

# Specialised mental health service—admitted patient service unit identifier, XXXXXX

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# Specialised mental health service—admitted patient service unit identifier, XXXXXX

## Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Admitted patient mental health service unit identifier
METEOR identifier:	721740
Registration status:	<a href="#">Health</a> , Standard 16/01/2020
Definition:	A unique identifier for a specialised mental health admitted patient service unit, as represented by a combination of numeric and/or alphabetic characters.

## Data element concept attributes

### Identifying and definitional attributes

Data element concept:	<a href="#">Specialised mental health service—admitted patient service unit identifier</a>
METEOR identifier:	404399
Registration status:	<a href="#">Health</a> , Standard 07/12/2011 <a href="#">Independent Hospital Pricing Authority</a> , Qualified 23/11/2015
Definition:	A unique identifier for a specialised mental health admitted patient service unit.
Object class:	<a href="#">Specialised mental health service</a>
Property:	<a href="#">Admitted patient service unit identifier</a>

## Value domain attributes

### Identifying and definitional attributes

Value domain:	<a href="#">Identifier XXXXXX</a>
METEOR identifier:	404406
Registration status:	<a href="#">Health</a> , Standard 07/12/2011 <a href="#">Housing assistance</a> , Standard 01/05/2013 <a href="#">Independent Hospital Pricing Authority</a> , Qualified 23/11/2015
Definition:	A combination of numeric and/or alphabetic characters that identify a service unit.

## Representational attributes

Representation class:	Identifier
Data type:	String
Format:	XXXXXX
Maximum character length:	6

## Data element attributes

### Collection and usage attributes

## Guide for use:

Admitted patient service units should be differentiated by target population and program type. For example, if a hospital had separate wards for child and adolescent and general adult populations, these should be reported as separate service units. Similarly, if the hospital provided separate wards for older persons acute and older persons other program types, such as rehabilitation or extended care, this would require separate service units to be identified (that is, defined by the [Specialised mental health service—admitted patient care program type, code N](#) data element as well as the [Specialised mental health service—target population group, code N](#) data element). Where a hospital has, for example, two older persons acute admitted patient service units, these only need to be reported as one combined older persons acute admitted patient service unit to satisfy the minimum reporting requirements for NMDS purposes but could be reported as two separate service units if desired. For additional information, please refer to the glossary item [Admitted patient mental health care service](#). The complete identifier string, including State/Territory identifier, Region identifier, Organisation identifier, Hospital identifier and Admitted patient service unit identifier, should be a unique code for the service unit in that state/territory. Where applicable, service unit reporting structures should be identical between all mental health collections (e.g., Mental Health National Minimum Data Sets and the Mental Health National Outcomes and Casemix Collection (NOCC)).

## Relational attributes

### Related metadata references:

Supersedes [Specialised mental health service—admitted patient service unit identifier, XXXXXX](#)

[Health](#), Superseded 16/01/2020

[Independent Hospital Pricing Authority](#), Qualified 23/11/2015

See also [Specialised mental health service—admitted patient care program type, code N](#)

[Health](#), Standard 08/12/2004

See also [Specialised mental health service—target population group, code N](#)

[Health](#), Standard 25/01/2018

### Implementation in Data Set Specifications:

[Activity based funding: Mental health care NBEDS 2020–21](#)

[Health](#), Superseded 23/12/2020

**Implementation start date:** 01/07/2020

**Implementation end date:** 30/06/2021

[Activity based funding: Mental health care NBEDS 2021–22](#)

[Health](#), Superseded 17/12/2021

**Implementation start date:** 01/07/2021

**Implementation end date:** 30/06/2022

[Activity based funding: Mental health care NBEDS 2022–23](#)

[Health](#), Superseded 20/12/2022

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

[Activity based funding: Mental health care NBEDS 2023–24](#)

[Health](#), Superseded 06/12/2023

**Implementation start date:** 01/07/2023

**Implementation end date:** 30/06/2024

[Activity based funding: Mental health care NBEDS 2024–25](#)

[Health](#), Standard 06/12/2023

**Implementation start date:** 01/07/2024

**Implementation end date:** 30/06/2025

[Mental Health Carer Experience of Service NBEDS](#)

[Health](#), Standard 10/06/2022

**Implementation start date:** 01/07/2022

**Conditional obligation:**

To be used when reporting records of the Mental Health Carer Experience Survey relating to admitted service units.

### DSS specific information:

This relates to the admitted patient service unit name recorded for collection location identification purposes.

[Mental health establishments NMDs 2020–21](#)

[Health](#), Superseded 20/01/2021

**Implementation start date:** 01/07/2020

**Implementation end date:** 30/06/2021

[Mental health establishments NMDs 2021–22](#)

[Health](#), Superseded 17/12/2021

**Implementation start date:** 01/07/2021

**Implementation end date:** 30/06/2022

[Mental health establishments NMDs 2022–23](#)

[Health](#), Superseded 09/12/2022

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

[Mental health establishments NMDs 2023–24](#)

[Health](#), Superseded 06/12/2023

**Implementation start date:** 01/07/2023

**Implementation end date:** 30/06/2024

[Mental health establishments NMDs 2024–25](#)

[Health](#), Standard 06/12/2023

**Implementation start date:** 01/07/2024

**Implementation end date:** 30/06/2025

[National Outcomes and Casemix Collection NMDs 2023-24](#)

[Health](#), Superseded 06/12/2023

**Implementation start date:** 01/07/2023

**Implementation end date:** 30/06/2024

**Conditional obligation:**

For use in the National Outcomes and Casemix Collection (NOCC), this data element applies when the service provision setting is [Admitted patient mental health care service](#).

Data must be collected for either this data element or one of [Specialised mental health service—ambulatory service unit identifier, XXXXXX](#) or [Specialised mental health service—residential service unit identifier, XXXXXX](#).

**DSS specific information:**

For the National Outcomes and Casemix Collection (NOCC), admitted patient service units should be differentiated by target population (general, older persons, child and adolescent, youth, and forensic) and program type (acute vs other). For example, if a hospital had separate wards for child and adolescent and general adult populations, these should be reported as separate service units. Similarly, if the hospital provided separate wards for older persons acute and older person other program types, this would require separate service units to be identified (that is, defined by the program type as well as the target population). The overarching principle is that the same service unit identification policy must be applied to the admitted patient service units data reported under the NOCC and the [Mental health establishments NMDs 2023–24](#).

States and territories should ensure that the service unit identifiers are unique across all service unit types (i.e., admitted patient, ambulatory care, residential care services). Identifiers used to supply data to NOCC in respect of a particular service unit should be stable over time - that is, unless there has been a significant change to the unit, the same identifier should be used from year to year of reporting.

The service unit identifier is reported at each collection occasion.

Ideally, where a mental health service provides mixed service types (e.g., overnight inpatient care as well as ambulatory care), each component will be defined as a separate service unit and assigned a unique service unit identifier.

[National Outcomes and Casemix Collection NMDs 2024-25](#)

[Health](#), Standard 06/12/2023

**Implementation start date:** 01/07/2024

**Implementation end date:** 30/06/2025

**Conditional obligation:**

For use in the National Outcomes and Casemix Collection (NOCC), this data element applies when the service provision setting is [Admitted patient mental health care service](#).

Data must be collected for either this data element or one of [Specialised mental health service—ambulatory service unit identifier, XXXXXX](#) or [Specialised mental health service—residential service unit identifier, XXXXXX](#).

**DSS specific information:**

For the National Outcomes and Casemix Collection (NOCC), admitted patient service units should be differentiated by target population (general, older persons, child and adolescent, youth, and forensic) and program type (acute vs other). For example, if a hospital had separate wards for child and adolescent and general adult populations, these should be reported as separate service units. Similarly, if the hospital provided separate wards for older persons acute and older person other program types, this would require separate service units to be identified (that is, defined by the program type as well as the target population). The overarching principle is that the same service unit identification policy must be applied to the admitted patient service units data reported under the NOCC and the [Mental health establishments NMDs 2024–25](#).

States and territories should ensure that the service unit identifiers are unique across all service unit types (i.e., admitted patient, ambulatory care, residential care services). Identifiers used to supply data to NOCC in respect of a particular service unit should be stable over time - that is, unless there has been a significant change to the unit, the same identifier should be used from year to year of reporting.

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Ideally, where a mental health service provides mixed service types (e.g., overnight inpatient care as well as ambulatory care), each component will be defined as a separate service unit and assigned a unique service unit identifier.