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Appendix A

IGCD NMDS Working Group

As current at 1 July 2002. Please note that these contacts are subject to changes.

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Appendix B

Data definitions—NHDD extracts

The detailed data definitions for the data elements of the NMDS for alcohol and other drug treatment services are published in the *National Health Data Dictionary* and are accessible electronically via the AIHW Knowledgebase (www.aihw.gov.au).

Client type—alcohol and other drug treatment services

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000426 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The status of a person in terms of whether contact with the service concerns their own alcohol and/or other drug use or that of another person.

Context: Alcohol and other drug treatment services. Required to differentiate between clients according to whether contact with the service concerns their own alcohol and/or other drug use or that of another person to provide a basis for description of the people accessing alcohol and other drug treatment services.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Own drug use
2	Other's drug use
3	Both own and other's drug use

Guide for use:

Code 1 A client who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use.

Code 2 A client who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person.

Code 3 A client who contacts a service to receive treatment or assistance concerning both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person.

Collection methods: To be collected on commencement of treatment with a service.

For clients covered under code 2, exclude the collection of the following data elements: Principal drug of concern, Other drugs of concern, Injecting drug use and Method of use for principal drug of concern.

For clients covered under code 3, ensure that these data elements relate to the person's own drug use.

Related data: Qualifies the data elements Principal drug of concern, Other drugs of concern, Injecting drug use and Method of use for principal drug of concern.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2002 to

Country of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

NHIK identifier: 000035 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

Context: Country of birth is important in the study of access to services by different population subgroups. Country of birth is the most easily collected and consistently reported of possible data items. The item provides a link between the Census of Population and Housing, other ABS statistical collections and regional data collections. Country of birth may be used in conjunction with other data elements such as period of residence in Australia, etc., to derive more sophisticated measures of access to services by different population subgroups.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 4 Max. 4 *Layout:* NNNN

Data domain: Standard Australian Classification of Countries (SACC) Four-digit (individual country) level. ABS Cat. No. 1269.0 (1998).

Guide for use: A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia.

Related data: Supersedes previous data element Country of birth, version 2.

Administrative attributes

Source document: ABS Cat. No. 1269.0 (1998)

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from 1/07/2000	to
Admitted patient mental health care	from 1/07/2000	to
Admitted patient palliative care	from 1/07/2000	to
Alcohol and other drug treatment services	from 1/07/2000	to
Community mental health care	from 1/07/2001	to
Perinatal	from 1/07/1997	to

Date of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

NHIK identifier: 000036 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The date of birth of the person.

Context: Required to derive age for demographic analyses, for analysis by age at a point of time and for use to derive a Diagnosis Related Group (admitted patients).

Perinatal data collections require the collection of the date of birth for the mother and the baby(s).

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies this field must:

- be <= Admission date, otherwise resulting in a fatal error

- not be null

- be consistent with diagnoses and procedure codes, for records to be grouped, otherwise resulting in a fatal error.

Collection methods: It is recommended that in cases where all components of the date of birth are not known or where an estimate is arrived at from age, a valid date be used together with a flag to indicate that it is an estimate.

Data collection systems must be able to differentiate between the date of birth of the mother and the baby(s). This is important in the Perinatal data collection as the date of birth of the baby is used to determine the antenatal length of stay and the postnatal length of stay.

Related data: Supersedes previous data element Date of birth, version 2
is used in the derivation of Diagnosis Related Group, version 1
is used in the calculation of Length of stay (postnatal), version 1
is used in the calculation of Length of stay (antenatal), version 1

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000	to
Health labourforce	from 1/07/1989	to
Admitted patient mental health care	from 1/07/2000	to
Perinatal	from 1/07/1997	to
Community mental health care	from 1/07/2000	to
Admitted patient palliative care	from 1/07/2000	to
Alcohol and other drug treatment services	from 1/07/2000	to

Date of cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000424 *Version number:* 2

Data element type: DATA ELEMENT

Definition: Date on which a treatment episode for alcohol and other drugs ceases.

Context: Alcohol and other drug treatment services. Required to identify the cessation of a treatment episode by an alcohol and other drug treatment service.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: Refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there a plan in place for further contact, the date of last service contact should be used.

Refer to data element concept Cessation of treatment episode for alcohol and other drugs to determine when a treatment episode ceases.

Verification rules: Must be later than or the same as the Date of commencement of treatment episode for alcohol and other drugs.

Related data: Relates to Reason for cessation of treatment episode for alcohol and other drugs, version 2.

Relates to the concept Cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Date of commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000430 *Version number:* 2

Data element type: DATA ELEMENT

Definition: Date on which a treatment episode for alcohol and other drugs commences.

Context: Alcohol and other drug treatment services. Required to identify the commencement of a treatment episode by an alcohol and other drug treatment service.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: The first date of the treatment episode is the first service contact within the treatment episode when assessment and/or treatment occurs.

Verification rules: Must be earlier than or the same as the Date of cessation of treatment episode for alcohol and other drugs.

Related data: Relates to the data element concept Commencement of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Establishment identifier

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000050 *Version number:* 3

Data element type: COMPOSITE ELEMENT

Definition: Identifier for the establishment in which episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.

Context: Admitted patient care:
Admitted patient palliative care:
Admitted patient mental health care:
Alcohol and other drug treatment services:
Community mental health care:
Community mental health establishments:
Perinatal:
Public hospital establishments.

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. 8 Max. 9 *Layout:* NNANNNNN

Data domain: Concatenation of:
N – State identifier
N – Establishment sector
A – Region code
NNNNN – Establishment number

Guide for use: If data is supplied on computer media, this item is only required once in the header information. If information is supplied manually, this item should be provided on each form submitted.

Related data: Is composed of State identifier, version 2
is composed of Establishment sector, version 3
is composed of Region code, version 2
is composed of Establishment number, version 3
supersedes previous data element Establishment identifier, version 2.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/1997 to
Admitted patient care	from 1/07/1997 to
Admitted patient mental health care	from 1/07/1997 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/1998 to
Community mental health establishments	from 1/07/1998 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

A residential establishment is considered to be separately administered if managed as an independent institution for which there are financial, budgetary and activity statistics. For example, if establishment-level data for components of an area health service are not available separately at a central authority, this is not grounds for treating such components as a single establishment unless such data are not available at any level in the health care system.

This item is now being used to identify hospital contracted care. The use of this item will lead to reduced duplication in reporting patient activity and will enable linkage of services to one episode of care.

Establishment number

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000377 *Version number:* 3

Data element type: DATA ELEMENT

Definition: An identifier for establishment, unique within the State or Territory.

Context:
Admitted patient care:
Admitted patient palliative care:
Admitted patient mental health care:
Alcohol and other drug treatment services:
Emergency department waiting times:
Perinatal:
Public hospital establishments.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 5 Max. 5 *Layout:* NNNNN

Data domain: Valid establishment number

Related data: Is a composite part of Establishment identifier, version 3
supersedes Establishment number, version 2.

Administrative attributes

National minimum data sets:

Public hospital establishments	from 1/07/1989 to
Admitted patient care	from 1/07/1989 to
Admitted patient mental health care	from 1/07/1997 to
Perinatal	from 1/07/1997 to
Emergency Department waiting times	from 1/07/1999 to
Alcohol and other drug treatment services	from 1/07/2000 to
Elective surgery waiting times	from 1/07/2001 to

Comments:

This data element supports the provision of unit record and/or summary level data by State and Territory health authorities as part of the Emergency Department Waiting Times National Minimum Data Set.

Establishment sector

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000379 *Version number:* 3

Data element type: DATA ELEMENT

Definition: A section of the health care industry.

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain: 1 Public

2 Private

Related data: Relates to Hospital, version 1
is a composite part of Establishment identifier, version 3
supersedes Establishment sector, version 2.

Administrative attributes

National minimum data sets:

Admitted patient care from 1/07/2000 to

Admitted patient mental health care from 1/07/2000 to

Elective surgery waiting times from 1/07/2001 to

Perinatal from 1/07/1997 to

Public hospital establishments from 1/07/2000 to

Establishment type

Admin. status: CURRENT 1/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000327 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.

Residential establishments are considered to be separately administered if managed as an independent unit in terms of financial, budgetary and activity statistics. The situation where establishment-level data, say for components of an area health service, were not available separately at a central authority was not grounds for treating such a group of establishments as a single establishment unless such data were not available at any level in the health care system.

Non-residential health services are classified in terms of separately administered organisations rather than in terms of the number of sites at which care is delivered. Thus, domiciliary nursing services would be counted in terms of the number of administered entities employing nursing staff rather than in terms of the number of clinic locations used by the staff.

Establishments can cater for a number of activities and in some cases separate staff and financial details are not available for each activity. In these cases it is necessary to classify the establishment according to its predominant residential activity (measured by costs) and to allocate all the staff and finances to that activity. Where non-residential services only are provided at one establishment, that establishment is classified according to the predominant non-residential activity (in terms of costs).

Context: Health services: type of establishment is required in order to aggregate establishment-level data into meaningful summary categories (for example, public hospitals, residential aged care services) for reporting and analysis.

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. 2 Max. 6 *Layout:* AN.N.N

Data domain:

- N7.1 Public day centre/hospital
- N7.2 Public freestanding day surgery centre
- N7.3 Private day centre/hospital
- N7.4 Private freestanding day surgery centre
- N8.1.1 Public community health centre
- N8.1.2 Private (non-profit) community health centre

***Data domain
(continued):***

- N8.2.1 Public domiciliary nursing service
- N8.2.2 Private (non-profit) domiciliary nursing service
- N8.2.3 Private (profit) domiciliary nursing service
- R1.1 Public acute care hospital
- R1.2 Private acute care hospital
- R1.3.1 Veterans' Affairs hospital
- R1.3.2 Defence force hospital
- R1.3.3 Other Commonwealth hospital
- R2.1 Public psychiatric hospital
- R2.2 Private psychiatric hospital
- R3.1 Private charitable residential aged care service
- R3.2 Private profit residential aged care service
- R3.3 Government residential aged care service
- R3.4 Private charitable nursing home for young disabled
- R3.5 Private profit nursing home for young disabled
- R3.6 Government nursing home for young disabled
- R4.1 Public alcohol and drug treatment centre
- R4.2 Private alcohol and drug treatment centre
- R5.1 Charitable hostels for the aged
- R5.2 State government hostel for the aged
- R5.3 Local government hostel for the aged
- R5.4 Other charitable hostel
- R5.5 Other State government hostel
- R5.6 Other local government hostel
- R6.1 Public hospice
- R6.2 Private hospice

Guide for use:

Establishments are classified into 10 major types subdivided into major groups:

- residential establishments (R)
- non-residential establishments (N)

*Guide for use
(continued):*

R1 Acute care hospitals

Establishments which provide at least minimal medical, surgical or obstetric services for inpatient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.

Hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care are included in this category. Hospices (establishments providing palliative care to terminally ill patients) that are freestanding and do not provide any other form of acute care are classified to R6.

R2 Psychiatric hospitals

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

Centres for the non-acute treatment of drug dependence, developmental and intellectual disability are not included here (see below). This code also excludes institutions mainly providing living quarters or day care.

R3 Residential aged care services

Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent persons or senile inpatients. They must be approved by the Commonwealth Department of Health and Family Services and/or licensed by the State, or controlled by government departments.

Private profit residential aged care services are operated by private profit-making individuals or bodies.

Private charitable residential aged care services are participating residential aged care services operated by religious and charitable organisations.

Government residential aged care services are residential aged care services either operated by or on behalf of a State or Territory Government.

R4 Alcohol and drug treatment centres

Freestanding centres for the treatment of drug dependence on an inpatient basis.

R5 Hostels and residential services

Establishments run by public authorities or registered non-profit organisations to provide board, lodging or accommodation for the aged, distressed or disabled who cannot live independently but do not need nursing care in a hospital or residential aged care service. Only hostels subsidised by the Commonwealth are included.

Separate dwellings are not included, even if subject to individual rental rebate arrangements. Residents are generally responsible for their own provisions, but may be provided in some establishments with domestic

*Guide for use
(continued):*

assistance (meals, laundry, personal care). Night shelters providing only casual accommodation are excluded.

R6 Hospices

Establishments providing palliative care to terminally ill patients. Only freestanding hospices which do not provide any other form of acute care are included in this category.

N7 Same-day establishments

Includes both the traditional day centre/hospital and also freestanding day surgery centres.

Day centres/hospitals are establishments providing a course of acute treatment on a full-day or part-day non-residential attendance basis at specified intervals over a period of time. Sheltered workshops providing occupational or industrial training are excluded.

Freestanding day surgery centres are hospital facilities providing investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.

N8 Non-residential health services

Services administered by public authorities or registered non-profit organisations which employ full-time equivalent medical or paramedical staff (nurses, nursing aides, physiotherapists, occupational therapists and psychologists, but not trade instructors or teachers). This definition distinguishes health services from welfare services (not within the scope of the National Minimum Data Project) and thereby excludes such services as sheltered workshops, special schools for the intellectually disabled, meals on wheels and baby clinics offering advisory services but no actual treatment. Non-residential health services should be enumerated in terms of services or organisations rather than in terms of the number of sites at which care is delivered.

Non-residential health services provided by a residential establishment (for example, domiciliary nursing service which is part of a public hospital) should not be separately enumerated.

N8.1 Community health centres

Public or registered non-profit establishments in which a range of non-residential health services is provided in an integrated and coordinated manner, or which provides for the coordination of health services elsewhere in the community.

N8.2 Domiciliary nursing service

Public or registered non-profit or profit-making establishments providing nursing or other professional paramedical care or treatment to patients in their own homes or in (non-health) residential institutions.

Establishments providing domestic or housekeeping assistance are excluded by the general definition above.

Note that national minimum data sets currently include only community health centres and domiciliary nursing services.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2000 to
Admitted patient care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

In the current data element, the term 'establishment' is used in a very broad sense to mean bases, whether institutions, organisations or the community from which health services are provided. Thus, the term covers conventional health establishments and also organisations which may provide services in the community.

This data element is currently under review by the Organisational Units Working Group of the National Health Data Committee. Recommendations will provide a comprehensive coverage of the health service delivery sector.

Geographical location of establishment

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000260 *Version number:* 2

Data element type: DATA ELEMENT

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.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 5 Max. 5 *Layout:* NNNNN

Data domain: 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 (ABS Cat. No. 1216.0).

Guide for use: 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.

Related data: Supersedes previous data element Geographic location, version 1
Relates to Establishment type, version 1.

Administrative attributes

Source document: *Australian Standard Geographical Classification (ABS Cat. No. 1216.0)*

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2000 to
Community mental health establishments	from 1/07/1998 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

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

Indigenous status

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000001 *Version number:* 3

Data element type: DATA ELEMENT

Definition: 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.

Context: Given the gross inequalities in health status between Indigenous and non-Indigenous peoples in Australia, the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on Indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated

Guide for use: There are three components to the definition:

- descent;
- self-identification; and
- community acceptance.

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

**Guide for use
(continued):**

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; or
- Where the question was not able to be asked prior to discharge because the patient was unable to communicate (e.g. patient unconscious) or a person who knows the patient was not available.

Only in the last two situations may the tick boxes on the questionnaire be left blank.

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.

When someone is not present, the person answering for them should be in a position to do so, i.e. this person must know the person about whom the question is being asked well and feel confident to provide accurate information about them. However, it is strongly recommended that this question be asked directly wherever possible.

In circumstances where it is impossible to ask the person directly, such as in the case of death, the question should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.

This question should always be asked even if the person does not 'look' Aboriginal or Torres Strait Islander.

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).

Administrative attributes

Source document: Standards for Statistics on Cultural and Language Diversity, ABS Cat. No. 1289.0, 1999.

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from	1/07/2000	to
Admitted patient mental health care	from	1/07/2000	to
Perinatal	from	1/07/1997	to
Community mental health care	from	1/07/2000	to
Admitted patient palliative care	from	1/07/2000	to
Alcohol and other drug treatment services	from	1/07/2000	to

Injecting drug use

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000432 *Version number:* 1

Data element type: DATA ELEMENT

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. The data element is important for identifying patterns of drug use and harms associated with injecting drug use.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Current injecting drug use (last injected within the previous three months)
2	Injecting drug use more than three months ago but less than twelve months ago
3	Injecting drug use more than twelve months ago (and not in last twelve months)
4	Never injected
9	Not stated/inadequately described

Collection methods: To be collected on commencement of treatment with a service.

Related data:
Relates to Principal drug of concern, version 1
Relates to Method of use for principal drug of concern, version 1
Relates to Other drugs of concern, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Comments:

This data element used in conjunction with Commencement of treatment for reporting the NMDS-Alcohol and Other Drug Treatment Services, and 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 data element 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.

Main treatment type for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000639 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The main activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern.

Context: Alcohol and other drug treatment services. Information about treatment provided is of fundamental importance to service delivery and planning.

Relational and representational attributes

Data type: Numeric *Field size:* Min 1 Max. 1 *Layout:* N

Data domain:

- 1 Withdrawal management (detoxification)
- 2 Counselling
- 3 Rehabilitation
- 4 Pharmacotherapy
- 5 Support and case management only
- 6 Information and education only
- 7 Assessment only
- 8 Other

Guide for use: To be completed at assessment or commencement of treatment.

The main treatment type is the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. The Main treatment type for alcohol and other drugs is the principal focus of a single treatment episode. Consequently, each treatment episode will only have one main treatment type.

For brief interventions, the main treatment type may apply to as few as one contact between the client and agency staff.

Code 1 refers to any form of withdrawal management, including medicated and non-medicated, in any delivery setting.

Code 2 refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This code excludes counselling activity that is part of a rehabilitation program as defined in code 3.

Code 3 refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings.

**Guide for use
(continued):**

- Code 4 refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, LAAM and specialist methadone treatment). Use code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal.
- Code 5 refers to support and case management offered to clients (e.g. treatment provided through youth alcohol and drug outreach services). This choice only applies where support and case management treatment is recorded as individual client data and the treatment activity is not included in any other category.
- Code 6 refers to when there is no treatment provided to the client other than information and education. It is noted that, in general, service contacts would include a component of information and education.
- Code 7 refers to when there is no treatment provided to the client other than assessment. It is noted that, in general, service contacts would include an assessment component.

Collection methods: Only one code to be selected.

Related data: Related to Other treatment type for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Method of use for principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000433 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The client's usual method of administering the Principal drug of concern as stated by the client.

Context: Alcohol and other drug treatment services. Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing treatment approaches.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Ingests
2	Smokes
3	Injects
4	Sniffs (powder)
5	Inhales (vapour)
6	Other
9	Not stated/inadequately described

Guide for use: Code 1 Refers to eating or drinking as the method of administering the Principal drug of concern.

Collection methods: Collect only for Principal drug of concern.
To be collected on commencement of treatment with a service.

Related data: Relates to Principal drug of concern, version 1
Relates to Injecting drug use, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Number of service contacts within a treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000641 *Version number:* 2

Data element type: DATA ELEMENT

Definition: Number of service contacts recorded between a client and the service provider within a treatment episode for the purpose of providing alcohol and other drug treatment.

Context: Alcohol and drug treatment services. This data element provides a measure of the frequency of client contact and service utilisation within a treatment episode.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 3 *Layout:* NNN

Data domain: Valid integer

Guide for use: This data element is a count of service contacts related to treatment that are recorded on a client record. Any client contact that does not constitute part of a treatment should not be considered a service contact. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.

This data element is not collected for residential clients.

Where multiple service provider staff have contact with the client at the same time, on the same occasion of service, the contact is counted only once.

When multiple service contacts are recorded on the same day, each independent contact should be counted separately.

Collection methods: To be collated at the close of a treatment episode.

Related data: Relates to the concept Service contact, version 1

Relates to the concept Treatment episode for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services

from 01/07/2002

Other drugs of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000442 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Any drugs apart from the Principal drug of concern which the client perceives as being a health concern.

Context: Alcohol and other drug treatment services. This item complements Principal drug of concern. The existence of other drugs of concern may have a role in determining the types of treatment required and may also influence treatment outcomes.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 4 Max. 4 *Layout:* NNNN

Data domain: The *Australian Standard Classification of Drugs of Concern* (ASCDC). ABS Cat No. 1248.0 (2000).

Guide for use: This is a multiple-response data item to allow for the coding of polydrug use. The data element can be used in conjunction with Principal drug of concern.

Verification rules: There should be no duplication with Principal drug of concern.

Collection methods: More than one drug may be selected.
To be collected on commencement of treatment with a service.

Related data: Relates to Principal drug of concern, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Comments:

This is consistent with the findings of the Pilot Study conducted by the National Drug and Alcohol Research Centre over a six-week period between June and August 1998.

Other treatment type for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000642 *Version number:* 1

Data element type: DATA ELEMENT

Definition: All other forms of treatment provided to the client in addition to the Main treatment type for alcohol and other drugs.

Context: Alcohol and other drug treatment services. Information about treatment provided is of fundamental importance to service delivery and planning.

Relational and representational attributes

Data type: Numeric *Field size:* Min 1 Max. 1 *Layout:* N

Data domain:

- 1 Withdrawal management (detoxification)
- 2 Counselling
- 3 Rehabilitation
- 4 Pharmacotherapy
- 5 Other

Guide for use: To be completed at cessation of treatment episode.

Only report treatment recorded in the client's file that is in addition to, and not a component of, the Main treatment type for alcohol and other drugs. Treatment activity reported here is not necessarily for Principal drug of concern in that it may be treatment for Other drugs of concern.

Code 1 refers to any form of withdrawal management, including medicated and non-medicated.

Code 2 refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This selection excludes counselling activity that is part of a rehabilitation program as defined in code 3.

Code 3 refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings.

Code 4 refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, LAAM and specialist methadone treatment). Use code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal.

Collection methods: More than one code may be selected. This field should be left blank if there are no other treatment types for the episode.

Related data: Related to Main treatment type for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Person identifier

Admin. status: CURRENT 1/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000127 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Person identifier unique within establishment or agency.

Context: This item could be used for editing at the establishment or collection authority level and, potentially, for episode linkage. There is no intention that this item would be available beyond collection authority level.

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. Max. *Layout:* Optional

Data domain: Valid patient identification number

Guide for use: Individual establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems.

Administrative attributes

Source organisation: National minimum data set working parties

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

For admitted patient care statistics, Person identifier used in conjunction with other data elements recording individual episodes of care or events. To date, there has been limited development of patient-based data, i.e. linking data within hospital morbidity collections about all episodes of care for individuals.

Preferred language

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000132 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The language (including sign language) most preferred by the person for communication. This may be a language other than English even where the person can speak fluent English.

Context: Health and welfare services: An important indicator of ethnicity, especially for persons born in non-English-speaking countries. Its collection will assist in the planning and provision of multilingual services and facilitate program and service delivery for migrants and other non-English speakers.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 2 Max. 2 *Layout:* NN

Data domain:

00	Afrikaans
01	Albanian
02	Alyawarr (Alyawarra)
03	Arabic (including Lebanese)
04	Armenian
05	Arrernte (Aranda)
06	Assyrian (including Aramaic)
07	Australian Indigenous languages, not elsewhere classified
08	Bengali
09	Bisaya
10	Bosnian
11	Bulgarian
12	Burarra
13	Burmese
14	Cantonese
15	Cebuano
16	Croatian
17	Czech
18	Danish
19	English
20	Estonian
21	Fijian
22	Finnish
23	French
24	German
25	Gilbertese
26	Greek
27	Gujarati
28	Hakka
29	Hebrew
30	Hindi

<i>Data domain</i>	31	Hmong
<i>(continued):</i>	32	Hokkien
	33	Hungarian
	34	Indonesian
	35	Irish
	36	Italian
	37	Japanese
	38	Kannada
	39	Khmer
	40	Korean
	41	Kriol
	42	Kuurinji (Gurindji)
	43	Lao
	44	Latvian
	45	Lithuanian
	46	Macedonian
	47	Malay
	48	Maltese
	49	Mandarin
	50	Mauritian Creole
	51	Netherlandic
	52	Norwegian
	53	Persian
	54	Pintupi
	55	Pitjantjatjara
	56	Polish
	57	Portuguese
	58	Punjabi
	59	Romanian
	60	Russian
	61	Samoan
	62	Serbian
	63	Sinhalese
	64	Slovak
	65	Slovene
	66	Somali
	67	Spanish
	68	Swahili
	69	Swedish
	70	Tagalog (Filipino)
	71	Tamil
	72	Telugu
	73	Teochew
	74	Thai
	75	Timorese
	76	Tiwi
	77	Tongan
	78	Turkish
	79	Ukranian
	80	Urdu
	81	Vietnamese
	82	Walmajarri (Walmadjari)
	83	Warlpiri
	84	Welsh

Data domain (continued):	85	Wik-Mungkan
	86	Yiddish
	95	Other languages, nfd
	96	Inadequately described
	97	Non verbal, so described (including sign languages e.g. Auslan, Makaton)
	98	Not stated

Guide for use: The classification used in this data element is a modified version of the two-digit level *Australian Standard Classification of Languages* (ABS) classification.

All non-verbal means of communication, including sign languages, are to be coded to 97.

Code 96 should be used where some information, but insufficient, is provided.

Code 98 is to be used when no information is provided.

All Australian Indigenous languages not shown separately on the code list are to be coded to 07.

Collection methods: This information may be collected in a variety of ways. It may be collected by using a predetermined shortlist of languages that are most likely to be encountered from the above code list accompanied by an open text field for 'Other language' or by using an open-ended question that allows for recording of the language nominated by the person. Regardless of the method used for data collection, the language nominated should be coded using the above ABS codes.

Related data: Supersedes previous Preferred language, version 1.

Administrative attributes

Source document: *Australian Standard Classification of Languages*, (ASCL), ABS Cat. No. 1267.0

Source organisation: NHDC, Australian Bureau of Statistics

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

The Australian Bureau of Statistics has developed a detailed four-digit language classification of 193 language units which was used in the 1996 Census. Although it is preferable to use the classification at a four-digit level, the requirements of administrative collections have been recognised and the ABS has developed a classification of 86 languages at a two-digit level from those most frequently spoken in Australia. Mapping of this two-digit running code system to the 4-digit *Australian Standard Classification of Language* is available from ABS. The classification used in this data element is a modified version of the two-digit level ABS classification.

The National Health Data Committee considered that the grouping of languages by geographic region was not useful in administrative settings. Thus the data domain includes an alphabetical listing of the 86 languages from the ABS two-digit level classification with only one code for 'Other languages, nfd'. By removing the geographic groupings from the classification information about the broad geographic region of languages that are not specifically coded is lost. However, the NHDC considered that the benefits to data collectors gained from simplifying the code listing outweighed this disadvantage.

Principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000443 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The drug that has led a person to seek treatment from the service, as stated by the client.

Context: Alcohol and other drug treatment services. Required as an indicator of the client's treatment needs.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 4 Max. 4 *Layout:* NNNN

Data domain: The *Australian Standard Classification of Drugs of Concern* (ASCDC). ABS Cat. No. 1248.0 (2000).

Guide for use: A principal drug of concern may be indicated on a client's referral. However, the criterion for nominating the principal drug of concern is the identification by the client of the drug.

Collection methods: To be collected on commencement of treatment with a service.

Related data: Relates to Method of use for principal drug of concern, version 1.
Relates to Other drugs of concern, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Reason for cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000423 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service.

Context: Alcohol and other drug treatment services. Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 2 *Layout:* NN

Data domain:

1	Treatment completed
2	Change in main treatment type
3	Change in the delivery setting
4	Change in the principal drug of concern
5	Transferred to another service provider
6	Ceased to participate against advice
7	Ceased to participate without notice
8	Ceased to participate involuntary (non-compliance)
9	Ceased to participate at expiation
10	Ceased to participate by mutual agreement
11	Drug court and/or sanctioned by court diversion service
12	Imprisoned, other than drug court sanctioned
13	Died
98	Other
99	Not stated/inadequately described

Guide for use:

Code 1 is to be used when all of the immediate goals of the treatment plan have been fulfilled.

Code 2 a treatment episode will end if there is a change in the Main treatment type for alcohol and other drugs.

Code 3 a treatment episode will end if there is a change in the Treatment delivery setting for alcohol and other drugs.

Code 4 a treatment episode will end if there is a change in the Principal drug of concern.

Code 5 includes situations where the service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients

Guide for use:
(continued)

- between non-residential and residential services or between residential services and a hospital.
- Code 6 refers to situations where the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest.
- Code 7 refers to situations where the client ceased to receive treatment without notifying the service provider of their intention to no longer participate.
- Code 8 refers to situations where the client's participation has been ceased by the service provider due to non-compliance with the rules or conditions of the program.
- Code 9 refers to situations where the client has fulfilled their obligation to satisfy expiation requirements (e.g. participate in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with the treatment program.
- Code 10 refers to situations where the client ceases participation by mutual agreement with the service provider even though the treatment plan has not been completed. This may include situations where the client has moved out of the area. To be used when code 2, 3 or 4 is not applicable.
- Code 11 applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-compliance with the program.
- Code 12 applies to clients who are imprisoned for reasons other than code 11.

Collection methods: To be collected on cessation of a treatment episode.

Related data: Supersedes previous Date of cessation of treatment, version 1.
Relates to the concept Cessation of treatment episode for alcohol and other drugs, version 2.
Relates to Date of cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Region code

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000378 *Version number:* 2

Data element type: DATA ELEMENT

Definition: An identifier for location of health services in an area.

Context: Health services

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. 1 Max. 2 *Layout:* A

Data domain: Valid region code

Guide for use: Domain values are specified by individual States/Territories

Related data: Is a composite part of Establishment identifier, version 3.

Administrative attributes

National minimum data sets:

Admitted patient care from 1/07/2000 to

Admitted patient mental health care from 1/07/2000 to

Elective surgery waiting times from 1/07/2001 to

Perinatal from 1/07/1997 to

Public hospital establishments from 1/07/2000 to

Sex

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

NHIK identifier: 000149 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The sex of the person.

Context: Required for analyses of service utilisation, needs for services and epidemiological studies.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Male
- 2 Female
- 3 Indeterminate
- 9 Not stated/inadequately described

Guide for use: An indeterminate sex category may be necessary for situations such as the classification of perinatal statistics when it is not possible for the sex to be determined.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies this field must be consistent with diagnosis and procedure codes, for records grouped in Major Diagnostic Categories 12, 13 and 14, for valid grouping, otherwise resulting in a fatal error for sex conflicts. For other Major Diagnostic Categories, sex conflicts result in a warning error.

Collection methods: It is suggested that the following format be used for data collection:

What is your (the person's) sex?

___ Male

___ Female

The term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity. The ABS advises that the correct terminology for this data element is sex.

Information collection for transsexuals and people with transgender issues should be treated in the same manner. To avoid problems with edits, transsexuals undergoing a sex change operation should have their sex at time of hospital admission recorded.

Related data: Supersedes previous data element Sex, version 1

is used in the derivation of Diagnosis Related Group, version 1.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

This item has been altered to enable standardisation of the collection of information relating to sex (to include indeterminate), gender, people with transgender issues and transsexuals.

Source of referral to alcohol and other drug treatment service

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000444 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The source from which the person was transferred or referred to the alcohol and other drug treatment service.

Context: Alcohol and other drug treatment services. Source of referral is important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 2 *Layout:* NN

Data domain:

1	Self
2	Family member/friend
3	General practitioner
4	Medical specialist
5	Psychiatric hospital
6	Other hospital
7	Residential community mental health care unit
8	Residential alcohol and other drug treatment/care unit
9	Other residential community care unit
10	Non-residential medical and/or allied health care agency
11	Non-residential community mental health care agency or outpatient clinic
12	Non-residential alcohol and other drug treatment agency or outpatient clinic
13	Other non-residential community health care agency or outpatient clinic
14	Other community service agency
15	Community-based corrections
16	Police diversion
17	Court diversion
18	Other
99	Not stated/inadequately described

Guide for use: Code 3 General practitioner includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary-care medical practitioners in private practice.

**Guide for use
(continued):**

- Code 4 Includes specialists in private practice.
- Code 5-6 Includes public and private hospitals, hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes outpatient clinics (which should be coded to 14-17), non-residential community health care agencies or outpatient clinics.
- Code 7-9 Includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability, and drug and alcohol residential treatment units.
- Code 10 Non-residential service centres that operate a range of medical and/or allied health services from a centre-based establishment, including blood donation centres, breast-screening clinics, dental clinics, general medical centres, HIV or AIDS clinics, sexual health clinics; day procedure centres or facilities, Aboriginal medical centres. Excludes any of the above operating from hospital outpatient clinics, which should be coded to 13 Other non-residential community health care agency or outpatient clinic.
- Code 11-13 Non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, maternal and child health centres, migrant women's health centres, multipurpose health centres.
- Code 14 Includes Home and Community Care agencies, Aged Care Assessment Teams, agencies providing care or assistance to persons in their own homes, child care centres/pre-schools or kindergartens, community centres, family support services, domestic violence and incest resource centres or services, Aboriginal cooperatives.

Administrative attributes

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

State identifier

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000380 *Version number:* 2

Data element type: DATA ELEMENT

Definition: An identifier for State or Territory.

Context: Health services

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	New South Wales
2	Victoria
3	Queensland
4	South Australia
5	Western Australia
6	Tasmania
7	Northern Territory
8	Australian Capital Territory
9	Other Territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)

Related data: Is a composite part of Establishment identifier, version 3.

Administrative attributes

Source document: Domain values are derived from the *Australian Standard Geographic Classification* (ABS Cat. No. 1216.0)

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments from 1/07/2000 to

Admitted patient care from 1/07/2000 to

Admitted patient mental health care from 1/07/2000 to

Perinatal from 1/07/1997 to

Treatment delivery setting for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000646 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The setting in which the main treatment is provided.

Context: Alcohol and other drug treatment services. Required to identify the settings in which treatment is occurring, allowing for trends in treatment patterns to be monitored.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Non-residential treatment facility
2	Residential treatment facility
3	Home
4	Outreach setting
8	Other

Guide for use:

Code 1 refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services and community health centres.

Code 2 refers to community-based settings in which clients reside either temporarily or long-term in a facility that is not their home or usual place of residence to receive alcohol and other drug treatment. This does not include ambulatory situations.

Code 3 refers to the client's own home or usual place of residence.

Code 4 refers to an outreach environment, excluding a client's home or usual place of residence, where treatment is provided. An outreach environment may be any public or private location that is not covered by codes 1-3. Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting.

Verification rules: Only one code to be selected.

Related data: Related to the data element, Main treatment type for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000422 *Version number:* 2

Data element type: DATA ELEMENT CONCEPT

Definition: Cessation of a treatment episode occurs when treatment is completed or discontinued; or there has been a change in the principal drug of concern, the main treatment type, or the treatment delivery setting.

Context: Alcohol and other drug treatment services.

Relational and representational attributes

Guide for use: A client is identified as ceasing a treatment episode if one or more of the following apply:

- their treatment plan is completed;
- they have had no contact with the treatment provider for a period of three months, nor is there a plan in place for further contact;
- their Principal drug of concern has changed;
- their Main treatment type for alcohol and other drugs has changed;
- their Treatment delivery setting for alcohol and other drugs has changed;
- their treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice, transferred to another service provider, died).

Related data: Relates to Reason for cessation of treatment episode for alcohol and other drugs, version 2.

Relates to Date of cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 01/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000427 *Version number:* 2

Data element type: DATA ELEMENT CONCEPT

Definition: Commencement of a treatment episode for alcohol and other drugs is the first service contact when assessment and/or treatment occurs with the treatment provider.

Context: Alcohol and other drug treatment services.

Relational and representational attributes

Guide for use: A client is identified as commencing a treatment episode if one or more of the following apply:

- they are a new client;
- they are a client recommencing treatment after they have had no contact with the treatment provider for a period of three months or had any plan in place for further contact;
- their Principal drug of concern has changed;
- their Main treatment type for alcohol and other drugs has changed; or
- their Treatment delivery setting for alcohol and other drugs has changed.

Related data: Relates to the data element Date of commencement of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Service contact

Admin. status: CURRENT 1/07/1999

Identifying and definitional attributes

Knowledgebase ID: 000401 *Version number:* 1

Data element type: DATA ELEMENT CONCEPT

Definition: A contact between a patient/client and an ambulatory care health unit (including outpatient and community health units) which results in a dated entry being made in the patient/client record.

Context: Identifies service delivery at the patient level for mental health services (including consultation/liaison, mobile and outreach services).

A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts would either be with a client, carer or family member or another professional or mental health worker involved in providing care and do not include contacts of an administrative nature (e.g. telephone contact to schedule an appointment) except where a matter would need to be noted on a patient's record.

Service contacts may be differentiated from administrative and other types of contacts by the need to record data in the client record. However, there may be instances where notes are made in the client record that have not been prompted by a service contact with a patient/client (e.g. noting receipt of test results that require no further action). These instances would not be regarded as a service contact.

Relational and representational attributes

Related data: Relates to Number of service contact dates, version 2.

Relates to Number of service contacts within a treatment episode for alcohol and other drugs, version 1.

Relates to Service contact date, version 1.

Administrative attributes

Comments:

The proposed definition is not able to measure case complexity or level of resource usage with each service contact alone. This limitation also applies to the concept of occasions of service (in admitted patient care) and hospital separations.

Some overlap with the data element Occasions of service is acknowledged by the National Health Data Committee.

The National Health Data Committee also acknowledges that information about group sessions or activities that do not result in a dated entry being made in each individual participant's patient/client record is not currently covered by this data element concept.

Treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000647 *Version number:* 1

Data element type: DATA ELEMENT CONCEPT

Definition: The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers that occurs in one setting and in which there is no change in the Main treatment type or Principal drug of concern, and there has not been a non-planned absence of contact for greater than three months.

Context: Alcohol and drug treatment services. This concept is required to provide the basis for a standard approach to recording and monitoring patterns of service utilisation by clients.

Relational and representational attributes

Guide for use: A treatment episode can have only one Main treatment type for alcohol and other drugs and only one Principal drug of concern.
A treatment episode must have a defined Date of commencement of treatment episode for alcohol and other drugs and a Date of cessation of treatment episode for alcohol and other drugs.
A treatment episode is only delivered within one setting. Where an agency operates in more than one treatment delivery setting, for any client receiving treatment in multiple settings, a separate treatment episode is required for each setting. Consequently, more than one treatment episode may be in progress for a client at the same time, and it is possible for each of these episodes to have different dates of commencement and cessation.

Collection methods: Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Related data: Relates to Main treatment type for alcohol and other drugs, version 1.
Relates to Treatment delivery setting for alcohol and other drugs, version 1.
Relates to Date of commencement of treatment episode for alcohol and other drugs, version 1.
Relates to Date of cessation of treatment episode for a alcohol and other drugs, version 2.
Relates to the concept Commencement of treatment episode for alcohol and other drugs, version 2.
Relates to the concept Cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Appendix C

Notes on ABS classifications

Standard Australian Classification of Countries (SACC), ABS Cat. No. 1269.0

The SACC has been developed by the Australian Bureau of Statistics (ABS) for use in the collection, storage and dissemination of all Australian statistical data classified by country. It provides a single classificatory framework for both population and economic statistics.

The SACC is a classification of countries essentially based on the concept of geographic proximity. In its main structure it groups neighbouring countries into progressively broader geographic areas on the basis of their similarity in terms of social, cultural, economic and political characteristics.

The SACC has a three-level hierarchical structure. The third, and most detailed level, consists of the base units, which are countries. The classification consists of 244 third-level units including five 'not elsewhere classified' categories, which contain entities that are not listed separately in the classification. A four-digit code represents each country. The second level of the main classification structure comprises 27 minor groups, which are groups of neighbouring countries similar in terms of social, cultural, economic and political characteristics. Each minor group lies wholly within the boundaries of a geographic continent. A two-digit code represents each minor group. The first, and most general level of the classification structure comprises nine major groups which are formed by aggregating geographically proximate minor groups. A single-digit code represents each major group.

Australian Standard Classification of Languages (ASCL), ABS Cat. No. 1267.0

The ABS has developed the ASCL in response to a wide community interest in the language use of the Australian population and to meet a growing statistical and administrative need. The Australian Standard Classification of Languages should be used whenever demographic, labour and social statistics are classified by language. The ABS will use the classification in its own statistical work, for example, in the 1996 Census of Population and Housing. The ABS urges its use by other government agencies, community groups, and academic and private sector organisations collecting, analysing, or using information relating to language use. This will improve the comparability of data from these sources.

In the ASCL, languages are grouped into progressively broader categories on the basis of their evolution from a common ancestral language, and on the basis of the geographic proximity of areas where particular languages originated. This results in a classification that is useful for the purposes of Australian social analysis by allowing populations of language speakers that are similar in terms of the ethnic and cultural origin to be grouped in a manner that is intuitively meaningful in the Australian context.

The ASCL has a three-level hierarchical structure. One-, two- and four-digit codes are assigned to the first-, second- and third-level units of the classification respectively. The first digit identifies the Broad Group in which each Language or Narrow group is contained. The first two digits taken together identify the Narrow Group in which each Language is contained. The four-digit codes represent each of the 193 Language or third-level units.

Note that for the data element 'Preferred language' the correct data domain is the two-digit code classification as listed in the *National Health Data Dictionary* Version 10 (AIHW 2001).

Mapping of this two-digit running code system to the four-digit ASCL is available from the ABS.

Australian Standard Geographical Classification (ASGC), ABS Cat. No. 1216.0

The main purpose of the ASGC is for collecting and disseminating geographically classified statistics. These are statistics with a 'where' dimension. The ASGC is a hierarchical classification system consisting of six interrelated classification structures:

- Main Structure;
- Local Government Area Structure;
- Statistical District Structure;
- Statistical Region Structure;
- Urban Centre/Locality Structure; and
- Section of State Structure.

These structures are hierarchical, and are made up of geographical spatial units. The statistical local area (SLA) is a general-purpose spatial unit. It is the base unit used to collect and disseminate statistics other than those collected from the population censuses. In non-census years, the SLA is the smallest unit defined in the ASGC. In census years, a SLA consists of one or more whole census collection district. In aggregate, SLAs cover the whole of Australia without gaps or overlaps.

SLAs are identified by four-digit codes. These codes are unique only within a State or Territory. For unique Australia-wide identification the four-digit SLA code must be preceded by the unique one-digit State/Territory code.

Example:

Barraba 10400 (in New South Wales) (S/T code 1)

Barcaldine 30400 (in Queensland) (S/T code 3)

Note that for the data element *Geographical location of establishment* the location is reported using a five-digit code, which comprise the unique one-digit State/Territory code and the four-digit SLA.

Australian Standard Classification of Drugs of Concern (ASCDC), ABS Cat. No. 1248.0

The ASCDC is the Australian statistical standard for classifying data relating to drugs that are considered to be of concern in Australian society. The ASCDC is essentially a

classification of types of drugs of concern based on their chemical structure, mechanism of action and effect on physiological activity. The classification of type of drug is described as the 'main classification structure' throughout the ASCDC document. Because many collectors and users of drug-related data also require information on the form in which drugs are encountered and the method of drug use, the ASCDC also includes classifications for these elements of drug-related information. The ASCDC is intended for use in the collection, classification, storage and dissemination of all statistical, administrative and service delivery data relating to drugs of concern.

The ASCDC will assist government planners, policy analysts and social researchers by providing a consistent framework for the classification of drug-related data. The use of the standard definitions, classifications and coding procedures detailed in the ASCDC will help to ensure the comparability and compatibility of data derived from a range of different statistical, administrative and service provision systems at both the state and national level.

The main classification of the ASCDC has a three-level hierarchical structure.

The third and most detailed level of the classification consists of the base units which are separately identified drugs of concern, aggregate groups of drugs of concern and residual categories of drugs of concern. The classification comprises 153 third-level units including 10 aggregate groups of drugs and 32 residual 'not elsewhere classified' (nec) categories.

The 10 third-level aggregate units comprise drugs that do not support individual identification but which are aggregated to form single base-level units as they are chemically similar and, when grouped, represent useful categories.

The 32 nec categories contain drugs which are not sufficiently significant, in the current Australian context, to support separate identification or representation as an aggregate base level unit. All drugs which have been identified as drugs of concern, but which are not listed separately or contained within one of the aggregate base-level units, are included in the nec category of the narrow group to which they relate.

The second level of the classification consists of 33 narrow groups that contain base-level units that are similar in terms of the classification criteria. Included in the 33 narrow groups are 6 residual 'Other' categories. These residual categories contain base-level units that do not belong in any of the alternative narrow groups contained within the broad group on the basis of the classification criteria.

The first and most general level of the classification comprises 7 broad groups. The broad groups are formed, in the main, by aggregating narrow groups that are broadly similar in terms of the classification criteria. The classification has one 'Miscellaneous' broad group which comprises narrow groups of drugs which were considered to be of sufficient importance to be included in the classification structure but which do not fit into any of the other 6 broad groups on the basis of the classification criteria.

Appendix D

Common methods of use for selected drugs of concern

Table A1: The most likely methods of use for a selection of drugs of concern

Drug of concern	Method of use				
	Ingests	smokes	injects	sniffs (powder)	Inhales (vapour)
Alcohol	✓				
Cannabis	✓	✓			
Amphetamines	✓	✓	✓	✓	
Ecstasy	✓		✓	✓	
Cocaine	✓	✓	✓	✓	
Heroin	✓	✓	✓	✓	
Benzodiazepines	✓		✓		
Morphine	✓		✓		
Methadone	✓		✓		
Anaesthetics	✓		✓		✓
Steroids	✓		✓		
LSD	✓				
Nicotine	✓	✓			

✓ Indicates a common or likely method of use

Source: Darke et al. (2000); Illicit Drug Reporting System (IDRS), NDARC.

Appendix E

The following provides detailed information about the Information Privacy Principles and the National Privacy Principles.

Extract of Information Privacy Principles from the Privacy Act 1988

Information Privacy Principles (for Commonwealth agencies)

Principle 1 Manner and purpose of collection of personal information

1. Personal information shall not be collected by a collector for inclusion in a record or in a generally available publication unless:
 - (a) the information is collected for a purpose that is a lawful purpose directly related to a function or activity of the collector; and
 - (b) the collection of the information is necessary for or directly related to that purpose.
2. Personal information shall not be collected by a collector by unlawful or unfair means.

Principle 2 Solicitation of personal information from individual concerned

Where:

- (a) a collector collects personal information for inclusion in a record or in a generally available publication; and
- (b) the information is solicited by the collector from the individual concerned; the collector shall take such steps (if any) as are, in the circumstances, reasonable to ensure that, before the information is collected or, if that is not practicable, as soon as practicable after the information is collected, the individual concerned is generally aware of:
 - (c) the purpose for which the information is being collected;
 - (d) if the collection of the information is authorised or required by or under law – the fact that the collection of the information is so authorised or required; and
 - (e) any person to whom, or any body or agency to which, it is the collector's usual practice to disclose personal information of the kind so collected, and (if known by the collector) any person to whom, or any body or agency to which, it is the usual practice of that first-mentioned person, body or agency to pass on that information.

Principle 3 Solicitation of personal information generally

Where:

- (a) a collector collects personal information for inclusion in a record or in a generally available publication; and
- (b) the information is solicited by the collector;

the collector shall take such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the information is collected:

- (c) the information collected is relevant to that purpose and is up to date and complete; and
- (d) the collection of the information does not intrude to an unreasonable extent upon the personal affairs of the individual concerned.

Principle 4 Storage and security of personal information

A record-keeper who has possession or control of a record that contains personal information shall ensure:

- (a) that the record is protected, by such security safeguards as it is reasonable in the circumstances to take, against loss, against unauthorised access, use, modification or disclosure, and against other misuse; and
- (b) that if it is necessary for the record to be given to a person in connection with the provision of a service to the record-keeper, everything reasonably within the power of the record-keeper is done to prevent unauthorised use or disclosure of information contained in the record.

Principle 5 Information relating to records kept by record-keeper

1. A record-keeper who has possession or control of records that contain personal information shall, subject to clause 2 of this Principle, take such steps as are, in the circumstances, reasonable to enable any person to ascertain:
 - (a) whether the record-keeper has possession or control of any records that contain personal information; and
 - (b) if the record-keeper has possession or control of a record that contains such information:
 - (i) the nature of that information;
 - (ii) the main purposes for which that information is used; and
 - (iii) the steps that the person should take if the person wishes to obtain access to the record.
2. A record-keeper is not required under clause 1 of this Principle to give a person information if the record-keeper is required or authorised to refuse to give that information to the person under the applicable provisions of any law of the Commonwealth that provides for access by persons to documents.
3. A record-keeper shall maintain a record setting out:
 - (a) the nature of the records of personal information kept by or on behalf of the record-keeper;
 - (b) the purpose for which each type of record is kept;

- (c) the classes of individuals about whom records are kept;
 - (d) the period for which each type of record is kept;
 - (e) the persons who are entitled to have access to personal information contained in the records and the conditions under which they are entitled to have that access; and
 - (f) the steps that should be taken by persons wishing to obtain access to that information.
4. A record-keeper shall:
- (a) make the record maintained under clause 3 of this Principle available for inspection by members of the public; and
 - (b) give the Commissioner, in the month of June in each year, a copy of the record so maintained.

Principle 6 Access to records containing personal information

Where a record-keeper has possession or control of a record that contains personal information, the individual concerned shall be entitled to have access to that record, except to the extent that the record-keeper is required or authorised to refuse to provide the individual with access to that record under the applicable provisions of any law of the Commonwealth that provides for access by persons to documents.

Principle 7 Alteration of records containing personal information

1. A record-keeper who has possession or control of a record that contains personal information shall take such steps (if any), by way of making appropriate corrections, deletions and additions as are, in the circumstances, reasonable to ensure that the record:
- (a) is accurate; and
 - (b) is, having regard to the purpose for which the information was collected or is to be used and to any purpose that is directly related to that purpose, relevant, up to date, complete and not misleading.
2. The obligation imposed on a record-keeper by clause 1 is subject to any applicable limitation in a law of the Commonwealth that provides a right to require the correction or amendment of documents.
3. Where:
- (a) the record-keeper of a record containing personal information is not willing to amend that record, by making a correction, deletion or addition, in accordance with a request by the individual concerned; and
 - (b) no decision or recommendation to the effect that the record should be amended wholly or partly in accordance with that request has been made under the applicable provisions of a law of the Commonwealth;
- the record-keeper shall, if so requested by the individual concerned, take such steps (if any) as are reasonable in the circumstances to attach to the record any statement provided by that individual of the correction, deletion or addition sought.

Principle 8 Record-keeper to check accuracy etc. of personal information before use

A record-keeper who has possession or control of a record that contains personal information shall not use that information without taking such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the information is proposed to be used, the information is accurate, up to date and complete.

Principle 9 Personal information to be used only for relevant purposes

A record-keeper who has possession or control of a record that contains personal information shall not use the information except for a purpose to which the information is relevant.

Principle 10 Limits on use of personal information

1. A record-keeper who has possession or control of a record that contains personal information that was obtained for a particular purpose shall not use the information for any other purpose unless:
 - (a) the individual concerned has consented to use of the information for that other purpose;
 - (b) the record-keeper believes on reasonable grounds that use of the information for that other purpose is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person;
 - (c) use of the information for that other purpose is required or authorised by or under law;
 - (d) use of the information for that other purpose is reasonably necessary for enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue; or
 - (e) the purpose for which the information is used is directly related to the purpose for which the information was obtained.
2. Where personal information is used for enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue, the record-keeper shall include in the record containing that information a note of that use.

Principle 11 Limits on disclosure of personal information

1. A record-keeper who has possession or control of a record that contains personal information shall not disclose the information to a person, body or agency (other than the individual concerned) unless:
 - (a) the individual concerned is reasonably likely to have been aware, or made aware under Principle 2, that information of that kind is usually passed to that person, body or agency;
 - (b) the individual concerned has consented to the disclosure;

- (c) the record-keeper believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or of another person;
 - (d) the disclosure is required or authorised by or under law; or
 - (e) the disclosure is reasonably necessary for the enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue.
2. Where personal information is disclosed for the purposes of enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the purpose of the protection of the public revenue, the record-keeper shall include in the record containing that information a note of the disclosure.
3. A person, body or agency to whom personal information is disclosed under clause 1 of this Principle shall not use or disclose the information for a purpose other than the purpose for which the information was given to the person, body or agency.

Some detail on the National Privacy Principles (for private sector organisations)

(Extract from Office of the Federal Privacy Commissioner – Information Sheet 2)

NPP 1 Collection

Collection of personal information must be fair, lawful and not intrusive. A person must be told of an organisation's name, the purpose of the collection, that the person can get access to their personal information and what happens if the person does not get access to the information.

NPP 2 Use and Disclosure

An organisation should only use or disclose information for the purpose it was collected unless the person has consented, or the secondary purpose for use or disclosure is related to the primary purpose and a person would reasonably expect such use or disclosure, or for direct marketing in specified circumstances, or in circumstances related to public interest such as law enforcement and public or individual health and safety (see NPP 10 for further discussion).

NPP 3 Data Quality

An organisation must take reasonable steps to ensure that the personal information it collects, uses or discloses is accurate, complete and up to date.

NPP 4 Data Security

An organisation must take reasonable steps to protect the personal information it holds from misuse and loss and from unauthorised modification and disclosure.

NPP 5 Openness

An organisation must have a policy document outlining its information handling practices and make this available to anyone who asks.

NPP 6 Access and Correction

Generally, an organisation must give an individual access to personal information it holds about that individual on request.

NPP 7 Identifiers

Generally speaking an organisation must not adopt, use or disclose an identifier that has been assigned by a Commonwealth government agency e.g. Medicare or DVA identifiers.

NPP 8 Anonymity

Organisations must give people the option to interact anonymously whenever it is lawful and practicable to do so.

NPP 9 Transborder Data flows

An organisation can only transfer personal information to a recipient in a foreign country in circumstances where the information will have appropriate protection.

NPP 10 Sensitive information

An organisation must not collect sensitive information (including racial or ethnic information) unless the individual has consented, it is required by law, or in other special specified circumstances (e.g. relating to health services provision and individual or public health or safety).