

Specialised mental health service—ambulatory service unit identifier, XXXXXX

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Specialised mental health service—ambulatory service unit identifier, XXXXXX

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Ambulatory mental health service unit identifier
METEOR identifier:	750360
Registration status:	Health , Standard 17/12/2021
Definition:	A unique identifier for a specialised mental health ambulatory service unit, as represented by a combination of numeric and/or alphabetic characters.
Data Element Concept:	Specialised mental health service—ambulatory service unit identifier
Value Domain:	Identifier XXXXXX

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

Guide for use:	For the ambulatory service setting, the service unit is equivalent to an organisation's ambulatory services as a whole. However, ambulatory service units should be differentiated by target population. Where an organisation provides multiple teams serving the same target population, these may be grouped and reported as a single service unit or identified as individual service units in their own right. Ambulatory services would be separately identifiable as service units using the Specialised mental health service—target population group, code N data element. For additional information, please refer to the glossary item Ambulatory mental health care service . The complete identifier string, including State/Territory identifier, Region identifier, Organisation identifier, Service unit cluster identifier and Ambulatory service unit identifier, should be a unique code for the service unit in that state/territory. 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)).
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Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
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Relational attributes

Related metadata references:

Supersedes [Specialised mental health service—ambulatory service unit identifier, XXXXXX](#)
[Health](#), Superseded 17/12/2021

See also [Specialised mental health service—target population group, code N](#)
[Health](#), Superseded 07/02/2013

See also [Specialised mental health service—target population group, code N](#)
[Health](#), Superseded 25/01/2018
[Independent Hospital Pricing Authority](#), Standard 16/03/2016

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 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

[Community mental health care NMDS 2022–23](#)
[Health](#), Superseded 09/12/2022

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

[Community mental health care NMDS 2023–24](#)
[Health](#), Superseded 06/12/2023

Implementation start date: 01/07/2023

Implementation end date: 30/06/2024

[Community mental health care NMDS 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 ambulatory service units.

DSS specific information:

This relates to the ambulatory service unit cluster identifier recorded for collection location identification purposes.

[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 [Ambulatory mental health care service](#).

Data must be collected for either this data element or one of [Specialised mental health service—admitted patient 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), ambulatory service units should be differentiated by target population (general, older persons, child and adolescent, youth, and forensic). Where an organisation provides multiple teams serving the same target population, these may be grouped and reported as a single service unit or identified as individual service unit in their own right. Where possible, it is also desirable that residential service units identified in NOCC data correspond directly on a one-to-one basis to those reported in the [Community mental health care 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 [Ambulatory mental health care service](#).

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

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For the National Outcomes and Casemix Collection (NOCC), ambulatory service units should be differentiated by target population (general, older persons, child and adolescent, youth, and forensic). Where an organisation provides multiple teams serving the same target population, these may be grouped and reported as a single service unit or identified as individual service unit in their own right. Where possible, it is also desirable that residential service units identified in NOCC data correspond directly on a one-to-one basis to those reported in the [Community mental health care 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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