

# Appendix A: National Health Data Committee membership

Member organisation	Representative	Address	Contact details	
Chair	Mr Ching Choi	Head, Health Division Australian Institute of Health and Welfare GPO Box 570 CANBERRA ACT 2601	Telephone	(02) 6244 1168
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Commonwealth Department of Health and Ageing	Ms Jo Bothroyd	Director, Costing and Ambulatory Classification Section Acute & Coordinated Care Branch GPO Box 9848 CANBERRA ACT 2601	Telephone	(02) 6289 7493
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<b>Member organisation</b>	<b>Representative</b>	<b>Address</b>	<b>Contact details</b>	
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# Appendix B: Format for data element definitions

All data element definitions included in the National Health Data Dictionary are presented in a format based on ISO/IEC International Standard 11179-3:2002 (**Information Technology – Metadata Registries – Part 3: Registry metamodel and basic attributes**). This is the international standard for defining data elements issued by the International Organization for Standardization and the International Electrotechnical Commission. Collectively, the format describes a set of attributes for data definitions.

## Metadata

Metadata is information about the attributes of any man-made concept, construct, resource, physical measurement or attribute. This includes:

- concepts such as 'service', 'agency', 'service delivery setting', 'Medicare eligibility', 'doctor'
- constructs such as 'Medicare card', 'hospital', 'emergency department'
- resources such as 'skills', 'labour force', 'income'
- measurements such as 'blood pressure', 'height', 'length of stay'
- social information such as 'name', 'Indigenous status', 'preferred language'
- demographic information such as 'sex', 'address', 'country of birth';
- management and planning concepts such as 'service recipient', 'service provider', 'expenditure', 'date of service'.

All of these refer to some sort of data that would be collected or provide assistance in defining data to be collected. There are also other types of metadata:

- actual data collections or sets of data that are recommended for collection where comparability, consistency and quality of the data are important
- data domain values and codesets that may be common across many sectors
- classification schemes and terminologies.

As such, there is a wide range of types of metadata that could be included in the *National Health Data Dictionary*. Version 12, however, does not currently concern itself about metadata about data domain values, code sets, classification schemes or terminologies.

All metadata items in this dictionary have a common set of attributes used to define national standards in Health. Attributes are divided into three major sections:

- identifying and definitional attributes
- relational and representational attributes
- administrative attributes.

Not all metadata items in the *National Health Data Dictionary* contain information about each of the attributes listed below.

## Identifying and definitional attributes

- Name:** A single or multi-word designation assigned to a data element. This appears in the heading for each unique data definition in the Dictionary.
- Knowledgebase ID:** A 6-digit number used to identify the data element on the Knowledgebase.  
This number does not change even if there is a change in the name of the data element. In the Knowledgebase, this number is preceded by an acronym that identifies the Registration Authority for each data element. The National Health Information Management Group is the Registration Authority for all data elements included in the Dictionary. The combination of Registration Authority, Knowledgebase (or NHIK) ID and Version Number (see below) uniquely identifies each data element in the Knowledgebase. The Knowledgebase ID can be used to view the history of particular item even where the name of the item may have changed.
- Version number:** A version number for each data element, beginning with 1 for the initial version of the data element, and 2, 3 etc. for each subsequent revision. This meets the ISO/IEC Standard 11179 requirement for 'identification of a data element specification in a series of evolving data element specifications within a registration authority'. A new version number is allocated to a data element/concept when changes have been made to one or more of the following attributes of the definition:
- name
  - definition
  - data domain.
- Other changes that significantly affect the meaning of the data element may also require the allocation of a new version number.
- Metadata type:** Defines the type of metadata.
- A concept which can be represented in the form of data, described independently of any particular representation or value, is called a **DATA ELEMENT CONCEPT**. For example, hospital 'admission' is a process which does not have any particular representation of its own, except through data such as 'admission date', 'mode of admission', etc.
  - A unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes is called a **DATA ELEMENT**. For example, a hospital 'admission date' is a unit of data for which the definition, identification, representation and permissible values are specified.
  - A unit of data that is created from the values of other **DATA ELEMENTS** is called a **DERIVED DATA ELEMENT**. They are derived by:

- use of some form of simple or complex calculation

*example 1:* the data element Length of stay is calculated from Admission date to Separation date less any Total leave days

*example 2:* the data element Age-standardised rate uses a more complex equation

- by conversion from one coding system to another

*example:* Geographic location is derived by converting postcode to Statistical Local Area using the tables in the Australian bureau of Statistics Australian Standard Geographical Classification .

- A unit of data that is created from the values of two or more of the above DATA ELEMENTS using a simple combination of values is called a **COMPOSITE DATA ELEMENT**. For example, the data element Establishment identifier is a concatenation of the data elements State identifier, Establishment type, Region and Establishment number in that order.
- A collection of any of these data items is called a **DATA SET SPECIFICATION**. There are two types of data set specification:
  - **National Minimum Data Set (NMDS)** - an endorsed set of data items that are mandated for collection on a national basis for the purposes of national reporting. This is usually mandated under a national agreement between the involved agencies.
  - **Other Data Set Specification (DSS)** - an endorsed set of data items that are recommended for use where data is collected. The DSS is published to ensure quality of data and standardisation across organisations.

#### **Admin. status:**

The status given to an item in the registry that indicates its availability for use and the level of precedence given to it. The following is a descriptive list in descending order of precedence.

**CURRENT** The Registration Authority confirms that the item is available for use as a national standard.

**SUPERSEDED** The Registration Authority has confirmed that the item has been superseded by a newer version of the item.

This item is available on the Knowledgebase only.

**RETIRED** The Registration Authority has confirmed that the item is no longer designated as a standard.

This item is available on the Knowledgebase only for historical purposes.

**DRAFT** All mandatory metadata attributes have been completed. It has been proposed for progression to CURRENT but has not yet met all requirements for endorsement as a national standard. This item is available on the Knowledgebase only.

**Effective date:** The date an administered item became/becomes available to registry users i.e. the date it becomes a standard. This should not be confused with the date that the item was first included in a data collection.

**Definition:** A statement that expresses the essential nature of a data element and its differentiation from all other data elements.

**Context:** A designation or description of the application environment or discipline in which a name is applied or from which it originates. For example, the context for Admission date is Admitted patients, while the context for Capital expenditure – gross is Health expenditure. For the Dictionary this attribute may also include the justification for collecting the items and uses of the information.

## Relational and representational attributes

**Data type:** The type of symbol, character or other designation used to represent a data element. Examples include alphabetic, integer, numeric, alphanumeric etc. For example, the data type for data element 'Intended place of birth' is a numeric drawn from a domain or codeset in which numeric characters such as 1 = hospital, 4 = home are used to denote a data domain value (*see* Data domain below).

**Minimum size:** The minimum and maximum number, respectively, of storage units (of the corresponding datatype) to represent the data element value. For example, a data element value expressed in dollars may require a minimum field size of one character (1) up to a maximum field size of nine characters (999, 999, 999).

**Representational class:** The class of representation for the metadata item. Some examples of class are CODE, CURRENCY, DATE, IDENTIFICATION NUMBER, QUALITATIVE VALUE, QUANTITATIVE VALUE, TIME, TEXT. For example, representational class for the data element 'Country of birth' is CODE because the form of representation is individual numbers that each represent a different country.

**Representational format:** The layout of characters in a data element values expressed by a character string representation. Examples include 'DDMMYYYY' for calendar date, 'N' for a 1-digit numeric field, and '\$999,999,999' for data elements about currency.

- Data domain:** The set of representations of permissible instances of the data element, according to the representation form, layout, data type and maximum size specified in the corresponding attributes. The set can be specified by:
- enumeration of the representation of the instances (for example, for 'Sex' values are 1=Male 2=Female 3=Indeterminate 9=Not stated)
  - reference to a source (such as the Australian Bureau of Statistics Directory of concepts and standards for social, labour and demographic statistics, 1995), or
  - names of data elements involved in a calculation and the type of process that occurs to derive the domain value (e.g. *is calculated by value1 subtracted from value2... or, is a concatenation of value1 and value2...*). Include any formula in Guide for use.
- Guide for use:** Additional comments or advice on the interpretation or application of the attribute 'data domain' (this attribute has no direct counterpart in the ISO/IEC Standard 11179 but has been included to assist in clarification of issues relating to the classification of data elements).
- Verification rules:** The rules and/or instructions applied for validating and/or verifying elements occurring in actual communication and/or databases, in addition to the formal screening based on the requirements laid down in the basic attributes.
- Collection methods:** Comments and advice concerning the actual capture of data for the particular data element, including guidelines on the design of questions for use in collecting information, and treatment of 'not stated' or non-response (this attribute is not specified in the ISO/IEC Standard 11179 but has been added to cover important issues about the actual collection of data).
- Related metadata:** A reference to the relationship between the metadata item and any other related metadata item in the registry. This includes the type of relationship and version number.
- Examples include: 'is superseded by the data element... etc,' 'supersedes previous data element... etc,' 'is derived from the data elements...etc'.

## Administrative attributes

- Source document:** The document from which definitional or representational attributes originate.
- Source organisation:** The organisation responsible for the source metadata (this attribute is described as Organisation in ISO/IEC Draft International Standard 11179 – Part 3, 2003).
- All new metadata items in following versions of the National Health Data Dictionary may need a Source organisation that is

willing to undertake an ongoing role in the maintenance of the metadata items. The Source organisation is not necessarily the organisation that undertook the initial data development.

**Information Model link:** The relationship of the metadata item to the National Health Information Model

**Data Set Specifications:** This is a reference to the inclusion of the metadata item in an endorsed data set in the registry. This includes the start date and end date of the relationship.

**Start Date:** is a record of the date on which the specific version of the metadata item in the relationship first became CURRENT.

**End Date:** is a record of the date on which the specific version of the metadata item in the relationship ceased to exist the cause the specific metadata item was RETIRED or SUPERSEDED.

**Comments:** Any additional explanatory remarks on the data element.

## Terminology used in International Standard 11179-3:2002

The following terms are excerpts from the International Standard 11179-3:2002. It is intended to review this standard in the coming months to determine its relevance to the national health metadata collection. It is possible that the next version of the *National Health Data Dictionary* could be using some or all of these terms.

### Classification Scheme

The descriptive information for an arrangement or division of objects into groups based on characteristics which the objects have in common. An example of a classification scheme is ICD-10-AM. While this type of metadata is not currently available on the Knowledgebase, it is possible for such to be included in future.

### Metadata item

Any item of a metadata that is normally stored in a Register (this is the equivalent of a data element). This can be a data element, a data element concept, a model, a classification scheme, a metadata set, a National Minimum Data Set etc.

This is a generic term for any item described by the metamodel (whether or not it is stored in a registry).

### Metadata register

The information store or database in which metadata items are stored.

This term is usually abbreviated to Register and in relation to the *National Health Data Dictionary* this is the database tables that make up the Knowledgebase.

### Metadata registry

An information system for registering metadata. This term is usually abbreviated to Registry and in relation to the *National Health Data Dictionary* this is the Knowledgebase.

### Metadata set

A generic term for any collection or grouping of metadata items.

### Metadata type

The classification of the type of metadata. In the *National Health Data Dictionary* this can be a:

- classification scheme;
- data element;
- data element concept;
- metadata set;
- performance indicator.

ISO 11179 allows for the following as well:

- conceptual domain;
- context;
- object class;
- property;
- representation class;
- value domain.

**Performance indicator**

A special type of derived data element that is a ratio of two or more measurements defined by individual data elements. In the health sector indicators are measures of some aspect of the health system, including measures of the status of a performance, or situations, or outcomes.

**Registrar**

The person or organisation responsible for the physical maintenance of the Metadata registry. In relation to the *National Health Data Dictionary* this organisation is the Australian Institute of Health and Welfare.

**Registration Authority**

Registration Authority is the organisation authorised to register metadata i.e. all metadata must be endorsed and approved for inclusion in the NHDD metadata register. In relation to the NHDD this organisation is the National Health Information Management Group. All requests for all new and the modification of existing metadata items must be approved by the relevant Registration Authority.

**Source organisation**

The organisation responsible for the content of the original metadata item and the source for all future reference in relation to modification of the metadata item. This is not necessarily the same as the Submitting organisation.

Each metadata item must have a Source organisation that is an ongoing organisation. If a registered Source organisation ceases to exist, a new Source organisation must be found. The Steward will undertake temporary responsibility of Source organisation until such time as this occurs.

Should no such Source organisation be found, the Registration Authority has three options:

- appoint the Steward as the Source organisation, or
- appoint no Source organisation in which case the metadata item can not be modified, or
- deregister the metadata item (i.e. it is no longer a standard).

**Steward**

A person or organisation that is charged with the responsibility for the implementation and maintenance of a metadata registry including the associated administration record(s). In relation to the NHDD the Steward is the National Health Data Committee.

**Submitting organisation**

The organisation responsible for the initial development of the metadata item. Such an organisation needs to have significant recognition in a specific field of health care or within the Commonwealth/State/Territory health sector before consideration will be given to registration of any metadata items.

## Appendix C: Submission templates

A brief description of the project to the NHDC Secretariat using the Project Summary template is the preferred action.

This information is made available to all Committee members. These data development project summaries assist with planning the Committee's workload throughout the year by indicating the nature and likely timing, scope and workload implications of future submissions to the NHDC.

Once metadata items have been developed to the stage where the NHDC is requested to consider them, an agenda paper outlining the development process to date etc. and documentation of each metadata item should be submitted to the NHDC on the Agenda item template and the metadata item template. See Appendix B for definitions of fields used in the metadata item template.

All papers for National Health Data Committee consideration should be with the National Health Data Committee Secretariat 15 working days prior to any meeting. Every paper considered at a National Health Data Committee meeting needs to be presented by a member of the Committee or the Secretariat. The meeting agenda and accompanying papers are dispatched by the Secretariat to Committee members 10 days prior to the scheduled meeting. The agenda specifies the action required for each item (for decision, for information). Any paper that is not received by the Secretariat at least 15 days prior to a scheduled meeting will be placed last on the agenda and will be considered at the discretion of the Committee.

**Project summary template**

<b>Name of project/activity</b>	
<b>Auspice org/agency</b>	
<b>Purpose</b> (i.e. aim of project/activity and/or reasons for undertaking project)	
<b>Scope</b> (i.e. the types of persons, services or issues to which the data development activity relates)	
<b>Group/committee overseeing or undertaking data development activity/project</b>	<b>Name:</b> <b>Membership:</b> <b>Contact person details:</b>
<b>Other consultative mechanisms</b> (i.e. details of consultative arrangements in place to ensure product of activity/project is supported by the relevant stakeholders)	
<b>Relationship with NHIMG processes</b>	<b>Has the project/activity been submitted to the NHIMG for inclusion on the National Health Information Work Program? YES/NO</b> <b>If No, is it intended to submit the project/activity for inclusion on the Work Program? YES/NO</b>
<b>Collection/reporting status of data elements being developed</b>	<b>Does the project/activity involve any national data collection agreement/arrangement? YES/NO</b> <b>If No, is such agreement anticipated or being sought? YES/NO</b> <b>Are any of the proposed data items the same as, or similar to, existing National Health Data Dictionary items? YES/NO</b> <b>If Yes, what changes (if any) are proposed?</b> <b>Any further comment?</b>
<b>Related projects/data collections</b>	
<b>Project/Activity Timeframe</b>	<b>Beginning:</b> <b>End:</b> <b>Any other key milestones:</b>
<b>Estimated number of data elements that may be submitted to the NHDC for consideration at completion of project</b>	

**National Health Data Committee agenda paper template**

NHDC Meeting date: [leave blank]  
Presented by: [Committee Member or Secretariat]

**Purpose:** for decision/information/comment [delete two]

**Item Name [overwrite]**

**Recommendation**  
That NHDC...

1. ....
2. ....

etc

**Issues**  
(Describe the issues that require a new or changed data element)

**Background**  
(The historical/ technical background of the development process including

- origins and rationale for the proposal
- development process undertaken to date
- details of national consultation, including details of experts and/or others involved with or consulted during development
- degree of consensus reached on submitted data elements
- results of pilot testing, where completed, or proposed pilot testing arrangements
- identification of the users of the data and the uses to which the data will be put
- name and contact details of person for follow-up information on submission

**Metadata item template****Name of metadata item****Identifying and Definitional Attributes**

<b>Knowledgebase ID:</b>	<b>Version number:</b>
<b>Metadata type:</b>	Data element, Data element concept, Derived data element
<b>Admin status:</b>	Only CURRENT definitions are printed in the NHDD
<b>Effective Date:</b>	When the definition becomes available as a national standard
<b>Definition:</b>	See the following pages for the principals and features of a good data definition.
<b>Context:</b>	Include application-specific context in a separate cell

**Relational and Representational Attributes**

<b>Data type:</b>	e.g. Numeric
<b>Minimum size:</b>	
<b>Maximum size:</b>	
<b>Representational form:</b>	e.g. CODE
<b>Representational layout:</b>	
<b>Data domain:</b>	
<b>Guide for use:</b>	Include application-specific guide for use in a separate cell
<b>Verification rules:</b>	Include application-specific validation rules in a separate cell
<b>Collection methods:</b>	Include application-specific collection methods in a separate cell
<b>Related metadata:</b>	

**Administrative Attributes**

<b>Source document:</b>		
<b>Source organisation:</b>		
<b>Information model link:</b>		
NHIM		
<b>Data Set Specifications:</b>	<b>Start date</b>	<b>End date</b>
NMDS -		
DSS -		

<b>Comments:</b>	Include application-specific comments in a separate cell
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This template is available from the AIHW web site in Microsoft Word © format.

## Principles for developing National Health Data definitions

*National Health Data Dictionary* definitions should:

1. *Be developed within the conceptual framework of the National Health Information Model*

The National Health Information Model is available on the Knowledgebase and is reproduced in the CD and the hard copy of the *National Health Data Dictionary*.

2. *Conform to the concepts of uniformity and utility*

The data element is to be capable of uniform application across multiple providers, collectors and users of the data. That is, the data definition is to be capable of clearly and consistently communicating the meaning of the data. It is assumed that there will continue to be multiple systems for recording, processing and using the data element; but when a data element is recorded and later abstracted, it will always conform to its definition.

A data element definition is included in the *National Health Data Dictionary* only after determination that the definition has demonstrated utility for many user groups. Data element definitions which are of limited utility or which are useful only to limited user groups will be excluded.

3. *Employ existing concepts and standards*

The National Health Information Agreement states that data standards adopted by the Australian Bureau of Statistics and other authoritative national and international organisations will be employed wherever possible and variations made explicit when this is not possible. Also, wherever possible, utilise existing data elements from the *National Health Data Dictionary*.

4. *Minimise the burden on service providers required to collect the data*

The *National Health Data Dictionary* is designed primarily (although not exclusively) to support the collection and provision of standardised health information as a by-product of service providers' administrative practice, particularly National Minimum Data Set collections. Data element definitions should minimise the burden on service providers required to collect information under National Minimum Data Set agreements. Data element definitions that are not included in National Minimum Data Sets should, as far as possible, be appropriate for collection via administrative processes as well as through other data collection methods (e.g. national surveys).

## Features of a good quality data definition

A good quality data definition will:

- be unique within the data dictionary in which it appears
- be stated in the singular
- state what the concept is, not only what it is not
- be stated as a descriptive phrase or sentence(s)
- contain only commonly understood abbreviations
- be expressed without embedding definitions of other data elements or underlying concepts
- state the essential meaning of the concept
- be precise and unambiguous
- be concise
- be able to stand alone
- avoid circular reasoning
- use the same terminology and consistent logical structure for related definitions.



# Appendix D: Data elements common across NMDSS

Data element		National Minimum Data Set											
		Admitted patient care	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments
Name	Type												
Activity when injured, version 2	DE	X							X				
Actual place of birth, version 1	DE										X		
Acute care episode for admitted patients, version 1	DE Concept	X											
Additional diagnosis, version 4	DE	X	X					X					
Administrative expenses, version 1	DE												X
Admission, version 3	DE Concept	X	X					X					
Admission date, version 4	DE	X	X					X					
Admitted patient, version 3	DE Concept	X	X					X					
Admitted patient election status, version 1	DE	X	X										
Area of usual residence, version 3	DE	X	X					X			X		
Birth order, version 2	DE										X		
Birth plurality, version 1	DE											X	
Birthweight, version 1	DE Concept												X

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Admitted patient palliative care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments
Name	Type													
Bodily location of main injury, version 1	DE										X			
Capital expenditure, version 1	DE												X	
Capital expenditure – gross (accrual accounting), version 2	DE												X	
Capital expenditure – net (accrual accounting), version 2	DE												X	
Care type, version 4	DE	X	X	X										
Census date, version 2	DE									X				
Cessation of treatment episode for alcohol and other drugs, version 2	DE Concept				X									
Classification of health labour force job, version 1	DE										X			
Client type – alcohol and other drug treatment services, version 3	DE				X									
Clinical review, version 1	DE Concept										X			
Clinical urgency, version 2	DE										X			
Commencement of treatment episode for alcohol and other drugs, version 2	DE Concept				X									

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health establishments	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments	
Name	Type													
Country of birth, version 3	DE	X	X	X	X						X			
Date of birth, version 4	DE	X	X	X	X			X			X			
Date of cessation of treatment episode for alcohol and other drugs, version 2	DE			X										
Date of commencement of service event, version 2	DE							X						
Date of commencement of treatment episode for alcohol and other drugs, version 2	DE			X										
Date of triage, version 1	DE							X						
Date patient presents, version 2	DE							X		X				
Depreciation, version 1	DE											X		
Diagnosis related group, version 1	DE	X	X											
Domestic services, version 1	DE											X		
Drug supplies, version 1	DE											X		
Elective care, version 1	DE Concept								X					
Elective surgery, version 1	DE Concept								X					

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments			
Name	Type													
Employment status – acute hospital and private psychiatric hospital admissions, version 2	DE	X												
Employment status – public psychiatric hospital admissions, version 2	DE	X												
Episode of care, version 1	DE Concept	X	X											
Establishment identifier, version 4	Derived DE	X	X	X	X								X	X
Establishment type, version 1	DE													
Extended wait patient, version 1	Derived DE				X									
External cause – admitted patient, version 4	DE	X								X				
External cause – human intent, version 4	DE									X				
First day of the last menstrual period, version 1	DE											X		
Food supplies, version 1	DE													X
Full-time equivalent staff, version 2	Derived DE													X
Funding source for hospital patient, version 1	DE	X												
Geographical location of establishment, version 2	DE													X

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments		
Name	Type													
Geographical location of service delivery outlet, version 1	Derived DE													
Gestational age - estimated, version 1	DE										X			
Gestational age, version 1	DE Concept												X	
Group sessions, version 1	Derived DE													X
Health labour force, version 1	DE Concept										X			
Hospital boarder, version 1	DE Concept	X												X
Hospital census, version 1	DE Concept								X					
Hospital-in-the-home care, version 1	DE Concept	X												
Hospital waiting list, version 2	DE Concept								X					
Hospital, version 1	DE Concept	X												X
Hours on-call (not worked) by medical practitioner, version 2	DE												X	
Hours worked by health professional, version 2	DE												X	
Hours worked by medical practitioner in direct patient care, version 2	DE												X	

Data element		National Minimum Data Set											
		Admitted patient care	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments
Name	Type												
Indicator procedure, version 3	DE						X						
Indigenous status, version 4	DE	X	X	X	X					X	X		
Indirect health care expenditure, version 1	DE											X	
Individual/group session, version 1	DE											X	
Infant weight, neonate, stillborn, version 3	DE	X									X		
Injecting drug use status, version 2	DE			X				X					
Intended length of hospital stay, version 2	DE	X											
Inter-hospital contracted patient, version 2	Derived DE	X											
Interest payments, version 1	DE											X	
Listing date for care, version 4	DE									X			
Live birth, version 1	DE Concept	X									X		
Main treatment type for alcohol and other drugs, version 1	DE			X									
Major diagnostic category, version 1	DE	X	X										
Marital status, version 3	DE		X										

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Admitted patient palliative care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments
Name	Type													
Medical and surgical supplies, version 1	DE													X
Medicare eligibility status, version 1	DE	X												
Mental health legal status, version 5	DE	X	X			X								
Method of birth, version 1	DE											X		
Method of use for principal drug of concern, version 1	DE						X							
Mode of admission, version 4	DE	X		X										
Mode of separation, version 3	DE	X		X										
Narrative description of injury event, version 1	DE										X			
Nature of main injury - non-admitted patient, version 1	DE										X			
Neonatal death, version 1	DE Concept											X		
Neonate, version 1	DE Concept	X										X		
Newborn qualification status, version 2	DE Concept	X												
Non-admitted patient, version 1	DE Concept													X
Non-elective care, version 1	DE Concept											X		
Non-salary operating costs, version 1	Derived DE													X

Data element		National Minimum Data Set											
		Admitted patient care	Admitted patient mental health care	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments	
Name	Type												
Number of available beds for admitted patients, version 2	DE				X								X
Number of days of hospital-in-the-home care, version 1	Derived DE	X	X										
Number of leave periods, version 3	DE	X											
Number of qualified days for newborns, version 2	DE	X											
Number of service contacts within a treatment episode for alcohol and other drug, version 2	Derived DE						X						
Occurrences of service, version 1	Derived DE												X
Onset of labour, version 2	DE										X		
Other drug of concern, version 2	DE						X						
Other recurrent expenditure, version 1	DE												X
Other revenues, version 1	DE												X
Other treatment type for alcohol and other drugs, version 1	DE						X						
Overdue patient, version 3	Derived DE											X	
Patient days, version 3	Derived DE												X

Data element		National Minimum Data Set											
		Admitted patient care	Admitted patient mental health care	Community mental health establishments	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments	
Name	Type												
Patient presentation at emergency department, version 1	DE Concept					X			X				
Patient revenue, version 1	DE											X	
Patient transport, version 1	DE											X	
Patient, version 1	DE Concept	X	X		X					X		X	
Payments to visiting medical officers, version 1	DE											X	
Perinatal period, version 1	DE Concept									X			
Person identifier, version 1	DE	X	X		X							X	
Place of occurrence of external cause of injury, version 5	DE	X									X		
Preferred language, version 2	DE							X					
Previous specialised treatment, version 3	DE		X										
Principal area of clinical practice, version 1	DE									X			
Principal diagnosis, version 3	DE	X	X		X								
Principal drug of concern, version 2	DE							X					
Principal role of health professional, version 1	DE										X		
Procedure, version 5	DE	X											

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Admitted patient palliative care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments
Name	Type													
Profession labour force status of health professional, version 1	DE								X					
Reason for cessation of treatment episode for alcohol and other drugs, version 2	DE				X									
Reason for removal from elective surgery waiting list, version 4	DE						X							
Recoveries, version 1	DE													X
Referral to further care (psychiatric patients), version 1	DE			X										
Removal date, version 1	DE									X				
Repairs and maintenance, version 1	DE													X
Salaries and wages, version 1	DE													X
Same-day patient, version 1	DE Concept	X												X
Separation date, version 5	DE	X	X	X								X		
Separation, version 3	DE Concept	X	X	X										X
Separations, version 2	Derived DE													X
Service contact date, version 1	DE							X						

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Admitted patient palliative care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency care	Perinatal	Public hospital establishments
Name	Type													
Service contact, version 1	DE Concept				X	X								
Service delivery outlet, version 1	DE Concept				X									
Sex, version 3	DE	X	X	X	X						X			
Source of referral to alcohol and other drug treatment service, version 2	DE				X									
Source of referral to public psychiatric hospital, version 3	DE	X	X											
Specialised service indicators, version 1	DE												X	
State/Territory of birth, version 1	DE											X		
Status of the baby, version 1	DE											X		
Stillbirth (foetal death), version 1	DE Concept											X		
Superannuation employer contributions (including funding basis), version 1	DE												X	
Surgical specialty, version 1	DE							X						
Teaching status, version 1	DE													X
Time of commencement of service event, version 2	DE											X		

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency department care	Perinatal	Public hospital establishments		
Name	Type													
Time of triage, version 1	DE					X								
Time patient presents, version 2	DE					X			X					
Total hours worked by a medical practitioner, version 2	DE								X					
Total leave days, version 3	DE	X	X											
Total psychiatric care days, version 2	Derived DE	X	X											
Treatment delivery setting for alcohol and other drugs, version 1	DE						X							
Treatment episode for alcohol and other drugs, version 1	DE Concept						X							
Triage category, version 1	DE								X					
Type and sector of employment establishment, version 1	DE									X				
Type of accommodation, version 2	DE		X											
Type of non-admitted patient care (public psychiatric, alcohol and drug), version 1	Derived DE												X	
Type of non-admitted patient care, version 1	Derived DE													X
Type of usual accommodation, version 1	DE		X											

Data element		National Minimum Data Set												
		Admitted patient care	Admitted patient mental health care	Admitted patient palliative care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency department waiting times	Health labour force	Injury surveillance	Non-admitted patient emergency care department	Perinatal	Public hospital establishments
Name	Type													
Type of visit to emergency department, version 2	DE							X						
Urgency of admission, version 1	DE	X												
Waiting time at a census date, version 2	Derived DE						X							
Waiting time at removal from elective surgery waiting list, version 2	Derived DE						X							

# Appendix E: Cross-classificatory variables—Staffing Category

The following definitions of staffing categories used in the data elements Full-time equivalent staff and Salaries and wages are presented in an abbreviated form in this version of the Dictionary. A more detailed list is provided in Version 6 of the *National Health Data Dictionary*.

C1: Staffing category	Definition
<b>C1.1: Salaried Medical Officers</b>	<p>Medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical officers engaged on an honorary, sessional or fee for service basis.</p> <p>This category includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example, clinical superintendent and medical superintendent).</p>
<b>C1.2 Registered Nurses</b>	<p>Registered nurses include persons with at least a three year training certificate and nurses holding post-graduate qualifications. Registered nurses must be registered with the State/Territory registration board. This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, midwife (including pupil midwife), psychiatric nurse, senior nurse, charge nurse (now unit manager), supervisory nurse and nurse educator.</p> <p>This category also includes nurses engaged in administrative duties no matter what the extent of their engagement, for example, directors of nursing and assistant directors of nursing.</p>
<b>C1.3: Enrolled nurse</b>	<p>Enrolled nurses are second-level nurses who are enrolled in all States except Victoria where they are registered by the State registration board to practise in this capacity. Includes general enrolled nurse and specialist enrolled nurse (e.g. mothercraft nurses in some States).</p>
<b>C1.4: Establishment-based student nurses</b>	<p>Student nurses are persons employed by the establishment currently studying in years one to three of a three-year certificate course. This includes any person commencing or undertaking a three-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full-time general student nurse and specialist student nurse, such as mental deficiency nurse, but excludes practising nurses enrolled in post-basic training courses.</p>

<b>C1: Staffing category</b>	<b>Definition</b>
<b>C1.5: Trainee/pupil nurse</b>	Trainee/pupil nurse includes any person commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse on the State/Territory registration board (includes all trainee nurses).
<b>C1.6: Other personal care staff</b>	This category includes attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.
<b>C1.7: Diagnostic and health professionals</b>	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff).
<b>C1.8: Administrative and clerical staff</b>	Staff engaged in administrative and clerical duties. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded. Civil engineers and computing staff are included in this category.
<b>C1.9: Domestic and other staff</b>	<p>Domestic staff are staff engaged in the provision of food and cleaning services including domestic staff primarily engaged in administrative duties such as food services manager. Dieticians are excluded.</p> <p>This category also includes all staff not elsewhere included (primarily maintenance staff, trades-people and gardening staff).</p>

# Appendix F: Establishment—activity definitions

The objective of data definitions related to the activities of health care establishments is to enable a description of health service systems, including the type of care delivered by the establishment. The unit of enumeration is a separately administered establishment. The term establishment is used in a very broad sense to mean organisational units, whether institutions, organisations or community based services, which provide health services. Establishments are considered to be separately administered if the finances, budget and activities are managed as an independent unit. The term establishment thus covers conventional establishments such as hospitals, residential aged care facilities and community health centres, but is also used to cover organisations providing services in the community (e.g. domiciliary nursing services) or support services to other establishments (e.g. a centralised pathology laboratory service). The situation where establishment-level data for components of an area health service are not available separately at a central authority is not grounds for treating such a group of establishments as a single establishment unless such data are not available at any level in the health care system.

Two major measures of service provision are defined for each establishment. They are the recording of services by type of episode (admitted patients) and by service type (non-admitted patients). As there are no nationally agreed data definitions at the person-level for non-admitted patients or for outreach/community clients, definitions for non-admitted patient activity are based on a cost centre or functional unit approach; that is, where the service was performed rather than the procedure or the diagnosis of the patient.

The activity for acute care hospitals is represented as a count of separations and patient-days for admitted patients according to the treatment mode categories same-day and overnight-stay.

The number of separations for renal dialysis and endoscopy and related procedures are identified separately for admitted and non-admitted patients. This enables comparison of the provision of these services across institutional settings, whether these patients are admitted or treated as non-admitted patients.

Separations and patient-days for admitted patients are contrasted with an occasion of service or group session as a measure of non-admitted patient activity. It is recognised that the comparison of these as a measure of activity is not ideal but it will be used until a more comprehensive set of definitions is developed to describe patients treated and non-admitted patient activity.

The number of separations, patient days and occasions of service is the measure of activity for same-day establishments and for acute hospitals.

The definition and counting of separations and patient-days for public psychiatric and alcohol and drug treatment centres is the same as for the acute care hospitals, except that the treatment mode category is expanded to distinguish between short-stay and long-stay patients. This is to reflect the greater %age of patients with extended lengths of stay in these institutions.

# Appendix G: Establishment – resource use definitions

The use of resources (facilities, financial and human) in health services is a major focus of interest to all users of information published using the definitions contained in the *National Health Data Dictionary*. To enable a comprehensive picture of resource use to be obtained requires uniform data definitions on health care institutions of the States, Territories, the Commonwealth and the private sector. The main categories of resource data that are defined at the establishment level are:

- establishment characteristics (type and location);
- Staffing data (full-time equivalent staff);
- Recurrent expenditure (salary and non-salary); and
- Revenue.

Significant measures of resources not included above are capital expenditure, physical details and monetary values of major buildings, facilities, equipment, plant and so on. Capital expenditure is included in the *National Health Data Dictionary* at the system level (see Appendix G), but the formation of detailed uniform data definitions to describe items relating to facilities and equipment have yet to be agreed on and implemented. The classification of the type of establishment is currently under review by a working group (Organisational Units Working Group) which is expected to report to the NHDC in 1999.

## Financial aspects

The establishment of the National Minimum Data Sets was not seen as an appropriate vehicle for undertaking a review of national accounting practice. During the formation of the definitions it was inevitable that some aspects of accounting practice were discussed (e.g. offsetting practices). The *National Health Data Dictionary* makes reference to established accounting standards with Accounting Standard 17 in relation to financial and operating leases and Accounting Standard 4 in relation to the depreciation of non-current assets. The absence of completely uniform accounting standards and practices for health institutions between States and Territories and within States and Territories limits the comparability of financial data. The Directors of Finance of the State and Territory government health authorities are developing national expenditure reporting standards, particularly with regard to hospitals.

## Standard national health expenditure definitions

The development of agreed definitions on the major areas of health expenditure is being undertaken under the National Health Information Work Program. A set of definitions has been adopted by the Australian Bureau of Statistics for use in public finance statistics and is being discussed and refined in consultation with key stakeholders, including State and Territory government Directors of Finance.

## Boundaries between capital and recurrent expenditure

Some differences exist in the practice of differentiating between capital and recurrent expenditure in the States and Territories. The definition of capital expenditure is included in the Dictionary and recurrent expenditure is implicitly defined as that part of total expenditure which is not capital expenditure. The major difference with regard to capital expenditure, between the States and Territories is in regard to the level of capitalisation. The

Dictionary states that 'the minimum level for capitalisation is no higher than \$5,000', and some States use \$5,000 but others use \$1,000 or even lower in some cases.

### **Offsetting practices**

As a general rule, offsetting revenue against related expenditure is not good accounting practice and both gross revenue and gross expenditure should be reported. However, it is recognised that there are circumstances (such as hospital to hospital transfers/services) where offsetting is done to avoid the duplication of costs. Where it is difficult to identify specific costs in relation to inter-hospital transfers, the practice of bringing in revenue to inter-hospital services through recoveries is considered acceptable.

# Appendix H: System-level resource definitions

System-level definitions relate to all of a particular type of establishment, such as public hospitals, or community health centres, at the State, Territory, or Commonwealth level (whichever is the highest level of overall administration of the system). The data definitions in the *National Health Data Dictionary* at the system or State health authority level are related to capital expenditure and indirect health care expenditure.

## Capital expenditure

A working party of the NHDC developed a new definition of capital expenditure during 1994. The NHIMG agreed that both the new definition (previously known as item S1b) and the former definition (previously known as item S1a) will be current in the dictionary until all relevant jurisdictions have implemented accrual accounting procedures.

## Indirect health care expenditure

The system-level definitions represent expenditure on health care that cannot be directly related to programs operated by a particular establishment but can be indirectly related to the admitted patients, residents, non-admitted patients, non-residents and community/outreach patients served by that establishment. These definitions are designed to improve the overall picture of health expenditure and to assist in understanding differences in costs for similar establishments in different States and regions. They are also designed to detect differences in the extent to which support services and other services to resident/admitted patients and non-admitted patients of an establishment may be provided by the establishment itself, at a State level or by other organisations. This concept will be reviewed by the NHDC during 1999.

## Glossary of terms

The following glossary of terms supports the definitions of capital expenditure:

### *Asset*

An asset is the service potential and/or future economic benefits controlled by the reporting entity as a result of past transactions or other past events including:

- Physical assets
  - current physical assets;
  - non-current physical assets
- intangible assets

The 'service potential' of an asset is its economic utility to the entity, based on the total benefit expected to be derived by the entity from the use and/or through subsequent disposal of the asset.

### *Financial asset*

A financial asset is an asset that has a counterpart liability in the books of another accounting entity. For the purpose of the *National Health Data Dictionary*, financial assets are excluded.

### ***Control***

The recognition of an asset is based on the test of control rather than ownership. This may result in assets being recognised by a reporting agency that is not the registered owner (for example, denominational/ third schedule/ non-profit hospitals). Control is the capacity of the entity to benefit from the asset in pursuit of the entity objectives and to deny or regulate the access of others to that benefit. Ownership of an asset occurs when the asset is purchased by or donated to an accounting entity. Acquisition means undertaking the risks and receiving the rights to future benefits, as would be conferred with ownership, in exchange for a cost of acquisition.

Note: In cases where there is a building providing public health services under government control situated on land owned by a non-profit organisation, the value of the building should be included as a public asset, but not that of the land.

### ***Asset capitalisation***

Asset capitalisation occurs when an item of expenditure meets the criteria of an asset and is:

- recorded in the books of an accounting entity;
- recorded in an asset management system and depreciated; and
- the minimum level for capitalisation is no higher than \$5,000.

### ***Asset disposal***

When an asset is considered unserviceable, obsolete or in excess of probable requirements it is disposed of using designated procedures. The asset is removed from both the accounting entity's asset management system and the book of accounts.

### ***Asset enhancement***

Expenditure on an existing asset is to be treated as an enhancement where there has been an affective and significant increase in the present or planned service potential of the asset. If the increase in service potential is incidental to some necessary maintenance and the incremental level will not be used in the foreseeable future, the expenditure would be more appropriately classified as maintenance.

Service potential has three components:

- Service capacity: the expenditure increases the capacity to provide services and meet increases in demand for the asset's services.
- Service quality: improvement in the standard of the service provided, including efficiency improvements such as cost reductions, can represent an enhancement to an existing asset.
- Useful life: the initial assessment of an asset's useful life will have assumed that certain maintenance expenditure (both routine and major periodic) would be necessary for the asset to achieve its anticipated useful life. An expenditure can only be accounted for as an enhancement if it increases (rather than assumes the achievement of) the asset's pre-determined useful life. This would include major work undertaken to extend the service potential of an asset, recognising that its function may change (e.g. refurbishment). It may result in a need to re-assess the life span of the asset.

### ***Grouped assets***

Most assets, particularly system assets, consist of a number of components. In principle, each component can provide service potential or future economic benefit and can therefore be classified as an asset. In practice, however, the key criterion for a separate asset is an independent operating unit whose components function as a cohesive whole to provide a common service. Such a unit is referred to as a 'grouped asset'.

For example, a computer network operates as a cohesive whole yet it may contain individual personal computers that can also operate independently. A network of roads, a water sewerage system, an electricity distribution system and a communications network are examples of extensive and integrated components operating as part of a total asset system. Another example of a group of assets used together to provide a common service is office furniture and equipment.

Grouped assets (including network assets) should be primary units for accounting recognition because their components function as a cohesive whole to provide a common service. This is subject to the capitalisation threshold.

The threshold tests should be applied to individual assets as well as grouped assets. The cost of each item making up a set of office furniture or of each computer in a computer network may be less than the capitalisation threshold, but if the total cost of the network or grouped asset exceeds the threshold, each item should be capitalised.

### ***Cost of acquisition***

The purchase consideration (price) paid for an asset plus any costs incidental to the acquisition. The cost of an asset must include (where appropriate):

- installation
- commissioning
- transport
- customs duty
- any other incidental costs

Interest and other finance costs incurred in acquiring the service potential embodied in an asset (for example, exchange fluctuations on loans) should not be included in the acquisition cost of that asset.

### ***Asset construction***

The following costs should be included in relation to construction of an asset:

- costs that relate directly to the construction of an asset, including:
  - direct labour and material costs;
  - depreciation of physical non-current assets used on construction of the asset; and
  - set up costs directly related to the construction of an asset.
- costs that are reliably attributable to the construction activity and are capable of being allocated on a reasonable basis to specific assets, including:
  - purchasing administration costs;
  - insurance;
  - costs of design and technical activities; and
  - project overheads (such as direct administration and holding costs of the project).
- the following costs, which are related to activities of the agency or asset construction generally, but not specific to the asset being constructed, should be excluded as they cannot be reliably attributed to the asset:
  - general administration costs; and
  - depreciation of plant and equipment not related to construction activities (including idle plant and equipment).

***Lease***

A grant or possession of an asset for a stated period of time at specified rentals and subject to various conditions. The register proprietor has certain re-entry rights if the lessee defaults by not observing the conditions of the lease or by not paying the specified rentals.

# Appendix I: National Health Information Model entity definitions

Name	Definition
<b>Accessibility factor</b>	An instance of a factor that influences, determines or affects access to services, providers and information. For example, privacy of records, location of persons and providers, distance from medical services etc.
<b>Accommodation characteristic</b>	The living arrangements of a PERSON. For example, the type of dwelling, age of dwelling, number of bedrooms, modification of dwelling to account for restricted movement etc. In the National Health Information Model, ACCOMMODATION CHARACTERISTIC may relate to where a PERSON usually resides or it may be of interest at an instance in time – for example while a PERSON is in receipt of care.
<b>Acute event</b>	An acute ILLNESS EVENT (such as the incidence of disease) experienced by a PERSON.
<b>Address element</b>	The part of a LOCATION which is a component part of an address (e.g. 12 Main Street), but which is not a GEOGRAPHIC STANDARD (country, city, postcode) or a LOCATION GROUP (region).
<b>Advocacy event</b>	An EVENT associated with the act of communicating, defending and recommending a cause or position or acting as an agent.
<b>Advocate role</b>	A PERSON in their role as an advocate for another PARTY.
<b>Aggregate health and wellbeing</b>	A composite measure of the health and wellbeing of a PERSON. It generally involves measures/instruments that assess the multi-dimensional factors contributing to health and wellbeing. For example, measures currently in use in Australia include SF-36 and SF-12 scores, quality of life measures, health expectancies etc.
<b>Aggregate resource</b>	An instance of aggregate or total resources. For example, total nursing staff or the total budget allocated to a program or organisation. Although the National Health Information Model recognises individual resource items (MATERIAL, FINANCIAL, HUMAN and INFORMATION RESOURCE items), the totals of these items are most commonly used in resource management.
<b>Assessment event</b>	An EVENT associated with the gathering and analysing of information concerning a PARTY.

Name	Definition
<b>Attitude</b>	The ATTITUDEs of a PERSON towards health, health care and the health and welfare systems.
<b>Availability factor</b>	An instance of a factor that influences, determines or affects availability of services for a PERSON or group. For example, the availability of services such as employment assistance for a PERSON with a disability.
<b>Belief</b>	The BELIEFs of a PERSON about health, health care and the health and welfare systems.
<b>Benchmark</b>	A criterion against which something is measured. Compare with STANDARD.
<b>Birth event</b>	The EVENT of being born. It describes EVENTs which happen to both the baby and the mother during the birth.
<b>Built environment</b>	The built (man-made) environment in which a PERSON or community lives. For example, quality of housing, access to appropriate sanitation systems etc.
<b>Business agreement</b>	An agreement or contract between PARTYs which specifies the roles and responsibilities of each in relation to a HEALTH AND WELFARE PROGRAM. For example, purchaser-provider agreements, employment contracts, service contracts and other funding agreements.
<b>Business factors</b>	This 'box' is a super-entity in the National Health Information Model. It is not an entity in its own right but rather, provides a simple grouping facility to access entities relating to business factors. The following entities have been grouped in this 'box': <ul style="list-style-type: none"> <li>• BUSINESS AGREEMENT</li> <li>• BUSINESS PROGRAM</li> <li>• BUSINESS STATEMENT</li> <li>• PERFORMANCE GOAL</li> </ul>
<b>Business program</b>	A program conducted by a business or organisation.
<b>Business statement</b>	A policy statement or business plan.
<b>Capital expenditure</b>	Expenditure on capital items incurred by an ORGANISATION.

Name	Definition
<b>Care plan</b>	<p>A sequenced list of treatments, other services, and resources that are prescribed to improve a PERSON's STATE OF HEALTH AND WELLBEING.</p> <p>For example, a rehabilitation program for a back injury.</p> <p>A CARE PLAN is a scheme which groups and specifies the roles of material or human resources, planned events, and parties in providing health and welfare services to an individual or group. A CARE PLAN may not always be formally notified or even documented.</p> <p>This 'box' is a super-entity in the National Health Information Model.</p>
<b>Carer role</b>	<p>A PERSON in their role as a carer of another PERSON/s who are ill or disabled and unable to perform the tasks of daily living for themselves.</p> <p>For example, a PERSON providing respite care.</p>
<b>Citizen role</b>	<p>A PERSON, about which information may be required, but who is not engaged in a specific role within the HEALTH AND WELFARE sector.</p> <p>For example, the identification of an individual (often anonymously) who is participating in a population-based health or welfare survey.</p>
<b>Community event</b>	<p>An EVENT which is initiated by or affects members of a community.</p> <p>For example, meetings of support groups (e.g. SIDA), and actions or decisions by a community to undertake or not undertake a course of action on such subjects as curfews, right to life, use of alcohol and sex education. Extreme examples include protests, demonstrations and riots.</p>
<b>Community organisation</b>	<p>An ORGANISATION operating for the purpose of meeting community needs.</p> <p>For example, a religious, recreational, sporting or volunteer organisation.</p>
<b>Component health and wellbeing</b>	<p>COMPONENT HEALTH AND WELLBEING is a single measure/assessment of the health and wellbeing of a PERSON.</p> <p>For example, diagnosis of illness, disease or injury, self-assessed health status, enough money to buy food, ability to look after oneself etc.</p>
<b>Crisis event</b>	<p>An acute LIFE EVENT (such as the incidence or prevalence of disease or injury) experienced by a PERSON.</p>
<b>Cultural characteristic</b>	<p>A characteristic of a PERSON which identifies their religious, political, linguistic and ethnic affiliations.</p>

Name	Definition
<b>Cultural wellbeing</b>	Those aspects of a PERSONs or community's wellbeing that can be ascribed to cultural factors.
<b>Death event</b>	<p>The EVENT of death.</p> <p>Attributes of this entity would normally include such data elements as date, time and cause of death.</p> <p>The DEATH EVENT does not necessarily imply the end of all events relating to a PERSON, since events such as organ donation and transmission of disease may occur.</p>
<b>Demographic characteristic</b>	<p>A characteristic of a PERSON that contributes to the specification of the population or sub-population to which they belong.</p> <p>For example, sex, country of birth, year of arrival in Australia, Indigenous status etc.</p>
<b>Economic wellbeing</b>	<p>Those aspects of a PERSONs or community's wellbeing that can be ascribed to economic factors.</p> <p>For example, insufficient funds to support an acceptable standard of living.</p>
<b>Education characteristic</b>	<p>A characteristic of a PERSON that relates to their education.</p> <p>For example, highest qualification held, age when left school etc.</p>
<b>Education event</b>	<p>The instance of a PARTY educating another PARTY about the availability, knowledge and access of health and welfare services.</p> <p>For example, school-based drug and alcohol education programs.</p>
<b>Educational system</b>	<p>The public or private provision of education services.</p> <p>For example, the availability of kindergarten, primary school, secondary school and tertiary education facilities in a locality or community.</p>
<b>Employment agreement</b>	<p>An agreement or contract for employing a PERSON and being employed by a PARTY.</p> <p>The EMPLOYMENT AGREEMENT normally involves two PARTYS, one in an employer role and the other in the employee role.</p>
<b>Enabling factors</b>	<p>This 'box' is a super-entity in the National Health Information Model. It is not an entity in its own right but rather, provides a simple grouping facility to access entities that relate to factors that enable events to occur. The following entities have been grouped in this 'box':</p> <ul style="list-style-type: none"> <li>• RESOURCE</li> <li>• OTHER ENABLING FACTOR</li> </ul>

Name	Definition
<b>Environmental event</b>	<p>A change in the environment which has an effect on one or more PARTYs.</p> <p>Although all events obviously occur within an 'environment', the concept of an ENVIRONMENTAL EVENT is an event that has the environment (physical, chemical, biological, social, economic, cultural) as its principal focus. Examples of ENVIRONMENTAL EVENTS include storms, floods, riots and war, spillage of hazardous chemicals, liquids or gases and economic recession.</p>
<b>Environmental factors</b>	<p>This 'box' is a super-entity in the National Health Information Model. It is not an entity in its own right but rather, provides a simple grouping facility to access entities relating to environmental factors. The following entities have been included in this box:</p> <ul style="list-style-type: none"> <li>• PHYSICAL ENVIRONMENT</li> <li>• SOCIAL ENVIRONMENT</li> </ul>
<b>Event</b>	<p>Something that happens to or with a PARTY.</p> <p>This 'box' is a super-entity in the National Health Information Model. It is comprised of the following entities:</p> <ul style="list-style-type: none"> <li>• PERSON EVENT</li> <li>• HEALTH AND WELFARE SERVICE EVENT</li> <li>• LEGAL STATUS EVENT</li> <li>• COMMUNITY EVENT</li> <li>• ENVIRONMENTAL EVENT</li> <li>• RESEARCH EVENT</li> <li>• OTHER EVENT</li> </ul> <p>This super-entity reflects the emphasis in the NHIM on events that happen, and that may trigger or influence other events. Since the model is also date/time stamped at different instances in time, the model can accommodate the development of people and their health and welfare status and wellbeing by tracking these events.</p>
<b>Exit / leave from service event</b>	<p>The instance of an exit or period of leave by a PERSON from a SERVICE DELIVERY SETTING.</p>
<b>Expectation</b>	<p>The EXPECTATIONS of a PERSON about health, health care and the health and welfare systems.</p> <p>For example, a hospital separation, leave from a hospital / nursing home for an agreed period of time etc.</p>
<b>Expected outcome</b>	<p>A desired level of attainment to be achieved through one or more HEALTH AND WELFARE SERVICE EVENTS.</p> <p>An outcome in the National Health Information Model most commonly relates to a PERSON but may also be stated for a PARTY or ORGANISATION.</p>

Name	Definition
<b>Expenditure</b>	<p>Expenditure on capital items (land, buildings) or recurrent expenditure (patient transport, cleaning services) incurred by an ORGANISATION.</p> <p>This 'box' is a super-entity in the National Health Information Model. It is comprised of the following entities:</p> <ul style="list-style-type: none"> <li>• CAPITAL EXPENDITURE</li> <li>• RECURRENT EXPENDITURE</li> </ul>
<b>Family member role</b>	<p>A PERSON in their role of family member.</p> <p>For example, mother, father, guardian, child.</p> <p>A family may or may not live within the same household.</p>
<b>Financial resource</b>	<p>The existence of funds and budgets to undertake activities.</p> <p>Although this entity has no subtypes in the National Health Information Model, it is a major component of health and welfare systems, and one which can and should be separately modelled.</p>
<b>Functional wellbeing</b>	<p>The ability of a person to perform the usual tasks of daily living and to carry out social roles.</p>
<b>Funding agreement</b>	<p>An agreement between PARTYs for the provision and use of funds for a purpose.</p>
<b>Geographic standard</b>	<p>Those parts of a location that are defined or classified in law or have some official standing. For example, country, State/Territory, postcode.</p>
<b>Goal / objective</b>	<p>A statement of what is to be achieved in a shorter time frame, as compared with a longer term VISION / MISSION.</p>
<b>Health and welfare policy / plan</b>	<p>A statement or document which may include a VISION/MISSION, GOAL/OBJECTIVE, directions for development, PRIORITYs for action, actions to be taken, EXPECTED OUTCOMEs and PERFORMANCE INDICATORs in relation to HEALTH AND WELFARE PROGRAMs for particular PARTYs, particular LOCATIONs and particular periods in time.</p> <p>HEALTH AND WELFARE POLICY/PLAN is an entity subtype which reflects instances of policies and plans which are made up of components (HEALTH AND WELFARE POLICY/PLAN ELEMENTs).</p> <p>Other business statements will exist which are not created for or by the health and welfare sectors but which still impact on a PARTY's STATE OF HEALTH AND WELLBEING.</p>
<b>Health and welfare policy / plan element</b>	<p>A component part of a HEALTH AND WELFARE POLICY / PLAN.</p>

Name	Definition
<b>Health and welfare program</b>	<p>A business program specifically created for or by the health and welfare sectors.</p> <p>HEALTH AND WELFARE PROGRAM is an entity subtype which reflects instances of programs which are made up of components (HEALTH AND WELFARE PROGRAM ELEMENTS).</p> <p>Other business programs will exist that are not created for or by the health and welfare sectors but which still impact on a PARTY's STATE OF HEALTH AND WELLBEING.</p>
<b>Health and welfare program element</b>	A component part of a HEALTH AND WELFARE PROGRAM.
<b>Health and welfare service event</b>	<p>An instance of an EVENT which is part of the delivery or receipt of health and welfare services or care.</p> <p>These EVENTS include delivery of community programs, consultations with service providers, diagnoses, treatment, operations, delivery of care and rehabilitation, delivery of palliative care, counselling services, and voluntary care.</p>
<b>Health status</b>	An instance of the state of health of a PERSON, PARTY GROUP or population measured against accepted standards.
<b>Human resource item</b>	<p>An instance of people with capacity, capability and availability as resources to provide health and welfare services.</p> <p>This entity represents specialist service providers, nurses etc., but can also accommodate voluntary carers and those who have the potential to provide services i.e. a spouse who could care for a partner who became ill. The idea of skills and expertise is also included in this entity, providing a measure of both capacity and capability.</p> <p>Data elements within this entity reflect the view of the ORGANISATION or employer as compared with data elements that reflect the view of the PERSON in their role as a specialist service provider, nurse and so on.</p>
<b>Illness event</b>	<p>An acute or chronic LIFE EVENT experienced by a PERSON but not involving a HEALTH AND WELFARE SERVICE EVENT.</p> <p>For example, the incidence or prevalence of disease.</p>
<b>Information resource item</b>	<p>An instance of information or knowledge that supports the health and welfare system.</p> <p>This broad concept includes what we know about the human body from a medical and scientific perspective, what we know about drugs and interventions, what we know about other factors affecting wellbeing, and so on. Research is a process which generates or refines instances of this entity.</p>
<b>Injury event</b>	An acute LIFE EVENT experienced by a PERSON involving the occurrence of an injury but not involving a HEALTH AND WELFARE SERVICE EVENT.

Name	Definition
<b>Insurance / benefit characteristic</b>	A characteristic of a PERSON that relates to their health insurance or social security status.
<b>Judicial system</b>	Provision, availability and access to legal services within a community.
<b>Knowledge factor</b>	<p>An instance of a factor that influences, determines or affects a PERSONs, PARTY GROUPs or ORGANISATIONs state of knowledge or cognisance, particularly of elements of wellbeing, health and welfare, and their services.</p> <p>For example, factors that influence 'How much a person knows about the risk from smoking', 'How much a person knows about the availability of counselling services', 'How much a service provider knows about the latest technique for treating a particular illness'.</p>
<b>Labour characteristic</b>	<p>A characteristic of a PERSON that relates to their employment or labour force status.</p> <p>For example, their occupation, industry of employment, hours worked etc.</p>
<b>Legal characteristic</b>	<p>A characteristic of a PERSON which relates to their legal status.</p> <p>For example, ward of the State, held in custody etc.</p>
<b>Legal status event</b>	<p>An EVENT that changes a PARTY's legal status.</p> <p>For example, reaching 18 years of age, marriage, or the decision by a Review Board or Tribunal to change an individual from an 'involuntary' to a 'voluntary' status under the <i>Mental Health Act</i>.</p>
<b>Legally constituted organisation</b>	<p>An organisation established under law.</p> <p>LEGALLY CONSTITUTED ORGANISATIONs may be ORGANISATIONs in a one-to-one relationship with a statute, (e.g. the Australian Institute of Health and Welfare and the Australian Institute of Health and Welfare Act) or ORGANISATIONs that are examples of a class or ORGANISATIONs established under and regulated by a statute (e.g. hospitals, incorporated bodies).</p>

Name	Definition
<b>Life event</b>	<p>An instance of an EVENT which occurs to or with a PERSON during their life.</p> <p>The LIFE EVENT entity provides the means of identifying those things that happen during a person's life which affect their STATE OF HEALTH AND WELLBEING and occur between their BIRTH EVENT and their DEATH EVENT.</p> <p>This entity does not include events identified elsewhere, e.g. HEALTH AND WELFARE SERVICE EVENTS, LEGAL STATUS EVENTS, COMMUNITY EVENTS, ENVIRONMENTAL EVENTS, RESEARCH EVENTS OR OTHER EVENTS, but does include such things as puberty, the onset of disease, the loss of employment etc. While the actual date and time when some of these events occur may not need or be able to be known, this entity provides a means to consistently represent this information.</p>
<b>Lifestyle characteristic</b>	<p>A behavioural attribute, trait or feature of a PERSON that describes an aspect of their lifestyle.</p> <p>For example, cigarette smoking, participation in regular physical exercise, dietary habits or use of illicit drugs.</p>
<b>Location</b>	<p>This 'box' is a super-entity in the National Health Information Model. It is comprised of the following entities:</p> <ul style="list-style-type: none"> <li>• LOCATION GROUP</li> <li>• LOCATION ELEMENT</li> <li>• SETTING</li> </ul> <p>A LOCATION is a site or position where something happens, or where a person, group or organisation is located, may be contacted or conduct their business, etc.</p> <p>For example, an address or geographical region.</p>
<b>Location element</b>	<p>The elements of a LOCATION. This sub-entity provides for the combination of different location elements to form a known address or location. In this way this entity can accommodate more diverse locational constructs, such as electronic mail addresses, or 'the backyard', or 'the Sydney Football Stadium'. An actual address, such as a residential postal address, is normally made up of a number of components from this entity, including a detailed residential title (12 Main Street), plus city/town, postcode, State/Territory, and Country values (see also SETTING).</p>
<b>Location group</b>	<p>A notional grouping of other geographic location elements, including address elements to form a recognisable address. For example, areas, regions and districts (such as the Southern Highlands), where these are not defined as a GEOGRAPHIC STANDARD, and postal and house addresses.</p>
<b>Material resource</b>	<p>An instance of a material resource.</p> <p>For example, drugs, buildings, plant, operating theatres, organs and blood products.</p>

Name	Definition
<b>Mental wellbeing</b>	The wellbeing of a PERSON , based on their mental state. For example, test results, symptoms, diagnoses and self-perceived health status specific to the mental state of a PERSON.
<b>Natural environment</b>	The natural environment in which a PERSON or community lives. For example, the air we breath, the quality of water, noise pollution etc.
<b>Need / issue</b>	The reason why a PARTY is seeking access to health and welfare services. For example, the need for emergency accommodation. This 'box' is a super-entity in the National Health Information Model. It is not intended to represent assessed need (ASSESSMENT EVENT) as determined by a service provider. Nor does it represent a STATE OF HEALTH AND WELLBEING once the assessment has been made.
<b>Non-acute event</b>	A non-acute ILLNESS EVENT experienced by a PERSON. For example, the prevalence of chronic disease such as diabetes or asthma.
<b>Organisation</b>	A business or administrative concern created for particular ends.
<b>Organisation characteristic</b>	A characteristic of an ORGANISATION (but unrelated to BUSINESS FACTORS). For example, the nature of the business or reason for trading. This entity has been included in Version 2 of the National Health Information Model to describe information about an ORGANISATION.
<b>Organisation role</b>	An instance of an ORGANISATION participating in a specific role in the health and welfare sector. For example, an ORGANISATION as a funder of services, purchaser of services or other organisation role.
<b>Organisation sub-unit</b>	A constituent part of an ORGANISATION. ORGANISATION SUB-UNITs are normally the smaller components of organisations such as departments, divisions, units and sections. ORGANISATION SUB-UNITs may exist in a hierarchical structure.
<b>Organisational setting</b>	An instance of where an EVENT occurs, described in terms of the ORGANISATION. For example, a hospital, a government department etc.
<b>Other agreement</b>	A BUSINESS AGREEMENT other than a FUNDING AGREEMENT or EMPLOYMENT AGREEMENT. For example, purchaser-provider agreements, service contracts etc.

Name	Definition
<b>Other crisis event</b>	An acute LIFE EVENT experienced by a PERSON but not involving an ILLNESS, INJURY or HEALTH AND WELFARE SERVICE EVENT. For example, emergency accommodation needs, crisis counselling.
<b>Other enabling factor</b>	Resources are a major 'enabling' factor in health and welfare. However, there are other important enabling factors, e.g. access, knowledge and availability, which are recognised by this entity.
<b>Other event</b>	An EVENT which is not a PERSON EVENT, HEALTH AND WELFARE SERVICE EVENT, COMMUNITY EVENT, LEGAL STATUS EVENT, RESEARCH EVENT or ENVIRONMENTAL EVENT.
<b>Other health and welfare service event</b>	A HEALTH AND WELFARE SERVICE EVENT other than a REQUEST FOR/ENTRY INTO SERVICE EVENT, SERVICE PROVISION EVENT, EXIT/LEAVE FROM SERVICE EVENT, ASSESSMENT EVENT, SCREENING EVENT, EDUCATION EVENT, ADVOCACY EVENT, PLANNING EVENT, SURVEILLANCE/MONITORING EVENT or PAYMENT/CONTRIBUTION EVENT.
<b>Other life event</b>	A LIFE EVENT that a PERSON experiences other than a SELF HELP EVENT or CRISIS EVENT (such as illness, injury or other crisis).
<b>Other organisation role</b>	An instance of an ORGANISATION ROLE within the health and welfare sector which is not a SERVICE FUNDER ROLE or a SERVICE PURCHASER ROLE.
<b>Other person characteristic</b>	A characteristic of a PERSON other than a DEMOGRAPHIC CHARACTERISTIC, LABOUR CHARACTERISTIC, LIFESTYLE CHARACTERISTIC, EDUCATION CHARACTERISTIC, SOCIAL CHARACTERISTIC, CULTURAL CHARACTERISTIC, PARENTING CHARACTERISTIC, ACCOMMODATION CHARACTERISTIC, INSURANCE/BENEFIT CHARACTERISTIC or LEGAL CHARACTERISTIC.
<b>Other person role</b>	The role of a PERSON other than as a citizen, family member, carer, advocate, service provider or as a provider of resources.
<b>Other policy / plan element</b>	HEALTH AND WELFARE POLICY/PLAN ELEMENTs other than those identified by the subtypes (VISION/MISSION, GOAL/OBJECTIVE, PRIORITY, and PERFORMANCE INDICATOR).

Name	Definition
<b>Other role</b>	<p>A ROLE other than a PARTY RELATIONSHIP ROLE, PERSON ROLE, PARTY GROUP ROLE, ORGANISATION ROLE, RECIPIENT ROLE, SERVICE PROVIDER ROLE or RESEARCH ROLE.</p> <p>An expanded list of subtypes relating to PERSONs and ORGANISATIONs can be found within the entities PERSON ROLE and ORGANISATION ROLE.</p>
<b>Other setting</b>	<p>An instance of where, in generic terms, something happens, which is not in an ORGANISATIONAL SETTING or a SERVICE DELIVERY SETTING.</p> <p>For example, 'at home', 'on a sports field', 'at work' etc.</p>
<b>Other social environment</b>	<p>The social environment in which a PERSON or community lives other than the JUDICIAL SYSTEM, the EDUCATIONAL SYSTEM or a COMMUNITY ORGANISATION.</p>
<b>Outcome</b>	<p>A recorded change in the wellbeing of a PARTY which is expected or presumed to be, or to have been, caused by a HEALTH AND WELFARE SERVICE EVENT.</p> <p>This 'box' is a super-entity in the National Health Information Model. It is comprised of the following entities:</p> <ul style="list-style-type: none"> <li>• STATED OUTCOME</li> <li>• EXPECTED OUTCOME</li> </ul>
<b>Parenting characteristic</b>	<p>A characteristic of a PERSON that relates to their role as a parent.</p> <p>For example, breastfeeding a baby or use of child care facilities.</p>
<b>Party</b>	<p>Those PERSONs, PARTY GROUPs or ORGANISATIONs who are part of the health and welfare systems including those who are known to the system and those who are of interest to it. Essentially this includes all persons in Australia.</p> <p>For example, a PARTY as a recipient of services, provider of services, purchaser of services or funder of services.</p> <p>This 'box' is a super-entity in the National Health Information Model.</p>
<b>Party characteristic</b>	<p>This 'box' is a super-entity in the National Health Information Model. It is comprised of the following entities:</p> <ul style="list-style-type: none"> <li>• ORGANISATION CHARACTERISTIC</li> <li>• PARTY GROUP CHARACTERISTIC</li> <li>• PERSON CHARACTERISTIC</li> <li>• PERSON VIEW</li> <li>• STATE OF HEALTH AND WELLBEING</li> </ul> <p>PARTY CHARACTERISTIC is not a entity in its own right but rather, a loose grouping of like entities.</p>

Name	Definition
<b>Party group</b>	<p>An instance of a number of PARTYS, normally PERSONS, considered as a collective unit.</p> <p>For example, families, communities and tribes. The Australian population, or sub-populations within it, are represented in the National Health Information Model as a PARTY GROUP.</p>
<b>Party group characteristic</b>	<p>A characteristic of a PARTY GROUP (apart from those associated with a PERSON or those that are derived from aggregating PERSON data).</p> <p>For example, the main language spoken or religious affiliation of a community.</p> <p>This entity has been included in Version 2 of the National Health Information Model to describe information about a PARTY GROUP.</p>
<b>Party group role</b>	<p>An instance of a PARTY GROUP participating in a role within the health and welfare sectors.</p>
<b>Party relationship role</b>	<p>An instance of a relationship between PARTYS which is relevant to an EVENT.</p> <p>Many of these relationships have been expanded in Version 2 of the National Health Information Model and are now found within the expanded entities PERSON ROLE, PARTY GROUP ROLE and ORGANISATION ROLE.</p> <p>This entity does not include PARTYS in a RECIPIENT ROLE, SERVICE PROVIDER ROLE, RESEARCH ROLE or OTHER ROLE.</p>
<b>Party role</b>	<p>An instance of a PARTY participating in a role in the health and welfare sectors.</p> <p>The concept of PARTY ROLE in the National Health Information Model provides for different persons, groups and organisations to have different roles at different times. Some of these roles refer to service delivery, planning, resource allocation or agreements.</p> <p>This 'box' is a super-entity in the National Health Information Model. It is comprised of the following entities:</p> <ul style="list-style-type: none"> <li>• PARTY RELATIONSHIP ROLE</li> <li>• PERSON ROLE</li> <li>• PARTY GROUP ROLE</li> <li>• ORGANISATION ROLE</li> <li>• RECIPIENT ROLE</li> <li>• SERVICE PROVIDER ROLE</li> <li>• RESEARCH ROLE</li> <li>• OTHER ROLE</li> </ul>

Name	Definition
<b>Payment/contribution event</b>	<p>The instance of a PARTY making a payment or contribution as part of their involvement in a HEALTH AND WELFARE SERVICE EVENT.</p> <p>For example, a Medicare payment or a private health fund payment.</p>
<b>Performance goal</b>	<p>A level of performance against which the performance of a PARTY ROLE will be judged.</p>
<b>Performance indicator</b>	<p>A PERFORMANCE INDICATOR is used to assess performance against goals and targets. PERFORMANCE INDICATOR is alternately referred to as Key Performance Indicator or KPI.</p>
<b>Person</b>	<p>An individual human being.</p> <p>A PERSON is identified by the role he or she plays. See subtypes within the entity PERSON ROLE.</p> <p>A PERSON will possess a range of characteristics and views. See subtypes within the entity PERSON CHARACTERISTIC and PERSON VIEW.</p>
<b>Person characteristic</b>	<p>Features which characterise a PERSON.</p> <p>A PERSON CHARACTERISTIC is either a DEMOGRAPHIC CHARACTERISTIC, PHYSICAL CHARACTERISTIC, LABOUR CHARACTERISTIC, LIFESTYLE CHARACTERISTIC, EDUCATION CHARACTERISTIC, SOCIAL CHARACTERISTIC, PARENTING CHARACTERISTIC, ACCOMMODATION CHARACTERISTIC, INSURANCE/BENEFIT CHARACTERISTIC, LEGAL CHARACTERISTIC or OTHER PERSON CHARACTERISTIC.</p> <p>This entity reflects the emphasis in the National Health Information Model on the PERSON.</p>
<b>Person event</b>	<p>An EVENT that happens to a person which affects their STATE OF HEALTH AND WELLBEING from the time of their birth until their death.</p>
<b>Person role</b>	<p>A PERSON in a role as distinct from a PARTY GROUP in a role or an ORGANISATION in a role</p> <p>For example, a PERSON in a role as a citizen, family member, carer, advocate, resource or other person role.</p> <p>The expansion of the PERSON ROLE entity replaces PERSON IDENTIFIER as a subtype of PERSON CHARACTERISTIC from Version 1 of the National Health Information Model.</p>
<b>Person view</b>	<p>The attitudes, beliefs, expectations and values of an individual in relation to health, health care and the health and welfare systems.</p>

Name	Definition
<b>Physical characteristic</b>	A characteristic of a PERSON which relates to their physical features.
<b>Physical environment</b>	The physical environment in which a PERSON or community lives. For example, the NATURAL ENVIRONMENT and BUILT ENVIRONMENT including air and water quality, noise pollution, quality of housing, sanitation etc.
<b>Physical wellbeing</b>	The wellbeing of a person based on their physical, chemical and biological state.
<b>Planning event</b>	The instance of a PARTY planning the provision of a HEALTH AND WELFARE SERVICE EVENT.
<b>Priority</b>	Something given special attention, normally involving special precedence over others.
<b>Program activity</b>	An identified action to be taken as part of a program or plan. This is distinct from the National Health Information Model entity of EVENT, which is the actual instance or occurrence of these activities.
<b>Program evaluation</b>	A process to be conducted as part of a program or plan to determine the extent to which the program or plan achieved its GOAL/OBJECTIVE.
<b>Program strategy</b>	An intended course of action to be conducted as part of a program or plan.
<b>Recipient role</b>	An instance of a role that a PARTY as a recipient of services or care plays in EVENTS. For example, a patient, client, consumer, customer etc.
<b>Recurrent expenditure</b>	Expenditure incurred by an ORGANISATION on a recurring basis for the provision of services, excluding CAPITAL EXPENDITURE, but including indirect expenditure.
<b>Request for / entry into service event</b>	An instance of a request for services or for entry into a SERVICE DELIVERY SETTING from one service provider to another.
<b>Research event</b>	An instance of a PARTY undertaking research of interest to the health and welfare sector.
<b>Research role</b>	An instance of a role a PARTY plays in research activities.
<b>Resource</b>	The material necessary for an activity. For example, buildings, reusable and consumable items, financial resources and people, and the information or knowledge required.

Name	Definition
<b>Resource role</b>	An instance of a role a PERSON plays in the management, allocation and use of RESOURCES. For example, a manager, a cleaner, a computer programmer etc. A PERSON in a RESOURCE ROLE excludes individuals providing health and welfare services.
<b>Screening event</b>	An instance of a PARTYs involvement in a SCREENING EVENT. For example, mammographic screening, a pap smear etc.
<b>Self help event</b>	A PERSON actively seeking help, education or assistance or participating in activities of interest to the health and welfare sector. For example, attending a quit smoking course, modification of one's diet etc.
<b>Service delivery setting</b>	An instance of where an EVENT occurs, described in terms of the SERVICE DELIVERY SETTING. For example, a birthing centre, child care centre or hospital emergency department etc.
<b>Service funder role</b>	An instance of a role that an ORGANISATION, as a health and welfare service funder, plays in EVENTS.
<b>Service provider role</b>	An instance of a role that a PARTY, as a health and welfare service provider, plays in EVENTS. This includes both PERSONs who are formally nominated as service providers (e.g. nurses and general practitioners) and PERSONs who provide voluntary or informal care.
<b>Service provision event</b>	An instance of the provision of a HEALTH AND WELFARE SERVICE EVENT by a service provider to a PERSON or PARTY GROUP. For example, treatment, conduct of tests etc.
<b>Service purchaser role</b>	An instance of a role that an ORGANISATION, as a health and welfare service purchaser, plays in EVENTS.
<b>Setting</b>	A description of where something happens. SETTING differs from LOCATION in the National Health Information Model, as an EVENT may occur at the LOCATION of 'Corner of Jones and Smith Streets, SomeCity, WA' , but it may be more relevant to describe an event as having occurred in 'a hospital' (the SETTING).
<b>Social characteristic</b>	A specific SOCIAL CHARACTERISTIC of a PERSON. For example, marital status, language spoken in the home etc.

Name	Definition
<b>Social environment</b>	The social environment in which a PERSON or community lives including the JUDICIAL SYSTEM, the EDUCATIONAL SYSTEM, COMMUNITY ORGANISATION or OTHER SOCIAL ENVIRONMENT.
<b>Social wellbeing</b>	The wellbeing of a PERSON, based on their interaction with other people. For example, a PERSONs experience with discrimination, racism, violence, family-related matters, gambling or drinking problems.
<b>Specific resource</b>	The resources used in the production and delivery of health and welfare services, be they material, financial, human or information. The SPECIFIC RESOURCE entity provides for the actual instances of these resources.
<b>Spiritual wellbeing</b>	The wellbeing of a person, based on their perception of or relationship to sacred or religious theory.
<b>Standard</b>	An accepted or approved example of something against which others are judged or measured. Compare with BENCHMARK.
<b>State of health and wellbeing</b>	The health and wellbeing of a PARTY (usually a PERSON) measured or assessed in aggregate (e.g. the total wellbeing of a PARTY) or in component terms (e.g. HEALTH STATUS, SOCIAL WELLBEING, ECONOMIC WELLBEING, CULTURAL WELLBEING and SPIRITUAL WELLBEING . For example, SF-36 instrument of health status measurement, an illness diagnosis, an injury, enough money to buy food, ability to look after oneself etc.). The STATE OF HEALTH AND WELLBEING entity replaces the STATE OF WELLBEING entity in Version 1 of the National Health Information Model.
<b>Stated outcome</b>	The information recorded by a PARTY in a role about an OUTCOME which has occurred, as distinct from an OUTCOME which was planned or expected. The STATED OUTCOME is distinguished as an entity from the EXPECTED OUTCOME.
<b>Surveillance / monitoring event</b>	An instance of a PARTY's involvement in a surveillance or monitoring EVENT within the health and welfare sector.
<b>Value</b>	The VALUEs of a PERSON about health, health care and the health and welfare systems.
<b>Vision / mission</b>	The highest level statement of why something is to happen or where a situation or organisation should be in a set period of time. Vision or mission statements normally contain the aspirations of those stating them.