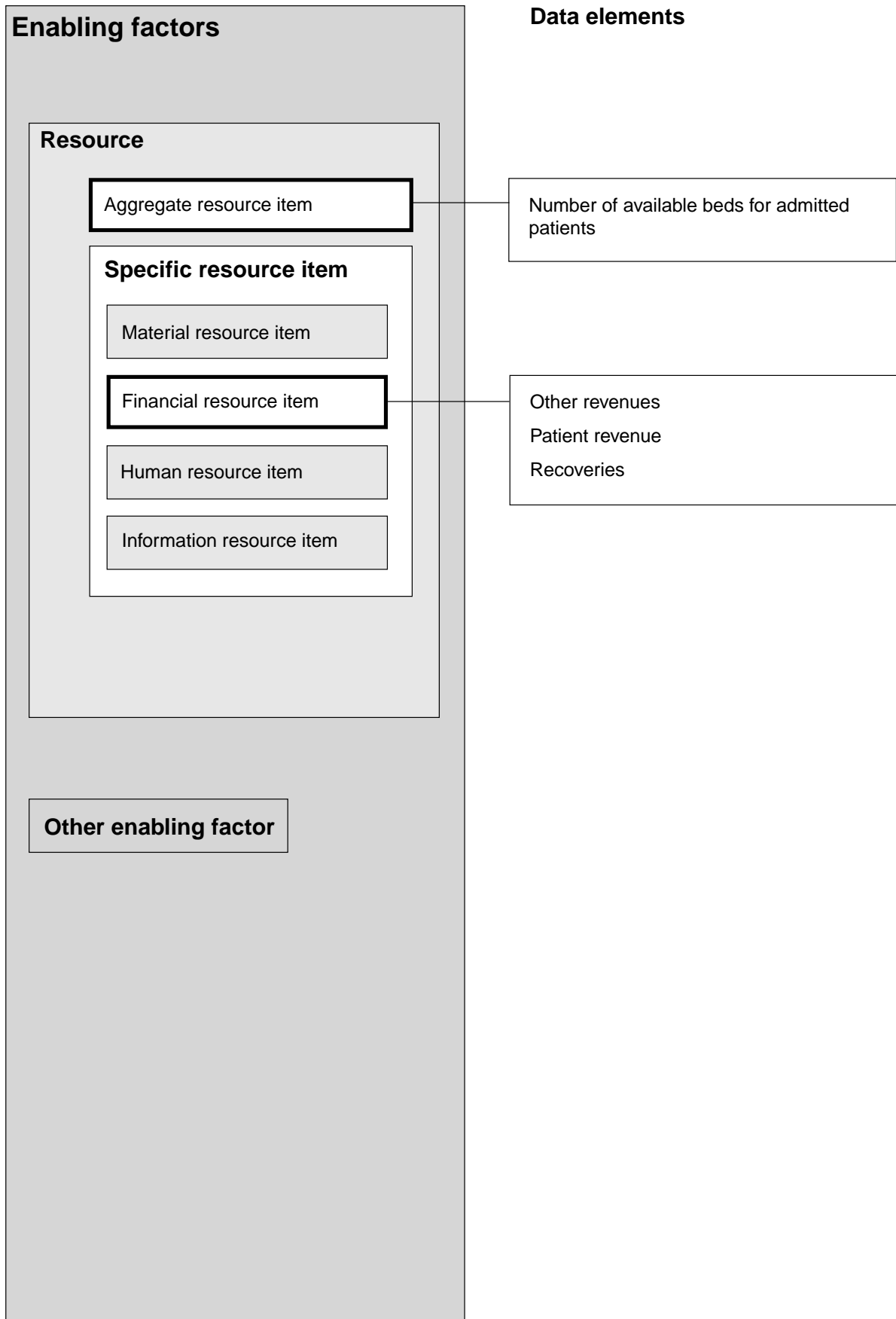


# National Health Information Model entity



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## Number of available beds for admitted patients

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*Admin. status:* CURRENT 1/07/1997

### Identifying and definitional attributes

*Knowledgebase ID:* 000255 Version number: 2

*Data element type:* DATA ELEMENT

*Definition:* An available bed is a bed which is immediately available to be used by an admitted patient or resident if required. A bed is immediately available for use if it is located in a suitable place for care with nursing and auxiliary staff available within a reasonable period.

Inclusions: both occupied and unoccupied beds are included. For residential aged care services, the number of approved beds includes beds approved for respite care.

Exclusions: surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded and beds designated for same-day non-admitted patient care are excluded. Beds in wards which were closed for any reason (except weekend closures for beds/wards staffed and available on weekdays only) are also excluded.

*Context:* Necessary to provide an indicator of the availability and type of service for an establishment.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 4 Layout: NNNN

*Data domain:* Average available beds, rounded to the nearest whole number

*Guide for use:* The average bed is to be calculated from monthly figures.

*Related data:* relates to concept Admitted patient, version 3  
supersedes previous data element Number of available beds for admitted patients, version 1

### Administrative attributes

*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

*Comments:* This National Health Data Dictionary entry was amended during 1996–97. Until then, both average and end of year counts of available beds were included, and the end of year counts used as surrogates for the average counts if the latter were unavailable. The average count is more useful for accurate characterisation of establishments and comparisons.

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## Other revenues

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*Admin. status:* CURRENT 1/07/1989

### Identifying and definitional attributes

*Knowledgebase ID:* 000323 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* 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 would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.

See text relating to offsetting practices. Gross revenue should be reported (except in relation to payments for inter-hospital transfers of goods and services).

*Context:* Health services: in aggregate, other revenues as defined above constitute a significant source of income for many establishments and are necessary to complete the revenue picture for health financing studies or analyses at the national level.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 9 Layout: \$\$\$,\$\$\$,\$\$\$

*Data domain:* Dollar value

*Verification rules:* Australian dollars. Rounded to nearest whole dollar.

*Related data:* relates to Establishment type, version 1

### Administrative attributes

*Source organisation:* National Health Data Committee

*National minimum data sets:*

Public hospital establishments from 1/07/2000 to

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## Patient revenue

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*Admin. status:* CURRENT 1/07/1989

### Identifying and definitional attributes

*Knowledgebase ID:* 000296 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* Patient revenue comprises all revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. All patient revenue is to be grouped together regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether in-patient or non-in-patient, private or compensable). Gross revenue should be reported.

Note: The Commonwealth contribution in respect of residential aged care service patients should be included under patient revenue.

*Context:* Health expenditure: patient revenue is a significant source of income for most establishments. For some establishments (principally the private sector) it is the major source of income. Patient revenue data is important for any health financing analyses or studies at the national level.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 9 Layout: \$\$\$,\$\$\$,\$\$\$

*Data domain:* Dollar value

*Related data:* relates to Establishment type, version 1

### Administrative attributes

*Source organisation:* National minimum data set working parties

#### *National minimum data sets:*

Public hospital establishments from 1/07/2000 to

*Comments:* The Resources Working Party considered a split of patient revenue into various categories including an in-patient/non-in-patient split and a private/compensable/ineligible split but decided against this level of detail. In part, this reflected sensitivities to too detailed a disclosure of sources of revenue and also a feeling that total patient revenue was adequate for analysis at a national level. However, for residential aged care service patient revenue, the Commonwealth Department of Community Services and Health nursing home experts said they would like to see a limited split up of patient revenue perhaps along the following lines:

Residential aged care services

- Commonwealth benefit
- residents payment
- resident recurrent funding
- resident capital funding

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## Recoveries

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*Admin. status:* CURRENT 1/07/1989

### Identifying and definitional attributes

*Knowledgebase ID:* 000295 Version number: 1

*Data element type:* DATA ELEMENT

*Definition:* All revenue received that is in the nature of a recovery of expenditure incurred. This would include:

- income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors);
- income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and
- other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.

Generally, gross revenues should be reported but, where inter-hospital payments for transfers of goods and services are made, offsetting practices are acceptable to avoid double counting. Where a range of inter-hospital transfers of goods and services is involved and it is not possible to allocate the offsetting revenue against particular expenditure categories, then it is acceptable to bring that revenue in through recoveries.

*Context:* Health expenditure: recoveries represent a significant source of income for many establishments and, as well as assisting in completing the picture in any health financing studies or analysis at the national level, are relevant in relation to the determination of net costs and output costs.

### Relational and representational attributes

*Datatype:* Numeric Field size: Min. 1 Max. 9 Layout: \$\$\$,\$\$\$,\$\$\$

*Data domain:* Dollar value

*Guide for use:* This data element relates to all revenue received by establishments except for general revenue payments received from State or Territory governments.

*Related data:* relates to Establishment type, version 1

### Administrative attributes

*National minimum data sets:*

Public hospital establishments from 1/07/2000 to

*Comments:* The Resources Working Party had considered splitting recoveries into staff meals and accommodation, and use of hospital facilities (private practice) and other recoveries.

Some States had felt that use of facilities was too sensitive as a separate identifiable item in a national minimum data set. Additionally, it was considered that total recoveries was an adequate category for health financing analysis purposes at the national level.