METeOR

Metadata Online Registry

National Health Data Dictionary volume 3

Data elements G to L (by short name)
Generated on 05/01/2007

List of metadata items

Data Element Technical Names

Data Elements

Geographical location of establishment

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—geographical location, code (ASGC 2006)
                             NNNNN

METeOR identifier: 341798

Registration status: NHIG, Standard 14/09/2006

Definition: The geographical location of the main administrative centre of
                             an establishment, as represented by a code.

Data element concept attributes

Data element concept: Establishment—geographic location

Definition: Geographical location of the establishment. For establishments
                             with more than one geographical location, the location is
                             defined as that of the main administrative centre.

Context: Health services:

                             To enable the analysis of service provision in relation to
                             demographic and other characteristics of the population of a
                             geographic area.

Object class: Establishment

Property: Geographic location

Collection and usage attributes

Comments: The geographical location does not provide direct information
                             on the geographical catchment area or catchment population of
                             the establishment.

Value domain attributes

Representational attributes

Classification scheme: Australian Standard Geographical Classification 2006

Representation class: Code

Data type: Number

Format: NNNNN

Maximum character length: 5

Data element attributes

Collection and usage attributes

Guide for use: The geographical location is reported using a five-digit
                             numerical code to indicate the Statistical Local Area (SLA)
                             within the reporting state or territory, as defined in the
                             Australian Standard Geographical Classification (ASGC)
                             (Australian Bureau of Statistics (ABS), catalogue number
                             1216.0). It is a composite of State identifier and SLA (first digit =
                             State identifier, next four digits = SLA).

                             The Australian Standard Geographical Classification (ASGC) is
                             updated on an annual basis with a date of effect of 1 July each

year. Therefore, the edition effective for the data collection reference year should be used.

The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC. For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or state can be used with the locality name to assign the SLA.

In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.

Source and reference attributes

Origin: National Health Data Committee

Australian Standard Geographical Classification (Australian Bureau of Statistics Catalogue No. 1216.0)

Relational attributes

Related metadata references: Supersedes Establishment—geographical location, code (ASGC 2005) NNNNN NHIG, Superseded 14/09/2006

Is formed using Establishment—Australian state/territory identifier, code N NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Geographical location of service delivery outlet

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Service delivery outlet—geographic location, code (ASGC 2006) NNNNN

METeOR identifier: 341802

Registration status: NHIG, Standard 14/09/2006

Definition: Geographical location of a site from which a health/community service is delivered, as represented by a code.

Data element concept attributes

Data element concept: Service delivery outlet—geographic location

Definition: Geographical location of a site from which a health/community service is delivered.

Context: Alcohol and other drug treatment services

Object class: Service delivery outlet

Property: Geographic location

Value domain attributes

Representational attributes

Classification scheme: Australian Standard Geographical Classification 2006

Representation class: Code

Data type: Number

Format: NNNNN

Maximum character length: 5

Data element attributes

Collection and usage attributes

Guide for use: The geographical location is reported using a five digit numerical code to indicate the Statistical Local Area (SLA) within the reporting state or territory, as defined in the Australian Standard Geographical Classification (ASGC). It is a composite of State identifier and SLA (first digit = State identifier, next four digits = SLA).

The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC. For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.

In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the

establishment is used with the Streets Sub- index of the NLI to assign the SLA.

Comments:	To enable the analysis of the accessibility of service provision in relation to demographic and other characteristics of the population of a geographic area.

Source and reference attributes

Submitting organisation:	Intergovernmental Committee on Drugs National Minimum Data Set Working Group
Origin:	Australian Standard Geographical Classification (ABS Cat. No. 1216.0)

Relational attributes

Related metadata references:	Supersedes Service delivery outlet—geographic location, code (ASGC 2005) NNNNN NHIG, Superseded 14/09/2006
	Is formed using Establishment—Australian state/territory identifier, code N NHIG, Standard 01/03/2005
Implementation in Data Set Specifications:	Alcohol and other drug treatment services NMDS 2007-2008 NHIG, Standard 23/10/2006
	Implementation start date: 01/07/2007

Gestational age

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Female (pregnant)—estimated gestational age, total weeks NN

METeOR identifier: 269965

Registration status: NHIG, Standard 01/03/2005

Definition: The estimated gestational age of the baby in completed weeks as determined by clinical assessment.

Data element concept attributes

Data element concept: Female (pregnant)—estimated gestational age

Definition: The estimated gestational age of the baby as determined by clinical assessment.

Context: Perinatal statistics

Object class: Female

Property: Estimated gestational age

Collection and usage attributes

Guide for use: The duration of gestation is measured from the first day of the last normal menstrual period. Gestational age is expressed in completed days or completed weeks (e.g. events occurring 280 to 286 completed days after the onset of the last normal menstrual period are considered to have occurred at 40 weeks of gestation).

The World Health Organization identifies the following categories:

- Pre-term: less than 37 completed weeks (less than 259 days) of gestation
- Term: from 37 completed weeks to less than 42 completed weeks (259 to 293 days) of gestation
- Post-term: 42 completed weeks or more (294 days or more) of gestation.

Value domain attributes

Representational attributes

Representation class: Total

Data type: String

Format: NN

Maximum character length: 2

Supplementary values:

Value	Meaning
99	Not stated/unknown

Unit of measure: Week

Data element attributes

Collection and usage attributes

| *Guide for use:* | This is derived from clinical assessment when accurate information on the date of the last menstrual period is not available for this pregnancy. |
| | Gestational age is frequently a source of confusion when calculations are based on menstrual dates. For the purposes of calculation of gestational age from the date of the first day of the last normal menstrual period and the date of delivery, it should be borne in mind that the first day is day zero and not day one. |

Source and reference attributes

| *Submitting organisation:* | National Perinatal Data Development Committee |
| *Origin:* | International Classification of Diseases and Related Health Problems, 10 Revision, WHO, 1992 |

Relational attributes

Related metadata references:	Supersedes Gestational age, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
	Is formed using Pregnancy—first day of the last menstrual period, date DDMMYYYY NHIG, Standard 01/03/2005
Implementation in Data Set Specifications:	Perinatal NMDS NHIG, Superseded 07/12/2005
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Perinatal NMDS NHIG, Superseded 06/09/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Information specific to this data set:
	The first day of the last menstrual period (LMP) is required to estimate gestational age, which is a key outcome of pregnancy and an important risk factor for neonatal outcomes. Although the date of the LMP may not be known, or may sometimes be erroneous, estimation of gestational age based on clinical assessment may also be inaccurate. Both methods of assessing gestational age are required for analysis of outcomes.
	Perinatal NMDS 2007-2008 NHIG, Standard 06/09/2006
	Implementation start date: 01/07/2007
	Information specific to this data set:
	The first day of the last menstrual period (LMP) is required to estimate gestational age, which is a key outcome of pregnancy and an important risk factor for neonatal outcomes. Although the date of the LMP may not be known, or may sometimes be erroneous, estimation of gestational age based on clinical assessment may also be inaccurate. Both methods of assessing gestational age are required for analysis of outcomes.

Given name sequence number

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person (name)—given name sequence number, code N

METeOR identifier: 287595

Registration status: NHIG, Standard 04/05/2005
NCSIMG, Standard 30/09/2005

Definition: The numerical order of the given names or initials of a person, as represented by a code.

Data element concept attributes

Data element concept: Person (name)—given name sequence number

Definition: The numerical order of the given names or initials of a person.

Object class: Person

Property: Given name sequence number

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 2

Permissible values:

Value	Meaning
1	First given name
2	Second given name
3	Third given name
4	Fourth given name
5	Fifth given name
6	Sixth given name
7	Seventh given name
8	Eighth given name
9	Ninth and subsequent given name

Data element attributes

Collection and usage attributes

Guide for use: To be used in conjunction with Given name.
Example: Mary Georgina Smith

In the example above 'Mary' would have a given name sequence number of 1 and 'Georgina' would have a given name sequence number of 2.

Example: Jean Claude Marcel Moreaux

If the person has recorded a single given name as more than one word, displaying spaces in between the words(e.g. Jean Claude), their given names are recorded in data collection

systems in the same way (i.e. Jean Claude is one given name and Marcel is another given name). 'Jean Claude' would have a Given name sequence number of '1' and 'Marcel' would have a Given name sequence number of '2'.

Source and reference attributes

Submitting organisation: Standards Australia

Origin: AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

Implementation in Data Set Specifications: Health care client identification DSS NHIG, Standard 04/05/2005
NCSIMG, Standard 03/10/2006
Health care provider identification DSS NHIG, Standard 04/05/2005

Given name(s)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person (name)—given name, text [X(40)]

METeOR identifier: 287035

Registration status: NHIG, Standard 04/05/2005
NCSIMG, Standard 25/08/2005
NHDAMG, Standard 20/06/2005

Definition: The person's identifying name within the family group or by which the person is socially identified, as represented by text.

Data element concept attributes

Data element concept: Person (name)—given name

Definition: The person's identifying name(s) within the **family** group or by which the person is socially identified.

Context: Administrative purposes and individual identification.

Object class: Person

Property: Given name

Value domain attributes

Representational attributes

Representation class: Text

Data type: String

Format: [X(40)]

Maximum character length: 40

Data element attributes

Collection and usage attributes

Guide for use: A person may have more than one Given name. All given names should be recorded.

The agency or establishment should record the client's full given name(s) on their information systems.

National Community Services Data Dictionary specific:

In instances where there is uncertainty about which name to record for a person living in a remote Aboriginal or Torres Strait Islander community, Centrelink follows the practice of recording the Indigenous person's name as it is first provided to Centrelink. In situations where proof of identity is required, the name is recorded on a majority of the higher point scoring documents that are produced as proof of identity.

National Health Data Dictionary specific:

Each individual Given name should have a Given name sequence number associated with it.

Health care establishments may record given names (first and other given names) in one field or several fields. This metadata item definition applies regardless of the format of data recording.

A full history of names is to be retained.

Collection methods: This metadata item should be recorded for all clients.

Given name(s) should be recorded in the format preferred by the person. The format should be the same as that indicated by the person (eg written on a form) or in the same format as that printed on an identification card, such as Medicare card, to ensure consistent collection of name data.

It is acknowledged that some people use more than one given name (e.g. formal name, birth name, nick name or shortened name, or tribal name) depending on the circumstances. A person is able to change his or her name by usage in all States and Territories of Australia with the exception of Western Australia, where a person may only change his or her name under the Change of Name Act.

A person should generally be registered using their preferred name as it is more likely to be used in common usage and on subsequent visits to the agency or establishment. The person's preferred name may in fact be their legal (or Medicare card) name. The Person name type metadata item (see Comments) can be used to distinguish between the different types of names that may be used by the person.

The following format may assist with data collection:

What is the given name you would like to be known by?

_____

Are you known by any other given names that you would like recorded?

If so, what are they

_____

Please indicate the 'type' of given name that is to be recorded:

(a) Medicare card name (if different to preferred name).

(b) Alias (any other name that you are known by).

Whenever a person informs the agency or establishment of a change of given name (e.g. prefers to be know by their middle name), the former name should be recorded according to the appropriate name type. Do not delete or overwrite a previous given name e.g. 'Mary Georgina Smith' informs the hospital that she prefers to be known as 'Georgina'. Record 'Georgina' as her preferred given name and record 'Mary' as the Medicare card given name.

e.g. The establishment is informed that 'Baby of Louise Jones' has been named 'Mary Jones'. Retain 'Baby of Louise' as the newborn name and also record 'Mary' as the preferred 'Given name'.

Registering an unidentified health care client:

If the person is a health care client and her/his given name is not known record unknown in the 'Given name' field and use alias Name type. When the person's name becomes known, add the actual name as preferred Name type (or other as appropriate). Do not delete or overwrite the alias name of unknown.

Use of first initial:

If the person's given name is not known, but the first letter (initial) of the given name is known, record the first letter in the preferred 'Given name' field. Do not record a full stop following the initial.

Persons with only one name:

Some people do not have a **family** name and a given name: they have only one name by which they are known. If the person has only one name, record it in the 'Family name' field and leave the 'Given

name' blank.

Record complete information:

All of the person's given names should be recorded.

Shortened or alternate first given name:

If the person uses a shortened version or an alternate version of their first given name, record their preferred name, the actual name as their Medicare card name and any alternative versions as alias names as appropriate.

Example - The person's given name is Jennifer but she prefers to be called Jenny. Record 'Jenny' as the preferred 'Given name' and 'Jennifer' as her Medicare card name.

Example - The person's given name is 'Giovanni' but he prefers to be called 'John'.

Record 'John' as the preferred 'Given name' and 'Giovanni' as the Medicare card name.

Punctuation:

If special characters form part of the given names they shall be included, e.g. hyphenated names shall be entered with the hyphen.

- Hyphen, e.g. Anne-Maree, Mary-Jane

Do not leave a space before or after the hyphen, i.e. between last letter of 'Anne' and the hyphen, nor a space between the hyphen and the first letter of 'Maree'.

- spaces, e.g. Jean Claude Carcel Moreaux

If the person has recorded their given name as more than one word, displaying spaces in between the words, record their given names in data collection systems in the same way (i.e. Jean Claude is one given name and Marcel is another given name).

Names not for continued use:

For cultural reasons, a person such as an Aboriginal or Torres Strait Islander may advise that they are no longer using the given name they previously used and are now using an alternative current name. Record their current name as their preferred given name and record their previously used name as an alias name (with a Name conditional use flag of 'not for continued use').

Composite name:

If a person identifies their first name as being a composite word, both parts should be recorded under the first Given Name (rather than the first and second Given Name).

e.g. 'Anne Marie Walker' notes her preferred Given Name to be 'Anne Marie', then 'Anne Marie' is recoded as (first) Given Name , and (second) Given Name is left blank.

Registering an unnamed newborn baby:

An unnamed (newborn) baby is to be registered using the mother's given name in conjunction with the prefix 'Baby of'. For example, if the baby's mother's given name is Fiona, then record 'Baby of Fiona' in the preferred 'Given name' field for the baby. This name is recorded under the newborn Name type. If a name is subsequently given, record the new name as the preferred given name and retain the newborn name.

Registering unnamed multiple births:

An unnamed (newborn) baby from a multiple birth should use their mother's given name plus a reference to the multiple births. For example, if the baby's mother's given name is 'Fiona' and a set of twins is to be registered, then record 'Twin 1 of Fiona' in the Given name field for the first born baby, and 'Twin 2 of Fiona' in the 'Given

name' field of the second born baby. Arabic numbers (1, 2, 3 ...) are used, not Roman Numerals (I, II, III ......).

In the case of triplets or other multiple births the same logic applies. The following terms should be use for recording multiple births:

- Twin:

use Twin i.e. Twin 1 of Fiona

- Triplet:

use Trip i.e. Trip 1 of Fiona

- Quadruplet:

use Quad i.e. Quad 1 of Fiona

- Quintuplet:

use Quin i.e. Quin 1 of Fiona

- Sextuplet:

use Sext i.e. Sext 1 of Fiona

- Septuplet:

use Sept i.e. Sept 1 of Fiona.

These names should be recorded under the newborn Person name type. When the babies are named, the actual names should be recorded as the preferred name. The newborn name is retained.

Aboriginal/Torres Strait Islander names not for continued use:

For cultural reasons, an Aboriginal or Torres Strait Islander may advise an agency or establishment that they are no longer using the given name that they had previously registered and are now using an alternative current name.

Record their current name as the preferred 'Given name' and record their previous used given name as an alias name.

Ethnic Names:

The Centrelink Naming Systems for Ethnic Groups publication provides the correct coding for ethnic names. Refer to Ethnic Names Condensed Guide for summary information.

Misspelled given names:

If the person's given name has been misspelled in error, update the Given name field with the correct spelling and record the misspelled given name as an Alias name. Recording misspelled names is important for filing documents that may be issued with previous versions of the client's name. Discretion should be used regarding the degree of recording that is maintained.

Comments: Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording - such as the difference between Thomas and Tom - can make Record linkage impossible. To minimise discrepancies in the recording and reporting of name information, agencies or establishments should ask the person for their full (formal) Given name and Family name. These may be different from the name that the person may prefer the agency or establishment workers to use in personal dealings. Agencies or establishments may choose to separately record the preferred name that the person wishes to be used by agency or establishment workers. In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies or establishments should always ask the person to specify their first given name and their family or surname separately. These should then be recorded as Given name and Family name as appropriate, regardless of the

order in which they may be traditionally given.

National Community Services Data Dictionary specific:

Selected letters of the given name in combination with selected letters of the family name, date of birth and sex may be used for **record linkage** for statistical purposes only.

National Health Data Dictionary specific:

Health care provider identification DSS and Health care client identification DSS

For the purpose of positive identification or contact, agencies or establishments that collect Given name should also collect Given name sequence number. Given name sequence number is also a metadata item in Australian Standard AS4846-2004 Health care provider identification and is proposed for inclusion in the review of Australian Standard AS5017-2002 Health care client identification. AS5017 and AS4846 use alternative alphabetic codes for Given name sequence number. Refer to the current standards for more details.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
	Standards Australia
Origin:	National Health Data Committee
	National Community Services Data Committee
	Commonwealth Department of Health and Family Services 1998. Home and Community Care Data Dictionary Version 1.0. Canberra: DHFS
	Standards Australia 2002. Australian Standard AS5017-2002 Health Care Client Identification. Sydney: Standards Australia
Reference documents:	AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

Related metadata references:	See also Person (name)—family name, text X[X(39)] NHIG, Standard 04/05/2005, NCSIMG, Standard 25/08/2005, NHDAMG, Standard 20/06/2005
	Supersedes Person (name)—given name, text [X(40)] NHIG, Superseded 04/05/2005, NCSIMG, Superseded 25/08/2005
Implementation in Data Set Specifications:	Cancer (clinical) DSS NHIG, Standard 07/12/2005
	Cancer (clinical) DSS NHIG, Superseded 07/12/2005
	Health care client identification DSS NHIG, Standard 04/05/2005 NCSIMG, Standard 03/10/2006
	Health care provider identification DSS NHIG, Standard 04/05/2005

Glycoprotein IIb/IIIa receptor antagonist (status)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—glycoprotein IIb/IIIa receptor antagonist status, code NN

METeOR identifier: 285115

Registration status: NHIG, Standard 04/06/2004

Definition: The person's glycoprotein IIb/IIIa receptor antagonist therapy status, as represented by a code.

Data element concept attributes

Data element concept: Person—glycoprotein IIb/IIIa receptor antagonist status

Definition: Identifies the person's glycoprotein IIb/IIIa receptor antagonist therapy status.

Context: Health care and clinical settings.

Object class: Person

Property: Glycoprotein IIb/IIIa receptor antagonist therapy status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: NN

Maximum character length: 2

Permissible values:

Value	Meaning
10	Given
21	Not given - therapy not indicated
22	Not given - patient refusal
23	Not given - known intracranial neoplasm
24	Not given - active or recent (within 2 to 4 weeks) internal bleeding (does not include menses). Suspected aortic dissection
25	Not given - history of prior cerebrovascular accident or known intracerebral pathology not covered in contraindications
26	Not given - recent trauma (within 2 to 4 weeks), including head trauma, traumatic or prolonged (greater than 10 minutes) CPR, or major surgery (less than 3 weeks)
27	Not given - pregnancy
28	Not given - other

Supplementary values: 90   Not stated/inadequately described

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

---

Data element attributes

Collection and usage attributes

Guide for use: This metadata item pertains to the administering of Glycoprotein IIb/IIIa receptor antagonist drugs at any time point during this current event.

CODES 21 - 28   Not given

If recording `Not given', record the principal reason if more than one code applies.

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group

Steward: The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references: Supersedes Glycoprotein IIb/IIIa receptor antagonist status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

> *Implementation start date:* 07/12/2005

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Glycosylated Haemoglobin—upper limit of normal range (percentage)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Laboratory standard—upper limit of normal range of glycosylated haemoglobin, percentage N[N].N

METeOR identifier: 270333

Registration status: NHIG, Standard 01/03/2005

Definition: Laboratory standard for the value of glycosylated haemoglobin (HbA1c) measured as a percentage that is the upper boundary of the normal range.

Data element concept attributes

Data element concept: Laboratory standard—upper limit of normal range of glycosylated haemoglobin

Definition: Laboratory standard for the value of glycosylated haemoglobin (HbA1c) that is the upper boundary of the normal reference range.

Context: Public health, health care and clinical settings.

Object class: Laboratory standard

Property: Upper limit of normal range of glycosylated haemoglobin

Collection and usage attributes

Comments: The upper limit of normal range is the laboratory standard for the maximum level of HbA1c, which is still in normal range.

                               These figures vary between laboratories.

Value domain attributes

Representational attributes

Representation class: Percentage

Data type: Number

Format: N[N].N

Maximum character length: 3

Supplementary values:

Value	Meaning
99.9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use: Record the upper limit of the HbA1c normal reference range from the laboratory result.

Collection methods: This value is usually notified in patient laboratory results and may vary for different laboratories.

Comments: HbA1c results vary between laboratories; use the same laboratory for repeated testing.

Source and reference attributes

Submitting organisation:	National Diabetes Data Working Group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

Related metadata references:	See also Person—glycosylated haemoglobin level (measured), percentage N[N].N NHIG, Standard 01/03/2005
	Supersedes Glycosylated Haemoglobin (HbA1c) - upper limit of normal range, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Diabetes (clinical) DSS NHIG, Superseded 21/09/2005
	Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Information specific to this data set:

HbA1c is a measurement of long-term blood glucose control and is used to assess the effectiveness of treatment. It is a convenient way to obtain an integrated assessment of antecedent glycaemia over an extended period under real life conditions and is used as a standard for assessing overall blood glucose control. The target is to achieve an HbA1c within 1% of the upper limit of normal or achieve control as near to this target as possible without producing unacceptable hypoglycaemia as recommended from the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus.

If HbA1c is 2% above the upper limit of normal, explore reasons for unsatisfactory control such as diet, intercurrent illness, appropriateness of medication, concurrent medication, stress, and exercise and review management:

- review and adjust treatment
- consider referral to diabetes educator
- consider referral to dietitian
- consider referral to endocrinologist or physician or diabetes centre.

Glycosylated haemoglobin level (measured)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Person—glycosylated haemoglobin level (measured), percentage N[N].N
METeOR identifier:	270325
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's glycosylated haemoglobin (HbA1c) level, measured as percentage.

Data element concept attributes

Data element concept:	Person—glycosylated haemoglobin level
Definition:	A person's glycosylated haemoglobin (HbA1c) level.
Context:	Public health, health care and clinical settings.
Object class:	Person
Property:	Glycosylated haemoglobin level

Value domain attributes

Representational attributes

Representation class:	Percentage	
Data type:	Number	
Format:	N[N].N	
Maximum character length:	3	
Supplementary values:	Value	Meaning
	99.9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use:	HbA1c results vary between laboratories; use the same laboratory for repeated testing.
	When reporting, record absolute result of the most recent HbA1c level in the last 12 months.
	Record the absolute result of the test (%).
Collection methods:	Test is performed in accredited laboratories:

- A single blood sample is sufficient and no preparation of the patient is required.
- Measure HbA1c ideally using High Performance Liquid Chromatography (HPLC).

Source and reference attributes

Submitting organisation:	National diabetes data working group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
Reference documents:	Koening, R. J. Peterson, CM and Kilo, C et al. Hemoglobin A1c

as an indicator of the degree of glucose intolerance in diabetes. Diabetes 259 (1976): 230-232. Nathan, D.M., Singer, D.E, Hurxthal, K, and Goodson, J.D. The clinical information value of the glycosylated hemoglobin assay. N. Eng. J. Med. 310 (1984): 341-346.

Relational attributes

Related metadata references: See also Laboratory standard—upper limit of normal range of glycosylated haemoglobin, percentage N[N].N NHIG, Standard 01/03/2005

Supersedes Glycosylated Haemoglobin (HbA1c) - measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Information specific to this data set:

The HbA1c along with regular blood glucose monitoring is the best way to see the overall picture of blood glucose levels.

HbA1c is a measurement of long-term blood glucose control and is used to assess the effectiveness of treatment. The level of HbA1c is proportional to the level of glucose in the blood over a period of approximately two months, because glucose attaches to the haemoglobin (red blood cells) and remains there for the life of the red blood cell, approximately 120 days. The HbA1c gives an average of the blood glucose level over the past 6-8 weeks and therefore HbA1c is accepted as an indicator of the mean daily blood glucose concentration over the preceding two months.

HbA1c is formed by the non-enzymatic glycation of the N-terminus of the B- chain of haemoglobin Ao. It is a convenient way to obtain an integrated assessment of antecedent glycaemia over an extended period under real life conditions used as a standard for assessing overall blood glucose control.

Research studies in the United States have found that for every 1% reduction in results of HbA1c blood tests, the risk of developing micro vascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40 percent.

The maintenance of good glycaemic control (in diabetes Type 1 and Type 2), significantly reduces progression of diabetes-related complications such as retinopathy, nephropathy and neuropathy, as indicated in the Diabetes Control and Complications Trial (DCCT 1993) and United Kingdom Prospective Diabetes Study (UKPDS 1997).

The target proposed by the Australian Diabetes Society for glycosylated haemoglobin (HbA1c)is 7.0% or less and a doctor may order this test about every 3 - 6 months.

Goal of care

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Community nursing service episode—goal of care, code NN
METeOR identifier:	270225
Registration status:	NHIG, Standard 01/03/2005
Definition:	The goal or expected outcome of a plan of care, negotiated by the service provider and recipient, as represented by a code.

Data element concept attributes

Data element concept:	Community nursing service episode—goal of care
Definition:	The goal or expected outcome of a plan of care, negotiated by the service provider and recipient, which outlines the overall aim of actions planned by a community service and relates to a person's health need. This goal reflects a total care plan and takes into account the possibility that a range of community services may be provided within a specified time frame.
Context:	This metadata item focuses on the broad goal which the person and services provider hope to achieve within an expected time period and takes into account the intervention or services provided by a range of community services.
Object class:	Community nursing service episode
Property:	Goal of care

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:	Value	Meaning
	01	Well person for preventative/maintenance/health promotion program
	02	Person will make a complete recovery
	03	Person will not make a complete recovery; but will rehabilitate to a state where formal on-going service is no longer required
	04	Person has a long-term care need and the goal is aimed at on-going support to maintain at home
	05	Person in end-stage of illness the goal is aimed at support to stay at home in comfort and dignity and facilitation of choice of where to die
	06	Person is unable to remain at home for extended period and goal is aimed at institutionalisation at a planned and

appropriate time

07   For assessment only/not applicable

Collection and usage attributes

Guide for use:

CODE 01   Well person for preventative/maintenance/health promotion program

Service recipients are those making contact with the health service primarily as a part of a preventative/maintenance health promotion program. This means they are well and do not require care for established health problems. They include well antenatal persons attending or being seen by the service for screening or health education purposes.

CODE 02   Person will make a complete recovery

Describes those persons whose condition is self-limiting and from which complete recovery is anticipated, or those with established or long-term health problems who are normally independent in their management.

Goal 2 service recipient includes:

- post-surgical or acute medical service recipients whose care at home is to facilitate convalescence. Such admissions to home care occur as a result of early discharge from hospital; post-surgical complication such as wound infection; or because the person is at risk during the recovery phase and requires surveillance for a limited period;

- persons recovering from an acute illness and referred from the general practitioner or other community-based facility;

- persons with **disability** or established health problem normally independent of health services, and currently recovering from an acute condition or illness as above.

CODE 03   Person will not make a complete recovery; but will rehabilitate to a state where formal on-going service is no longer required

Refers to those service recipients whose care plan is aimed at returning them to independent functioning at home either through self-care or with informal assistance, such that formal services will be discontinued. The distinguishing characteristic of this group is that complete recovery is not expected but some functional gain may be possible. Further, the condition is not expected to deteriorate rapidly or otherwise cause the client to be at risk without contact or surveillance from the community service.

CODE 04   Person has a long-term care need and the goal is aimed at on-going support to maintain at home

Refers to those service recipients whose health problem/condition is not expected to resolve and who will require ongoing maintenance care from the nursing service. Such clients are distinguished from those in Goal 3 in that their condition is of an unknown or long-term nature and not expected to cause death in the foreseeable future. They may require therapy for restoration of function initially and intermittently, and may also have intermittent admissions for respite. However, the major part of their care is planned to be at home.

CODE 05   Person in end-stage of illness the goal is aimed at support to stay at home in comfort and dignity and facilitation

of choice of where to die

Refers to persons whose focus of care is palliation of symptoms and facilitation of the choice to die at home.

CODE 06   Person is unable to remain at home for extended period and goal is aimed at institutionalisation at a planned and appropriate time

includes persons who have a limited ability to remain at home because of their intensive care requirements and the inability of formal and informal services to meet these needs. Admission to institutional care is therefore a part of the care planning process and the timing dependent upon the capacity and/or wish to remain at home. The distinguishing feature of this group is that the admission is not planned to be an intermittent event to boost the capacity for home care but is expected to be of a more permanent (or indeterminate) nature.

- Excluded from this group are persons with established health problems or permanent disability, if the contact is related to the condition. For example, persons with diabetes and in a diabetes program would be included in Goal 3; however, such persons would be included in Goal 6 if the contact with the service is not related to an established health problem but is primarily for preventative/maintenance care as described above.

CODE 07   For assessment only/not applicable

Service recipients are those for whom the reason for the visit is to undertake an assessment. This may include clients in receipt of a Domiciliary Nursing Care Benefit (DNCB) for whom the purpose of the visit is to determine ongoing DNCB eligibility and requirements for care. Implicit in this visit is review of the person's health status and circumstances, to ensure that their ongoing support does not place them or their carer at avoidable risk.

Data element attributes

Collection and usage attributes

Guide for use:	Only one option is permissible and where Code 07 is selected, Code 9 must be used in the metadata item Community nursing service episode—nursing interventions, code N.
Collection methods:	At time of formal review of the client, the original goal of care should be retained and not over-written by the system. The goal of care relates to the episode bounded by the date of first contact with community nursing service and date of last contact and in this format provides a focussing effect at the time of planning for care.
Comments:	Agencies who had previously implemented this metadata item should note changes to the code set in the Value domain.

Source and reference attributes

Submitting organisation:	Australian Council of Community Nursing Services

Relational attributes

Related metadata references:	Supersedes Goal of care, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Grants to non-government organisations—accommodation services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Specialised mental health service organisation—
                               accommodation services grants to non-government
                               organisations, total Australian currency N[N(8)]

METeOR identifier: 296547

Registration status: NHIG, Standard 08/12/2004

Definition: Grants made to non-government organisations for the
                               provision of accommodation services, defined as housing
                               services that are linked to support services for people affected
                               by a mental health issue.

Data element concept attributes

Data element concept: Specialised mental health service organisation—
                               accommodation services grants to non-government
                               organisations

Definition: Grants made to non-government organisations for the
                               provision of accommodation services, defined as housing
                               services that are linked to support services for people affected
                               by a mental health issue.

Context: Specialised mental health services

Object class: Specialised mental health service organisation

Property: Accommodation services grants to non-government
                               organisations

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Where the exact dollar amount, for accommodations services as
                               a whole, is unable to be provided an estimate should be derived
                               from available local information.

                               Note: Only subtypes 3 and 5 are included as 'Accommodation
                               services' for the Mental Health Establishments NMDS.
                               Subtypes 1, 2 and 4 are not included as 'Accommodation
                               services' for this NMDS. Categories 3 and 5 listed below are to
                               be reported in aggregate. Where data are unavailable on grant
                               amounts for specific service types, the value of grants not

allocatable to specific service types should be reported under the other and unspecified services grants to non-government organisations data element.

Accommodation services are subcategorised into 5 subtypes:

1. *Crisis/interim accommodation* - Short-term accommodation which may be staffed up to 24 hours a day, seven days a week for people affected by a mental health issue. Accommodation is facility based/residential with an average of 4-8 beds. Length of stay is generally limited to a maximum of three months.

2. *Transitional supported accommodation* - Short to medium accommodation (3-12 months) that is provided in a residential/facility based setting.

3. *Headleasing* - Provides a supportive landlord service that assists tenants to access and maintain suitable accommodation and maintains their tenancies and which is linked to support.

4. *Residential rehabilitation* - Short to long-term residential facility based accommodation provided to people with high needs. Staff support is provided.

5. *Long term supported accommodation* – Secure/tenured long-term accommodation with staff support as necessary or desired.

Collection methods: Grants for accommodation services are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Information specific to this data set:
Obligation condition: reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Information specific to this data set:
Obligation condition: reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2006-2007 NHIG,

Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Information specific to this data set:

Obligation condition: reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Information specific to this data set:

Obligation condition: reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Grants to non-government organisations—advocacy services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Specialised mental health service organisation—advocacy services grants to non-government organisations, total Australian currency N[N(8)]

METeOR identifier: 286911

Registration status: NHIG, Standard 08/12/2004

Definition: Grants made to non-government organisations for the provision of advocacy services, defined as services that provide assistance to people affected by a mental health issue to access their human and legal rights and promote reform.

Data element concept attributes

Data element concept: Specialised mental health service organisation—advocacy services grants to non-government organisations

Definition: Grants made to non-government organisations for the provision of advocacy services, defined as services that provide assistance to people affected by a mental health issue to access their human and legal rights and promote reform.

Context: Specialised mental health services

Object class: Specialised mental health service organisation

Property: Advocacy services grants to non-government organisations

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Where the exact dollar amount for advocacy services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.

Advocacy services are subcategorised into 2 subtypes, however data are not expected to be reported at this level:

1. *Systemic* - The representation and promotion of the rights, views and responsibilities of people affected by mental health issues in the community, public and

private sectors at both domestic and international levels.

2. *Individual* - The representation and promotion of the rights and views of the individual affected by a mental health issue.

Collection methods: Grants for advocacy services are to be reported at the lowest statistical unit level which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Grants to non-government organisations—community awareness/health promotion services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Specialised mental health service organisation—community awareness/health promotion services grants to non-government organisations (financial year), total Australian currency N[N(8)]

METeOR identifier: 287011

Registration status: NHIG, Standard 08/12/2004

Definition: Grants made to non-government organisations for community awareness/health promotion services, defined as services aimed at raising awareness about mental health/illness and those affected by mental health issues through the provision of information and/or education to the community, in order to enhance the community's capacity to support people affected by a mental health issue.

Data element concept attributes

Data element concept: Specialised mental health service organisation—community awareness/health promotion services grants to non-government organisations

Definition: Grants made to non-government organisations for community awareness/health promotion services, defined as services aimed at raising awareness about mental health/illness and those affected by mental health issues through the provision of information and/or education to the community, in order to enhance the community's capacity to support people affected by a mental health issue.

Context: Specialised mental health services

Object class: Specialised mental health service organisation

Property: Community awareness/health promotion services grants to non-government organisations

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Where the exact dollar amount for community awareness/health promotion services is unable to be provided

an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.

Collection methods: Grants for community awareness/health promotion services are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

    Implementation start date: 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

    Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

    Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

    Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Grants to non-government organisations—counselling services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Specialised mental health service organisation—counselling services grants to non-government organisations, total Australian currency N[N(8)]
METeOR identifier:	287021
Registration status:	NHIG, Standard 08/12/2004
Definition:	Grants made to non-government organisations for counselling services provided by professionals and non-professionals that provide emotional support, psychological support, assistance with achieving goals and the strengthening of community and social networks for people affected by a mental health issue.

Data element concept attributes

Data element concept:	Specialised mental health service organisation—counselling services grants to non-government organisations
Definition:	Grants made to non-government organisations for counselling services provided by professionals and non-professionals that provide emotional support, psychological support, assistance with achieving goals and the strengthening of community and social networks for people affected by a mental health issue.
Context:	Specialised mental health services
Object class:	Specialised mental health service organisation
Property:	Counselling services grants to non-government organisations

Collection and usage attributes

Guide for use:	Counselling is not restricted to face to face contact, but can include telephone, correspondence or other forms of communication.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use:	Where the exact dollar amount for counselling services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not

allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.

Collection methods: Grants for counselling services are to be reported only at the level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

> *Implementation start date:* 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006
>
> *Information specific to this data set:*
>
> For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007
>
> *Information specific to this data set:*
>
> For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007
>
> *Information specific to this data set:*
>
> For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive state or territory government

funding.

Grants to non-government organisations—independent living skills support services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Specialised mental health service organisation—independent living skills support services grants to non-government organisations, total Australian currency N[N(8)]

METeOR identifier: 296480

Registration status: NHIG, Standard 08/12/2004

Definition: Grants made to non-government organisations for services that provide encouragement and support of people living with a mental health issue to participate actively in their day to day living in a community.

Data element concept attributes

Data element concept: Specialised mental health service organisation—independent living skills support services grants to non-government organisations

Definition: Grants made to non-government organisations for services that provide encouragement and support of people living with a mental health issue to participate actively in their day to day living in a community.

Context: Specialised mental health services

Object class: Specialised mental health service organisation

Property: Independent living skills support services grants to non-government organisations

Collection and usage attributes

Guide for use: Independent living skills support is provided in the place where the individual is residing on an as needed or desired basis.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Where the exact dollar amount for independent living skills support services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the

value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.

Collection methods: Grants for independent living skills support services are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation — other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

    Implementation start date: 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

    Information specific to this data set:

    For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

    Information specific to this data set:

    For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

    Information specific to this data set:

    For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—other and unspecified mental health services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Specialised mental health service organisation—other and unspecified mental health services grants to non-government organisations, total Australian currency N[N(8)]
METeOR identifier:	306250
Registration status:	NHIG, Standard 07/12/2005
Definition:	Grants made to non-government organisations for provision of mental health services not elsewhere classified and grants not allocatable to specific service types.

Data element concept attributes

Data element concept:	Specialised mental health service organisation—other and unspecified mental health services grants to non-government organisations
Definition:	Grants made to non-government organisations for provision of mental health services not elsewhere classified and grants not allocatable to specific service types.
Context:	Specialised mental health services
Object class:	Specialised mental health service organisation
Property:	Other and unspecified mental health services grants to non-government organisations

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use:	Where the exact dollar amount for other and unspecified mental health services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific mental health service types, the value of grants not allocatable to specific mental health service types should be included.
	Grants for mental health services classified elsewhere are listed below under Relational metadata attributes.
Collection methods:	Grants to non-government organisations for mental health services not elsewhere classified are to be reported at the lowest statistical unit level at which the expenditure occurred

(state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: Supersedes Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

See also Specialised mental health service organisation—self-help support groups services grants for non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—respite services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—recreation services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—psychosocial support services grants for non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—pre-vocational training services grants for non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—independent living skills support services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—counselling services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—community awareness/health promotion services grants to non-government organisations (financial year), total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—advocacy services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

See also Specialised mental health service organisation—accommodation services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Standard 08/12/2004

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

  Implementation start date: 01/07/2005

  Implementation end date: 30/06/2006

  Information specific to this data set:

  Activities or programs for which the grant has been provided must have a primary function of providing treatment, rehabilitation or community health and related support targeted towards people with a mental disorder or psychiatric disability. Therefore, grants provided, for

example, for research into mental health, are not included.

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Information specific to this data set:

Activities or programs for which the grant has been provided must have a primary function of providing treatment, rehabilitation or community health and related support targeted towards people with a mental disorder or psychiatric disability. Therefore, grants provided, for example, for research into mental health, are not included.

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Information specific to this data set:

Activities or programs for which the grant has been provided must have a primary function of providing treatment, rehabilitation or community health and related support targeted towards people with a mental disorder or psychiatric disability. Therefore, grants provided, for example, for research into mental health, are not included.

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—pre-vocational training services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Specialised mental health service organisation—pre-vocational
                               training services grants for non-government organisations, total
                               Australian currency N[N(8)]

METeOR identifier: 296484

Registration status: NHIG, Standard 08/12/2004

Definition: Grants made to non-government organisations for pre-
                               vocational training services, defined as the provision of training
                               and skill development to individuals affected by a mental
                               health issue to facilitate their progress into employment of their
                               choice.

Data element concept attributes

Data element concept: Specialised mental health service organisation—pre-vocational
                               training services grants for non-government organisations

Definition: Grants made to non-government organisations for pre-
                               vocational training services, defined as the provision of training
                               and skill development to individuals affected by a mental
                               health issue to facilitate their progress into employment of their
                               choice.

Context: Specialised mental health services.

Object class: Specialised mental health service organisation

Property: Pre-vocational training services grants for non-government
                               organisations

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Where the exact dollar amount for pre-vocational training
                               services is unable to be provided an estimate should be derived
                               from available local information. Where data are unavailable on
                               grant amounts for specific service types, the value of grants not
                               allocatable to specific service types should be reported under
                               other and unspecified services grants to non-government
                               organisations.

Collection methods: Grants for pre-vocational training expenditure are to be

reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

    Implementation start date: 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

    Information specific to this data set:

    For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

    Information specific to this data set:

    For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

    Information specific to this data set:

    For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—psychosocial support services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Specialised mental health service organisation—psychosocial support services grants for non-government organisations, total Australian currency N[N(8)]

METeOR identifier: 296486

Registration status: NHIG, Standard 08/12/2004

Definition: Grants made to non-government organisations for psychosocial support services, defined as services that work in partnership with the individual affected by a mental health issue and their carers to provide a range of support and skill development options addressing key issues in attainment of mental health and social competence goals.

Data element concept attributes

Data element concept: Specialised mental health service organisation—psychosocial support services grants for non-government organisations

Definition: Grants made to non-government organisations for psychosocial support services, defined as services that work in partnership with the individual affected by a mental health issue and their carers to provide a range of support and skill development options addressing key issues in attainment of mental health and social competence goals.

Context: Specialised mental health services.

Object class: Specialised mental health service organisation

Property: Psychosocial support services grants for non-government organisations

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Where the exact dollar amount for recreation services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.

Collection methods: Grants for recreation expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

    Implementation start date: 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

    Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

    Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

    Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—recreation services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Specialised mental health service organisation—recreation services grants to non-government organisations, total Australian currency N[N(8)]
METeOR identifier:	296488
Registration status:	NHIG, Standard 08/12/2004
Definition:	Grants made to non-government organisations for recreation services, defined as services that provide and/or facilitate a range of leisure and social opportunities to people affected by a mental health issue to enhance their social competence.

Data element concept attributes

Data element concept:	Specialised mental health service organisation—recreation services grants to non-government organisations
Definition:	Grants made to non-government organisations for recreation services, defined as services that provide and/or facilitate a range of leisure and social opportunities to people affected by a mental health issue to enhance their social competence.
Context:	Specialised mental health services.
Object class:	Specialised mental health service organisation
Property:	Recreation services grants to non-government organisations

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use:	Where the exact dollar amount for recreation services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
Collection methods:	Grants for recreation expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation — other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

> *Implementation start date:* 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006
>
> *Information specific to this data set:*
>
> For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007
>
> *Information specific to this data set:*
>
> For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007
>
> *Information specific to this data set:*
>
> For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—respite services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Specialised mental health service organisation—respite services grants to non-government organisations, total Australian currency N[N(8)]
METeOR identifier:	296490
Registration status:	NHIG, Standard 08/12/2004
Definition:	Grants made to non-government organisations for respite services, defined as the provision of services that allow a planned break from the usual caring environment.

Data element concept attributes

Data element concept:	Specialised mental health service organisation—respite services grants to non-government organisations
Definition:	Grants made to non-government organisations for respite services, defined as the provision of services that allow a planned break from the usual caring environment.
Context:	Ambulatory and admitted patient mental health services.
Object class:	Specialised mental health service organisation
Property:	Respite services grants to non-government organisations

Collection and usage attributes

Guide for use:	The respite break may occur as the carer taking a break from their role as carer or an individual affected by a mental health issue spending time away from the caring environment.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use:	Where the exact dollar amount for respite services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.
Collection methods:	Grants for respite expenditure are to be reported at the lowest

statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references:　　See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications:　　Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

　　Implementation start date: 01/07/2005

Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

　　Implementation start date: 01/07/2005

　　Implementation end date: 30/06/2006

　　Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

　　Implementation start date: 01/07/2006

　　Implementation end date: 30/06/2007

　　Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

　　Implementation start date: 01/07/2007

　　Information specific to this data set:

For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Grants to non-government organisations—self-help support group services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Specialised mental health service organisation—self-help support groups services grants for non-government organisations, total Australian currency N[N(8)]
METeOR identifier:	296492
Registration status:	NHIG, Standard 08/12/2004
Definition:	Grants made to non-government organisations for self-help groups support services, defined as the provision of opportunities for people affected by a mental health issue to learn from and support each other.

Data element concept attributes

Data element concept:	Specialised mental health service organisation—self-help support groups services grants for non-government organisations
Definition:	Grants made to non-government organisations for self-help groups support services, defined as the provision of opportunities for people affected by a mental health issue to learn from and support each other.
Context:	Specialised mental health services
Object class:	Specialised mental health service organisation
Property:	Self-help support groups services grants for non-government organisations

Collection and usage attributes

Guide for use:	Support may be provided on a group or individual basis. Group meetings are usually planned, occurring either occasionally or regularly. Individual support is provided on a face to face basis or by telephone.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use:	Where the exact dollar amount for self-help support groups services is unable to be provided an estimate should be derived from available local information. Where data are unavailable on

grant amounts for specific service types, the value of grants not allocatable to specific service types should be reported under other and unspecified services grants to non-government organisations.

Collection methods: Grants for self-help support group expenditure are to be reported at the lowest statistical unit level at which the expenditure occurred (state/territory or region), and should not be counted at more than one level.

Relational attributes

Related metadata references: See also Specialised mental health service organisation—other and unspecified services grants to non-government organisations, total Australian currency N[N(8)] NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Mental health establishments NMDS 2005-2006 NHIG, Superseded 07/12/2005

   Implementation start date: 01/07/2005

   Mental health establishments NMDS 2005-2006 NHIG, Superseded 21/03/2006

   Implementation start date: 01/07/2005

   Implementation end date: 30/06/2006

   Information specific to this data set:

   For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

   Mental health establishments NMDS 2006-2007 NHIG, Superseded 23/10/2006

   Implementation start date: 01/07/2006

   Implementation end date: 30/06/2007

   Information specific to this data set:

   For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

   Mental health establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

   Implementation start date: 01/07/2007

   Information specific to this data set:

   For the Mental health establishments national minimum data set reporting of this data element is optional for non-government residential mental health services and specialised mental health services provided by private hospitals that receive State or Territory government funding.

Gross capital expenditure (accrual accounting)— buildings and building services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—gross capital expenditure (accrual accounting) (buildings and building services) (financial year), total Australian currency N[N(8)]
METeOR identifier:	270521
Registration status:	NHIG, Standard 01/03/2005
Definition:	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of buildings and building services (including plant).

Data element concept attributes

Data element concept:	Establishment—gross capital expenditure (accrual accounting) (buildings and building services)
Definition:	Expenditure in a period on the acquisition or enhancement of buildings and building services (including plant).
Context:	Health expenditure:
	Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.
Object class:	Establishment
Property:	Gross capital expenditure

Collection and usage attributes

Guide for use:	This definition is for use where the accrual method of accounting has been adopted.
	Buildings and building services (including plant):
	An edifice that has a service potential constructed, acquired or held by a financial lease for the specific purposes of the entity. Includes hospitals, residential aged care services and other buildings used for providing the service. Includes expenditure on installation, alteration and improvement of fixtures, facilities and equipment that are an integral part of the building and that contribute to the primary function of a building to either directly or indirectly support the delivery of products and services. Excludes repair and replacement of worn-out or damaged fixtures (to be treated as maintenance).
Comments:	The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

Gross capital expenditure (accrual accounting)—constructions

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (accrual accounting) (constructions) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270526

Registration status: NHIG, Standard 01/03/2005

Definition: Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of constructions (other than buildings).

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (accrual accounting) (constructions)

Definition: Expenditure in a period on the acquisition or enhancement of constructions (other than buildings).

Context: Health expenditure:

Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: This definition is for use where the accrual method of accounting has been adopted.

Constructions (other than buildings):

Expenditure on construction, major alterations and additions to fixed assets other than buildings such as car parks, roads, bridges, storm water channels, dams, drainage and sanitation systems, sporting facilities, gas, water and electricity mains, communication systems, landscaping and grounds reticulation systems. Includes expenditure on land reclamation, land clearance and raising or levelling of building sites.

Comments: The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Gross capital expenditure (accrual accounting)—equipment

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (accrual accounting) (equipment) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270525

Registration status: NHIG, Standard 01/03/2005

Definition: Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of equipment.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (accrual accounting) (equipment)

Definition: Expenditure in a period on the acquisition or enhancement of equipment.

Context: Health expenditure:

Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: This definition is for use where the accrual method of accounting has been adopted.

Equipment:

An asset, not an integral part of any building or construction, used by an entity to support the delivery of products and services. Items may be fixed or moveable.

Comments: The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Value domain attributes

Representational attributes

Representation class: Total

Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure (accrual accounting)— information technology

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (accrual accounting) (information technology) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270527

Registration status: NHIG, Standard 01/03/2005

Definition: Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of information technology.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (accrual accounting) (information technology)

Definition: Expenditure in a period on the acquisition or enhancement of information technology.

Context: Health expenditure:

Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: This definition is for use where the accrual method of accounting has been adopted.

Information technology:

Computer installations and equipment such as mainframe and mini-computers, personal computer networks and related hardware.

Comments: The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

>   *Implementation start date:* 01/07/2005

>   *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

>   *Implementation start date:* 01/07/2006

>   *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

>   *Implementation start date:* 01/07/2007

Gross capital expenditure (accrual accounting)—intangible assets

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—gross capital expenditure (accrual accounting) (intangible assets) (financial year), total Australian currency N[N(8)]
METeOR identifier:	270522
Registration status:	NHIG, Standard 01/03/2005
Definition:	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of intangible assets.

Data element concept attributes

Data element concept:	Establishment—gross capital expenditure (accrual accounting) (intangible assets)
Definition:	Expenditure in a period on the acquisition or enhancement of intangible assets.
Context:	Health expenditure:
	Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.
Object class:	Establishment
Property:	Gross capital expenditure

Collection and usage attributes

Guide for use:	This definition is for use where the accrual method of accounting has been adopted. Intangible: An asset which does not have physical substance, such as copyright, design, patent, trademark, franchise or licence.
Comments:	The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure (accrual accounting)—land

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (accrual accounting) (land) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270528

Registration status: NHIG, Standard 01/03/2005

Definition: Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of land.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (accrual accounting) (land)

Definition: Expenditure in a period on the acquisition or enhancement of land.

Context: Health expenditure:

Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: This definition is for use where the accrual method of accounting has been adopted.

Land:

A solid section of the earth's surface which is held by the entity under a certificate of title or reserve, leased in by the entity or allocated to the entity by another agency.

Comments: The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure (accrual accounting)—major medical equipment

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—gross capital expenditure (accrual accounting) (major medical equipment) (financial year), total Australian currency N[N(8)]
METeOR identifier:	269968
Registration status:	NHIG, Standard 01/03/2005
Definition:	Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of major medical equipment.

Data element concept attributes

Data element concept:	Establishment—gross capital expenditure (accrual accounting) (major medical equipment)
Definition:	Expenditure in a period on the acquisition or enhancement of major medical equipment.
Context:	Health expenditure:
	Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.
Object class:	Establishment
Property:	Gross capital expenditure

Collection and usage attributes

Guide for use:	This definition is for use where the accrual method of accounting has been adopted.
	Major medical equipment:
	Major items of medical equipment such as medical imaging (computed tomography (CT) scanners, magnetic resonance imaging (MRI), radiology), **intensive care unit** (ICU) monitors and transplant equipment.
Comments:	The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency

Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure (accrual accounting)—other equipment

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (accrual accounting) (other equipment) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270523

Registration status: NHIG, Standard 01/03/2005

Definition: Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of other equipment, such as furniture, art objects, professional instruments and containers.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (accrual accounting) (other equipment)

Definition: Expenditure in a period on the acquisition or enhancement of other equipment.

Context: Health expenditure:

Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: This definition is for use where the accrual method of accounting has been adopted.

Other equipment:

Includes machinery and equipment not elsewhere classified, such as furniture, art objects, professional instruments and containers.

Comments: The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure (accrual accounting)—transport

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (accrual accounting) (transport) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270524

Registration status: NHIG, Standard 01/03/2005

Definition: Expenditure, measured in Australian dollars, in a period on the acquisition or enhancement of transport.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (accrual accounting) (transport)

Definition: Expenditure in a period on the acquisition or enhancement of transport.

Context: Health expenditure:

Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: This definition is for use where the accrual method of accounting has been adopted.

Transport:

Expenditure on vehicles or equipment used for transport such as motor vehicles, aircraft, ships, railway, tramway rolling stock, and attachments (such as trailers). Includes major parts such as engines.

Comments: The capital expenditure metadata items on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure - gross (accrual accounting), version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure—computer equipment/installations

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—gross capital expenditure (computer equipment/installations) (financial year), total Australian currency N[N(8)]
METeOR identifier:	270520
Registration status:	NHIG, Standard 01/03/2005
Definition:	Gross capital expenditure, measured in Australian dollars, on computer equipment/installations.

Data element concept attributes

Data element concept:	Establishment—gross capital expenditure (computer equipment/installations)
Definition:	Gross capital expenditure on computer equipment/installations.
Context:	Health expenditure:
	Capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.
Object class:	Establishment
Property:	Gross capital expenditure

Collection and usage attributes

Guide for use:	Expenditure of a capital nature on computer installations and equipment such as mainframe computers, mini-computers, extensive personal computer networks and related hardware should be included here.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure, version 1, DE, NHDD,
                                    NHIMG, Superseded 01/03/2005

*Implementation in Data Set   Public hospital establishments NMDS NHIG, Superseded
Specifications:*   21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded
23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG,
Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure—intangible assets

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (intangible assets) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270517

Registration status: NHIG, Standard 01/03/2005

Definition: Gross capital expenditure, measured in Australian dollars, in relation to intangible assets.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (intangible assets)

Definition: Gross capital expenditure in relation to intangible assets.

Context: Health expenditure:

Capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: This category bears specific regard to the private sector. Included here is any expenditure during the financial year in respect of intangible assets such as formation expenses or goodwill.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure—land and buildings

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (land and buildings) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270519

Registration status: NHIG, Standard 01/03/2005

Definition: Gross capital expenditure, measured in Australian dollars, on land and buildings.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (land and buildings)

Definition: Gross capital expenditure on land and buildings.

Context: Health expenditure:

                               Capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: Capital expenditure on land and buildings includes outlays on construction, major alterations and additions to buildings that relate to the establishment. Included are transfer and similar costs in respect of the purchase (sale) of second hand dwellings and installation of new permanent fixtures such as stoves, air conditioning, lighting, plumbing and other fixed equipment normally installed before dwellings are occupied. Costs relating to repair and maintenance replacement of buildings that amount to recurrent expenditure should not be included.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure, version 1, DE, NHDD,
                                          NHIMG, Superseded 01/03/2005

Implementation in Data Set   Public hospital establishments NMDS NHIG, Superseded
Specifications: 21/03/2006

>   *Implementation start date:* 01/07/2005

>   *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded
23/10/2006

>   *Implementation start date:* 01/07/2006

>   *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG,
Standard 23/10/2006

>   *Implementation start date:* 01/07/2007

Gross capital expenditure—major medical equipment

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (major medical
                                 equipment) (financial year), total Australian currency N[N(8)]

METeOR identifier: 269966

Registration status: NHIG, Standard 01/03/2005

Definition: Gross capital expenditure, measured in Australian dollars, on
                                 major medical equipment.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (major medical
                                 equipment)

Definition: Gross capital expenditure on major medical equipment.

Context: Health expenditure:

                                 Capital expenditure is a significant, though variable, element of
                                 total health establishment expenditure. Just as recurrent
                                 expenditure is broken down into a number of major categories
                                 to enable a proper analysis of health expenditure at the national
                                 level, so capital expenditure is to be broken down into a
                                 number of major categories. Capital expenditure in the context
                                 of hospitals and closely related establishments is a relatively
                                 undeveloped area. Nevertheless, there is a considerable interest
                                 in health establishment capital expenditure data at the national
                                 level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: Expenditure on major items of medical equipment such as
                                 computed tomography (CT) scanners, magnetic resonance
                                 imaging (MRI) equipment, X-ray equipment, **intensive care
                                 unit** (ICU) monitors and transplant equipment should be
                                 included here.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Gross capital expenditure—other

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (other capital expenditure) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270516

Registration status: NHIG, Standard 01/03/2005

Definition: Other gross capital expenditure, measured in Australian dollars, which are not included elsewhere.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (other capital expenditure)

Definition: Other gross capital expenditure.

Context: Health expenditure:

Capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: Any expenditure of a capital nature not included elsewhere should be included here. For example, if any State or establishment treats expenditure on new and second hand motor vehicles (including ambulances) as capital expenditure, this should be included as should any expenditure on furniture and fittings if treated by a State or establishment as expenditure of a capital nature.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

>   *Implementation start date:* 01/07/2005

>   *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

>   *Implementation start date:* 01/07/2006

>   *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

>   *Implementation start date:* 01/07/2007

Gross capital expenditure—plant and other equipment

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—gross capital expenditure (plant and other equipment) (financial year), total Australian currency N[N(8)]

METeOR identifier: 270518

Registration status: NHIG, Standard 01/03/2005

Definition: Gross capital expenditure, measured in Australian dollars, on plant and other equipment.

Data element concept attributes

Data element concept: Establishment—gross capital expenditure (plant and other equipment)

Definition: Gross capital expenditure on plant and other equipment.

Context: Health expenditure:

Capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Object class: Establishment

Property: Gross capital expenditure

Collection and usage attributes

Guide for use: Details of expenditure on plant and other equipment should be included here. Plant and/or equipment that is an integral part of any building or construction (and is thus included under expenditure on land and buildings), equipment included above under major medical equipment, motor vehicles and items of equipment that would normally be classified as recurrent expenditure should not be included.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Currency

Format: N[N(8)]

Maximum character length: 9

Unit of measure: Australian currency (AU$)

Data element attributes

Collection and usage attributes

Guide for use: Round to the nearest dollar.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Capital expenditure, version 1, DE, NHDD,
                                          NHIMG, Superseded 01/03/2005

Implementation in Data Set   Public hospital establishments NMDS NHIG, Superseded
Specifications: 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded
23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG,
Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Group sessions (public psychiatric, alcohol and drug hospital)—emergency and outpatient

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment (public psychiatric or alcohol and drug hospital)—number of group session occasions of service for non-admitted patients (emergency and outpatient), total N[NNNNNN]

Synonymous names: Type of non-admitted patient care (public psychiatric, alcohol & drug) - emergency and outpatient group sessions

METeOR identifier: 270217

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the emergency and outpatient functional unit of a public psychiatric hospital or an alcohol and drug hospital.

Data element concept attributes

Data element concept: Establishment—number of group session occasions of service for non-admitted patients

Definition: The number of non-admitted group session occasions of service provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

                            The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.

Object class: Establishment

Property: Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.

                            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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: Emergency patients and outpatients are persons who receive non-admitted care. Group session non-admitted care is care provided to persons who receive direct care within the **emergency department** or other designated clinics within the hospital and who are not formally admitted at the time when the care is provided. A person who first contacts the hospital and receives non-admitted care, for example through the emergency department, and is subsequently admitted should have both components of care enumerated separately.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care (public psychiatric, alcohol & drug), DE, NHIMG, Super 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Group sessions (public psychiatric, alcohol and drug hospital)—outreach and community

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment (public psychiatric or alcohol and drug hospital)—number of group session occasions of service for non-admitted patients (outreach and community), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care (public psychiatric, alcohol & drug) - outreach and community group sessions
METeOR identifier:	270219
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the outreach and community functional unit of a public psychiatric hospital or an alcohol and drug hospital.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total

Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: For outreach/community patients, care is delivered by hospital employees to the patient in the home, place of work or other non-hospital site.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care (public psychiatric, alcohol & drug), DE, NHIMG, Super 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Group sessions—alcohol and other drug

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of group session occasions of service for non-admitted patients (alcohol and drug), total N[NNNNN]

Synonymous names: Type of non-admitted patient care - alcohol and other drug group sessions

METeOR identifier: 270479

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as group session to non-admitted patients in the alcohol and drug functional unit of an establishment.

Data element concept attributes

Data element concept: Establishment—number of group session occasions of service for non-admitted patients

Definition: The number of non-admitted group session occasions of service provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

    The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.

Object class: Establishment

Property: Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.

    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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNNN]

Maximum character length: 6

| *Unit of measure:* | Group session |

Data element attributes

Collection and usage attributes

Guide for use:	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Comments:	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

| *Submitting organisation:* | National minimum data set working parties |

Relational attributes

Related metadata references:	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—allied health services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (allied health services), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - allied health services group sessions
METeOR identifier:	270480
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in allied health services functional units or clinics of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6

Unit of measure: Group session

Data element attributes

Collection and usage attributes

Guide for use: Allied health services include units primarily concerned with physiotherapy, family planning, dietary advice, optometry, occupational therapy, and so on.

Each group is to be counted once, irrespective of size or the number of staff providing services.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

Collection methods: At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.

Comments: Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients. This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.

For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-

admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Group sessions—community health services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (community health services), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - community health services group sessions
METeOR identifier:	270491
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the community health services functional unit of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6

Unit of measure: Group session

Data element attributes

Collection and usage attributes

Guide for use:	Community health services include units primarily concerned with baby clinics, immunisation clinics, aged care assessment teams, and so on.
	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients. This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.
	For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.
	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-

admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Group sessions—dental

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of group session occasions of service for non-admitted patients (dental), total N[NNNNN]

Synonymous names: Type of non-admitted patient care - dental group sessions

METeOR identifier: 270488

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as group session to non-admitted patients in the dental unit of an establishment

Data element concept attributes

Data element concept: Establishment—number of group session occasions of service for non-admitted patients

Definition: The number of non-admitted group session occasions of service provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.

Object class: Establishment

Property: Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.

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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNNN]

Maximum character length: 6

Unit of measure: Group session

Data element attributes

Collection and usage attributes

Guide for use:	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006
	Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—dialysis

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (dialysis), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - dialysis group sessions
METeOR identifier:	270368
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the dialysis unit of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6
Unit of measure:	Group session

Data element attributes

Collection and usage attributes

Guide for use:	Where patients receive treatment in a ward or clinic classified elsewhere (for example Emergency Department), they are to be counted as dialysis patients and are to be excluded from other categories. All forms of dialysis that are undertaken as a treatment necessary for renal failure are to be included.
	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—district nursing services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (district nursing services), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - district nursing services group sessions
METeOR identifier:	270482
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients by the district nursing service of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6

Unit of measure:	Group session

Data element attributes

Collection and usage attributes

Guide for use:	District nursing services:
	• are for medical/nursing/psychiatric care
	• are provided by a nurse, paramedic or medical officer
	• involve travel by the service provider
	• exclude care provided by staff from a unit classified in the community health category.
	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients. This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.
	For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.
	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum

subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—emergency services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (emergency services), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - emergency services group sessions
METeOR identifier:	270485
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the designated emergency department of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6

Unit of measure:	Group session

Data element attributes

Collection and usage attributes

Guide for use:	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—endoscopy and related procedures

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of group session occasions of service for non-admitted patients (endoscopy and related procedures), total N[NNNNN]

Synonymous names: Type of non-admitted patient care - endoscopy and related procedures group sessions

METeOR identifier: 270484

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the endoscopy and related procedures functional unit of an establishment.

Data element concept attributes

Data element concept: Establishment—number of group session occasions of service for non-admitted patients

Definition: The number of non-admitted group session occasions of service provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.

Object class: Establishment

Property: Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.

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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNNN]

Maximum character length: 6

Unit of measure:	Group session

Data element attributes

Collection and usage attributes

Guide for use: For all occasions of endoscopy and related procedures provided as group sessions to non-admitted patients.

Endoscopy and related procedures include:

- cystoscopy
- gastroscopy
- oesophagoscopy
- duodenoscopy
- colonoscopy
- bronchoscopy
- laryngoscopy.

Each group is to be counted once, irrespective of size or the number of staff providing services.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

Collection methods: At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.

Comments: This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—mental health

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of group session occasions of service for non-admitted patients (mental health), total N[NNNN]

Synonymous names: Type of non-admitted patient care - mental health group sessions

METeOR identifier: 270490

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in designated psychiatric or mental health units of an establishment.

Data element concept attributes

Data element concept: Establishment—number of group session occasions of service for non-admitted patients

Definition: The number of non-admitted group session occasions of service provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

                               The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.

Object class: Establishment

Property: Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.

                               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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNN]

Maximum character length: 6

Unit of measure: Group session

Data element attributes

Collection and usage attributes

Guide for use: Each group is to be counted once, irrespective of size or the number of staff providing services.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

Collection methods: At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.

Comments: This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

   Implementation start date: 01/07/2005

   Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—other medical/surgical/diagnostic

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (other medical/surgical/diagnostic), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - other medical/surgical/diagnostic group sessions
METeOR identifier:	270487
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the medical/surgical/diagnostic functional unit of an establishment not defined elsewhere.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6

Unit of measure: Group session

Data element attributes

Collection and usage attributes

Guide for use: Includes ECG, obstetrics, nuclear medecine, general surgery, fertility, and so on.

Each group is to be counted once, irrespective of size or the number of staff providing services.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

Collection methods: At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.

Comments: This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

　　　　Implementation start date: 01/07/2005

　　　　Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—other outreach services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of group session occasions of service for non-admitted patients (other outreach services), total N[NNNNN]

Synonymous names: Type of non-admitted patient care - other outreach services group sessions

METeOR identifier: 270489

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients as outreach services not classified in allied health or community health services.

Data element concept attributes

Data element concept: Establishment—number of group session occasions of service for non-admitted patients

Definition: The number of non-admitted group session occasions of service provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

                               The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.

Object class: Establishment

Property: Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.

                               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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNNN]

Maximum character length: 6

| *Unit of measure:* | Group session |

Data element attributes

Collection and usage attributes

Guide for use:	Includes units primarily concerned with physiotherapy, speech therapy, family planning, dietary advice, optometry, occupational therapy, and so on.
	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

| *Submitting organisation:* | National minimum data set working parties |

Relational attributes

Related metadata references:	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded
23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG,
Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—pathology

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (pathology), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - pathology group sessions
METeOR identifier:	270481
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in designated pathology laboratories of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6
Unit of measure:	Group session

Data element attributes

Collection and usage attributes

Guide for use:	Occasions of pathology services to all patients from other establishments should be counted separately.
	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—pharmacy

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (pharmacy), total N[NNNN]
Synonymous names:	Type of non-admitted patient care - pharmacy group sessions
METeOR identifier:	270486
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as group sessions to non-admitted patients in the pharmacy unit of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNN]
Maximum character length:	6
Unit of measure:	Group session

Data element attributes

Collection and usage attributes

Guide for use: Those drugs dispensed/administered in other departments such as the emergency or outpatient are to be counted by the respective department.

department Each group is to be counted once, irrespective of size or the number of staff providing services.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

Collection methods: At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.

Comments: This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded

23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Group sessions—radiology and organ imaging

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of group session occasions of service for non-admitted patients (radiology and organ imaging), total N[NNNNN]
Synonymous names:	Type of non-admitted patient care - radiology and organ imaging group sessions
METeOR identifier:	270483
Registration status:	NHIG, Standard 01/03/2005
Definition:	A count of groups of patients/clients receiving radiology and organ imaging services in a health service establishment.

Data element concept attributes

Data element concept:	Establishment—number of group session occasions of service for non-admitted patients
Definition:	The number of non-admitted group session occasions of service provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
	The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.
Object class:	Establishment
Property:	Number of group session occasions of service for non-admitted patients.

Collection and usage attributes

Comments:	A group is defined as two or more patients receiving a service together where all individuals are not members of the same **family**. Family services are to be treated as occasions of service to an individual.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNN]
Maximum character length:	6
Unit of measure:	Group session

Data element attributes

Collection and usage attributes

Guide for use:	Includes x-ray department as well as specialised organ imaging clinics carrying out ultrasound, computerised tomography and magnetic resonance imaging.
	Each group is to be counted once, irrespective of size or the number of staff providing services.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
Collection methods:	At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.
Comments:	This metadata item is derived from metadata items that are not currently specified in METeOR, but which are recorded in various ways by hospitals/outpatient departments. Examples include identifiers of individual consultations/visits, and diagnostic tests.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Group sessions, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded

23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Health professionals attended (diabetes mellitus)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—health professionals attended for diabetes mellitus (last 12 months), code N

METeOR identifier: 270287

Registration status: NHIG, Standard 01/03/2005

Definition: The health professionals that a person has attended in the last 12 months in relation to issues arising from diabetes mellitus, as represented by a code.

Data element concept attributes

Data element concept: Person—health professionals attended for diabetes mellitus

Definition: The health professionals that a person has attended in relation to issues arising from diabetes mellitus.

Context: Diabetes (clinical) specific metadata item.

Object class: Person

Property: Health professionals attended for diabetes mellitus

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Diabetes educator
2	Dietician
3	Ophthalmologist
4	Optometrist
5	Podiatrist
8	None of the above

Supplementary values:

9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use: Record a code sequentially for each health professional attended.

A person may have attended several health professionals in the last 12 months, therefore, more than one code can be recorded sequentially.

Example 1: If a person has attended a diabetes educator and a podiatrist in the last twelve months, the code recorded would be 15.

Example 2: If all have been seen, the code recorded would be 12345.

If the person answers 'NO' to all the health professionals specified, then code 8 should be applied.

CODE 9 should only be used in situations where it is not practicable to ask the questions.

Collection methods: The person should be asked about each type of health professional in successive questions, as follows:

Have you attended any of the following health professionals in relation to diabetes mellitus in the last 12 months?

Diabetes educator ___Yes ___ No

Dietician   ___Yes ___ No

Ophthalmologist   ___Yes ___ No

Optometrist   ___Yes ___ No

Podiatrist   ___Yes ___ No

The appropriate code should be recorded for each health professional attended.

Comments: The health professional occupations are assigned the following codes at the occupation level of the Australian Standard Classification of Occupations, Second Edition, Australian Bureau of Statistics, 1997, Catalogue No. 1220.0

Diabetic educator 2512-13

Dietician 2393-11

Ophthalmologist 2312-19

Optometrist 2384-11

Podiatrist 2388-11

Source and reference attributes

Submitting organisation: National Diabetes Data Working Group

Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

Related metadata references: Supersedes Health professionals attended - diabetes mellitus, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Information specific to this data set:

Management of diabetes requires a team approach, comprising selected health professionals, to provide services specific to the individual with diabetes.

All patients with diabetes require diet therapy in conjunction with exercise and/or medication to achieve optimal control of blood glucose, body weight and blood lipids. In insulin treated diabetics, diet management aims to restrict variations in the timing, size or composition of meals that could result in hypoglycaemia or postprandial hyperglycaemia. Based on the Healthy Eating Pyramid, meals should be low in saturated fat, and rich in high-fibre carbohydrates with low glycaemic index (GI). Saturated fats have to be replaced with monounsaturated and polyunsaturated fats.

According to the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus, a comprehensive ophthalmological examination should be carried out:

- At diagnosis and then every 1-2 years for patients whose diabetes onset was at age 30 years or more
- Within five years of diagnosis and then every 1-2 years for patients whose diabetes onset was at age less than 30 years.

Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus recommendations include:

- Foot examination to be performed every 6 months or at every visit if high risk foot or active foot problem
- Refer to specialists experienced in the care of the diabetic foot if infection or ulceration is present
- To identify the 'high risk foot' as indicated by a past history of foot problems, especially ulceration, and/or the presence of peripheral neuropathy, peripheral vascular disease, or foot deformity and history of previous ulceration
- Ensure that patients with 'high risk foot' or an active foot problem receive appropriate care from specialists and podiatrists expert in the treatment of diabetic foot problems.

Heart rate

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—heart rate, total beats per minute N[NN]

METeOR identifier: 285123

Registration status: NHIG, Standard 04/06/2004

Definition: The person's heart rate measured in beats per minute.

Data element concept attributes

Data element concept: Person—heart rate

Definition: The person's heart rate in beats per minute.

Context: Health care and clinical settings.

Object class: Person

Property: Heart rate

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NN]

Maximum character length: 3

Supplementary values:

Value	Meaning
997	Cardiac arrest
998	Not recorded
999	Not stated/inadequately described

Unit of measure: Heart beats per minute

Data element attributes

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group

Steward: The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references: Supersedes Heart rate, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

        Implementation start date: 07/12/2005

        Information specific to this data set:

        For Acute coronary syndrome (ACS) reporting, collected at time of presentation. If heart rate is not recorded at the

exact time of presentation, record the first heart rate measured closest to the time of presentation.

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Information specific to this data set:

For Acute coronary syndrome (ACS) reporting, collected at time of presentation. If heart rate is not recorded at the exact time of presentation, record the first heart rate measured closest to the time of presentation.

Heart rhythm type

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—heart rhythm type, code N[N]

METeOR identifier: 285137

Registration status: NHIG, Standard 04/06/2004

Definition: The type of rhythm associated with the beating of the heart as determined from the electrocardiogram (ECG), as represented by a code.

Data element concept attributes

Data element concept: Person—heart rhythm type

Definition: The type of rhythm associated with the beating of the heart as determined from the electrocardiogram (ECG).

Context: Health care and clinical settings.

Object class: Person

Property: Heart rhythm type

Value domain attributes

Representational attributes

Representation class: Code

Data type: String

Format: N[N]

Maximum character length: 2

Permissible values:

Value	Meaning
1	Sinus rhythm
2	Atrial fibrillation
3	Atrial flutter
4	Second degree heart block
5	Complete heart block
6	Supraventricular tachycardia
7	Idioventricular rhythm
8	Ventricular tachycardia
9	Ventricular fibrillation
10	Paced
11	Other rhythm

Supplementary values:

99	Not stated/inadequately described

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Source and reference attributes

Submitting organisation:	Acute coronary syndrome data working group
Steward:	The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references:	Supersedes Heart rhythm type, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

  Implementation start date: 07/12/2005

  Information specific to this data set:

  For Acute coronary syndrome (ACS) reporting, the ECG used for assessment on presentation.

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

  Information specific to this data set:

  For Acute coronary syndrome (ACS) reporting, the ECG used for assessment on presentation.

Height (measured)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—height (measured), total centimetres NN[N].N

METeOR identifier: 270361

Registration status: NHIG, Standard 01/03/2005

Definition: The height of a person measured in centimetres.

Context: Public health and health care

Data element concept attributes

Data element concept: Person—height

Definition: The height of a person.

Context: Public health and health care:

Stature is a major indicator of general body size and of bone length and of nutritional and health status of the individual and the community at large. It is important in screening for disease or malnutrition, and in the interpretation of weight (Lohman et al. 1988). Shortness is known to be a predictor of all cause mortality and coronary heart disease mortality in middle aged men (Marmot et al. 1984) and of less favourable gestational outcomes in women (Kramer 1988). Self-reported or parentally reported height for children and adolescents should be used cautiously if at all. It enables the calculation of body mass index which requires the measurement of height and weight (body mass) for adults.

Object class: Person

Property: Height

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: NN[N].N

Maximum character length: 4

Supplementary values:

Value	Meaning
999.9	Not measured

Unit of measure: Centimetre (cm)

Data element attributes

Collection and usage attributes

Guide for use: In order to ensure consistency in measurement, the measurement protocol described under Collection methods should be used.

Measurements of height should be assessed in relation to children and adolescents' age and pubertal status.

Collection methods: The measurement protocol described below are those recommended by the *International Society for the Advancement of Kinanthropometry as described by Norton et al. (1996), and the World Health Organization (WHO Expert Committee 1995), which was adapted from Lohman et al. (1988).*

Measurement protocol:

Height measurements can be based on recumbent length or standing height. In general, length measurements are recommended for children under 2 years of age and height measurements for others.

The measurement of height requires a vertical metric rule, a horizontal headboard, and a non-compressible flat even surface on which the subject stands. The equipment may be fixed or portable, and should be described and reported.

The graduations on the metric rule should be at 0.1 cm intervals, and the metric rule should have the capacity to measure up to at least 210 cm.

Measurement intervals and labels should be clearly readable under all conditions of use of the instrument.

Apparatus that allows height to be measured while the subject stands on a platform scale is not recommended.

Adults and children who can stand:

The subject should be measured without shoes (i.e. is barefoot or wears thin socks) and wears little clothing so that the positioning of the body can be seen. Anything that may affect or interfere with the measurement should be noted on the data collection form (e.g. hairstyles and accessories, or physical problems). The subject stands with weight distributed evenly on both feet, heels together, and the head positioned so that the line of vision is at right angles to the body. The correct position for the head is in the Frankfort horizontal plan (Norton et al. 1996). The arms hang freely by the sides. The head, back, buttocks and heels are positioned vertically so that the buttocks and the heels are in contact with the vertical board. To obtain a consistent measure, the subject is asked to inhale deeply and stretch to their fullest height. The measurer applies gentle upward pressure through the mastoid processes to maintain a fully erect position when the measurement is taken. Ensure that the head remains positioned so that the line of vision is at right angles to the body, and the heels remain in contact with the base board.

The movable headboard is brought onto the top of the head with sufficient pressure to compress the hair.

The measurement is recorded to the nearest 0.1 cm. Take a repeat measurement. If the two measurements disagree by more than 0.5 cm, then take a third measurement. All raw measurements should be recorded on the data collection form. If practical, it is preferable to enter the raw data into the database as this enables intra-observer and, where relevant, inter-observer errors to be assessed. The subject's measured height is subsequently calculated as the mean of the two observations, or the mean of the two closest measurements if a third is taken, and recorded on the form. If only a mean value is entered into the database then the data collection forms should be retained.

It may be necessary to round the mean value to the nearest 0.1

cm. If so, rounding should be to the nearest even digit to reduce systematic over reporting (Armitage & Berry 1994). For example, a mean value of 172.25 cm would be rounded to 172.2 cm, while a mean value of 172.35 cm would be rounded to 172.4 cm.

Infants:

For the measurement of supine length of children up to and including 2 years of age, two observers are required. One observer positions the head correctly while the other ensures the remaining position is correct and brings the measuring board in contact with the feet. The subject lies in a supine position on a recumbent length table or measuring board. The crown of the head must touch the stationary, vertical headboard. The subject's head is held with the line of vision aligned perpendicular to the plane of the measuring surface. The shoulders and buttocks must be flat against the table top, with the shoulders and hips aligned at right angles to the long axis of the body. The legs must be extended at the hips and knees and lie flat against the table top and the arms rest against the sides of the trunk. The measurer must ensure that the legs remain flat on the table and must shift the movable board against the heels. In infants care has to be taken to extend the legs gently. In some older children two observers may also be required.

In general, length or height is measured and reported to the nearest 0.1 cm. For any child, the length measurement is approximately 0.5 - 1.5 cm greater than the height measurement. It is therefore recommended that when a length measurement is applied to a height-based reference for children over 24 months of age (or over 85 cm if age is not known), 1.0 cm be subtracted before the length measurement is compared with the reference. It is also recommended that as a matter of procedure and data recording accuracy, the date be recorded when the change is made from supine to standing height measure.

Validation and quality control measures:

All equipment, whether fixed or portable should be checked prior to each measurement session to ensure that both the headboard and floor (or footboard) are at 90 degrees to the vertical rule. With some types of portable anthropometer it is necessary to check the correct alignment of the headboard, during each measurement, by means of a spirit level. Within- and, if relevant, between-observer variability should be reported. They can be assessed by the same (within-) or different (between-) observers repeating the measurement of height, on the same subjects, under standard conditions after a short time interval. The standard deviation of replicate measurements (technical error of measurement (Pederson & Gore 1996)) between observers should not exceed 5 mm and be less than 5 mm within observers.

Extreme values at the lower and upper end of the distribution of measured height should be checked both during data collection and after data entry. Individuals should not be excluded on the basis of true biological difference. Last digit preference, and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.

Comments:	This metadata item applies to persons of all ages. It is recommended for use in population surveys and health care settings.

Comments: This metadata item applies to persons of all ages. It is recommended for use in population surveys and health care settings.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items are being developed for physical activity.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5-year age groups. However 5-year age groups are not generally suitable for children and adolescents. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present height data in categories. It is recommended that 5 cm groupings are used for this purpose. Height data should not be rounded before categorisation. The following categories may be appropriate for describing the heights of Australian men, women, children and adolescents although the range will depend on the population:

Height

70 cm = Height

75 cm = Height

... in 5 cm categories

185 cm = Height

Height => 190 cm

Relational attributes

Related metadata references: Supersedes Height - measured, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Child—body mass index (self-reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Child—body mass index (measured), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Adult—body mass index (self-reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Adult—body mass index (measured), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Standard 15/02/2006

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Information specific to this data set:

Disease, nutritional, genetic and environmental factors all exert an influence on the height of an individual, hence this variable, together with its related variable weight, is of unique value in health surveillance. It enables the calculation of body mass index which requires the measurement of height and weight (body mass) for adults as well as sex and date of birth for children and adolescents.

Stature is a major indicator of general body size and of bone length and of nutritional and health status of the individual and the community at large. It is important in screening for disease or malnutrition, and in the interpretation of weight (Lohman et al. 1988). Shortness is known to be a predictor of all-cause mortality, coronary heart disease mortality in middle-aged men, and of less favourable gestational outcomes in women (Marmot et al. 1984, Kramer 1988).

Height (self-reported)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Person—height (self-reported), total centimetres NN[N]
METeOR identifier:	270365
Registration status:	NHIG, Standard 01/03/2005
Definition:	A person's self-reported height, measured in centimetres.

Data element concept attributes

Data element concept:	Person—height
Definition:	The height of a person.
Context:	Public health and health care:
	Stature is a major indicator of general body size and of bone length and of nutritional and health status of the individual and the community at large. It is important in screening for disease or malnutrition, and in the interpretation of weight (Lohman et al. 1988). Shortness is known to be a predictor of all cause mortality and coronary heart disease mortality in middle aged men (Marmot et al. 1984) and of less favourable gestational outcomes in women (Kramer 1988). Self-reported or parentally reported height for children and adolescents should be used cautiously if at all. It enables the calculation of body mass index which requires the measurement of height and weight (body mass) for adults.
Object class:	Person
Property:	Height

Value domain attributes

Representational attributes

Representation class:	Total	
Data type:	Number	
Format:	NN[N]	
Maximum character length:	3	
Supplementary values:	Value	Meaning
	888	Unknown
	999	Not stated/inadequately described
Unit of measure:	Centimetre (cm)	

Data element attributes

Collection and usage attributes

Collection methods:	The method of data collection, e.g. face to face interview, telephone interview or self-completion questionnaire, can affect survey estimates and should be reported.
	The data collection form should include a question asking the respondent what their height is. For example, the Australian

Bureau of Statistics National Health Survey 1995 included the question 'How tall are you without shoes?'. The data collection form should allow for both metric (to the nearest 1 cm) and imperial (to the nearest 0.5 inch) units to be recorded.

If practical, it is preferable to enter the raw data into the database before conversion of measures in imperial units to metric. However if this is not possible, height reported in imperial units can be converted to metric prior to data entry using a conversion factor of 2.54 cm to the inch.

Rounding to the nearest 1 cm will be required for measures converted to metric prior to data entry, and may be required for data reported in metric units to a greater level of precision than the nearest 1 cm. The following rounding conventions are desirable to reduce systematic over-reporting (Armitage & Berry 1994):

NNN.x where x

NNN.x where x > 5 - round up, e.g. 172.7 cm would be rounded to 173 cm.

NNN.x where x = 5 - round to the nearest even number, e.g. 172.5 cm would be rounded to 172 cm, while 173.5 cm would be rounded to 174 cm.

Comments:	This metadata item is recommended for persons aged 18 years or older. It is recommended for use in population surveys when it is not possible to measure height.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items are being developed for physical activity.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5-year age groups. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present height data in categories. It is recommended that 5 cm groupings are used for this purpose. Height data should not be rounded before categorisation. The following categories may be appropriate for describing the heights of Australian men and women, although the range will depend on the population. The World Health Organization's range for height is 140-190 cm.

Height

140 cm = Height

145 cm = Height

... in 5 cm categories

---

185 cm = Height

Height => 190 cm

On average, height tends to be overestimated when self-reported by respondents. Data for Australian men and women aged 20-69 years in 1989 indicated that men overestimated by an average of 1.1 cm (sem of 0.04 cm) and women by an average of 0.5 cm (sem of 0.05 cm) (Waters 1993). The extent of overestimation varied with age.

Relational attributes

Related metadata references: Supersedes Height - self-reported, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Child—body mass index (self-reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Is used in the formation of Adult—body mass index (self-reported), ratio NN[N].N[N] NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

   Implementation start date: 07/12/2005

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Hip circumference (measured)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—hip circumference (measured), total centimetres NN[N].N

METeOR identifier: 270366

Registration status: NHIG, Standard 01/03/2005

Definition: An adult's hip circumference at the level of maximum posterior extension of the buttocks measured in centimetres.

Data element concept attributes

Data element concept: Person—hip circumference

Definition: A person's hip circumference measured at the level of maximum posterior extension of the buttocks. In order to ensure consistency in measurement, the measurement protocol described under Data Collection Methods should be used.

Context: Public health and health care

Object class: Person

Property: Hip circumference

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: NN[N].N

Maximum character length: 4

Supplementary values:

Value	Meaning
999.9	Not measured

Unit of measure: Centimetre (cm)

Data element attributes

Collection and usage attributes

Guide for use: As there are no cut-off points for waist-to-hip ratio for children and adolescents, it is not necessary to collect this metadata item for those aged under 18 years.

Collection methods: The measurement protocol described below is that recommended by the *World Health Organization (WHO Expert Committee 1995).*

Measurement protocol:

The data collection form should allow for up to three measurements of hip circumference to be recorded in centimetres to 1 decimal place. The data collection form should also have the capacity to record any reasons for the non-collection of hip circumference data.

The measurement of hip circumference requires a narrow (

The subject should wear only non-restrictive briefs or underwear, a light smock over underwear or light clothing. Belts and heavy outer clothing should be removed. Hip measurement should be taken over one layer of light clothing only.

The subject stands erect with arms at the sides, feet together and the gluteal muscles relaxed. The measurer sits at the side of the subject so that the level of maximum posterior extension of the buttocks can be seen. An inelastic tape is placed around the buttocks in a horizontal plane. To ensure contiguity of the two parts of the tape from which the circumference is to be determined, the cross-handed technique of measurement, as described by Norton et al. (1996), should be used. Ideally an assistant will check the position of the tape on the opposite side of the subject's body. The tape is in contact with the skin but does not compress the soft tissues. Fatty aprons should be excluded from the hip circumference measurement.

The measurement is recorded to the nearest 0.1 cm. Take a repeat measurement and record it to the nearest 0.1 cm. If the two measurements disagree by more than 1 cm, then take a third measurement.

All raw measurements should be recorded on the data collection form. If practical, it is preferable to enter the raw data into the database as this enables intra-observer and, where relevant, inter-observer errors to be assessed. The subject's measured hip circumference is subsequently calculated as the mean of the two observations, or the mean of the two closest measurements if a third is taken, and recorded on the form. If only a mean value is entered into the database then the data collection forms should be retained.

It may be necessary to round the mean value to the nearest 0.1 cm. If so, rounding should be to the nearest even digit to reduce systematic over reporting. For example, a mean value of 102.25 cm would be rounded to 102.2 cm, while a mean value of 102.35 cm would be rounded to 102.4 cm.

Validation and quality control measures:

Steel tapes should be checked against a 1-metre engineer's rule every 12 months. If tapes other than steel are used they should be checked daily against a steel rule.

Within- and, if relevant, between-observer variability should be reported. They can be assessed by the same (within-) or different (between-) observers repeating the measurement, on the same subjects, under standard conditions after a short time interval. The standard deviation of replicate measurements (technical error of measurement (Pederson & Gore 1996)) between observers should not exceed 2% and be less than 1.5% within observers.

Extreme values at the lower and upper end of the distribution of measured hip circumference should be checked both during data collection and after data entry. Individuals should not be excluded on the basis of true biological difference.

Last digit preference, and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.

Comments: This metadata item applies to persons aged 18 years or older. It

is recommended for use in population surveys and health care settings.

Its main use is to enable the calculation of adult waist-to-hip ratio which requires the measurement of hip circumference and waist circumference.

More recently it has emerged that waist circumference alone, or in combination with other metabolic measures, is a better indicator of risk and reduces the errors in waist-to-hip ratio measurements.

Waist-to-hip ratio is therefore no longer a commonly used measure.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

Presentation of data:

Means, 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5-year age groups. However 5-year age groups are not generally suitable for children and adolescents. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles, a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present hip circumference data in categories. It is recommended that 5 cm groupings be used for this purpose. Hip circumference data should not be rounded before categorisation.

Relational attributes

Related metadata references: Supersedes Hip circumference - measured, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Adult—waist-to-hip ratio, N.NN NHIG, Standard 01/03/2005

Histopathological grade

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person with cancer—histopathological grade, code N

METeOR identifier: 288663

Registration status: NHIG, Standard 04/06/2004

Definition: The histopathological grade, differentiation or phenotype describes how little the tumour resembles the normal tissue from which it arose, as represented by a code.

Data element concept attributes

Data element concept: Person with cancer—histopathological grade

Definition: The histopathological grade, differentiation or phenotype describes how little the tumour resembles the normal tissue from which it arose.

Object class: Person with cancer

Property: Histopathological grade

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:	Value	Meaning
	1	Grade 1: Well differentiated, differentiated, NOS
	2	Grade 2: Moderately differentiated, moderately well differentiated, intermediate differentiation
	3	Grade 3: Poorly differentiated
	4	Grade 4: Undifferentiated, anaplastic
	5	T-cell: T-cell
	6	B-cell: B-cell, Pre-B, B-Precursor
	7	Null-cell: Null cell, Non T- non B
	8	NK: Natural killer cell
Supplementary values:	9	Grade/differentiation unknown: Grade/cell type not determined, not stated or not applicable

Data element attributes

Collection and usage attributes

Guide for use: Only one code can be recorded.

Source and reference attributes

Origin:	World Health Organisation
	Commission on Cancer American College of Surgeons
Reference documents:	World Health Organisation International Classification of Diseases Oncology, Third edition (ICD-O-3) (2000)
	Commission on Cancer, Standards of the Commission on Cancer Registry Operations and Data Standards (ROADS) Volume II (1998)

Relational attributes

Related metadata references:	Supersedes Histopathological grade, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Cancer (clinical) DSS NHIG, Standard 07/12/2005
	Cancer (clinical) DSS NHIG, Superseded 07/12/2005

Hospital insurance status

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Patient—hospital insurance status, code N
METeOR identifier:	270253
Registration status:	NHIG, Standard 01/03/2005
Definition:	Hospital insurance as represented by a code under one of the following categories:

- Registered insurance - hospital insurance with a health insurance fund registered under the National Health Act 1953 (Cwlth)
- General insurance - hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insurance
- No hospital insurance or benefits coverage under the above.

Data element concept attributes

Data element concept:	Patient—hospital insurance status
Definition:	Hospital insurance under one of the following categories:

- Registered insurance - hospital insurance with a health insurance fund registered under the National Health Act 1953 (Cwlth)
- General insurance - hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insurance
- No hospital insurance or benefits coverage under the above.

Context:	To assist in analysis of utilisation and health care financing.
Object class:	Patient
Property:	Hospital insurance status

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Hospital insurance
	2	No hospital insurance
Supplementary values:	9	Unknown

Data element attributes

Collection and usage attributes

Guide for use:	Persons covered by insurance for benefits of ancillary services only are included in 2 - no hospital insurance.
	The 'unknown' category should not be used in primary collections but can be used to record unknown insurance status in databases.
	This metadata item is to determine whether the patient has hospital insurance, not their method of payment for the episode of care.
Comments:	Insurance status was reviewed and modified to reflect changes to new private health insurance arrangements under the Health Legislation (Private Health Insurance Reform) Amendment Act 1995.
	Employee health benefits schemes became illegal with the implementation of Schedule 2 of the private health insurance reforms, effective on 1 October 1995.
	Under Schedule 4 of the private health insurance reforms, on 1 July 1997, the definition of the 'basic private table' or 'basic table', and 'supplementary hospital table' and any references to these definitions was omitted from the National Health Act 1953. All hospital tables offered by registered private health insurers since 29 May 1995 have been referred to as 'Applicable Benefits Arrangements' and marketed under the insurer's own product name.

Source and reference attributes

Origin:	National Health Data Committee

Relational attributes

Related metadata references:	Supersedes Hospital insurance status, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Admitted patient care NMDS NHIG, Superseded 07/12/2005
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Admitted patient care NMDS 2006-2007 NHIG, Superseded 29/11/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Admitted patient care NMDS 2007-2008 NHIG, Standard 29/11/2006
	Implementation start date: 01/07/2007

Hours on-call (not worked) by medical practitioner

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Medical practitioner—hours on-call, total NNN
METeOR identifier:	270138
Registration status:	NHIG, Standard 01/03/2005
Definition:	The number of hours in a week that a medical practitioner is required to be available to provide advice, respond to any emergencies etc.

Data element concept attributes

Data element concept:	Medical practitioner—hours on-call
Definition:	The number of hours that a medical practitioner is required to be available to provide advice, respond to any emergencies etc.
Context:	Health labour force
Object class:	Medical practitioner
Property:	Hours on-call

Value domain attributes

Representational attributes

Representation class:	Total	
Data type:	String	
Format:	NNN	
Maximum character length:	3	
Supplementary values:	Value	Meaning
	999	Not stated/inadequately described
Unit of measure:	Hour (h)	

Collection and usage attributes

Guide for use:	Total hours expressed as 000, 001 etc.

Data element attributes

Collection and usage attributes

Guide for use:	This metadata item relates to each position (job) held by a medical practitioner.
Collection methods:	There are inherent problems in asking for information on number of hours on-call not worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours on-call not worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.

Relational attributes

Related metadata references:	Supersedes Hours on-call (not worked) by medical practitioner,

version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Health labour force NMDS NHIG, Standard 01/03/2005

Implementation start date: 01/07/2006

Information specific to this data set:

Value must be less than 169 (except for 999).

Used in relation to issues of economic activity, productivity, wage rates, working conditions etc.

Used to develop capacity measures relating to total time available.

Assists in analysis of human resource requirements and labour force modelling.

Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variances in FTE.

Hours worked by health professional

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Health professional—hours worked (in all jobs), total NNN

METeOR identifier: 270134

Registration status: NHIG, Standard 01/03/2005

Definition: Hours worked is the amount of time a person spends at work in a week in employment/self-employment. It may apply to hours actually worked in a week or hours usually worked per week, and the National Health Labour Force Collection collects hours usually worked. It includes all paid and unpaid overtime less any time off.

It also:

- includes travel to home visits or calls out
- excludes other time travelling between work locations
- excludes unpaid professional and/or voluntary activities.

Total hours worked is the amount of time spent at work in all jobs.

As well as total hours worked, for some professions the National Health Labour Force Collection asks for hours worked in each of the main job, second job and third job. Hours worked for each of these is the amount of time spent at work in each job.

Context: Health labour force

Data element concept attributes

Data element concept: Health professional—hours worked

Definition: The number of hours worked by a health professional over a specified period.

Object class: Health professional

Property: Hours worked

Value domain attributes

Representational attributes

Representation class: Total

Data type: String

Format: NNN

Maximum character length: 3

Supplementary values:

Value	Meaning
999	Not stated/inadequately described

Unit of measure: Hour (h)

Collection and usage attributes

Guide for use: Total hours expressed as 000, 001 etc.

Data element attributes

Collection and usage attributes

Collection methods:
There are inherent problems in asking for information on number of hours usually worked per week, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked are collected for main job only, or main job and one or more additional jobs, it is important that a total for all jobs is included.

Comments:
It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

Source and reference attributes

Submitting organisation:
National Health Labour Force Data Working Group

Relational attributes

Related metadata references:
Supersedes Hours worked by health professional, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:
Health labour force NMDS NHIG, Standard 01/03/2005

> *Implementation start date:* 01/07/2006
>
> *Information specific to this data set:*
>
> Value must be less than 127 (except for 999).
>
> Important variable in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling. Used to determine full-time and part-time work status and to compute full-time equivalents (FTE) (see entry for FTE). Often the definition for full-time or FTE differs (35, 37.5 and 40 hours) and knowing total hours and numbers of individuals allows for variances in FTE.

Hours worked by medical practitioner in direct patient care

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Medical practitioner—hours worked (in direct patient care), total NNN
METeOR identifier:	270137
Registration status:	NHIG, Standard 01/03/2005
Definition:	The number of hours worked in a week by a medical practitioner on service provision to patients including direct contact with patients, providing care, instructions and counselling, and providing other related services such as writing referrals, prescriptions and phone calls.
Context:	Health labour force

Data element concept attributes

Data element concept:	Medical practitioner—hours worked
Definition:	The number of hours worked by a medical practitioner.
Object class:	Medical practitioner
Property:	Hours worked

Value domain attributes

Representational attributes

Representation class:	Total	
Data type:	String	
Format:	NNN	
Maximum character length:	3	
Supplementary values:	Value	Meaning
	999	Not stated/inadequately described
Unit of measure:	Hour (h)	

Collection and usage attributes

Guide for use:	Total hours expressed as 000, 001 etc.

Data element attributes

Collection and usage attributes

Guide for use:	This metadata item relates to each position (job) held by a medical practitioner, not the aggregate of hours worked for all jobs.
Collection methods:	There are inherent problems in asking for information on number of hours usually worked per week in direct patient care, for example, reaching a satisfactory definition and communicating this definition to the respondents in a self-administered survey. Whether hours worked in direct patient care are collected for main job only, or main job and one or

more additional jobs, it is important that a total for all jobs is included.

Comments: It is often argued that health professionals contribute a considerable amount of time to voluntary professional work and that this component needs to be identified. This should be considered as an additional item, and kept segregated from data on paid hours worked.

Source and reference attributes

Submitting organisation: National Health Labour Force Data Working Group

Relational attributes

Related metadata references: Supersedes Hours worked by medical practitioner in direct patient care, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Health labour force NMDS NHIG, Standard 01/03/2005

Implementation start date: 01/07/2006

Information specific to this data set:

Value must be less than 127 (except for 999).

Used in relation to issues of economic activity, productivity, wage rates, working conditions etc. Used to develop capacity measures relating to total time available. Assists in analysis of human resource requirements and labour force modelling.

House/property number (person)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person (address)—house/property identifier, text [X(12)]

METeOR identifier: 270030

Registration status: NHIG, Standard 01/03/2005
NCSIMG, Standard 30/09/2005

Definition: The identifier of a house or property where a person resides, as represented by text.

Data element concept attributes

Data element concept: Person (address)—house/property identifier

Definition: The identifier of a house or property where a person resides.

Context: Australian addresses.

Object class: Person

Property: House/property identifier

Value domain attributes

Representational attributes

Representation class: Text

Data type: String

Format: [X(12)]

Maximum character length: 12

Data element attributes

Collection and usage attributes

Guide for use: Generally, only one house/property number is used. However, if the house/property number includes a number range, the range of applicable numbers should be included, separated by a hyphen (-), with no spaces between numerals, i.e. 17-19

- House/property number 1 - refers to physical House/property number and for ranges is the starting number (5 numeric characters)
- House/property number Suffix 1 - a single character identifying the House/property number suffix (1 alphanumeric character)
- House/property number 2 - refers to a physical House/property number and for ranges is the finishing number (5 numeric characters)
- House/property number suffix 2 - a single character identifying the House/property number suffix (1 alphanumeric character) with no space between the numeric and the alpha characters.

For example; '401A 403B'

'401' is House/property number first in range

'A' is the House/Property suffix 1

'403' is House/property number last in range

'B' is House/Property suffix 2

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: Australia Post Address Presentation Standard

Relational attributes

Related metadata references: Supersedes House/property number, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Person (address)—address line, text [X(180)] NHIG, Standard 04/05/2005, NCSIMG, Standard 30/09/2005

Is used in the formation of Person (address)—health address line, text [X(180)] NHIG, Superseded 04/05/2005

Implementation in Data Set Specifications: Health care client identification DSS NHIG, Standard 04/05/2005
NCSIMG, Standard 03/10/2006

Health care provider identification DSS NHIG, Standard 04/05/2005

House/property number (service provider organisation)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Service provider organisation (address)—house/property identifier, text [X(12)]

METeOR identifier: 290241

Registration status: NHIG, Standard 04/05/2005
NCSIMG, Standard 30/09/2005

Definition: The unique identifier of a house or property where an organisation is located.

Data element concept attributes

Data element concept: Service provider organisation (address)—house/property identifier

Definition: The identifier of a house or property where an organisation is located.

Context: Australian addresses.

Object class: Service provider organisation

Property: House/property identifier

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Value domain attributes

Representational attributes

Representation class: Text

Data type: String

Format: [X(12)]

Maximum character length: 12

Data element attributes

Collection and usage attributes

Guide for use: Generally, only one house/property number is used. However, if the house/property number includes a number range, the range of applicable numbers should be included, separated by a hyphen (-), with no spaces between numerals, i.e. 17-19

- House/property number 1 - refers to physical House/property number and for ranges is the starting number (5 numeric characters)
- House/property number Suffix 1 - a single character identifying the House/property number suffix (1 alphanumeric character)
- House/property number 2 - refers to a physical House/property number and for ranges is the finishing number (5 numeric characters)
- House/property number suffix 2 - a single character

identifying the House/property number suffix (1 alphanumeric character) with no space between the numeric and the alpha characters.

For example; '401A 403B'

'401' is House/property number first in range

'A' is the House/Property suffix 1

'403' is House/property number last in range

'B' is House/Property suffix 2

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: Australia Post Address Presentation Standard

Relational attributes

Related metadata references: Is used in the formation of Service provider organisation (address)—address line, text [X(180)] NHIG, Standard 04/05/2005, NCSIMG, Standard 30/09/2005

Implementation in Data Set Specifications: Health care provider identification DSS NHIG, Standard 04/05/2005

Household annual gross income range

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Household—gross income (annual), dollar range code N

METeOR identifier: 290737

Registration status: NHIG, Standard 04/05/2005

Definition: The value of gross annual income from all sources (before deductions for income tax, superannuation, etc.) for all household members as represented by a dollar range code.

Context: Gross household income ranges are used as an indicator of the economic status of the household.

Data element concept attributes

Data element concept: Household—gross income

Definition: The value of gross income from all sources (before deductions for income tax, superannuation, etc.) for all household members.

Context: A gross personal income of each household member is combined to determine gross household income.

Object class: Household

Property: Gross income

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Less than $ 20,000
2	$ 20,001-$ 30,000
3	$ 30,001-$ 50,000
4	$ 50,001 - $ 100,000
5	More than $ 100,000

Supplementary values:

6	Don't know/not sure
7	Not stated

Data element attributes

Collection and usage attributes

Guide for use: The main components of gross income are:
- current usual wages and salary;
- income derived from self-employment;

- government pensions, benefits and allowances; and
- other income comprising investments (including interest, dividends, royalties and rent) and other regular income (including superannuation, private scholarships received in cash, workers' compensation, accident compensation, maintenance or alimony, and any other allowances regularly received).

Gross income is regarded as all receipts which are received regularly and are of a recurring nature. Certain receipts such as lump sum receipts, windfall gains and withdrawals from savings are not considered to conform to these criteria and are not included as income.

Please note that this data element is not consistent with the ABS standards for cash income.

Source and reference attributes

Submitting organisation: National Public Health Information Working Group

Reference documents: Refer to the ABS website
http://www.abs.gov.au/Ausstats/abs@.nsf/StatsLibrary
Select: Other ABS Statistical Standards/Standards for Social, Labour and Demographic Variables/Cash Income Variables.

Relational attributes

Implementation in Data Set Specifications: Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Information specific to this data set:

For data collection using Computer Assisted Telephone Interviewing (CATI), the suggested question is:

I would now like to ask you about your household's income. We are interested in how income relates to health, lifestyle and access to health services.

Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the last 12 months?

(Read options: Single response)

Less than $ 20,000
$ 20,000-$ 30,000
$ 30,001-$ 50,000
$ 50,001-$ 100,000
More than $ 100,000
Don't know/not sure
Refused

Where narrower ranges are required, household annual gross income may be collected in $ 10,000 ranges using the data element Household annual gross income range ($ 10,000 range).

Household annual gross income range ($ 10,000 range)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Household—gross income (annual), ten thousand dollar range code N[N]
METeOR identifier:	290742
Registration status:	NHIG, Standard 04/05/2005
Definition:	The value of gross annual income from all sources (before deductions for income tax, superannuation, etc.) for all household members as represented by a ten thousand dollar range code.
Context:	Gross household income ($ 10,000 ranges) is used as an indicator of the economic status of the household.

Data element concept attributes

Data element concept:	Household—gross income
Definition:	The value of gross income from all sources (before deductions for income tax, superannuation, etc.) for all household members.
Context:	A gross personal income of each household member is combined to determine gross household income.
Object class:	Household
Property:	Gross income

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N[N]	
Maximum character length:	2	
Permissible values:	Value	Meaning
	1	Less than $ 10,000
	2	$ 10,000 - $ 20,000
	3	$ 20,001 - $ 30,000
	4	$ 30,001 - $ 40,000
	5	$ 40,001 - $ 50,000
	6	$ 50,001 - $ 60,000
	7	$ 60,001 - $ 70,000
	8	$ 70,001 - $ 80,000
	9	$ 80,001 - $ 90,000
	10	$ 90,001 - $ 100,000
	11	More than $ 100,000
Supplementary values:	12	Don't know / not sure
	13	Not stated

Data element attributes

Collection and usage attributes

Guide for use:

The main components of gross income are:

- current usual wages and salary;
- income derived from self-employment;
- government pensions, benefits and allowances; and
- other income comprising investments (including interest, dividends, royalties and rent) and other regular income (including superannuation, private scholarships received in cash, workers' compensation, accident compensation, maintenance or alimony, and any other allowances regularly received).

Gross income is regarded as all receipts which are received regularly and are of a recurring nature. Certain receipts such as lump sum receipts, windfall gains and withdrawals from savings are not considered to conform to these criteria and are not included as income.

Please note that this data element is not consistent with the ABS standards for cash income. Refer to the ABS website http://www.abs.gov.au/Ausstats/abs@.nsf/StatsLibrary
 Select: Other ABS Statistical Standards/Standards for Social, Labour and Demographic Variables/Cash Income Variables.

Source and reference attributes

Submitting organisation: National Public Health Information Working Group

Relational attributes

Implementation in Data Set Specifications:

Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Information specific to this data set:

For data collection using Computer Assisted Telephone Interviewing (CATI), the suggested question is:

I would now like to ask you about your household's income. We are interested in how income relates to health, lifestyle and access to health services.

Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the last 12 months?

(Read options: Single response)

Less than $ 10,000

$ 10,000 - $ 20,000

$ 20,001 - $ 30,000

$ 30,001 - $ 40,000

$ 40,001 - $ 50,000

$ 50,001 - $ 60,000

$ 60,001 - $ 70,000

$ 70,001 - $ 80,000

$ 80,001 - $ 90,000

$ 90,001 - $ 100,000

Over $ 100,000
Don't know/not sure
Refused

Hypertension - treatment

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—hypertension treatment with antihypertensive medication indicator (current), code N

METeOR identifier: 302442

Registration status: NHIG, Standard 21/09/2005

Definition: Whether a person is currently being treated for hypertension (high blood pressure) using antihypertensive medication, as represented by a code.

Data element concept attributes

Data element concept: Person—hypertension treatment with antihypertensive medication indicator

Definition: Whether an individual is being treated for hypertension (high **blood pressure**) using antihypertensive medication.

Context: Public health, health care and clinical settings.

Object class: Person

Property: Hypertension treatment with antihypertensive medication indicator

Source and reference attributes

Submitting organisation: National diabetes data working group

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Yes
2	No

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 9 Not stated/inadequately described

This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Guide for use: CODE 1   Yes

Record if a person is currently being treated for hypertension using antihypertensive medication.

CODE 2   No

Record if a person is not currently being treated for hypertension using antihypertensive medication.

Collection methods:	Ask the individual if he/she is currently treated with anti-hypertensive medications. Alternatively obtain the relevant information from appropriate documentation.

Source and reference attributes

Submitting organisation:	National diabetes data working group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
Reference documents:	Pahor M, Psaty BM, Furberg CD. Treatment of hypertensive patients with diabetes. Lancet 1998; 351:689-90. Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group [erratum appears in Br Med J 1999; 318:29]. Br Med J 1998; 317:703-13.
	Grossman E, Messerli FH, Goldbourt U, Curb JD, Pressel SL, Cutler JA, Savage PJ, Applegate WB, Black H, et al. Effect of diuretic-based antihypertensive treatment on cardiovascular disease risk in older diabetic patients with isolated systolic hypertension. Systolic Hypertension in the Elderly Program Cooperative Research Group. JAMA 1996; 276:1886-92.
	Hypertension in diabetes[Australian Prescriber Feb 2002]. American Journal of Preventive Medicine 2002;21.

Relational attributes

Related metadata references:	Supersedes Person—hypertension treatment status (antihypertensive medication), code N NHIG, Superseded 21/09/2005
Implementation in Data Set Specifications:	Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Information specific to this data set:

Hypertension is probably the most important public health problem in developed countries. It is common, asymptomatic, readily detectable, usually easily treatable, and often leads to lethal complications if left untreated.

Elevated blood pressure (Hypertension) is a recognised risk for microvascular and macro vascular complications of diabetes (coronary, cerebral and peripheral).

Hypertension is elevated arterial blood pressure above the normal range (130 to 139/85 to 89 mm Hg) and values above these are defined as hypertension. Lower levels of target blood pressure should be aimed for in specific groups, e.g. in diabetics aim for blood pressure less than 135/80 mm Hg.

Many diabetics fail to control high blood pressure. Among all the diabetics with high blood pressure, 29% were unaware that they had high blood pressure and only slightly more than half were receiving hypertensive medications as treatment.

Numbers of studies have shown that good management of blood pressure is at least as important as good control of blood glucose and the reduction of cholesterol in

preventing the complications of diabetes.

Antihypertensives - Australian Medicines Handbook: February, 2001. Tight blood control in diabetes usually requires combination therapy as stated by (Australian Diabetes society) Therapeutic Guidelines Limited (05.04.2002).

People taking antihypertensives are also encouraged to make healthy lifestyle changes, such as quit smoking, lose weight and have regular physical activity.
The level of blood pressure should generally be established on at least two to four occasions prior to initiating antihypertensive medication.

Systematic reviews of studies that have reported outcomes in patients with diabetes and hypertension indicate that combination therapy is frequently required and may be more beneficial than monotherapy. In the past multi-drug therapy to control hypertension has not been advocated much, but according to the special report published in the American Journal of Kidney Diseases, if ACE inhibitor therapy alone doesn't achieve good blood pressure control, multi-drug therapy should be implemented. (Heart Center Online)

Hypoglycaemia - severe

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—severe hypoglycaemia indicator, code N

METeOR identifier: 302825

Registration status: NHIG, Standard 21/09/2005

Definition: Whether a person has had **severe hypoglycaemia**, as represented by a code.

Data element concept attributes

Data element concept: Person—severe hypoglycaemia indicator

Definition: Whether the individual has had **severe hypoglycaemia**.

Context: Public health, health care and clinical settings

Object class: Person

Property: Severe hypoglycaemia indicator

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Yes
2	No

Supplementary values: 9   Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 9 Not stated/inadequately described

                               This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Guide for use: CODE 1 Yes: Record if the person has a history of severe hypoglycaemia.

                               CODE 2 No: Record if the person has no history of severe hypoglycaemia.

Collection methods: Ask the individual if he/she has had a severe hypoglycaemia requiring assistance. Alternatively obtain the relevant information from appropriate documentation.

Comments: The medications used in the treatment of diabetes may cause the blood glucose value to fall below the normal range and this is called hypoglycaemia.

Source and reference attributes

Submitting organisation: National diabetes data working group

Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Reference documents: Definition corresponds with the Diabetes Control and Complications Trial (DCCT): DCCT New England Journal of Medicine, 329(14), September 30, 1993. Report of the Health Care Committee Expert Panel on Diabetes; Commonwealth of Australia 1991; ISBN 0644143207.

Relational attributes

Related metadata references: Supersedes Person—severe hypoglycaemia history, status code N NHIG, Superseded 21/09/2005

Implementation in Data Set Specifications: Diabetes (clinical) DSS NHIG, Standard 21/09/2005

        Information specific to this data set:

        Most hypoglycaemic reactions, however, do not cause long term problems, but the risks of permanent injury to the brain are greater in children under the age of 5 years, the elderly with associated cerebrovascular disease and patients with other medical conditions such as cirrhosis and coeliac disease. The serious consequences of hypoglycaemia relate to its effects on the brain. Rarely hypoglycaemia may cause death.

        It is important to know how to recognise and react when someone is unconscious from hypoglycaemia. These people should be placed on their side and the airway checked so that breathing is unhampered and nothing should be given by mouth as food may enter the breathing passages. Treatment needs to be given by injection - either glucagon (a hormone which raises the blood glucose by mobilising liver stores) or glucose itself. Glucagon should be given by injection (usually intramuscular) at a dose of 0.5 units (or mg) in children under the age of 5 years and 1.0 units (mg) for all older age groups.

        All diabetic patients at risk of developing hypoglycaemia should have glucagon at home. Their families need to be shown how to administer it in times of severe hypoglycaemia.

Impairment of body function

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—extent of impairment of body function, code (ICF 2001) N

METeOR identifier: 320138

Registration status: NHIG, Standard 29/11/2006
                               NCSIMG, Standard 16/10/2006

Definition: A person's degree of impairment in a specified body function, as represented by a code.

Context: Human functioning and disability

Data element concept attributes

Data element concept: Person—extent of impairment of body function

Definition: A person's degree of impairment in a specified body function.

Object class: Person

Property: Extent of impairment of body function

Value domain attributes

Representational attributes

Classification scheme: International Classification of Functioning, Disability and Health 2001

Representation class: Code

Data type: String

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
0	No impairment
1	Mild impairment
2	Moderate impairment
3	Severe impairment
4	Complete impairment

Supplementary values:

8	Not specified
9	Not applicable

Collection and usage attributes

Guide for use: This metadata item contributes to the definition of the concept '**Disability**' and gives an indication of the experience of disability for a person.

Impairments of body structure or body function are problems in body structure or function such as a loss or significant departure from population standards or averages.

CODE 0   No impairment

Used when there is no significant variation from accepted population standards in the biomedical status of the body

structure or its functions [0-4%].

CODE 1   Mild impairment

Used when there is a slight or low variation from accepted population standards in the biomedical status of the body structure or its functions [5-24%].

CODE 2   Moderate impairment

Used when there is a medium (significant but not severe) variation from accepted population standards in the biomedical status of the body structure or its functions [25-49%].

CODE 3   Severe impairment

Used when there is an extreme variation from accepted population standards in the biomedical status of the body structure or its functions [50-95%].

CODE 4   Complete impairment

Used when there is a total variation from accepted population standards in the biomedical status of the body structure or its functions [96-100%].

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
Origin:	World Health Organization (WHO) 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO
	Australian Institute of Health and Welfare (AIHW) 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
Reference documents:	Further information on the ICF including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website
  http://www.who.int/classifications/icf/en/
- Australian Collaborating Centre ICF website
  http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

Guide for use:	This coding is to be used in conjunction with specified Body Functions domains. For example, 'a mild impairment of functions related to the brain' to indicate the area of impairment and, potentially, the sorts of interventions that may result in improved functioning. The body function in which an individual experiences an impairment is indicated using the metadata item Person—body function, code (ICF 2001) AN[NNNN].

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set
Specifications:
Body functions cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Impairment of body structure

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Person—extent of impairment of body structure, code (ICF 2001) N
METeOR identifier:	320165
Registration status:	NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006
Definition:	A person's degree of impairment in a specified body structure, as represented by a code.

Data element concept attributes

Data element concept:	Person—extent of impairment of body structure
Definition:	A person's degree of impairment in a specified body structure.
Object class:	Person
Property:	Extent of impairment of body structure

Value domain attributes

Representational attributes

Classification scheme:	International Classification of Functioning, Disability and Health 2001
Representation class:	Code
Data type:	String
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
0	No impairment
1	Mild impairment
2	Moderate impairment
3	Severe impairment
4	Complete impairment

Supplementary values:

8	Not specified
9	Not applicable

Collection and usage attributes

Guide for use:	This metadata item contributes to the definition of the concept '**Disability**' and gives an indication of the experience of disability for a person. Impairments of body structure or body function are problems in body structure or function such as a loss or significant departure from population standards or averages. CODE 0 No impairment Used when there is no significant variation from accepted population standards in the biomedical status of the body structure or its functions [0-4%].

CODE 1   Mild impairment

Used when there is a slight or low variation from accepted population standards in the biomedical status of the body structure or its functions [5-24%].

CODE 2   Moderate impairment

Used when there is a medium (significant but not severe) variation from accepted population standards in the biomedical status of the body structure or its functions [25-49%].

CODE 3   Severe impairment

Used when there is an extreme variation from accepted population standards in the biomedical status of the body structure or its functions [50-95%].

CODE 4   Complete impairment

Used when there is a total variation from accepted population standards in the biomedical status of the body structure or its functions [96-100%].

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
Origin:	World Health Organization (WHO) 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO
	Australian Institute of Health and Welfare (AIHW) 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW
Reference documents:	Further information on the ICF including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website http://www.who.int/classifications/icf/en/
- Australian Collaborating Centre ICF website http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

Guide for use:	This data element is used in conjunction with specified body structures, for example 'mild impairment of structures related to movement'. This data element may also be used in conjunction with Person—nature of impairment of body structure, code (ICF 2001) N and Person—location of impairment of body structure, code (ICF 2001) N.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:	Body structures cluster NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006

Indicator procedure

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Elective surgery waiting list episode—indicator procedure, code NN
METeOR identifier:	334976
Registration status:	NHIG, Standard 07/12/2005
Definition:	Indicator procedure for which an elective surgery patient is waiting, as represented by a code.

Data element concept attributes

Data element concept:	Elective surgery waiting list episode—indicator procedure
Definition:	An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods.
Object class:	Elective surgery waiting list episode
Property:	Indicator procedure

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:	Value	Meaning
	01	Cataract extraction
	02	Cholecystectomy
	03	Coronary artery bypass graft
	04	Cystoscopy
	05	Haemorrhoidectomy
	06	Hysterectomy
	07	Inguinal herniorrhaphy
	08	Myringoplasty
	09	Myringotomy
	10	Prostatectomy
	11	Septoplasty
	12	Tonsillectomy
	13	Total hip replacement
	14	Total knee replacement
	15	Varicose veins stripping and ligation
Supplementary values:	16	Not applicable

Data element attributes

Collection and usage attributes

Guide for use: The procedure terms are defined by the Australian Classification of Health Interventions (ACHI) codes which are listed in comments below. Where a patient is awaiting more than one indicator procedure, all codes should be listed. This is because the intention is to count procedures rather than patients in this instance.

These are planned procedures for the waiting list, not what is actually performed during hospitalisation.

Comments: The list of indicator procedures may be reviewed from time to time. Some health authorities already code a larger number of waiting list procedures.

Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. It is not always possible to code all elective surgery procedures at the time of addition to the waiting list. Reasons for this include that the surgeon may be uncertain of the exact procedure to be performed, and that the large number of procedures possible and lack of consistent nomenclature would make coding errors likely. Furthermore, the increase in workload for clerical staff may not be acceptable. However, a relatively small number of procedures account for the bulk of the elective surgery workload. Therefore, a list of common procedures with a tendency to long waiting times is useful. Waiting time statistics by procedure are useful to patients and referring doctors. In addition, waiting time data by procedure assists in planning and resource allocation, audit and performance monitoring.

The following is a list of ACHI (5th edition) codes, for the indicator procedures:

Cataract extraction:

42698-00 [195] 42702-00 [195] 42702-01 [195] 42698-01 [196] 42702-02 [196]

42702-03 [196] 42698-02 [197] 42702-04 [197] 42702-05 [197] 42698-03 [198]

42702-06 [198] 42702-07 [198] 42698-04 [199] 42702-08 [199] 42702-09 [199]

42731-01 [200] 42698-05 [200] 42702-10 [200] 42734-00 [201] 42788-00 [201]

42719-00 [201] 42731-00 [201] 42719-02 [201] 42791-02 [201] 42716-00 [202]

42702-11 [200] 42719-00 [201] 42722-00 [201]

Cholecystectomy:

30443-00 [965] 30454-01 [965] 30455-00 [965] 30445-00 [965] 30446-00 [965]

30448-00 [965] 30449-00 [965]

Coronary Artery bypass graft:

38497-00 [672] 38497-01 [672] 39497-02 [672] 38497-03 [672] 38497-04 [673]

38497-05 [673] 38497-06 [673] 39497-07 [673] 38500-00 [674] 38503-00 [674]

38500-01 [675] 38503-01 [675] 38500-02 [676] 38503-02 [676] 38500-03 [677]

38503-03 [677] 38500-04 [678] 38503-04 [678] 90201-00 [679] 90201-01 [679]

90201-02 [679] 90201-03 [679]

Cystoscopy:

36812-00 [1089] 36812-01 [1089] 36836-00 [1098]

Haemorrhoidectomy:

32138-00 [941] 32132-00 [941] 32135-00 [941] 32135-01 [941]

Hysterectomy:

35653-00 [1268] 35653-01 [1268] 35653-02 [1268] 35653-03 [1268]
35661-00 [1268]
35670-00 [1268] 35667-00 [1268] 35664-00 [1268] 35657-00 [1269]
35750-00 [1269]
35756-00 [1269] 35673-00 [1269] 35673-01 [1269] 35753-00 [1269]
35753-01 [1269]
35756-01 [1269] 35756-02 [1269] 35667-01 [1269] 35664-01 [1269]
90450-00 [989] 90450-01 [989] 90450-02 [989]

Inguinal herniorrhaphy:

30614-03 [990] 30615-00 [997] 30609-03 [990] 30614-02 [990
30609-02 [990]

Myringoplasty:

41527-00 [313] 41530-00 [313] 41533-01 [313] 41542-00 [315]
41635-01 [313]

Myringotomy:

41626-00 [309] 31626-01 [309] 41632-00 [309] 41632-01 [309]

Prostatectomy:

37203-00 [1165] 37203-02 [1165] 37207-00 [1166] 37207-01[1166]
37200-00 [1166] 37203-05 [1166] 37203-06 [1166] 37200-03[1167]
37200-04 [1167] 37209-00 [1167] 37200-05 [1167] 90407-00 [1168]
37201-00 [1165] 37203-03 [1166] 37203-04 [1166] 37224-00 [1162]
37224-01 [1162]

Septoplasty:

41671-02 [379] 41671-01 [379] 41671-02 [379] 41671-03 [379]

Tonsillectomy:

41789-00 [412] 41789-01 [412]

Total hip replacement:

49318-00 [1489] 49319-00 [1489] 49324-00 [1492] 49327-00 [1492]
49330-00 [1492]
49333-00 [1492] 49345-00 [1492]

Total knee replacement:

49518-00 [1518] 49519-00 [1518] 49521-00 [1519] 49521-01 [1519]
49521-02 [1519]
49521-03 [1519] 49524-00 [1519] 49524-01 [1519] 49527-00 [1524]
49530-00 [1523]
49530-01 [1523] 49533-00 [1523] 49554-00 [1523] 49534-00 [1519]

Varicose veins stripping and ligation:

32508-00 [727] 32508-01 [727] 32511-00 [727] 32504-01 [728]
32505-00 [728]
32514-00 [737]

Source and reference attributes

Origin:	National Health Data Committee
Reference documents:	National Centre for Classification in Health (NCCH) 2006. The Australian Classification of Health Interventions (ACHI) – Fifth Edition - Tabular list of interventions and Alphabetic index of interventions. Sydney: NCCH, Faculty of Health Sciences, The

University of Sydney.

Relational attributes

Related metadata references: Supersedes Elective surgery waiting list episode—indicator procedure, code NN NHIG, Superseded 07/12/2005

Implementation in Data Set Specifications: Elective surgery waiting times (census data) NMDS NHIG, Standard 07/12/2005

> *Implementation start date:* 30/09/2006

Elective surgery waiting times (removals data) NMDS NHIG, Standard 07/12/2005

> *Implementation start date:* 01/07/2006

Indigenous status

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—Indigenous status, code N

METeOR identifier: 291036

Registration status: NHIG, Standard 04/05/2005
NCSIMG, Standard 25/08/2005

Definition: Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. This is in accord with the first two of three components of the Commonwealth definition.

Data element concept attributes

Data element concept: Person—Indigenous status

Definition: Indigenous Status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition.

Context: Australia's Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. In the current climate of reconciliation, accurate and consistent statistics about Aboriginal and Torres Strait Islander peoples are needed in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area. The purpose of this metadata item is to provide information about people who identify as being of Aboriginal or Torres Strait Islander origin. Agencies or establishments wishing to determine the eligibility of individuals for particular benefits, services or rights will need to make their own judgments about the suitability of the standard measure for these purposes, having regard to the specific eligibility criteria for the program concerned.

Object class: Person

Property: Indigenous status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Aboriginal but not Torres Strait Islander origin
2	Torres Strait Islander but not Aboriginal origin
3	Both Aboriginal and Torres Strait Islander origin
4	Neither Aboriginal nor Torres Strait Islander

		origin
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use: This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS Website as indicated in the Reference documents.

The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:

Indigenous:

- Aboriginal but not Torres Strait Islander origin.
- Torres Strait Islander but not Aboriginal origin.
- Both Aboriginal and Torres Strait Islander origin.

Non-indigenous:

- Neither Aboriginal nor Torres Strait Islander origin.

Not stated/ inadequately described:

This category is not to be available as a valid answer to the questions but is intended for use:

- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.
- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

Only in the last two situations may the tick boxes on the questionnaire be left blank.

Data element attributes

Collection and usage attributes

Collection methods: The standard question for Indigenous Status is as follows:

[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No..

Yes, Aboriginal...............................

Yes, Torres Strait Islander............

This question is recommended for self-enumerated or interview-based collections. It can also be used in circumstances where a close relative, friend, or another member of the household is answering on behalf of the subject. It is strongly recommended that this question be asked directly wherever possible.

When someone is not present, the person answering for them should be in a position to do so, i.e. this person must know well the person about whom the question is being asked and feel

confident to provide accurate information about them.

This question must always be asked regardless of data collectors' perceptions based on appearance or other factors.

The Indigenous status question allows for more than one response. The procedure for coding multiple responses is as follows:

If the respondent marks 'No' and either 'Aboriginal' or 'Torres Strait Islander', then the response should be coded to either Aboriginal or Torres Strait Islander as indicated (i.e. disregard the 'No' response).

If the respondent marks both the 'Aboriginal' and 'Torres Strait Islander' boxes, then their response should be coded to 'Both Aboriginal and Torres Strait Islander Origin'.

If the respondent marks all three boxes ('No', 'Aboriginal' and 'Torres Strait Islander'), then the response should be coded to 'Both Aboriginal and Torres Strait Islander Origin' (i.e. disregard the 'No' response).

This approach may be problematical in some data collections, for example when data are collected by interview or using screen based data capture systems. An additional response category

Yes, both Aboriginal and Torres Strait Islander...

may be included if this better suits the data collection practices of the agency or establishment concerned.

Comments:	The following definition, commonly known as 'The Commonwealth Definition', was given in a High Court judgement in the case of Commonwealth v Tasmania (1983) 46 ALR 625.

'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

There are three components to the Commonwealth definition:

- descent;
- self-identification; and
- community acceptance.

In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self-identification only.

Source and reference attributes

Origin:	National Health Data Committee
	National Community Services Data Committee
Reference documents:	Australian Bureau of Statistics 1999. Standards for Social, Labour and Demographic Variables. Cultural Diversity Variables, Canberra. Viewed 3 August 2005.

Relational attributes

Related metadata references:	Supersedes Person—Indigenous status, code N NHIG, Superseded 04/05/2005, NCSIMG, Superseded 25/08/2005
Implementation in Data Set Specifications:	Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Implementation start date: 07/12/2005

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Admitted patient care NMDS NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Admitted patient care NMDS 2006-2007 NHIG, Superseded 29/11/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient care NMDS 2007-2008 NHIG, Standard 29/11/2006

Implementation start date: 01/07/2007

Admitted patient mental health care NMDS NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Admitted patient mental health care NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient mental health care NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Admitted patient palliative care NMDS NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Admitted patient palliative care NMDS 2006-2007 NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient palliative care NMDS 2007-08 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Alcohol and other drug treatment services NMDS NHIG, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Alcohol and other drug treatment services NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Cardiovascular disease (clinical) DSS NHIG, Superseded

15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Standard 15/02/2006

Community mental health care 2004-2005 NHIG, Superseded 08/12/2004

Implementation start date: 01/07/2004

Implementation end date: 30/06/2005

Community mental health care NMDS 2005-2006 NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Community mental health care NMDS 2006-2007 NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Community mental health care NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Computer Assisted Telephone Interview demographic module DSS NHIG, Standard 04/05/2005

Information specific to this data set:

For data collection using Computer Assisted Telephone Interviewing (CATI) the suggested questions are:

Q.1 Are you of Aboriginal or Torres Strait Islander origin?

Yes - go to Q.2

No – no more questions

Q.2 Are you of Aboriginal origin, Torres Strait Islander origin, or both?

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Health care client identification DSS NHIG, Standard 04/05/2005

NCSIMG, Standard 03/10/2006

Non-admitted patient emergency department care NMDS NHIG, Standard 24/03/2006

Implementation start date: 01/07/2006

Non-admitted patient emergency department care NMDS NHIG, Superseded 07/12/2005

Non-admitted patient emergency department care NMDS NHIG, Superseded 24/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Perinatal NMDS NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Perinatal NMDS NHIG, Superseded 06/09/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Perinatal NMDS 2007-2008 NHIG, Standard 06/09/2006

Implementation start date: 01/07/2007

Residential mental health care NMDS 2005-2006 NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Residential mental health care NMDS 2006-2007 NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Residential mental health care NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Individual sessions (public psychiatric, alcohol and drug hospital) - emergency and outpatient

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment (public psychiatric or alcohol and drug hospital)—number of individual session occasions of service for non-admitted patients (emergency and outpatient), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care (public psychiatric, alcohol & drug) - emergency and outpatient individual sessions
METeOR identifier:	270216
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the emergency and outpatient functional unit of a public psychiatric or alcohol and drug hospital.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7

Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: Emergency patients and outpatients are persons who receive non-admitted care. Individual non-admitted care is care provided to a person who receives direct care within the **emergency department** or other designated clinics within the hospital and who is not formally admitted at the time when the care is provided. A person who first contacts the hospital and receives non-admitted care, for example through the emergency department, and is subsequently admitted should have both components of care enumerated separately.

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same family. Family services are to be treated as occasions of service to an individual.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care (public psychiatric, alcohol & drug), DE, NHIMG, Super 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions (public psychiatric, alcohol and drug hospital)—outreach and community

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment (public psychiatric or alcohol and drug hospital)—number of individual session occasions of service for non-admitted patients (outreach and community), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care (public psychiatric, alcohol & drug) - outreach and community individual sessions
METeOR identifier:	270218
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients by outreach and community services units of a public psychiatric or alcohol and drug hospital.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: For outreach/community patients, care is delivered by hospital employees to the patient in the home, place of work or other non-hospital site.

Comments: A group is defined as two or more patients receiving a service together where all individuals are not members of the same family. Family services are to be treated as occasions of service to an individual.

Source and reference attributes

Submitting organisation: National minimum data set working parities

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care (public psychiatric, alcohol & drug), DE, NHIMG, Super 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions—alcohol and drug

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (alcohol and drug), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care - alcohol and drug individual sessions
METeOR identifier:	270508
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the alcohol and drug functional unit of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:

For occasions of service as individual sessions to non-admitted patients attending designated drug and alcohol units within hospitals.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Occasions of service, version 1, Derived DE,

NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Public hospital establishments NMDS NHIG, Superseded 21/03/2006

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Individual sessions—allied health services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (allied health services), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care - allied health services individual sessions
METeOR identifier:	270502
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients by allied health services units or clinics of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:	Allied health service units include those units primarily concerned with physiotherapy, speech therapy, family planning, detary advice, optometry, occupational therapy, and so on.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006
	Implementation start date: 01/07/2007

Individual sessions—community health services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (community health services), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care - community health services individual sessions
METeOR identifier:	270395
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in designated community health services units of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:

For occasions of service to non-admitted patients provided by designated community health units within the establishment.

Community health units include:

- baby clinics
- immunisation units
- aged care assessment teams
- other

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Comments:

Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.

This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary. For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions—dental

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (dental), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care - dental individual sessions
METeOR identifier:	270513
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in designated dental units of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:	For all occasions of service as individual sessions to non-admitted patients attending designated dental units within hospitals.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.
Collection methods:	The definition does not distinguish case complexity for non-admitted patients.
	For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.
	For admitted patients the concept of a separation is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

Implementation start date: 01/07/2007

Individual sessions—dialysis

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of individual session occasions of service for non-admitted patients (dialysis), total N[NNNNNN]

Synonymous names: Type of non-admitted patient care - dialysis individual sessions

METeOR identifier: 270503

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the dialysis functional unit of an establishment.

Data element concept attributes

Data element concept: Establishment—number of individual session occasions of service for non-admitted patients

Definition: The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

Object class: Establishment

Property: Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments: Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.

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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNNNN]

Maximum character length: 7

Unit of measure: Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:	Dialysis:

This represents all non-admitted patients receiving dialysis within the establishment. Where patients receive treatment in a ward or clinic classified elsewhere (for example, an emergency department), those patients are to be counted as dialysis patients and to be excluded from the other category. All forms of dialysis which are undertaken as a treatment necessary for renal failure are to be included.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods: The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a separation is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Occasions of service, version 1, Derived DE,

NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Public hospital establishments NMDS NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

Individual sessions—district nursing services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of individual session occasions of service for non-admitted patients (district nursing services), total N[NNNNNN]

Synonymous names: Type of non-admitted patient care - district nursing services individual sessions

METeOR identifier: 270512

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients by the district nursing services functional unit of an establishment.

Data element concept attributes

Data element concept: Establishment—number of individual session occasions of service for non-admitted patients

Definition: The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.

Context: Required to adequately describe the services provided to non-admitted patients.

Object class: Establishment

Property: Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments: Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.

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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNNNN]

Maximum character length: 7

Unit of measure: Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: For occasions of service as individual sessions by district nursing services to non-admitted patients.

District nursing services:

- are for medical/surgical/psychiatric care
- are provided by a nurse, paramedic or medical officer
- involve travel by the service provider*
- are not provided by staff from a unit classified in the community health category above.

*Travel does not include movement within an establishment, movement between sites in a multi-campus establishment or between establishments. Such cases should be classified under the appropriate non-admitted patient category.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods: The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Comments:	Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.
	This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary. For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006
	Implementation start date: 01/07/2007

Individual sessions—emergency services

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—number of individual session occasions of
                               service for non-admitted patients (emergency services), total
                               N[NNNNNN]

Synonymous names: Type of non-admitted patient care

METeOR identifier: 270506

Registration status: NHIG, Standard 01/03/2005

Definition: The total number of occasions of examination, consultation,
                               treatment or other services provided as individual sessions to
                               non-admitted patients in the emergency services functional unit
                               of an establishment.

Data element concept attributes

Data element concept: Establishment—number of individual session occasions of
                               service for non-admitted patients

Definition: The number of non-admitted occasions of service for
                               those treated as individual patients provided by an
                               establishment.

Context: Required to adequately describe the services provided to non-
                               admitted patients.

Object class: Establishment

Property: Number of individual session occasions of service for non-
                               admitted patients

Collection and usage attributes

Comments: Family services are to be treated as occasions of service to an
                               individual. A group is defined as two or more patients
                               receiving a service together where all individuals are not
                               members of the same family.

                               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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NNNNNN]

Maximum character length: 7

Unit of measure: Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: Emergency services:

Services to patients who are not admitted and who receive treatment that was either unplanned or carried out in designated emergency departments within a hospital. Unplanned patients are patients who have not been booked into the hospital before receiving treatment. In general it would be expected that most patients would receive surgical or medical treatment. However, where patients receive other types of treatment that are provided in emergency departments these are to be included. The exceptions are for dialysis and endoscopy and related procedures which have been recommended for separate counting.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service. The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods: The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

---

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions—endoscopy and related procedures

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (endoscopy and related procedures), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care - endoscopy and related procedures individual sessions
METeOR identifier:	270507
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the endoscopy and related procedures functional unit of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: For all occasions of endoscopy and related procedures provided as individual sessions to non-admitted patients.

Endoscopy and related procedures include:

- cystoscopy
- gastroscopy
- oesophagoscopy
- duodenoscopy
- colonoscopy
- bronchoscopy
- laryngoscopy.

Where one of these procedures is carried out in a ward or clinic classified elsewhere, for example in the emergency department, the occasion is to be included under endoscopy and related procedures, and to be excluded from the other category. Care must be taken to ensure procedures for admitted patients are excluded from this category.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods: The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case

complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions—mental health

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (mental health), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care - mental health individual sessions
METeOR identifier:	270504
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the mental health functional unit of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:

For all occasions of service as individual sessions to non-admitted patients attending designated psychiatric or mental health units within hospitals.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation:

National minimum data set working parties

Relational attributes

Related metadata references:

Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set

Public hospital establishments NMDS NHIG, Superseded

Specifications: 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

Individual sessions—other medical/surgical/diagnostic

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (other medical/surgical/diagnostic), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care - other medical/surgical/diagnostic individual sessions
METeOR identifier:	270511
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other service provided to a patient in a medical/surgical/diagnostic unit of a health service establishment not defined elsewhere. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: For any occasion of service to a non-admitted patient given at a designated unit primarily responsible for the provision of medical/surgical or diagnostic services which have not already been covered in other data elements.

Other medical/surgical/diagnostic services include:

- electrocardiogram (ECG)
- obstetrics
- nuclear medicine
- general medicine
- general surgery
- fertility and so on.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods: The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005

> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006

> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions—other outreach services

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (other outreach services), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care
METeOR identifier:	270514
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients through the outreach services of an establishment not defined elsewhere.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:

For occasions of outreach services as individual sessions to non-admitted patients.

Other outreach services:

- involve travel by the service provider*
- are not classified in allied health or community health services above.

*Travel does not include movement within an establishment, movement between sites in a multi-campus establishment or between establishments. Such cases should be classified under the appropriate non-admitted patient category.

It is intended that these activities should represent non-medical/surgical/psychiatric services. Activities such as home cleaning, meals on wheels, home maintenance and so on should be included.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods:

The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Comments:	Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.
	This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary. For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006
	Implementation start date: 01/07/2007

Individual sessions—pathology

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (pathology), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care
METeOR identifier:	270505
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the pathology functional unit of an establishment. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use: For all occasions of service as individual sessions to non-admitted patients from designated pathology laboratories.

Occasions of service to all patients from other establishments should be counted separately.

This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Collection methods: The definition does not distinguish case complexity for non-admitted patients.

For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.

For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation: National minimum data set working parties

Relational attributes

Related metadata references: Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions—pharmacy

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—number of individual session occasions of service for non-admitted patients (pharmacy), total N[NNNNNN]
Synonymous names:	Type of non-admitted patient care
METeOR identifier:	270509
Registration status:	NHIG, Standard 01/03/2005
Definition:	The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the pharmacy functional unit of an establishment.

Data element concept attributes

Data element concept:	Establishment—number of individual session occasions of service for non-admitted patients
Definition:	The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.
Context:	Required to adequately describe the services provided to non-admitted patients.
Object class:	Establishment
Property:	Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:	Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.
	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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NNNNNN]
Maximum character length:	7
Unit of measure:	Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:	For all occasions of service as individual sessions to non-admitted patients from pharmacy departments.
	Those drugs dispensed/administered in other departments such as the emergency department, or outpatient departments, are to be counted by the respective departments.
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.
Collection methods:	The definition does not distinguish case complexity for non-admitted patients.
	For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average diagnosis related group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.
	For admitted patients the concept of a **separation** is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Type of non-admitted patient care, version 1,

Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Public hospital establishments NMDS NHIG, Superseded 21/03/2006

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006

Public hospital establishments NMDS NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007

Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007

Individual sessions—radiology and organ imaging

Identifying and definitional attributes

Metadata item type:　　　　　Data Element

Technical name:　　　　　　Establishment—number of individual session occasions of service for non-admitted patients (radiology and organ imaging), total N[NNNNNN]

Synonymous names:　　　　　Type of non-admitted patient care

METeOR identifier:　　　　　270510

Registration status:　　　　　NHIG, Standard 01/03/2005

Definition:　　　　　　　　The total number of occasions of examination, consultation, treatment or other services provided as individual sessions to non-admitted patients in the radiology and organ imaging functional unit of an establishment.

Data element concept attributes

Data element concept:　　　Establishment—number of individual session occasions of service for non-admitted patients

Definition:　　　　　　　　The number of non-admitted occasions of service for those treated as individual patients provided by an establishment.

Context:　　　　　　　　　Required to adequately describe the services provided to non-admitted patients.

Object class:　　　　　　　Establishment

Property:　　　　　　　　　Number of individual session occasions of service for non-admitted patients

Collection and usage attributes

Comments:　　　　　　　　Family services are to be treated as occasions of service to an individual. A group is defined as two or more patients receiving a service together where all individuals are not members of the same family.

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 alcohol and drug hospitals.

Value domain attributes

Representational attributes

Representation class:　　　　Total

Data type:　　　　　　　　Number

Format:　　　　　　　　　N[NNNNNN]

Maximum character length:　7

Unit of measure:　　　　　Occasion of service

Data element attributes

Collection and usage attributes

Guide for use:	For all occasions of radiology and organ imaging services as individual sessions to non-admitted patients.
	Radiology and organ imaging includes services undertaken in radiology (X-ray) departments as well as in specialised organ imaging clinics carrying out ultrasound, computerised tomography (CT) and magnetic resonance imaging (MRI).
	This metadata item identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.
	A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.
	The list of Type of non-admitted patient care categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Source and reference attributes

Submitting organisation:	National minimum data set working parties

Relational attributes

Related metadata references:	Supersedes Type of non-admitted patient care, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Supersedes Occasions of service, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Public hospital establishments NMDS NHIG, Superseded 21/03/2006
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Public hospital establishments NMDS NHIG, Superseded 23/10/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Public hospital establishments NMDS 2007-2008 NHIG, Standard 23/10/2006
	Implementation start date: 01/07/2007

Individual/group session indicator

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Service contact—group session status, individual/group session indicator code ANN.N
METeOR identifier:	291057
Registration status:	NHIG, Standard 04/05/2005
Definition:	Whether two or more patients received services at the same time from the same hospital staff, as represented by a code.

Data element concept attributes

Data element concept:	Service contact—group session status
Definition:	A group is defined as two or more patients receiving services at the same time from the same hospital staff.
Context:	Required to distinguish between those occasions of service on an individual patient basis and those servicing groups of patients. This distinction has resource implications.
Object class:	Service contact
Property:	Group session status

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	ANN.N
Maximum character length:	5

Permissible values:	Value	Meaning
	A12.1	Individual sessions
	A12.2	Group sessions

Data element attributes

Collection and usage attributes

Guide for use:	This excludes the situation where individuals all belong to the same family. In such cases, the service is being provided to the family unit and as a result the session should be counted as a single occasion of service to an individual.

Relational attributes

Related metadata references:	Supersedes Individual/group session, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Infant weight, neonate, stillborn

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Birth—birth weight, total grams NNNN

METeOR identifier: 269938

Registration status: NHIG, Standard 01/03/2005

Definition: The first weight, in grams, of the live-born or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth.

Data element concept attributes

Data element concept: Birth—birth weight

Definition: The first weight of the live-born or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth.

Object class: Birth

Property: Birth weight

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: NNNN

Maximum character length: 4

Unit of measure: Gram (g)

Data element attributes

Collection and usage attributes

Guide for use: For **live births**, **birthweight** should preferably be measured within the first hour of life before significant postnatal weight loss has occurred. While statistical tabulations include 500 g groupings for birthweight, weights should not be recorded in those groupings. The actual weight should be recorded to the degree of accuracy to which it is measured.

In perinatal collections the birthweight is to be provided for liveborn and stillborn babies.

Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9000g and age is less than 365 days.

Source and reference attributes

Origin: National Health Data Committee

Relational attributes

Related metadata references: Supersedes Infant weight, neonate, stillborn, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications:

Perinatal NMDS NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Information specific to this data set:
For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.

Perinatal NMDS NHIG, Superseded 06/09/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Information specific to this data set:

For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.

Weight is an important indicator of pregnancy outcome, is a major risk factor for neonatal morbidity and mortality and is required to analyse perinatal services for high-risk infants.

This metadata item is required to generate Australian National Diagnosis Related Groups.

Perinatal NMDS 2007-2008 NHIG, Standard 06/09/2006

Implementation start date: 01/07/2007

Information specific to this data set:

For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.

Weight is an important indicator of pregnancy outcome, is a major risk factor for neonatal morbidity and mortality and is required to analyse perinatal services for high-risk infants.

This metadata item is required to generate Australian National Diagnosis Related Groups.

Influence of environmental factor

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—extent of environmental factor influence, code (ICF 2001) [X]N

METeOR identifier: 320198

Registration status: NHIG, Standard 29/11/2006
                               NCSIMG, Standard 16/10/2006

Definition: The degree to which a specified environmental factor influences the body function or structure, the activity or participation of a person, as represented by a code.

Context: The environment in which a person functions or experiences disability.

Data element concept attributes

Data element concept: Person—extent of environmental factor influence

Definition: The degree to which specified environmental factors influence the body function or structure, the activity or participation of a person.

Object class: Person

Property: Extent of environmental factor influence

Value domain attributes

Representational attributes

Classification scheme: International Classification of Functioning, Disability and Health 2001

Representation class: Code

Data type: String

Format: [X]N

Maximum character length: 2

Permissible values:

Value	Meaning
0	No barrier
1	Mild barrier
2	Moderate barrier
3	Severe barrier
4	Complete barrier
+0	No facilitator
+1	Mild facilitator
+2	Moderate facilitator
+3	Substantial facilitator
+4	Complete facilitator

Supplementary values:

8	Barrier not specified
+8	Facilitator not specified
9	Not applicable

Collection and usage attributes

Guide for use:
This metadata item contributes to the definition of the concept '**Disability**' and gives an indication of the experience of disability for a person.

Extent of influence of environmental factors corresponds to the degree or strength or magnitude of the influence and the amount of time the influence is experienced by the person. It is essentially a summary measure, in which are embedded the concepts of availability, quality and importance,that indicates the effect the specified environmental factor has on the person.

Whether, and by how much, environmental factors are influencing an individual's level of functioning, and whether the influence is a facilitator or barrier, may indicate the sorts of interventions that will optimise the individual's functioning. This information may be for policy development, service provision, or advocacy purposes. Preventative strategies could be indicated by this information.

This value domain can be used to collect information across the whole spectrum of influence, for example, tactile flooring may be a facilitator to a person with visual impairment and a barrier to a person with mobility impairments. In line with the ICF approach to functioning and disability, this value domain recognises, and gives the means to record, the positive influence of environmental factors as well as those factors that limit the level of functioning of a person.

The codes are mutually exclusive. The choice of codes depends on the context of the data collection. For example; if collecting information about the positive influence of an environmental factor such as a community service it would be appropriate to use Code 0 No facilitator if the service was not influencing the person's level of functioning (even if the service were not a barrier to the person's functioning).

Code +0   No facilitator:

Used when the environment factor does not impact in a positive way on the body structure or function, activity or participation of a person.

Code +1   Mild facilitator:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 5-24% of the time the person participates in the specified domain of functioning or has a low level of impact on the person's functioning.

Code +2   Moderate facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 25-49% of the time the person participates in the specified domain of functioning or has a significant, but moderate impact on the person's functioning.

Code +3   Substantial facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 50-95% of the time the person participates in the specified domain of functioning or has an extreme effect on the person's functioning.

Code +4   Complete facilitators:

Used when the environmental factor impacts in a positive way on the body structure or function, activity or participation of a person between 96-100% of the time the person participates in the specified domain of functioning or the person functions optimally with this environmental factor.

Code +8   Facilitator not specified:

Used when there is insufficient information to record the Extent of environmental influence code (ICF 2001) N in classes +1 to +4.

Code 0   No barrier:

Used when the environment factor does not impact in a negative way on the body structure or function, activity or participation of a person.

Code 1   Mild barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 5-24% of the time the person participates in the specified domain of functioning or has a low level of impact on the person's functioning.

Code 2   Moderate barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 25-49% of the time the person participates in that specified domain of functioning or has a significant, but moderate impact on the person's functioning.

Code 3   Severe barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 50-95% of the time the person participates in that specified domain of functioning or has an extreme effect on the person's functioning.

Code 4   Complete barriers:

Used when the environmental factor impacts in a negative way on the body structure or function, activity or participation of a person between 96-100% of the time the person participates in the specified domain of functioning or is of such magnitude that the person is unable to function.

Code 8   Barrier not specified:

Used when there is insufficient information to record the Extent of environmental influence code (ICF 2001) N in classes 1 to 4.

Code 9   Not applicable:

Used when environmental factors impacts in neither a positive or negative way on the body structure or function, activity or participation of a person or for between 0-4% of the time the person participates in that specified area and has minimal impact on the person's level of functioning in the specified domain.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.
Origin:	WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents:	Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website
  http://www.who.int/classifications/icf/en/
- Australian Collaborating Centre ICF website
  http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

Guide for use:	Environmental factors represent the circumstances in which the individual lives. These factors are conceived as immediate (e.g. physical features of the environment, social environment) and societal (formal and informal social structures, services and systems). Different environments may have a very different impact on the same individual with a given health condition.
	The influence of environmental factors may be positive, increasing the level of functioning (a facilitator), or negative, decreasing the level of functioning (a barrier).
	The extent of influence of the **Environmental factors** is affected both by the degree or strength of influence, and the amount of time the influence is experienced by the person.
	This metadata item is recorded in conjunction with *Environmental factor code N* to indicate the extent to which specified environmental factors influence the body function or structure, the activity or participation of a person.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications:	Environmental factors cluster NHIG, Standard 29/11/2006 NCSIMG, Standard 16/10/2006

Informal carer availability

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Person (requiring care)—carer availability status, code N
METeOR identifier:	270168
Registration status:	NHIG, Standard 01/03/2005 NCSIMG, Superseded 02/05/2006
Definition:	Whether someone, such as a **family** member, friend or neighbour, has been identified as providing regular and sustained informal care and assistance to the person requiring care, as represented by a code.

Data element concept attributes

Data element concept:	Person (requiring care)—carer availability status
Definition:	Whether someone, such as a **family** member, friend or neighbour, has been identified as providing regular and sustained informal care and assistance to the person requiring care.
Context:	Ageing, disability and health
Object class:	Person
Property:	Carer availability status

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Has a carer
	2	Has no carer
Supplementary values:	9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use:	This metadata item is purely descriptive of a client's circumstances. It is not intended to reflect whether the carer is considered by the service provider to be capable of undertaking the caring role.
	In line with this, the expressed views of the client and/or their carer should be used as the basis for determining whether the client is recorded as having a carer or not.
	A carer is someone who provides a significant amount of care and/or assistance to the person on a regular and sustained basis. Excluded from the definition of carers are paid workers

or volunteers organised by formal services (including paid staff in funded group houses).

When asking a client about the availability of a carer, it is important for agencies or establishments to recognise that a carer does not always live with the person for whom they care. That is, a person providing significant care and assistance to the client does not have to live with the client in order to be called a carer.

The availability of a carer should also be distinguished from living with someone else. Although in many instances a co-resident will also be a carer, this is not necessarily the case. The metadata item Person—living arrangement (health), code N is designed to record information about person(s) with whom the client may live.

Collection methods: Agencies or establishments and service providers may collect this item at the beginning of each service episode and also assess this information at subsequent assessments or re-assessments.

Some agencies, establishments/providers may record this information historically so that they can track changes over time. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date.

Comments: Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer is a significant risk factor contributing to institutionalisation. Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

This definition of informal carer availability is not the same as the Australian Bureau of Statistics (ABS) definition of principal carer, 1993 Disability, Ageing and Carers Survey and primary carer used in the 1998 survey. The ABS definitions require that the carer has or will provide care for a certain amount of time and that they provide certain types of care. This may not be appropriate for agencies or establishments wishing to obtain information about a person's carer regardless of the amount of time that care is for or the types of care provided. Information such as the amount of time for which care is provided can of course be collected separately but, if it were not needed, it would place a burden on service providers.

Source and reference attributes

Origin: Australian Institute of Health and Welfare

National Health Data Committee

National Community Services Data Committee

Reference documents: Australian Bureau of Statistics (ABS) 1993 Disability, Ageing and Carers Survey and 1998 survey.

Relational attributes

Related metadata references:	Supersedes Informal carer availability, version 4, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Information specific to this data set:

Informal carers are now present in 1 in 20 households in Australia (Schofield HL. Herrman HE, Bloch S, Howe A and Singh B. ANZ J PubH. 1997) and are acknowledged as having a very important role in the care of stroke survivors (Stroke Australia Task Force. National Stroke Strategy. NSF; 1997) and in those with end-stage renal disease.

Absence of a carer may also preclude certain treatment approaches (for example, home dialysis for end-stage renal disease). Social isolation has also been shown to have a negative impact on prognosis in males with known coronary artery disease with several studies suggesting increased mortality rates in those living alone or with no confidant.

Cardiovascular disease (clinical) DSS NHIG, Standard 15/02/2006

Information specific to this data set:

Informal carers are now present in 1 in 20 households in Australia (Schofield HL. Herrman HE, Bloch S, Howe A and Singh B. ANZ J PubH. 1997) and are acknowledged as having a very important role in the care of stroke survivors (Stroke Australia Task Force. National Stroke Strategy. NSF; 1997) and in those with end-stage renal disease.

Absence of a carer may also preclude certain treatment approaches (for example, home dialysis for end-stage renal disease). Social isolation has also been shown to have a negative impact on prognosis in males with known coronary artery disease with several studies suggesting increased mortality rates in those living alone or with no confidant.

Initial visit indicator—diabetes mellitus

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Patient—initial visit since diagnosis indicator (diabetes mellitus), code N
METeOR identifier:	302470
Registration status:	NHIG, Standard 21/09/2005
Definition:	Whether the visit to a health professional is an initial visit for diabetes, or other related condition, after a diagnosis of diabetes, as represented by a code.

Data element concept attributes

Data element concept:	Patient—initial visit since diagnosis indicator (diabetes mellitus)
Definition:	Whether this is the initial visit of the patient to a health professional for diabetes or a related condition after diagnosis has been established.
Context:	Public health, health care and clinical settings. Diabetes mellitus specific metadata item.
Object class:	Patient
Property:	Initial visit since diagnosis indicator

Collection and usage attributes

Comments:	Used to compare findings or parameters (e.g. blood glucose control) of newly referred individuals with that of those previously seen.

Source and reference attributes

Submitting organisation:	National Diabetes Data Working Group

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Yes
	2	No
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 9 Not stated/inadequately described
	This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Guide for use:

CODE 1 Yes: Record if this is the initial visit of the patient for diabetes, or a related condition, after diagnosis.

CODE 2 No: Record if this is not the initial visit of the patient for diabetes, or a related condition, after diagnosis.

Source and reference attributes

Submitting organisation: National diabetes data working group

Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

Related metadata references: Supersedes Patient—initial visit since diagnosis status (diabetes mellitus), code N NHIG, Superseded 21/09/2005

Implementation in Data Set Specifications: Diabetes (clinical) DSS NHIG, Standard 21/09/2005

Injecting drug use status

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Client—injecting drug use status, code N

METeOR identifier: 270113

Registration status: NHIG, Standard 01/03/2005

Definition: The client's use of injection as a method of administering drugs, as represented by a code.

Data element concept attributes

Data element concept: Client—injecting drug use status

Definition: The client's use of injection as a method of administering drugs. Includes intravenous, intramuscular and subcutaneous forms of injection.

Context: Alcohol and other drug treatment services

Object class: Client

Property: Injecting drug use status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Last injected three months ago or less
2	Last injected more than three months ago but less than or equal to twelve months ago
3	Last injected more than twelve months ago
4	Never injected

Supplementary values:

9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Collection methods: To be collected on commencement of treatment with a service.

For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.

Comments: This metadata item has been developed for use in clinical settings. A code that refers to a three-month period to define 'current' injecting drug use is required as a clinically relevant period of time.

The metadata item may also be used in population surveys that require a longer timeframe, for example to generate 12-month

prevalence rates, by aggregating Codes 1 and 2. However, caution must be exercised when comparing clinical samples with population samples.

This metadata item is important for identifying patterns of drug use and harms associated with injecting drug use.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Injecting drug use status, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS NHIG, Superseded 21/03/2006

    Implementation start date: 01/07/2005

    Implementation end date: 30/06/2006

Alcohol and other drug treatment services NMDS NHIG, Superseded 23/10/2006

    Implementation start date: 01/07/2006

    Implementation end date: 30/06/2007

Alcohol and other drug treatment services NMDS 2007-2008 NHIG, Standard 23/10/2006

    Implementation start date: 01/07/2007

Intended length of hospital stay

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Episode of admitted patient care—intended length of hospital stay, code N

METeOR identifier: 270399

Registration status: NHIG, Standard 01/03/2005

Definition: The intention of the responsible clinician at the time of the patient's **admission** to hospital or at the time the patient is placed on an elective surgery waiting list, to discharge the patient either on the day of admission or a subsequent date, as represented by a code.

Data element concept attributes

Data element concept: Episode of admitted patient care—intended length of hospital stay

Definition: The intention of the responsible clinician at the time of the patient's **admission** to hospital or at the time the patient is placed on an elective surgery waiting list, to discharge the patient either on the day of admission or a subsequent date.

Context: Admitted patient care:

To assist in the identification and casemix analysis of planned **same-day patients**, that is those patients who are admitted with the intention of discharge on the same day. This is also a key indicator for quality assurance activities.

Object class: Episode of admitted patient care

Property: Intended length of hospital stay

Collection and usage attributes

Comments: Information comparing the intended length of the episode of care and the actual length of the episode of care is considered useful for quality assurance and utilisation review purposes.

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Intended same-day
2	Intended overnight

Data element attributes

Collection and usage attributes

| *Collection methods:* | The intended length of stay should be ascertained for all admitted patients at the time the patient is admitted to hospital. |

Source and reference attributes

| *Origin:* | National Health Data Committee |

Relational attributes

Related metadata references:	Supersedes Intended length of hospital stay, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005
	Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v5.1) NN NHIG, Standard 01/03/2005
	Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v5.1) ANNA NHIG, Standard 01/03/2005
Implementation in Data Set Specifications:	Admitted patient care NMDS NHIG, Superseded 07/12/2005
	Implementation start date: 01/07/2005
	Implementation end date: 30/06/2006
	Admitted patient care NMDS 2006-2007 NHIG, Superseded 29/11/2006
	Implementation start date: 01/07/2006
	Implementation end date: 30/06/2007
	Admitted patient care NMDS 2007-2008 NHIG, Standard 29/11/2006
	Implementation start date: 01/07/2007

Intended place of birth

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Birth event—setting of birth (intended), code N

METeOR identifier: 269980

Registration status: NHIG, Standard 01/03/2005

Definition: The intended place of birth at the onset of labour, as represented by a code.

Context: Perinatal care

Data element concept attributes

Data element concept: Birth event—setting of birth

Definition: The place where the birth occurred.

Object class: Birth event

Property: Setting of birth

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Hospital, excluding birth centre
2	Birth centre, attached to hospital
3	Birth centre, free standing
4	Home
8	Other

Supplementary values:

9	Not stated

Collection and usage attributes

Comments: The development of a definition of a birth centre is currently under consideration by the Commonwealth in conjunction with the states and territories.

Data element attributes

Collection and usage attributes

Guide for use: Code 1   Hospital, excluding birth centre
Hospital, excluding birth centre, includes for women who have elective caesarean sections
Code 4   Home
Home, should be restricted to the home of the woman or a relative or friend.

Code 8 Other

Other, includes community (health) centres.

Comments: Women who plan to give birth in birth centres or at home usually have different risk factors for outcome compared to those who plan to give birth in hospitals. Women who are transferred to hospital after the onset of labour have increased risks of intervention and adverse outcomes.

Source and reference attributes

Submitting organisation: National Perinatal Data Development Committee

Relational attributes

Related metadata references: Supersedes Intended place of birth, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005

Intention of treatment for cancer

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Cancer treatment—intention of treatment, code N

METeOR identifier: 288690

Registration status: NHIG, Standard 04/06/2004

Definition: The intention of the initial treatment for cancer for the particular patient, as represented by a code.

Data element concept attributes

Data element concept: Cancer treatment—intention of treatment

Definition: The intention of the initial treatment for cancer for the particular patient.

Object class: Cancer treatment

Property: Intention of treatment

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Prophylactic
2	Curative
3	Non-curative or palliative

Supplementary values:

0	Did not have treatment
9	Not stated

Collection and usage attributes

Guide for use: CODE 0   Did not have treatment

This code is used when the patient did not have treatment as part of the initial management plan

CODE 1   Prophylactic

This code is used when the cancer has not developed

CODE 2   Curative

This code is used when treatment is given for control of the disease

CODE 3   Non-curative or Palliative

This code is used when the cure is unlikely to be achieved and treatment is given primarily for the purpose of pain control. Other benefits of the treatment are considered secondary contributions to the patient's quality of life

CODE 9   Intention was not stated

Patient had treatment for cancer but the intention was not

stated.

Data element attributes

Collection and usage attributes

Guide for use: This item is collected for surgical treatment, radiation therapy and systemic therapy agent treatment.

Source and reference attributes

Submitting organisation: National Cancer Control Initiative

Origin: Commission on Cancer, American College of Surgeons

New South Wales Health Department

Reference documents: Commission on Cancer, Standards of the Commission on Cancer Registry Operations and Data Standards (ROADS) Volume II (1998)

Public Health Division NSW Clinical Cancer Data Collection for Outcomes and Quality. Data Dictionary Version 1 Sydney NSW Health Dept (2001)

Relational attributes

Related metadata references: Supersedes Intention of treatment for cancer, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cancer (clinical) DSS NHIG, Standard 07/12/2005

Information specific to this data set:

It is used for correlating outcome with original intent of the treatment.

Cancer (clinical) DSS NHIG, Superseded 07/12/2005

Information specific to this data set:

It is used for correlating outcome with original intent of the treatment.

Inter-hospital contracted patient

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Episode of admitted patient care—inter-hospital contracted patient status, code N
METeOR identifier:	270409
Registration status:	NHIG, Standard 01/03/2005
Definition:	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals, as represented by a code.

Data element concept attributes

Data element concept:	Episode of admitted patient care—inter-hospital contracted patient status
Definition:	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals.
Context:	Admitted patient care:
	To identify patients receiving services that have been contracted between hospitals. This metadata item is used to eliminate potential double-counting of hospital activity in the analysis of patterns of health care delivery and funding and epidemiological studies.
Object class:	Episode of care
Property:	Inter-hospital contracted patient status

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Inter-hospital contracted patient from public sector hospital
	2	Inter-hospital contracted patient from private sector hospital
	3	Not contracted
Supplementary values:	9	Not reported

Data element attributes

Collection and usage attributes

Guide for use: A specific arrangement should apply (either written or verbal) whereby one hospital contracts with another hospital for the provision of specific services. The arrangement may be between any combination of hospital; for example, public to public, public to private, private to private, or private to public.

This data element item will be derived as follows.

If Contract role = B (Hospital B, that is, the provider of the hospital service; contracted hospital), and Contract type = 2, 3, 4 or 5 (that is, a hospital (Hospital A) purchases the activity, rather than a health authority or other external purchaser, and admits the patient for all or part of the episode of care, and/or records the contracted activity within the patient's record for the episode of care). Then record a value of 1, if Hospital A is a public hospital or record a value of 2, if Hospital A is a private hospital.

Otherwise if the Contract role is not B, and/or the Contract type is not 2, 3, 4 or 5 record a value of 3.

Collection methods: All services provided at both the originating and destination hospitals should be recorded and reported by the originating hospital. The destination hospital should record the admission as an 'Inter-hospital contracted patient' so that these services can be identified in the various statistics produced about hospital activity.

Source and reference attributes

Origin: National Health Data Committee

Relational attributes

Related metadata references: Is formed using Hospital—contract type, code N NHIG, Standard 01/03/2005

Is formed using Hospital—contract role, code A NHIG, Standard 01/03/2005

Supersedes Inter-hospital contracted patient, version 2, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Admitted patient care NMDS NHIG, Superseded 07/12/2005

Implementation start date: 01/07/2005

Implementation end date: 30/06/2006

Admitted patient care NMDS 2006-2007 NHIG, Superseded 29/11/2006

Implementation start date: 01/07/2006

Implementation end date: 30/06/2007

Admitted patient care NMDS 2006-2007 NHIG, Standard 29/11/2006

Implementation start date: 01/07/2007

Interpreter services required

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—interpreter service required, yes/no code N

Synonymous names: Need for interpreter service

METeOR identifier: 304294

Registration status: NHIG, Standard 08/02/2006
NCSIMG, Standard 10/04/2006

Definition: Whether an interpreter service is required by or for the person, as represented by a code.

Data element concept attributes

Data element concept: Person—interpreter service required

Definition: Whether an interpreter service is required by or for the person.

Context: To assist in planning for provision of interpreter services.

Object class: Person

Property: Interpreter service required status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Yes
2	No

Data element attributes

Collection and usage attributes

Guide for use: Includes verbal language, non verbal language and languages other than English.

CODE 1   Yes

Use this code where interpreter services are required.

CODE 2   No

Use this code where interpreter services are not required.

Persons requiring interpreter services for any form of sign language should be coded as Interpreter required.

Collection methods: Recommended question:

Do you [does the person] require an interpreter?

   Yes

   No

Relational attributes

Related metadata references: Supersedes Person—interpreter service required status (health), code N NHIG, Superseded 08/02/2006

Killip classification code

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—Killip classification, code N

METeOR identifier: 285151

Registration status: NHIG, Standard 04/06/2004

Definition: The Killip class, as a measure of haemodynamic compromise, of the person at the time of presentation, as represented by a code.

Data element concept attributes

Data element concept: Person—Killip classification

Definition: Identifies the Killip class, as a measure of haemodynamic compromise, of the person at the time of presentation.

Context: Health care and clinical settings.

Object class: Person

Property: Killip classification

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Class 1
2	Class 2
3	Class 3
4	Class 4

Supplementary values:

8	Other
9	Not stated/inadequately described

Collection and usage attributes

Guide for use: Rales or crepitations represent evidence of pulmonary interstitial oedema on lung auscultation and an S_3 is an audible extra heart sound by cardiac auscultation.

CODE 1   Class 1

Absence of crepitations/rales over the lung fields and absence of S_3.

CODE 2   Class 2

Crepitations/rales over 50% or less of the lung fields or the presence of an S_3.

CODE 3   Class 3

Crepitations/rales over more than 50% of the lung fields.

CODE 4   Class 4

Cardiogenic Shock. Clinical criteria for cardiogenic shock are

hypotension (a systolic blood pressure of less than 90 mmHg for at least 30 minutes or the need for supportive measures to maintain a systolic blood pressure of greater than or equal to 90 mmHg), end-organ hypoperfusion (cool extremities or a urine output of less than 30 ml/h, and a heart rate of greater than or equal to 60 beats per minute). The haemodynamic criteria are a cardiac index of no more than 2.2 l/min per square meter of body-surface area and a pulmonary-capillary wedge pressure of at least 15 mmHg.

Data element attributes

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group

Steward: The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references: Supersedes Killip classification code, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

Implementation start date: 07/12/2005

Information specific to this data set:

For Acute Coronary Syndrome (ACS) reporting, this data element describes the objective evidence of haemodynamic compromise by clinical examination at the time of presentation. Rales or crepitations represent evidence of pulmonary interstitial oedema on lung auscultation and an S3 is an audible extra heart sound by cardiac auscultation.

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

Information specific to this data set:

For Acute Coronary Syndrome (ACS) reporting, this data element describes the objective evidence of haemodynamic compromise by clinical examination at the time of presentation. Rales or crepitations represent evidence of pulmonary interstitial oedema on lung auscultation and an S3 is an audible extra heart sound by cardiac auscultation.

Labour force status

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—labour force status, code N

METeOR identifier: 270112

Registration status: NHIG, Standard 01/03/2005
NCSIMG, Standard 01/03/2005
NHDAMG, Standard 01/03/2005

Definition: The self reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force, as represented by a code.

Data element concept attributes

Data element concept: Person—labour force status

Definition: The self reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force. The categories are determined by a person's status in relation to current economic activity (which is measured by their activities in relation to work in a specified reference period).

Object class: Person

Property: Labour force status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Employed
2	Unemployed
3	Not in the labour force

Supplementary values: 9   Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 1   Employed:

Persons aged 15 years and over who, during the reference week:

(a) worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising 'Employees', 'Employers' and 'Own Account Workers'); or

(b) worked for one hour or more without pay in a family business or on a farm (i.e. 'Contributing Family Worker'); or

(c) were 'Employees' who had a job but were not at work and were:

- on paid leave
- on leave without pay, for less than four weeks, up to the end

of the reference week

- stood down without pay because of bad weather or plant breakdown at their place of employment, for less than four weeks up to the end of the reference week
- on strike or locked out
- on workers' compensation and expected to be returning to their job, or
- receiving wages or salary while undertaking full-time study; or

(d) were 'Employers', 'Own Account Workers' or 'Contributing Family Workers' who had a job, business or farm, but were not at work.

CODE 2   Unemployed:

Unemployed persons are those aged 15 years and over who were not employed during the reference week, and:

(a) had actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week. Were available for work in the reference week, or would have been available except for temporary illness (i.e. lasting for less than four weeks to the end of the reference week). Or were waiting to start a new job within four weeks from the end of the reference week and would have started in the reference week if the job had been available then; or

(b) were waiting to be called back to a full-time or part-time job from which they had been stood down without pay for less than four weeks up to the end of the reference week (including the whole of the reference week) for reasons other than bad weather or plant breakdown. Note: Actively looking for work includes writing, telephoning or applying in person to an employer for work. It also includes answering a newspaper advertisement for a job, checking factory or job placement agency notice boards, being registered with a job placement agency, checking or registering with any other employment agency, advertising or tendering for work or contacting friends or relatives.

CODE 3   Not in the Labour Force:

Persons not in the labour force are those persons aged 15 years and over who, during the reference week, were not in the categories employed or unemployed, as defined. They include persons who were keeping house (unpaid), retired, voluntarily inactive, permanently unable to work, persons in institutions (hospitals, gaols, sanatoriums, etc.), trainee teachers, members of contemplative religious orders, and persons whose only activity during the reference week was jury service or unpaid voluntary work for a charitable organisation.

Collection methods:	For information about collection, refer to the ABS website: http://www.abs.gov.au/Ausstats/abs@.nsf/0/AEB5AA310D 68DF8FCA25697E0018FED8?Open

Source and reference attributes

Origin:	Australian Bureau of Statistics 1995. Directory of Concepts and Standards for Social, Labour and Demographic Variables. Australia 1995. Cat. no. 1361.0.30.001. Canberra: AGPS.
	http://www.abs.gov.au/Ausstats/abs@.nsf/0/AEB5AA310D68 DF8FCA25697E0018FED8?Open (last viewed 21 December 2005)

Data element attributes

Collection and usage attributes

Comments: Labour force status is one indicator of the socio-economic status of a person and is a key element in assessing the circumstances and needs of individuals and families.

Source and reference attributes

Origin: Health Data Standards Committee

Relational attributes

Related metadata references: Supersedes Labour force status, version 3, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Standard 15/02/2006

Laterality of primary cancer

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person with cancer—laterality of primary cancer, code [N]

METeOR identifier: 270177

Registration status: NHIG, Standard 01/03/2005

Definition: The side of a paired organ that is the origin of the primary cancer, as represented by a code.

Data element concept attributes

Data element concept: Person with cancer—laterality of primary cancer

Definition: Laterality describes which side of a paired organ is the origin of the primary cancer. Each side of a paired organ is considered separately and described as lateral when occurring unless a physician determines that it is bilateral.

A paired organ is one in which there are two separate organs of the same kind, one on either side of the body (e.g. kidney, breast, ovary, testis and lung).

Context: This information is collected for the purpose of differentiating the site of the primary cancer. For example, a woman may present with a primary cancer in the left breast. She may return at a later stage with a new primary cancer in the right breast.

Object class: Person with cancer

Property: Laterality of primary cancer

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Left
2	Right
3	Bilateral

Supplementary values:

9	Not known
Null	Not applicable

Data element attributes

Collection and usage attributes

Guide for use: The valid International Classification of Diseases for Oncology values for the variable are provided in the list below:

CODE 1 Left

Origin of primary site is on the left side of a paired organ.

Paired organs are: Breast (C50), Lung (C34), Kidney (C64), Ovary (C56), Eyes (C69), Arms (C76.4, C44.6, C49.1, C47.1, C40.0, C77.3,), Legs (C76.5, C44.7, C49.2, C47.2, C40.2, C77.4), Ears (C44.2, C49.0, C30.1), Testicles (C62), Parathyroid glands (C75.0), Adrenal glands (C74.9, C74.0, C74.1), Tonsils (C09.9, C02.4, C11.1, C09.0, C09.1, C03.9), Ureter (C66.9), Carotid body (C75.4), Vas deferens (C63.1), Optic nerve (C72.3)

CODE 2 Right

Origin of primary site is on the right side of a paired organ.

CODE 3 Bilateral

Includes organs that are bilateral as a single primary (e.g. bilateral retinoblastoma (M9510/3, C69.2), (M9511/3, C69.2), (M9512/3, C69.2), (C69.6, C48.0), bilateral Wilms tumours (C64.9, M8960/3)) Note: Bilateral cancers are very rare.

CODE 9 Unknown

It is unknown whether, for a paired organ the origin of the cancer was on the left or right side of the body.

Collection methods:	This information should be obtained from the patient's pathology report, the patient's medical record, or the patient's medical practitioner/nursing staff.

Source and reference attributes

Origin:	World Health Organization
Reference documents:	Percy C, Van Holten V, Muir C (eds). International Classification of Diseases for Oncology, 2nd edition. Geneva: WHO, 1990

Relational attributes

Related metadata references:	Supersedes Laterality of primary cancer, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Cancer (clinical) DSS NHIG, Standard 07/12/2005
	Cancer (clinical) DSS NHIG, Superseded 07/12/2005

Leave days from residential care

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Episode of residential care—number of leave days, total N[NN]

METeOR identifier: 270304

Registration status: NHIG, Standard 01/03/2005

Definition: The number of days spent on leave from a residential care service during an episode of residential care.

Data element concept attributes

Data element concept: Episode of residential care—number of leave days

Definition: The number of days spent on leave from a residential care service during an episode of residential care.

Context: Specialised mental health services (Residential mental health care).

Object class: Episode of residential care

Property: Number of leave days

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NN]

Maximum character length: 3

Unit of measure: Day

Data element attributes

Collection and usage attributes

Guide for use: A day is measured from midnight to midnight.

Leave days can occur for a variety of reasons, including:

- treatment by specialised mental health service
- treatment by a non-specialised health service
- time in the community.

The following rules apply in the calculation of leave days:

- the day the **resident** goes on leave is counted as a leave day
- days the resident is on leave is counted as leave days
- the day the resident returns from leave is not counted as a leave day
- if the resident starts a residential stay and goes on leave on the same day, this is not counted as a leave day
- if the resident returns from leave and then goes on leave again on the same day, this is counted as a leave day
- if the resident returns from leave and ends residential care on the same day, the day should not be counted as leave

day

- leave days at the end of a residential stay after the commencement of leave are not counted.

If a period of leave is greater than seven days or the resident fails to return from leave, then the residential stay is formally ended.

Relational attributes

Related metadata references: Supersedes Leave days from residential care, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Residential mental health care NMDS 2005-2006 NHIG, Superseded 07/12/2005

> *Implementation start date:* 01/07/2005
>
> *Implementation end date:* 30/06/2006
>
> *Information specific to this data set:*
> Episode of residential care end date minus episode of residential care start date minus leave days from residential care must be ≥ 0 days.

Residential mental health care NMDS 2006-2007 NHIG, Superseded 23/10/2006

> *Implementation start date:* 01/07/2006
>
> *Implementation end date:* 30/06/2007
>
> *Information specific to this data set:*
> Episode of residential care end date minus episode of residential care start date minus leave days from residential care must be >= 0 days.

Residential mental health care NMDS 2007-2008 NHIG, Standard 23/10/2006

> *Implementation start date:* 01/07/2007
>
> *Information specific to this data set:*
> Episode of residential care end date minus episode of residential care start date minus leave days from residential care must be >= 0 days.

Length of non-admitted patient emergency department service episode

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Non-admitted patient emergency department service episode — service episode length, total minutes NNNNN
METeOR identifier:	270404
Registration status:	NHIG, Standard 01/03/2005
Definition:	The amount of time, measured in minutes, between when a patient presents at an emergency department for an emergency department service episode, and when the non-admitted component of the emergency department service episode has concluded.

Data element concept attributes

Data element concept:	Non-admitted patient emergency department service episode — service episode length
Definition:	The amount of time, between when a patient presents at an emergency department for an emergency department service episode, and when the non-admitted component of the emergency department service episode has concluded.
Context:	Emergency department care.
Object class:	Non-admitted patient emergency department service episode
Property:	Service episode length

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	NNNNN
Maximum character length:	5
Unit of measure:	Minute (m)

Data element attributes

Source and reference attributes

Submitting organisation:	National reference group for non-admitted patient data development, 2001-02

Relational attributes

Related metadata references:	Supersedes Length of non-admitted patient emergency department service episode, version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Is formed using Health service event — presentation date, DDMMYYYY NHIG, Standard 01/03/2005
	Is formed using Health service event — presentation time,

hhmm NHIG, Standard 01/03/2005

Implementation in Data Set Specifications:
Non-admitted patient emergency department care NMDS
NHIG, Standard 24/03/2006

   Implementation start date: 01/07/2006

Non-admitted patient emergency department care NMDS
NHIG, Superseded 07/12/2005

Non-admitted patient emergency department care NMDS
NHIG, Superseded 24/03/2006

   Implementation start date: 01/07/2005

   Implementation end date: 30/06/2006

Length of stay

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Episode of admitted patient care—length of stay (excluding leave days), total N[NN]
METeOR identifier:	269982
Registration status:	NHIG, Standard 01/03/2005
Definition:	The length of stay of a patient, excluding leave days, measured in days.

Data element concept attributes

Data element concept:	Episode of admitted patient care—length of stay (excluding leave days)
Definition:	The length of stay of a patient measured in patient days.
	A **same-day patient** should be allocated a length of stay of one patient day.
	The length of stay of an **overnight stay patient** is calculated by subtracting the date the patient is admitted from the date of separation and deducting total leave days.
	Total contracted patient days are included in the length of stay.
Context:	Admitted patient care
Object class:	Episode of admitted patient care
Property:	Length of stay

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NN]
Maximum character length:	3
Unit of measure:	Day

Data element attributes

Collection and usage attributes

Guide for use:	Formula:
	LOS = Separation date - Admission date - Total leave days
	The calculation is inclusive of admission and separation dates.
Comments:	Perinatal length of stay metadata items include leave days and so are not included in this metadata item.

Source and reference attributes

Origin:	National Health Data Committee

Relational attributes

Related metadata references:	Supersedes Length of stay, version 3, Derived DE, NHDD,

NHIMG, Superseded 01/03/2005

Is formed using Episode of admitted patient care—number of leave days, total N[NN] NHIG, Standard 01/03/2005

Is formed using Episode of admitted patient care—separation date, DDMMYYYY NHIG, Standard 01/03/2005

Is formed using Episode of admitted patient care—number of leave periods, total N[N] NHIG, Standard 01/03/2005

Is formed using Episode of admitted patient care—admission date, DDMMYYYY NHIG, Standard 01/03/2005

Length of stay (antenatal)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Episode of admitted patient care (antenatal)—length of stay (including leave days), total N[NN]
METeOR identifier:	269984
Registration status:	NHIG, Standard 01/03/2005
Definition:	The antenatal length of stay of a patient, including leave days, measured in days.
Context:	Perinatal

Data element concept attributes

Data element concept:	Episode of admitted patient care—length of stay (including leave days)
Definition:	The length of stay of a patient measured in days.
Object class:	Episode of admitted patient care
Property:	Length of stay

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NN]
Maximum character length:	3
Unit of measure:	Day

Data element attributes

Collection and usage attributes

Guide for use:	Formula: antenatal LOS = baby's Date of birth - mother's Admission date Antenatal length of stay refers only to the admission associated with the birth. The calculation is inclusive of the day of admission of the mother and the day of birth of the baby and includes any leave days. Total contracted days are included in the length of stay.

Source and reference attributes

Origin:	National Health Data Committee

Relational attributes

Related metadata references:	Supersedes Length of stay (antenatal), version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Is formed using Episode of admitted patient care—admission date, DDMMYYYY NHIG, Standard 01/03/2005

Is formed using Person—date of birth, DDMMYYYY NHIG, Standard 04/05/2005, NCSIMG, Standard 25/08/2005, NHDAMG, Standard 20/06/2005

Length of stay (including leave days)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Episode of admitted patient care—length of stay (including leave days), total N[NN]
METeOR identifier:	269983
Registration status:	NHIG, Standard 01/03/2005
Definition:	The length of stay of a patient measured in days.

Data element concept attributes

Data element concept:	Episode of admitted patient care—length of stay (including leave days)
Definition:	The length of stay of a patient measured in days.
Object class:	Episode of admitted patient care
Property:	Length of stay

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Number
Format:	N[NN]
Maximum character length:	3
Unit of measure:	Day

Data element attributes

Collection and usage attributes

Guide for use:	Formula:
	LOS (incl. leave days) = Separation date - Admission date
	The calculation is inclusive of admission and separation dates.
	A **same-day patient** should be allocated a length of stay of one day.
	Total contracted days are included in the length of stay.
	All leave days are included in length of stay calculation.
Comments:	All admitted patient care situations where it is required to know the total length of a stay in hospital.

Source and reference attributes

Origin:	National Health Data Committee

Relational attributes

Related metadata references:	Supersedes Length of stay (including leave days), version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005
	Is formed using Episode of admitted patient care—separation date, DDMMYYYY NHIG, Standard 01/03/2005
	Is formed using Episode of admitted patient care—admission

date, DDMMYYYY NHIG, Standard 01/03/2005

Length of stay (postnatal)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Episode of admitted patient care (postnatal)—length of stay (including leave days), total N[NN]

METeOR identifier: 269985

Registration status: NHIG, Standard 01/03/2005

Definition: The postnatal length of stay of a patient, including leave days, measured in days.

Context: Perinatal

Data element concept attributes

Data element concept: Episode of admitted patient care—length of stay (including leave days)

Definition: The length of stay of a patient measured in days.

Object class: Episode of admitted patient care

Property: Length of stay

Value domain attributes

Representational attributes

Representation class: Total

Data type: Number

Format: N[NN]

Maximum character length: 3

Unit of measure: Day

Data element attributes

Collection and usage attributes

Guide for use: Formula for the mother:

                               LOS (post-natal) = mother's Separation date - baby's Date of birth

                               Formula for the baby:

                               LOS (post-natal) = baby's Separation date - baby's Date of birth

                               Both calculations are inclusive of those dates and any leave days are included.

                               Excludes transfers, home births and other non-hospital births.

                               Total contracted days are included in the length of stay.

Source and reference attributes

Origin: National Health Data Committee

Relational attributes

Related metadata references: Supersedes Length of stay (postnatal), version 1, Derived DE, NHDD, NHIMG, Superseded 01/03/2005

                               Is formed using Episode of admitted patient care—separation

date, DDMMYYYY NHIG, Standard 01/03/2005

Is formed using Person—date of birth, DDMMYYYY NHIG, Standard 04/05/2005, NCSIMG, Standard 25/08/2005, NHDAMG, Standard 20/06/2005

Lipid-lowering therapy status

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—lipid-lowering therapy status, code NN

METeOR identifier: 285159

Registration status: NHIG, Standard 04/06/2004

Definition: The person's lipid-lowering therapy status, as represented by a code.

Data element concept attributes

Data element concept: Person—lipid-lowering therapy status

Definition: Identifies the person's lipid-lowering therapy status.

Context: Health care and clinical settings.

Object class: Person

Property: Lipid-lowering therapy status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: NN

Maximum character length: 2

Permissible values:

Value	Meaning
10	Given
21	Not given - patient refusal
22	Not given - true allergy to lipid lowering therapy
23	Not given - previous myopathy
24	Not given - hepatic dysfunction
25	Not given - other

Supplementary values:

90	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODES 21 - 25   Not given

If recording `Not given', record the principal reason if more than one code applies.

Data element attributes

Source and reference attributes

Submitting organisation: Acute coronary syndrome working group

Steward: The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

Relational attributes

Related metadata references: Supersedes Lipid-lowering therapy status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS NHIG, Standard 07/12/2005

> *Implementation start date:* 07/12/2005
>
> *Information specific to this data set:*
>
> For Acute coronary syndrome (ACS) reporting, can be collected at any time point during the management of the current event (i.e. at the time of triage, at times during the admission, or at the time of discharge).

Acute coronary syndrome (clinical) DSS NHIG, Superseded 07/12/2005

> *Information specific to this data set:*
>
> For Acute coronary syndrome (ACS) reporting, can be collected at any time point during the management of the current event (i.e. at the time of triage, at times during the admission, or at the time of discharge).

Listing date for care

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Elective care waiting list episode—listing date for care, DDMMYYYY

METeOR identifier: 269957

Registration status: NHIG, Standard 01/03/2005

Definition: The date on which a hospital or a community health service accepts notification that a patient/client requires care/treatment.

Data element concept attributes

Data element concept: Elective care waiting list episode—listing date for care

Definition: The date on which a hospital or a community health service accepts notification that a patient/client requires care/treatment.

Context: Hospital non-admitted patient care.

Community health care.

Elective surgery (admitted patient care).

Object class: Elective care waiting list episode

Property: Listing date for care

Value domain attributes

Representational attributes

Representation class: Date

Data type: Date/Time

Format: DDMMYYYY

Maximum character length: 8

Data element attributes

Collection and usage attributes

Guide for use: For elective surgery, the listing date is the date on which the patient is added to an elective surgery waiting list.

The acceptance of the notification by the hospital or community health service is conditional upon the provision of adequate information about the patient and the appropriateness of the patient referral.

Comments: The hospital or community health service should only accept a patient onto the waiting list when sufficient information has been provided to fulfil state/territory, local and national reporting requirements.

Source and reference attributes

Origin: National Health Data Committee

Relational attributes

Related metadata references: Supersedes Listing date for care, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Elective surgery waiting list episode—waiting time (at removal), total days N[NNN] NHIG, Standard 01/03/2005

Is used in the formation of Elective surgery waiting list episode—waiting time (at a census date), total days N[NNN] NHIG, Standard 01/03/2005

Implementation in Data Set Specifications: Elective surgery waiting times (census data) NMDS NHIG, Standard 07/12/2005

> *Implementation start date:* 30/09/2006

Elective surgery waiting times (census data) NMDS NHIG, Superseded 07/12/2005

> *Implementation start date:* 30/09/2002

> *Implementation end date:* 30/06/2006

Elective surgery waiting times (removals data) NMDS NHIG, Standard 07/12/2005

> *Implementation start date:* 01/07/2006

Elective surgery waiting times (removals data) NMDS NHIG, Superseded 07/12/2005

> *Implementation start date:* 01/07/2002

> *Implementation end date:* 30/06/2006

Living arrangement

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—living arrangement, health sector code N

METeOR identifier: 299712

Registration status: NHIG, Standard 14/06/2005

Definition: Whether a person usually resides alone or with others, as represented by a code.

Context: Client support needs and clinical setting.

Data element concept attributes

Data element concept: Person—living arrangement

Definition: Whether a person usually resides alone or with others.

Context: It is important to record the type of living arrangement for a person in order to develop a sense of the level of support, both physically and emotionally, to which a person may have access.

Object class: Person

Property: Living arrangement

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Lives alone
2	Lives with others

Supplementary values: 9   Not stated/inadequately described

Data element attributes

Collection and usage attributes

Collection methods: This item does not seek to describe the quality of the arrangements but merely the fact of the arrangement. It is recognised that this item may change on a number of occasions during the course of an episode of care.

Comments: Whether or not a person lives alone is a significant determinant of risk.

Living alone may preclude certain treatment approaches (e.g. home dialysis for end-stage renal disease). Social isolation has also been shown to have a negative impact on prognosis in males with known coronary artery disease with several studies suggesting increased mortality rates in those living alone or with no confidant.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Relational attributes

Related metadata references: Supersedes Living arrangement, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS NHIG, Superseded 15/02/2006

Cardiovascular disease (clinical) DSS NHIG, Standard 15/02/2006

Location of impairment

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—location of impairment of body structure, code (ICF 2001) N

METeOR identifier: 320177

Registration status: NHIG, Standard 29/11/2006
                                 NCSIMG, Standard 16/10/2006

Definition: The location of a person's impairment in a specified body structure, as represented by a code.

Context: Human functioning and disability

Data element concept attributes

Data element concept: Person—location of impairment of body structure

Definition: The site of impairment in a person's specified body structure.

Object class: Person

Property: Location of impairment of body structure

Value domain attributes

Representational attributes

Classification scheme: International Classification of Functioning, Disability and Health 2001

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
0	More than one region
1	Right
2	Left
3	Both sides
4	Front
5	Back
6	Proximal
7	Distal

Supplementary values:

8	Not specified
9	Not applicable

Collection and usage attributes

Guide for use: This metadata item contributes to the definition of the concept '**Disability**' and gives an indication of the experience of disability for a person.

                                 Impairments of body structure are problems in body structure such as a loss or significant departure from population

standards or averages.

Use only one code. Select the one that best describes the situation with this structure. Combinations are not possible.

CODE 0   More than one region (except both sides)

Used when the impairment is present in more than one body location (but not bilaterally see code 3); for example when burn scars affect many areas of skin.

CODE 1   Right

Used when the impairment is present to the right of the midline of the person's body.

CODE 2   Left

Used when the impairment is present to the left of the midline of the person's body.

CODE 3   Both sides (bilateral)

Used when the impairment is two-sided and disposed on opposite sides of the midline axis of the body, for example bilateral joint deformities.

CODE 4   Front

Used when the impairment is present in front of a line passing through the midline of the body when viewed from the side.

CODE 5   Back

Used when the impairment is present behind a line passing through the midline of the body when viewed from the side.

CODE 6   Proximal

Used when the impairment is situated towards the point of origin or attachment, as of a limb or bone (opposed to distal), for example the end of the structure that is closer to the centre of the body.

CODE 7   Distal

Used when the impairment is situated away from the point of origin or attachment, as of a limb or bone (opposed to proximal), for example the end of structure that is further away from the centre of the body.

CODE 8   Not specified

Used when there is an impairment of body structure but the location of the impairment is not recorded.

CODE 9   Not applicable

Used when it is not appropriate to code the location of an impairment of body structure.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Origin: WHO 2001. ICF: International Classification of Functioning, Disability and Health. Geneva: WHO

AIHW 2003. ICF Australian User Guide Version 1.0. Canberra: AIHW

Reference documents: Further information on the ICF, including more detailed codes, can be found in the ICF itself and the ICF Australian User Guide (AIHW 2003), at the following websites:

- WHO ICF website

National Health Data Dictionary – Created: 5 Jan 2007   Page 285 of 292

http://www.who.int/classifications/icf/en/

- Australian Collaborating Centre ICF website
  http://www.aihw.gov.au/disability/icf/index.html

Data element attributes

Collection and usage attributes

Guide for use: This data element is to be used in conjunction with specified body structures, for example, 'impairment of proximal structures related to movement'. This data element may also be used in conjunction with Person—extent of impairment of body structure, code (ICF 2001) N and Person—nature of impairment of body structure, code (ICF 2001).

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare (AIHW) which is the Australian Collaborating Centre for the World Health Organization Family of International Classifications.

Relational attributes

Implementation in Data Set Specifications: Body structures cluster NHIG, Standard 29/11/2006
NCSIMG, Standard 16/10/2006

Lot/section number (person)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person (address)—lot/section identifier, N[X(14)]

METeOR identifier: 270031

Registration status: NHIG, Standard 01/03/2005
NCSIMG, Standard 30/09/2005

Definition: The unique identifier for the lot/section of the location where a person resides.

Data element concept attributes

Data element concept: Person (address)—lot/section identifier

Definition: The lot/section identifier of the location where a person resides.

Object class: Person

Property: Lot/section identifier

Value domain attributes

Representational attributes

Representation class: Identifier

Data type: String

Format: N[X(14)]

Maximum character length: 15

Data element attributes

Collection and usage attributes

Guide for use: This standard is suitable for postal purposes as well as the physical identification of addresses.

A lot number shall be used only when a street number has not been specifically allocated or is not readily identifiable with the property.

For identification purposes, the word 'Lot' or 'Section' should precede the lot number and be separated by a space.

Examples are as follows:

Section 123456

Lot 716

Lot 534A

Lot 17 Jones Street

Collection methods: The lot/section number is positioned before the Street name and type, located in the same line containing the Street name.

Comments: Lot/section numbers are generally used only until an area has been developed.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: AS 4590 Interchange of client information, Australia Post

Address Presentation Standard

Relational attributes

Related metadata references: Supersedes Lot/section number, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005

Is used in the formation of Person (address)—address line, text [X(180)] NHIG, Standard 04/05/2005, NCSIMG, Standard 30/09/2005

Is used in the formation of Person (address)—health address line, text [X(180)] NHIG, Superseded 04/05/2005

Implementation in Data Set Specifications: Health care client identification DSS NHIG, Standard 04/05/2005
NCSIMG, Standard 03/10/2006

Health care provider identification DSS NHIG, Standard 04/05/2005

Lot/section number (service provider organisation)

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Service provider organisation (address)—lot/section identifier, N[X(14)]

METeOR identifier: 290230

Registration status: NHIG, Standard 04/05/2005
NCSIMG, Standard 30/09/2005

Definition: The unique identifier for the lot/section of the location of an organisation.

Data element concept attributes

Data element concept: Service provider organisation (address)—lot/section identifier

Definition: The lot/section identifier of the location of an organisation.

Object class: Service provider organisation

Property: Lot/section identifier

Value domain attributes

Representational attributes

Representation class: Identifier

Data type: String

Format: N[X(14)]

Maximum character length: 15

Data element attributes

Collection and usage attributes

Guide for use: This standard is suitable for postal purposes as well as the physical identification of addresses.

A lot number shall be used only when a street number has not been specifically allocated or is not readily identifiable with the property.

For identification purposes, the word 'Lot' or 'Section' should precede the lot number and be separated by a space.

Examples are as follows:

Section 123456

Lot 716

Lot 534A

Lot 17 Jones Street

Collection methods: The lot/section number is positioned before the Street name and type, located in the same line containing the Street name.

Comments: Lot/section numbers are generally used only until an area has been developed.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: AS 4590 Interchange of client information, Australia Post Address Presentation Standard

Relational attributes

Related metadata references: Is used in the formation of Service provider organisation (address)—address line, text [X(180)] NHIG, Standard 04/05/2005, NCSIMG, Standard 30/09/2005

Implementation in Data Set Specifications: Health care provider identification DSS NHIG, Standard 04/05/2005

Lower limb amputation due to vascular disease

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Person—lower limb amputation due to vascular disease, code N

METeOR identifier: 270162

Registration status: NHIG, Standard 01/03/2005

Definition: Whether a person has undergone an amputation of toe, forefoot or leg (above or below knee), due to vascular disease, as represented by a code.

Data element concept attributes

Data element concept: Person—lower limb amputation due to vascular disease

Definition: Amputation of toe, forefoot or leg (above or below knee), due to vascular disease.

Context: Public health, health care and clinical settings.

Object class: Person

Property: Lower limb amputation due to vascular disease

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Lower limb amputation - occurred in the last 12 months
2	Lower limb amputation - occurred prior to the last 12 months
3	Lower limb amputation - occurred both in and prior to the last 12 months
4	No history of lower limb amputation due to vascular disease

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Collection methods: Ask the individual if he/she has had an amputated toe or forefoot or leg (above or below knee), not due to trauma or causes other than vascular disease. If so determine when it was undertaken; within or prior to the last 12 months (or both). Alternatively obtain this information from appropriate documentation.

Data element attributes

Source and reference attributes

Submitting organisation:	National Diabetes Data Working Group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
Reference documents:	Duffy MD, John C and Patout MD, Charles A. 1990. Management of the Insensitive Foot in Diabetes: Lessons from Hansen's Disease. Military Medicine, 155:575-579. Edmonds M, Boulton A, Buckenham T et al. Report of the Diabetic Foot and Amputation Group. Diabet Med 1996; 13: S27-42. Sharon R O'Rourke and Stephen Colagiuri: The Lower Limb in People With Diabetes; Content 1997/98 Australian Diabetes Society. Colagiuri S, Colagiuri R, Ward J. National Diabetes Strategy and Implementation Plan. Canberra: Diabetes Australia, 1998.

Relational attributes

Related metadata references:	Supersedes Lower limb amputation due to vascular disease, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005
Implementation in Data Set Specifications:	Diabetes (clinical) DSS NHIG, Superseded 21/09/2005

> *Information specific to this data set:*
>
> In people with diabetes, amputations are 15 times more common than in people without diabetes, and 50% of all amputations occur in people with diabetes (The Lower Limb in People With Diabetes; 1997/98 Australian Diabetes Society).
>
> Diabetic foot disease is the most common cause of hospitalisation in people with diabetes. Diabetic foot complications are common in the elderly, and amputation rates increase with age: by threefold in those aged 45 - 74 years and sevenfold in population aged over 75 years. As stated by Duffy and authors the rate of lower extremity amputations can be reduced by 50% by the institution of monofilament testing in a preventive care program.

Diabetes (clinical) DSS NHIG, Standard 21/09/2005

> *Information specific to this data set:*
>
> In people with diabetes, amputations are 15 times more common than in people without diabetes, and 50% of all amputations occur in people with diabetes (The Lower Limb in People With Diabetes; 1997/98 Australian Diabetes Society).
>
> Diabetic foot disease is the most common cause of hospitalisation in people with diabetes. Diabetic foot complications are common in the elderly, and amputation rates increase with age: by threefold in those aged 45 - 74 years and sevenfold in population aged over 75 years. As stated by Duffy and authors the rate of lower extremity amputations can be reduced by 50% by the institution of monofilament testing in a preventive care program.