

Specialised mental health service—admitted patient service unit name, text XXX[X(97)]

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Specialised mental health service—admitted patient service unit name, text XXX[X(97)]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Admitted patient mental health service unit name
METEOR identifier:	721830
Registration status:	Health , Standard 16/01/2020
Definition:	The appellation by which a specialised mental health admitted patient service unit is known or called, as represented by text.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Specialised mental health service—admitted patient service unit name
METEOR identifier:	407459
Registration status:	Health , Standard 07/12/2011 Independent Hospital Pricing Authority , Qualified 23/11/2015
Definition:	The appellation by which a specialised mental health admitted patient service unit is known or called.
Object class:	Specialised mental health service
Property:	Admitted patient service unit name

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
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Value domain attributes

Identifying and definitional attributes

Value domain:	Text XXX[X(97)]
METEOR identifier:	423392
Registration status:	Health , Standard 07/12/2011 Independent Hospital Pricing Authority , Qualified 23/11/2015 National Health Performance Authority (retired) , Retired 01/07/2016
Definition:	A combination of alphanumeric characters.

Representational attributes

Representation class:	Text
Data type:	String
Format:	XXX[X(97)]
Maximum character length:	100

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 admitted patient service unit name should be unique 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 name, text XXX\[X\(97\)\]](#)

[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 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 name, text XXX\[X\(97\)\]](#) or [Specialised mental health service—residential service unit name, text XXX\[X\(97\)\]](#).

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 (i.e., 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 reported under the NOCC and the [Mental health establishments NMDs 2023–24](#).

The service unit name 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.

[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:

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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 (i.e., 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 reported under the NOCC and the [Mental health establishments NMDS 2024–25](#).

The service unit name 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.