Admitted subacute and non-acute hospital care NBEDS 2023–24

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Admitted subacute and non-acute hospital care NBEDS 2023–24

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 756155

Registration status: Health, Superseded 06/12/2023

DSS type: Data Set Specification (DSS)

Scope: The Admitted subacute and non-acute hospital care national best endeavours data set (ASNAHC NBEDS) aims to ensure national consistency in relation to defining and collecting information about care provided to subacute and non-acute admitted public and private patients in **activity based funded** public hospitals.

Subacute care in this NBEDS is identified as admitted episodes in rehabilitation care, palliative care, geriatric evaluation and management care and psychogeriatric care.

Non-acute care in this NBEDS is identified as admitted episodes of maintenance care.

The scope of the NBEDS is:

- same-day and overnight admitted subacute and non-acute care episodes
- admitted public patients provided on a contracted basis by private hospitals
- admitted patients in rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care and maintenance care treated in the hospital-in-the-home.

Excluded from the scope are:

- hospitals operated by the Australian Defence Force, correctional authorities and Australia's external territories.

Collection and usage attributes

Statistical unit: Episodes of care for admitted patients

Guide for use: *Interaction with the Individual Healthcare Identifier national best endeavours data set (IHI NBEDS)*

The ASNAHC NBEDS and IHI NBEDS work together to enable the reporting of IHI data for admitted subacute and non-acute episodes of care.

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).

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.

State and territory health authorities provide the data to the Independent Health and Aged Care Pricing Authority (IHACPA) for national collation, on a quarterly basis.

For palliative care type episodes, data elements for each change in phase of care will be required to be reported.

Periods for which data are collected and nationally collated:

Quarterly or annually (financial year) ending 30 June each year.

Implementation start date: 01/07/2023

Implementation end date: 30/06/2024

Comments: Scope links with other National Minimum Data Sets (NMDSs):

The ASNAHC NBEDS includes the collection and reporting of additional metadata which forms part of the broader Admitted patient care NMDS.

Glossary terms that are relevant to this data set specification are included here:

Activity based funding

Admission

Clinical intervention

Clinical review

Diagnosis

Elective surgery

Episode of acute care

Functional Independence Measure

Gender

Geographic indicator

Health of the Nation Outcome Scale 65+

Hospital boarder

Hospital-in-the-home care

Intensive care unit

Live birth

Neonate

Newborn qualification status

Number of days of hospital-in-the-home care

Organ procurement-posthumous

Palliative care phase

Palliative care phase end date

Resident

Residential mental health care service

Resource Utilisation Groups—Activities of Daily Living

Same-day patient

Separation

Sex

Source and reference attributes

Submitting organisation: Independent Health and Aged Care Pricing Authority

Steward: Independent Health and Aged Care Pricing Authority

Reference documents: Green J, Gordon R, Kobel C, Blanchard M & Eagar K. 2015. AN-SNAP V4 User Manual. Independent Hospital Pricing Authority, Sydney. Viewed 8 September 2022, https://www.ihacpa.gov.au/resources/australian-national-subacute-and-non-acute-patient-classification-version-40-user-manual-april-2015

Relational attributes

Related metadata references:

Supersedes Admitted subacute and non-acute hospital care NBEDS 2022–23
Health, Superseded 20/12/2022

Has been superseded by Admitted subacute and non-acute hospital care NBEDS 2024–25
Health, Standard 06/12/2023

See also Admitted patient care NMDS 2023–24
Health, Superseded 06/12/2023

See also Individual Healthcare Identifier NBEDS 2023-24
Health, Superseded 06/12/2023

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Admitted patient care NMDS 2023–24	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

Seq No.	Metadata item	Obligation	Max occurs
-	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

-	Address—Australian postcode, code (Postcode datafile) NNNN	Mandatory	1

DSS specific information:

To be reported for the address of the patient.

-	Contracted hospital care—organisation identifier, NNX[X]NNNNN	Mandatory	1

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

-	Episode of admitted patient care (mental health care)—referral destination, 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.

-	Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN]	Conditional	1

Conditional obligation:

Only required to be reported for episodes of care for patients with a care type of newborn care.

-	Episode of admitted patient care—admission date, DDMMYYYY	Mandatory	1

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.

Seq No.	Metadata item	Obligation	Max occurs
-	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
-	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

Seq No.	Metadata item	Obligation	Max occurs
-	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
-	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] ***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.	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	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 ***DSS specific information:*** This data element applies to the location of the establishment and not to the patient's area of usual residence.	Mandatory	1
-	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 ***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	Mandatory	1
-	Hospital service—care type, code N[N] ***DSS specific information:*** *Code 11 - Mental health care* is not restricted to care provided by a specialised mental health unit.	Mandatory	1
-	Injury event—activity type, code (ICD-10-AM Twelfth edition) ANN{.N[N]} ***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.	Conditional	99

Seq No.	Metadata item	Obligation	Max occurs
-	Injury event—external cause, code (ICD-10-AM Twelfth edition) ANN{.N[N]} ***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.	Conditional	99
-	Injury event—place of occurrence, code (ICD-10-AM Twelfth edition) ANN{.N[N]} ***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.	Conditional	99
-	Patient—hospital insurance status, code N	Mandatory	1
-	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

Seq No.	Metadata item	Obligation	Max occurs

-	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
-	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 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.	Conditional	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—labour force status, acute hospital and private psychiatric hospital 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

Seq No.	Metadata item	Obligation	Max occurs
-	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
-	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.		

Seq No.	Metadata item	Obligation	Max occurs
-	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—palliative care phase end date, DDMMYYYY	Conditional	11

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as:

- Code 3, Palliative care.

DSS specific information:

The palliative care phase end date must be reported for each **palliative care phase** if the episode of admitted patient care had more than one phase for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative care.

-	Episode of admitted patient care—palliative care phase start date, DDMMYYYY	Conditional	11

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as:

- Code 3, Palliative care.

DSS specific information:

The palliative care phase start date must be reported for each **palliative care phase**if the episode of admitted patient care had more than one phase for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative care.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—palliative care phase, 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 3, Palliative care. ***DSS specific information:*** The palliative care phase must be reported for each **palliative care phase** if the episode of admitted patient care had more than one phase for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative care.	Conditional	11
-	Episode of admitted patient care—primary impairment type, code (AROC 2012) NN.NNNN ***Conditional obligation:*** Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as: • Code 2, Rehabilitation care.	Conditional	1
-	Person—level of cognitive ability, Standardised Mini-Mental State Examination item score 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 4, Geriatric evaluation and management. ***DSS specific information:*** Only one array of SMMSE scores (i.e. 12 individual scores) per Geriatric evaluation and management episode are required to be reported. If multiple sets of SMMSE scores are recorded in the patient's record, the set of scores (12 individual scores) which demonstrate the lowest level of cognitive ability recorded during the Geriatric evaluation and management episode should be reported.	Conditional	12
-	Person—level of functional independence, Functional Independence Measure score 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 2, Rehabilitation care; or • Code 4, Geriatric evaluation and management. ***DSS specific information:*** Only the **Functional Independence Measure** scores at admission are required to be reported. Not required to be reported for patients aged 17 and under at admission.	Conditional	18

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of functional independence, Resource Utilisation Groups–Activities of Daily Living total score code N[N]	Conditional	11

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as:

- Code 3, Palliative care; or
- Code 6, Maintenance care.

DSS specific information:

Only the **Resource Utilisation Groups—Activities of Daily Living** (RUG-ADL) scores at admission are required to be reported for maintenance care episodes.

RUG-ADL scores at palliative care phase start should be reported for all palliative care phases.

Not required to be reported for patients aged 17 and under at admission.

For episodes of admitted patient care with Hospital service—care type, code N[N] recorded as Code 3, Palliative care, the RUG-ADL scores must be reported for each **palliative care phase** if the episode of admitted patient care had more than one phase.

-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N	Conditional	12

Conditional obligation:

Only required to be reported for episodes of admitted patient care with Hospital service—care type, code N[N] recorded as:

- Code 5, Psychogeriatric care.

DSS specific information:

Only the **Health of the Nation Outcome Scale 65+** scores at admission are required to be reported.