

Admitted patient care NBEDS 2022–23

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Admitted patient care NBEDS 2022–23

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	742171
Registration status:	Health , Superseded 20/12/2022
DSS type:	Data Set Specification (DSS)
Scope:	The purpose of the Admitted patient care national best endeavours data set (APC NBEDS) is to collect information about care provided to admitted patients in Australian hospitals. The scope of the APC NBEDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The scope of hospitals for which data are available may vary across jurisdictions. Hospital boarders and still births are not included as they are not admitted to hospital. Posthumous organ procurement episodes are also not included.

Collection and usage attributes

Statistical unit:	Episodes of care for admitted patients
Collection methods:	Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (e.g. monthly). <i>National reporting arrangements</i> State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis. State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a quarterly basis.
Implementation start date:	01/07/2022
Implementation end date:	30/06/2023

Comments:

There may be some variation across jurisdictions in the definition of admission time and separation time. This variation would need to be documented in accompanying material regarding the data elements.

Interaction with the Admitted patient care National Minimum Data Set (APC NMDS) 2022–23

The APC NMDS and APC NBEDS work together to collect data on episodes of care for admitted patients.

It is intended that once the APC NBEDS is established, the data elements within the APC NBEDS will be integrated into the APC NMDS.

Interaction with the Individual Healthcare Identifier national best endeavours data set (IHI NBEDS)

The APC NBEDS and IHI NBEDS work together to enable the reporting of IHI data for admitted episodes of care.

Glossary items

Glossary terms that are relevant to this NBEDS include:

[Admission](#)

[Clinical intervention](#)

[Clinical review](#)

[Diagnosis](#)

[Elective surgery](#)

[Episode of acute care](#)

[Gender](#)

[Geographic indicator](#)

[Hospital boarder](#)

[Hospital-in-the-home care](#)

[Intensive care unit](#)

[Live birth](#)

[Neonate](#)

[Newborn qualification status](#)

[Organ procurement - posthumous](#)

[Resident](#)

[Residential mental health care service](#)

[Same-day patient](#)

[Separation](#)

[Sex](#)

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare.

Relational attributes

Related metadata references:

Supersedes [Admitted patient care NBEDS 2021-22 Health](#), Superseded 17/12/2021

Has been superseded by [Admitted patient care NBEDS 2023-24 Health](#), Superseded 06/12/2023

See also [Individual Healthcare Identifier NBEDS 2022-23 Health](#), Superseded 23/01/2023

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Admitted patient care NMDS 2022-23	Mandatory	1
-	Elective surgery waiting times cluster	Conditional	99
	Conditional obligation:		
	This data element cluster is to be reported for patients on waiting lists for elective surgery, which are managed by public acute hospitals and have a category 1 or 2 assigned for the reason for removal from the elective surgery waiting list.		
	DSS specific information:		
	Establishment sector component of organisation identifier to be reported as:		
	1. Public (excluding psychiatric hospitals) 2. Private (excluding free-standing day hospital facilities) 3. Public psychiatric 4. Private free-standing day hospital facility		
-	Elective care waiting list episode—listing date for care, DDMMYYYY	Mandatory	1
-	Elective surgery waiting list episode—clinical urgency, code N	Mandatory	1
-	Elective surgery waiting list episode—intended procedure, code NNN	Mandatory	1
-	Elective surgery waiting list episode—overdue patient status, code N	Mandatory	1
-	Elective surgery waiting list episode—reason for removal from a waiting list, code N	Mandatory	1
-	Elective surgery waiting list episode—surgical specialty of scheduled doctor, code NN	Mandatory	1
-	Elective surgery waiting list episode—waiting time at removal, total days N[NNN]	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Conditional	1
	Conditional obligation:		
	This is the establishment identifier of the contracting hospital and is reported for contracted patients only.		
	DSS specific information:		
	Establishment sector component of organisation identifier to be reported as:		
	1. Public (excluding psychiatric hospitals) 2. Private (excluding free-standing day hospital facilities) 3. Public psychiatric 4. Private free-standing day hospital facility		

Seq No.	Metadata item	Obligation	Max occurs
-	Address—Australian postcode, code (Postcode datafile) NNNN DSS specific information: To be reported for the address of the patient.	Mandatory	1
-	Contracted hospital care—organisation identifier, NNX[X]NNNNN DSS specific information: Establishment sector component of organisation identifier to be reported as: 1. Public (excluding psychiatric hospitals) 2. Private (excluding free-standing day hospital facilities) 3. Public psychiatric 4. Private free-standing day hospital facility	Mandatory	1
-	Episode of admitted patient care (mental health care)—referral destination, code N Conditional obligation: Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: Code 11: Mental health care.	Conditional	1
-	Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN] Conditional obligation: Only required to be reported for episodes of care for patients with a care type of newborn care.	Conditional	1
-	Episode of admitted patient care—admission date, DDMMYYYY DSS specific information: Right justified and zero filled. Admission date must be less than or equal to Separation date. Admission date must be greater than or equal to Date of birth.	Mandatory	1
-	Episode of admitted patient care—admission mode, code N	Mandatory	1
-	Episode of admitted patient care—admission urgency status, code N	Mandatory	1
-	Episode of admitted patient care—condition onset flag, code N	Mandatory	99
-	Episode of admitted patient care—duration of continuous ventilatory support, total hours NNNNN Conditional obligation: This data element is only required to be reported for episodes of care where the admitted patient spent time on continuous ventilatory support.	Conditional	1
-	Episode of admitted patient care—intended length of hospital stay, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—intervention, code (ACHI Twelfth edition) NNNNN-NN Conditional obligation: This data element is only to be reported if a health intervention is performed in the episode of care. DSS specific information: As a minimum requirement intervention codes must be valid codes from the Australian Classification of Health Interventions (ACHI) codes. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems. An unlimited number of diagnosis and intervention codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected. Classify interventions undertaken during an episode of care in accordance with the relevant Australian Coding Standards and National Coding Rules. The order of codes should be determined using the following hierarchy: • intervention(s) performed for treatment of the principal diagnosis • intervention(s) performed for the treatment of an additional diagnosis • diagnostic/exploratory intervention(s) related to the principal diagnosis • diagnostic/exploratory intervention(s) related to an additional diagnosis.	Conditional	99
-	Episode of admitted patient care—length of stay in intensive care unit, total hours NNNNN Conditional obligation: The data element is only required to be reported for episodes of care where the admitted patient spent time in an intensive care unit.	Conditional	1
-	Episode of admitted patient care—number of days of hospital-in-the-home care, total {N[NN]}	Mandatory	1
-	Episode of admitted patient care—number of leave days, total N[NN] DSS specific information: For the provision of state and territory hospital data to Australian Government agencies: (Episode of admitted patient care—separation date, DDMMYYYY minus Episode of admitted patient care—admission date, DDMMYYYY) minus Admitted patient hospital stay—number of leave days, total N[NN] must be greater than or equal to 0 days.	Mandatory	1
-	Episode of admitted patient care—patient election status, code N	Mandatory	1
-	Episode of admitted patient care—referral source, public psychiatric hospital code NN Conditional obligation: The data element is only required to be reported for episodes of care where the admitted patient spent time in a public psychiatric hospital.	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—separation date, DDMMYYYY DSS specific information: For the provision of state and territory hospital data to Australian Government agencies this field must: • be less than or equal to the last day of the financial year • be greater than or equal to the first day of the financial year • be greater than or equal to Admission date.	Mandatory	1
-	Episode of admitted patient care—separation mode, code NN	Mandatory	1
-	Episode of care—additional diagnosis, code (ICD-10-AM Twelfth edition) ANN{.N[N]} Conditional obligation: This data element is only to be reported if the episode of care results in more than one diagnosis code being allocated. DSS specific information: An unlimited number of diagnosis codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.	Conditional	99
-	Episode of care—inter-hospital contracted patient status, code N	Mandatory	1
-	Episode of care—mental health legal status, code N	Mandatory	1
-	Episode of care—number of psychiatric care days, total N[NNNN]	Mandatory	1
	DSS specific information: Total days in psychiatric care must be greater than or equal to zero; Total days in psychiatric care must be less than or equal to Length of stay.		
-	Episode of care—principal diagnosis, code (ICD-10-AM Twelfth edition) ANN{.N[N]} DSS specific information: The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories. Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.	Mandatory	1
-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
-	Establishment—Australian state/territory identifier, code N	Mandatory	1
	DSS specific information: This data element applies to the location of the establishment and not to the patient's area of usual residence.		

Seq No.	Metadata item	Obligation	Max occurs
-	Establishment—geographic remoteness, admitted patient care remoteness classification (ASGS-RA) N	Mandatory	1
-	Establishment—organisation identifier (state/territory), NNNNN	Mandatory	1
-	Establishment—region identifier, X[X]	Mandatory	1
-	Establishment—sector, code N	Mandatory	1
	DSS specific information:		
	To be reported as:		
	1. Public (excluding psychiatric hospitals) 2. Private (excluding free-standing day hospital facilities) 3. Public psychiatric 4. Private free-standing day hospital facility		
-	Hospital service—care type, code N[N]	Mandatory	1
	DSS specific information:		
	Code 11 - Mental health care is not restricted to care provided by a specialised mental health unit.		
-	Injury event—activity type, code (ICD-10-AM Twelfth edition) ANN{.N[N]}	Conditional	99
	Conditional obligation:		
	This data element is only required to be reported if the episode of care contains a principal or additional diagnosis code that refers to an injury, poisoning, or other adverse effect.		
-	Injury event—external cause, code (ICD-10-AM Twelfth edition) ANN{.N[N]}	Conditional	99
	Conditional obligation:		
	This data element is only required to be reported if the episode of care contains a principal or additional diagnosis code that refers to an injury, poisoning, or other adverse effect.		
-	Injury event—place of occurrence, code (ICD-10-AM Twelfth edition) ANN{.N[N]}	Conditional	99
	Conditional obligation:		
	This data element is only required to be reported if the episode of care contains a principal or additional diagnosis code that refers to an injury, poisoning, or other adverse effect.		
-	Patient—hospital insurance status, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Patient—previous specialised treatment, code N Conditional obligation: Only supplied for mental health care patients and palliative care patients. DSS specific information: For palliative care patients, the value of this item is in its use in enabling approximate identification of the number of new palliative care patients receiving specialised treatment. The use of this metadata item in this way would be improved by the reporting of this data by community-based services.	Conditional	1
-	Person—accommodation type (prior to admission), code N Conditional obligation: Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: Code 11: Mental health care.	Conditional	1
-	Person—accommodation type (usual), code N[N] Conditional obligation: Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: Code 11: Mental health care.	Conditional	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS Edition 3) N(9) DSS specific information: The following codes should be assigned as the admitted patient's area of usual residence in the following specialised situations: • Overseas resident: 099999299 • No fixed abode: state/territory identifier + 99999499 ◦ Where the state/territory of the admitted patient's usual residence is not known, assign '0' as the state/territory identifier • Migratory - Offshore - Shipping: state/territory identifier + 97979799 • Unknown SA2: state/territory identifier + 99999999 ◦ Where the state/territory of the admitted patient's usual residence is not known, assign a blank space as the state/territory identifier	Mandatory	1
-	Person—country of birth, code (SACC 2016) NNNN	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—date of birth, DDMMYYYY DSS specific information: This field must not be null. National minimum data sets: For the provision of state and territory hospital data to Australian Government agencies this field must: • be less than or equal to Admission date, Date patient presents or Service contact date • be consistent with diagnoses and intervention codes.	Mandatory	1
-	Person—eligibility status, Medicare code N	Mandatory	1
-	Person—gender, code X	Conditional	1
	Conditional obligation: This data element is collected on a Conditional basis with the element Person—sex, code X . Data must be reported for at least one of the two elements, either Sex or Gender. Data may be reported for both elements.		
-	Person—Indigenous status, code N	Mandatory	1
-	Person—labour force status, acute hospital and private psychiatric hospital admission code N	Conditional	1
	Conditional obligation: Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: Code 11: Mental health care.		
-	Person—labour force status, public psychiatric hospital admission code N	Conditional	1
	Conditional obligation: Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: Code 11: Mental health care.		
-	Person—marital status, code N	Conditional	1
	Conditional obligation: Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: Code 11: Mental health care.		
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—sex, code X	Conditional	1
	Conditional obligation: This data element is collected on a Conditional basis with the element Person—gender, code X. Data must be reported for at least one of the two elements, either Sex or Gender. Data may be reported for both elements. DSS specific information: In the APC NMDS a person's sex is understood to be reported as at the time of data collection.		
-	Person—weight (measured), total grams NNNN	Conditional	1
	Conditional obligation: Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days. DSS specific information: For the provision of state and territory hospital data to Australian government agencies this metadata item must be consistent with diagnoses and intervention codes.		
-	Record—identifier, X[X(79)]	Mandatory	1
	DSS specific information: In the context of the Admitted patient care NMDS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose. When stipulated in a data specification, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database. Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system. This field cannot be left blank.		
-	Episode of admitted patient care—admission time, hhmm	Mandatory	1
-	Episode of admitted patient care—separation time, hhmm	Mandatory	1