

# Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National health data dictionary* version 12 and version 12 supplement (NHDC 2003, AIHW 2004b). Each definition contains an identification number from the METeOR Metadata Online Registry. METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics, and specifications for related National Minimum Data Sets (NMDSs), such as the NMDSs which form the basis of this report. METeOR can be viewed on the AIHW web site at [www.aihw.gov.au](http://www.aihw.gov.au).

<i>Accident and emergency occasion of service</i>	A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a <i>Type of non-admitted patient occasion of service</i> type of <i>Emergency services</i>
<i>Activity when injured</i>	The type of activity being undertaken by a person at the time of injury. METeOR identifier: 268950
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospitals</i>	See <i>Establishment type</i> .
<i>Additional diagnosis</i>	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care. METeOR identifier: 270189
<i>Adjustment</i>	A summarising procedure for a statistical measure in which the effects of differences in composition of the populations being compared have been minimised by statistical methods.
<i>Administrative and clerical staff</i>	See <i>Full-time equivalent staff</i> .
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation). METeOR identifier: 270107
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR identifier: 268957
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the in-patient fraction or IFRAC.
<i>Adverse event</i>	An incident in which harm resulted to a person receiving health care.

<i>Age standardisation</i>	A set of techniques used to remove as far as possible the effects of differences in age when comparing two or more populations.
<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .
<i>Arrival mode – transport</i>	The mode of transport by which the person arrives at the emergency department. METeOR identifier: 270000
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services. METeOR identifier: 270195
<i>Available beds</i>	Beds immediately available for use by admitted patients as required. METeOR identifier: 270133
<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of 1 day.
<i>Capital expenditure</i>	Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years). METeOR identifier: 270516
<i>Care type</i>	The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care). <i>Admitted patient care</i> consists of the following categories: <ul style="list-style-type: none"> <li>• Acute care</li> <li>• Rehabilitation care</li> <li>• Palliative care</li> <li>• Geriatric evaluation and management</li> <li>• Psychogeriatric care</li> <li>• Maintenance care</li> <li>• Newborn care</li> </ul> <i>Other care</i> Other care is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following: <ul style="list-style-type: none"> <li>• Organ procurement – posthumous</li> <li>• Hospital boarder</li> </ul> METeOR identifier: 270174

<i>Casemix</i>	The range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.
<i>Chronic</i>	Persistent and long lasting.
<i>Clinical urgency</i>	A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR identifier: 270008
<i>Compensable patients</i>	An individual who is entitled to receive or has received a compensation payment with respect to an injury or disease. METeOR identifier: 270100
<i>Cost weights</i>	The costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0 therefore, on average, costs 10 times as much as a separation with a cost weight of 0.5. There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. In this report, average cost weights using public cost weights are based on AR-DRG version 5.0 2003–04 public sector estimated cost weights (DoHA 2005a). These were applied to AR-DRG version 5.0 DRGs for 2000–01 to 2003–04 reference years and AR-DRG version 5.1 DRGs for the 2004–05 reference year. Average cost weights using private cost weights are presented based on the AR-DRG version 4.2 2002–03 private sector estimated cost weights (DoHA 2004a) applied to AR-DRG version 4.2 DRGs.
<i>Department of Veterans' Affairs patient</i>	A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the Department of Veterans' Affairs. METeOR identifier: 270092
<i>Departure status</i>	The status of the patient at the end of the non-admitted patient emergency department occasion of service. METeOR identifier: 270001
<i>Diagnosis related group (DRG)</i>	A widely used type of casemix classification system, used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals, AR-DRGs are used. METeOR identifier: 270195
<i>Diagnostic and allied health professionals</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic and other staff</i>	See <i>Full-time equivalent staff</i> .

<i>Domestic services expenditure</i>	<p>The cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs.</p> <p>METeOR identifier: 270283</p>
<i>Drug supplies expenditure</i>	<p>The cost of all drugs, including the cost of containers.</p> <p>METeOR identifier: 270282</p>
<i>Elective care</i>	<p>Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours.</p> <p>METeOR identifier: 270589</p>
<i>Elective surgery</i>	<p>Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services.</p> <p>METeOR identifier: 270589</p>
<i>Emergency department waiting time to service delivery</i>	<p>The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event.</p> <p>METeOR identifier: 270007</p>
<i>Enrolled nurses</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Episode of care</i>	<p>The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>).</p> <p>METeOR identifier: 270174 (Care type)</p> <p>METeOR identifier: 268956 (Episode of admitted patient care)</p>
<i>Error DRGs</i>	<p>AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.</p>
<i>Establishment type</i>	<p>Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.</p> <p>Establishment types include:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Psychiatric hospitals</li> <li>• Alcohol and drug treatment centres</li> <li>• Hospices</li> </ul> <p>METeOR identifier: 269971</p>
<i>External cause</i>	<p>The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.</p> <p>METeOR identifier: 268945</p>

<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable).</p> <p>Staffing categories include:</p> <ul style="list-style-type: none"> <li>• Salaried medical officers</li> <li>• Registered nurses</li> <li>• Enrolled nurses</li> <li>• Student nurses</li> <li>• Other personal care staff</li> <li>• Diagnostic and allied health professionals</li> <li>• Administrative and clerical staff</li> <li>• Domestic and other staff</li> </ul> <p>METeOR identifier: 270543</p>
<i>Funding source for hospital patient</i>	<p>Expected principal source of funds for an admitted patient episode or non-admitted patient service event.</p> <p>METeOR identifier: 270103</p>
<i>Geriatric evaluation and management</i>	<p>See <i>Care type</i>.</p>
<i>Group session</i>	<p>A service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual.</p> <p>METeOR identifier: 270368, 270479–270491</p>
<i>HASAC (Health and Allied Services Advisory Council ratio)</i>	<p>For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by the HASAC ratio (see Appendix 3: Technical notes).</p>
<i>Hospice</i>	<p>See <i>Establishment type</i>.</p>
<i>Hospital</i>	<p>A health care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients.</p> <p>METeOR identifier: 268971</p>
<i>Hospital boarder</i>	<p>See <i>Care type</i>.</p>
<i>Hospital in the home care</i>	<p>Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary.</p> <p>METeOR identifier: 270305</p>

<i>IFRAC (Inpatient fraction)</i>	A measure used to calculate the cost per casemix-adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion ratio (see Appendix 3: Technical notes).
<i>Indicator procedure</i>	A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision.  METeOR identifier: 269991
<i>Indigenous status</i>	A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:  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.  METeOR identifier: 270157
<i>Inpatient</i>	Another term for admitted patient.  METeOR identifier: 268957
<i>Interactive data cubes</i>	A multidimensional representation of data which provides fast retrieval and drill down facilities.
<i>International Classification of Diseases (ICD)</i>	The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th Revision, Australian Modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.
<i>Inter-hospital contracted care</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals.  METeOR identifier: 270409
<i>Length of stay</i>	The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same day patient is allocated a length of stay of one day.  METeOR identifier: 269982
<i>Licensed bed</i>	A bed in a private hospital, licensed by the relevant state or territory health authority.
<i>Maintenance care</i>	See <i>Care type</i> .
<i>Major diagnostic categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body.  METeOR identifier: 270400
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.  METeOR identifier: 270358

<i>National health data dictionary (NHDD)</i>	A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.
<i>Mode of admission</i>	The mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976
<i>Mode of separation</i>	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable). METeOR identifier: 270094
<i>Newborn care</i>	See <i>Care type</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service. METeOR identifier: 270506
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital. METeOR identifier: 268973
<i>Number of days of hospital in the home care</i>	The number of hospital in the home days occurring within an episode of care for an admitted patient. METeOR identifier: 270305
<i>Outpatient</i>	Another term for non-admitted patient. METeOR identifier: 268973
<i>Occasion of service</i>	Non-admitted patient occasion of service
<i>Organ procurement-posthumous</i>	See <i>Care type</i> .
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. METeOR identifier: 270126
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 270128
<i>Overnight-stay patients</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of one night, i.e. who is admitted to and separated from the hospital on different dates.
<i>Palliative care</i>	See <i>Care type</i> .

<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated one patient day. METeOR identifier: 270045
<i>Patient election status</i>	Accommodation chargeable status elected by patient on admission. The categories are: <ul style="list-style-type: none"> <li>• Public (receives public hospital services free of charge)</li> <li>• Private (does not receive hospital services free of charge)</li> </ul> METeOR identifier: 270044
<i>Patient presentation to emergency department</i>	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged. METeOR identifier: 270393
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 270047
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. METeOR identifier: 270048
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis. METeOR identifier: 270049
<i>Peer group</i>	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
<i>Percentile</i>	Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.
<i>Performance indicator</i>	A statistic or other unit of information that reflects, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of processes leading to that outcome.
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 268948
<i>Potentially preventable hospitalisation (selected)</i>	Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.
<i>Pre-MDC (Pre-Major Diagnostic Category)</i>	Twelve AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. METeOR identifier: 270187

<i>Private hospital</i>	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See also <i>Establishment type</i> .
<i>Private patient</i>	A patient admitted to a hospital who decides to choose the doctor(s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting.  METeOR identifier: 269932
<i>Psychogeriatric care</i>	See <i>Care type</i> .
<i>Public hospital</i>	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
<i>Public patient</i>	A patient admitted to a hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared accommodation. This means the patient is not charged.
<i>Qualified days</i>	The number of days of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are nine days old or less. A newborn day is qualified (acute) when a newborn meets at least one of the following criteria: <ul style="list-style-type: none"> <li>• is the second or subsequent liveborn infant of a multiple birth, whose mother is currently an admitted patient</li> <li>• is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care</li> <li>• remains in hospital without its mother</li> <li>• is admitted to the hospital without its mother.</li> </ul> METeOR identifier: 268957 (Admitted patient) <i>and</i> METeOR identifier: 270033 (Newborn qualification status)
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This includes income from provision of meals and accommodation to hospital staff, income from the use of hospital facilities for private practice and some recoveries relating to inter-hospital services.  METeOR identifier: 269974
<i>Recurrent expenditure</i>	Expenditure on goods and services which are used up during the year, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers.  METeOR identifier: 269132

<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative stay index (RSI)</i>	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than one indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than one indicates that the number of patient days used was less than would have been expected. See Appendix 3 for further information.
<i>Remoteness Area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility /Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre.</p> <p>The categories are:</p> <ul style="list-style-type: none"> <li>• Major cities</li> <li>• Inner regional</li> <li>• Outer regional</li> <li>• Remote</li> <li>• Very remote</li> <li>• Migratory.</li> </ul>
<i>Removal from waiting list</i>	<p>The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are:</p> <ol style="list-style-type: none"> <li>1 Admitted as an elective patient for awaited procedure in this hospital or another hospital</li> <li>2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital</li> <li>3 Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)</li> <li>4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list</li> <li>5 Surgery not required or declined</li> <li>6 Transferred to another hospital's waiting list</li> <li>9 Not known</li> </ol> <p>METeOR identifier: 269959</p>
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings and minor additional works.</p> <p>METeOR identifier: 269970</p>
<i>Salaried medical officers</i>	See <i>Full-time equivalent staff</i> .
<i>Same day patients</i>	Admitted patients who are admitted and separate on the same date.

<i>Separation</i>	An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.
<i>Separation rate ratio</i>	The separation rate for one population divided by the separation rate of another.
<i>Separations</i>	The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period.  METeOR identifier: 270407
<i>Service Related Group (SRG)</i>	A classification based on Australian Refined Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.
<i>Specialised service</i>	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as, an intensive care unit.  METeOR identifier: 269612
<i>Superannuation employer contributions</i>	Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority.  METeOR identifier: 270371
<i>Surgical procedure</i>	A procedure used to define surgical Australian-Refined Diagnosis Related Groups version 5.0 (DoHA 2002).
<i>Surgical specialty</i>	The area of clinical expertise held by the doctor who will perform the surgery of interest.  METeOR identifier: 270146
<i>Triage category</i>	Used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner.  METeOR identifier: 270078
<i>Type of non-admitted patient occasion of service</i>	A broad classification of services provided to non-admitted patients, including emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing, and other outreach.  METeOR identifier: 269119 (Occasions of service)  METeOR identifier: 270395, 270502-270514 (Type of non-admitted patient occasion of service)

*Visiting medical officer* A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.

METeOR identifier: 270049

*Waiting time at admission* The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure.

METeOR identifier: 269477

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