihsa.gov.au/publications/national-efficient-price-determination-2017-18>

IHPA 2017b. National Efficient Cost Determination 2017-18. IHPA, Sydney. Viewed 3 November 2017, <https://www.ihsa.gov.au/publications/national-efficient-cost-determination-2017-18>

**Relational attributes**

**Related metadata references:**

See also [Activity based funding: Non-admitted patient care aggregate NBEDS 2018-19](#)

- [Independent Hospital Pricing Authority](#), Superseded 30/06/2019

Supersedes [Local Hospital Networks/Public hospital establishments NMDS 2017-18](#)

- [Health](#), Superseded 25/01/2018

Has been superseded by [Local Hospital Networks/Public hospital establishments NMDS 2019-20](#)

- [Health](#), Superseded 18/12/2019

See also [Non-admitted patient care Local Hospital Network aggregate NBEDS 2018-19](#)

- [Health](#), Superseded 12/12/2018

**Metadata items in this Data Set Specification** [Show more detail](#)

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Local Hospital Networks data element cluster</a>	Mandatory	99
-	<a href="#">Public hospital establishments data element cluster</a>	Mandatory	99
-	<a href="#">State or territory health authority data element cluster</a>	Mandatory	1