

- day patients (not admitted but are day program patients)
- outpatients (typically 20 minutes consultation)
- community/outreach (outreach services provided by staff off the hospital site, including community health service provided off-site and domiciliary care) and
- casualty patients (designated casualty area, mirroring usual hospital set up).

These categories also applied to mental health clinics in South Australia. The working party agreed that the South Australian categories were useful, but that outpatient and casualty categories should be collapsed as there was a boundary problem between these two categories.

The working party initially recommended the following categories for activity data for outpatient services at establishment level:

- day program patients
- emergency and other outpatients
- outreach/community

The first two of the above categories cover all outpatients treated on the hospital site, the latter covers outreach services provided by the staff off the hospital site. It includes community health services provided by hospital staff off-site.

The working party then discussed the unit of counting for activity data. The Psychiatric Working Party reviewed the recommendation of the Inpatient/Non-inpatient Working Party that occasions of service should be the appropriate unit of counting. The following points were raised:

- The method of counting the number of group sessions in a psychiatric setting was difficult because a day patient is always a group patient. Also, groups would have a mixture of inpatients and outpatients.
- Counting occasions of service for a day patient was difficult because a patient could have up to eight treatment encounters in one day.
- From a client perspective, groups should be ignored and information should be collected on every individual.
- Queensland counted the number of days on which contact is made, irrespective of intensity of service.
- It was suggested that occasions of service (or individuals) be counted but that the information should be divided into one-on-one sessions or group sessions, for resource implications.
- Some members thought that, in terms of resources, groups of staff

- and type of provider were more important than number of clients.
- Victoria proposed a bare-bones approach, and recommended that only occasions of service be counted. All the other points raised were important dimensions, but Victoria felt that to do justice to them, it would be necessary to include community services, phone consultations and so on, which was not feasible at this stage.
 - The Psychiatric Working Party foreshadowed the need to categorise outpatients further into child, adult and other. It was generally agreed that while this aspect would be worthwhile flagging in a policy statement, it was not necessary to consider it at this stage.
 - The Psychiatric Working Party also agreed that occasions of service was the preferred counting unit for non-admitted patient activity data. It was noted that the acute sector had opted for this unit.
 - The Psychiatric Working Party recommended that a family was to be counted as one occasion of service (individual session) not as a group, and that a family unit was to be determined as a group of people which identified themselves as such.

The Psychiatric Working Party agreed that the unit of counting of services should be as follows:

- day program attendances
- other outpatient occasions of service
- outreach occasions of service.

Day program patients should be counted as number of attendances to a day program (patient days). Day program patient occasions of service with other staff should be counted separately as other outpatient occasions of service.

Administrative Attributes

Source Document:

Source Organisation: National minimum data set working parties

Comment: In general, establishments other than acute hospitals provide a much more limited range of services for non-admitted patients and outreach/community patients/clients. Therefore, disaggregation by type of non-admitted patient care is not relevant to psychiatric and alcohol/drug hospitals.

Data Element Links

Information Model Entities linked to this Data Element

NHIM

Performance indicator

Data Agreements which include this Data Element

NMDS - Public hospital establishments

From 01-Jul-89 to
