Total psychiatric care days

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000164 Version number: 2

Metadata type: DERIVED DATA ELEMENT

Registration Authority: NHIMG Admin status: SUPERSEDED

Effective date: 01-MAR-05

Definition: The sum of the number of days or part days of stay that the person received care as an admitted patient or resident within a designated psychiatric unit, minus the sum of leave days occurring during the stay within the designated unit.

Context: Admitted patient and residential mental health care:
This data element is required to identify the characteristics of patients treated in specialist psychiatric units located within acute care hospitals or 24-hour staffed community-based residential services and to analyse the activities of these units and services.

Community mental health care:
This data element is required to identify the characteristics of patients treated in specialist psychiatric 24-hour staffed community-based residential services and to analyse the activities of these units. The data element is necessary to describe and evaluate the progress of mainstreaming of mental health services.

Relational and Representational Attributes

Datatype: Numeric

Representational form: QUANTITATIVE VALUE

Representation layout: NNNNN

Minimum Size: 1

Maximum Size: 5

Data Domain: NOVAL Count in number of days

Guide For Use: Designated psychiatric units are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients

affected by mental disorder. The unit may or may not be recognised under relevant State and Territory legislation to treat patients on an involuntary basis. Patients are admitted patients in the acute and psychiatric hospitals and residents in community based residences.

Public acute care hospitals:
Designated psychiatric units in public acute care hospitals are normally recognised by the State / Territory health authority in the funding arrangements applying to those hospitals.

Private acute care hospitals:
Designated psychiatric units in private acute care hospitals normally require license or approval by the State / Territory health authority in order to receive benefits from health funds for the provision of psychiatric care.

Psychiatric hospitals:
Total psychiatric care days in stand-alone psychiatric hospitals are calculated by counting those days the patient received specialist psychiatric care. Leave days and days on which the patient was receiving other care (eg specialised intellectual ability or drug and alcohol care) should be excluded.

Psychiatric hospitals are establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the Health Insurance Act 1973 (Commonwealth) (now licensed / approved by each State / Territory health authority), catering primarily for patients with psychiatric or behavioural disorders are included in this category.

Community-based residential services:
Designated psychiatric units refers to 24-hour staffed community-based residential units established in community settings that provide specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability. Special psychiatric units for the elderly are covered by this category, including psychogeriatric hostels or psychogeriatric nursing homes. Note that residences occupied by admitted patients located on hospital grounds, whether on the campus of a general or stand-alone psychiatric hospital, should be counted in the category of admitted patient services and not as community-based residential services.

Counting of patient days and leave days in designated psychiatric units should follow the standard definitions applying to these items.
For each period of care in a designated psychiatric unit, total days is calculated by subtracting the date on which care commenced within the unit from the date on which the specialist unit care was completed, less any leave days that occurred during the period.
Total psychiatric care days in 24-hour community-based residential care are calculated by counting those days the patient received specialist psychiatric care. Leave days and days on which the patient was receiving other care (e.g. specialised intellectual ability or drug and alcohol care) should be excluded.

Admitted patients in acute care:
Commencement of care within a designated psychiatric unit may be the same as the date the patient was admitted to the hospital, or occur subsequently, following transfer of the patient from another hospital ward. Where commencement of psychiatric care occurs by transfer from another ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element Care type). Completion of care within a designated psychiatric unit may be the same as the date the patient was discharged from the hospital, or occur prior to this on transfer of the patient to another hospital ward. Where completion of psychiatric care is followed by transfer to another hospital ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element Care type). Total psychiatric care days may cover one or more periods in a designated psychiatric unit within the overall hospital stay.

Accurate counting of total days in psychiatric care requires periods in designated psychiatric units to be identified in the person-level data collected by State or Territory health authorities. Several mechanisms exist for this data field to be implemented.

- Ideally, the new data field should be collected locally by hospitals and added to the unit record data provided to the relevant State / Territory health authority.

- Acute care hospitals in most States and Territories include details of the wards in which the patient was accommodated in the unit record data provided to the health authority. Local

knowledge should be used to identify designated psychiatric units within each hospital's ward codes, to allow total psychiatric care days to be calculated for each episode of care.

- Acute care hospitals and 24-hour staffed community-based residential services should be identified separately at the level of the establishment.

Verification Rules: Total days in psychiatric care must be:
- >= zero;
and - <= length of stay

Collection Methods: .

Related metadata: is derived from Total leave days version 3
supersedes previous data element Total psychiatric care days version 1
is derived from Establishment type version 1
is derived from Separation date version 5
is derived from Admission date version 4
is derived from Care type version 4

Administrative Attributes

Source Document:

Source Organisation: National Mental Health Information Strategy Committee

Comments: This data element was originally designed to monitor trends in the delivery of psychiatric admitted patient care in acute care hospitals. It has been modified to enable collection of data in the community-based residential care sector. The data element is intended to improve understanding in this area and contribute to the ongoing evaluation of changes occurring in mental health services.

Data Element Links

Information Model Entities linked to this Data Element

NHIM — Performance indicator

Data Agreements which include this Data Element

NMDS - Admitted patient care	From 01-Jul-98 to
NMDS - Admitted patient mental health care	From 01-Jul-98 to