

New data set specifications

Acute coronary syndrome (clinical)

Acute coronary syndrome (heart attack or unstable angina) remains a substantial contributor to morbidity and mortality despite the advances in therapeutic options in this field over recent years.

While several local and international bodies have endorsed an inclusive data set for the clinical monitoring and management of patients presenting with acute coronary syndrome (ACS), a national standard for these data elements has not been established before now. It is hoped that the development of a national standard for these definitions will facilitate a more uniform data collection and research collaboration, contribute to greater accuracy in evaluating the impact of the expanding therapeutic options in these clinical areas, as well as lead to improvements in the quality of care through standardised outcome evaluation. As an initiative of the National Heart Foundation of Australia (NHFA) and the Cardiac Society of Australia and New Zealand (CSANZ), a working group was formed to develop a set of standard data elements and definitions for patients presenting with acute coronary syndrome. This working group sought to include broad representation from many interested organisations within the field. The development of this data set specification (DSS) by the Acute Coronary Syndromes Data Set Working Group (ACSDWG) was supported by the National Heart, Stroke and Vascular Health Strategies Group (NHSVHSG) and thus given a more formal level of recognition for this initiative within the Commonwealth National Health Priorities Areas structures and work agenda.

The data set has undergone an extensive consultation process. Comments received from the Health Data Standards Committee led to the ACS Data Working Group adopting a tiered approach to finalising the data elements considered a high priority for inclusion in this *National Health Data Dictionary* Version 12 Supplement. Data elements of less priority may be developed and put forward for inclusion into the Knowledgebase and subsequent versions of the NHDD at a later date.

The data elements included in this DSS represent a non-mandatory data set encompassing the core elements considered necessary for clinical outcome assessment and basic risk adjustment. Acute Coronary Syndrome data are primarily designed for use by hospital-based clinicians involved in the care of patients presenting with ACS, enabling them to evaluate risk factors and clinical outcomes in a manner that is consistent nationally and internationally. This is to encourage objective evaluation of local practice patterns and therapeutic utilisation with data that are interpretable outside the local context. The definitions within this data set are considered important risk markers with established value in predicting clinical outcome and guiding therapy, while the outcome definitions have been shown clearly to have an impact on patients not only at the level of morbidity and mortality but also at a social level.

Acute coronary syndrome (clinical) DSS

Admin. status: CURRENT 04/06/2004 Version number: 1

Metadata type: DATA SET SPECIFICATION

Start date: 04/06/2004

Scope: This Acute coronary syndrome (clinical) data set specification is not mandated for collection but is recommended as best practice. The specification is intended for use in data collections in hospitals, coronary care units and other relevant acute care practices.

Acute coronary syndromes reflect the spectrum of coronary artery disease resulting in acute myocardial ischaemia, and span unstable angina, non-ST segment elevation myocardial infarction (NSTEMI) and ST-segment elevation myocardial infarction (STEMI). Clinically these diagnoses encompass a wide variation in risk, require complex and time urgent risk stratification and represent a large social and economic burden.

The definitions used in ACS data are designed to underpin the data collected by health professionals in their day-to-day acute care practice. They relate to acute clinical consultations for patients presenting with chest pain/ discomfort and the need to correctly identify, evaluate and manage patients at increased risk of a coronary event.

The data elements specified in this metadata set provide a framework for:

- promoting the delivery of evidenced-based acute coronary syndrome management care to patients;
- facilitating the ongoing improvement in the quality and safety of acute coronary syndrome management in acute care settings in Australia and New Zealand;
- improving the epidemiological and public health understanding of this syndrome; and
- supporting acute care services as they develop information systems to complement the above.

This is particularly important as the scientific evidence supporting the development of the data elements within ACS data indicate that accurate identification of the evolving myocardial infarction patient or the high/intermediate risk patient leading to the implementation of the appropriate management pathway impacts on the patient's outcome. Having a nationally recognised set of definitions in relation to defining a patient's diagnosis, risk status and outcomes is a prerequisite to achieving the above aims.

ACS data are based on the American College of Cardiology (ACC) Data Set for Acute Coronary Syndrome as published in the Journal of the American College of Cardiology in December 2001 (38:2114–30) as well as more recent scientific evidence around the diagnosis of myocardial infarction. The data elements are alphabetically listed and grouped in a similar manner to the American College of Cardiology's data set format. These features of the Australian ACS data set should ensure that the data is internationally comparable.

The data elements described here have been identified as high priority for inclusion in the NHDD for the collection of data relating to ACS management, along with supporting elements already existing within the

NHDD (as listed). It is recommended that other data elements be collected as best practice – however, these are not listed here, as they are considered to be of a secondary priority. Such data elements include date of coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI) and diagnostic cardiac catheterisation/angiography and recording the number of units of blood transfused.

Many of the data elements in this metadata set may also be used in the collection of other cardiovascular clinical information.

Where appropriate, it may be useful if the data definitions in this metadata set were used to address data definition needs in non-clinical environments such as public health surveys etc. This could allow for qualitative comparisons between data collected in, and aggregated from, clinical settings (i.e. using application of ACS data), with that collected through other means (e.g. public health surveys, reports).

A set of core ACS data elements and standardised definitions can inform the development and conduct of future registries at both the national and local level.

The working group formed under the National Heart Foundation of Australia (NHFA) and the Cardiac Society of Australia and New Zealand (CSANZ) initiative was diverse and included representation from the following organizations: the NHFA, the CSANZ, the Australasian College of Emergency Medicine, the Australian Institute of Health and Welfare, the Australasian Society of Cardiac and Thoracic Surgeons, Royal Australian College of Physicians (RACP), RACP – Towards a Safer Culture, National Centre for Classification in Health (Brisbane), the NSW Aboriginal Health and Medical Research Council, the George Institute for International Health, the School of Population Health at the University of Western Australia and the National Cardiovascular Monitoring System Advisory Committee.

To ensure the broad acceptance of the data set, the working group also sought consultation from the heads of cardiology departments, other specialist professional bodies and regional key opinion leaders in the field of acute coronary syndromes.

Collection methodology:

This metadata set is primarily concerned with the clinical use of ACS data. Acute care environments such as hospital emergency departments, coronary care units or similar acute care areas are the settings in which implementation of the core ACS data set should be considered. A wider range of health and health-related establishments that create, use or maintain, records on health care clients, could also use it.

Data elements included:

Baseline characteristics

Clinical evidence status, version 1♦	page 112
Concurrent clinical condition – on presentation, version 1♦	page 118
Country of birth, version 4♦	page 266
Date of birth, version 5♦	page 269
Diabetes status, version 1♦	NHDD V12 page 182
Height – self-reported, version 2♦	NHDD V12 page 274
Indigenous status, version 5♦	page 296

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**Data elements included
(continued):**

Myocardial infarction history, version 1♦	NHDD V12 page 364
Person identifier, version 2♦	337
Premature cardiovascular disease family history – status, version 1♦	NHDD V12 page 472
Sex, version 4♦	page 365
Tobacco smoking status, version 1♦	NHDD V12 page 578
Vascular history, version 1♦	page 384
Weight – self-reported, version 2♦	NHDD V12 page 646

Clinical presentation

Blood pressure – diastolic measured, version 1♦	NHDD V12 page 71
Blood pressure – systolic measured, version 1♦	NHDD V12 page 74
Chest pain pattern category, version 1♦	page 110
Date of triage, version 1♦	NHDD V12 page 170
Date patient presents, version 2♦	NHDD V12 page 171
Heart rate, version 1♦	page 165
Killip classification code, version 1♦	page 176
Time of triage, version 1♦	NHDD V12 page 558
Time patient presents, version 2♦	NHDD V12 page 560
Triage category, version 1♦	NHDD V12 page 594
Type of visit to emergency department, version 2♦	NHDD V12 page 616

ECG findings

Electrocardiogram (ECG) change – location, version 1♦	page 138
Electrocardiogram (ECG) change – type, version 1♦	page 140
Heart rhythm type, version 1♦	page 166

Laboratory tests

Cholesterol-HDL – measured, version 1♦	NHDD V12 page 108
Cholesterol-LDL – calculated, version 1♦	NHDD V12 page 111
Cholesterol-total – measured, version 1♦	NHDD V12 page 113
Creatine kinase MB isoenzyme (CK-MB) – measured, version 1♦	page 121
Creatine kinase MB isoenzyme (CK-MB) – units, version 1♦	page 123
Creatine kinase MB isoenzyme (CK-MB) – upper limit of normal range, version 1♦	page 125
Creatinine serum – measured, version 1♦	NHDD V12 page 146
Date Creatine kinase MB isoenzyme (CK-MB) measured, version 1♦	page 126
Date troponin measured, version 1♦	page 134
Time Creatine kinase MB isoenzyme (CK-MB) measured, version 1♦	page 236
Time troponin measured, version 1♦	page 239

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**Data elements included
(continued):**

Triglycerides – measured, version 1♦	NHDD V12 page 596
Troponin assay type, version 1♦	page 240
Troponin assay – upper limit of normal range, version 1♦	page 242
Troponin measured, version 1♦	page 243

Diagnosis/risk stratification

Acute coronary syndrome procedure type, version 1♦	page 73
Acute coronary syndrome stratum, version 1♦	page 75
Clinical procedure timing status, version 1♦	page 115

Cardiac Procedures

Date of first angioplasty balloon inflation or stenting, version 1♦	page 129
Functional stress test element, version 1♦	page 160
Functional stress test ischaemic result, version 1♦	page 161
Time of first angioplasty balloon inflation/stenting, version 1♦	page 237

Medications

Angiotensin converting enzyme (ACE) inhibitors therapy status, version 1♦	page 81
Aspirin therapy status, version 1♦	page 83
Beta-blocker therapy status, version 1♦	page 85
Clopidogrel therapy status, version 1♦	page 116
Date of intravenous fibrinolytic therapy, version 1♦	page 131
Fibrinolytic drug used, version 1♦	page 154
Fibrinolytic therapy status, version 1♦	page 155
Glycoprotein IIb/IIIa receptor antagonist status, version 1♦	page 163
Lipid-lowering therapy status, version 1♦	page 180
Time of intravenous fibrinolytic therapy, version 1♦	page 238

Outcomes

Bleeding episode using TIMI criteria – status, version 1♦	page 87
Date of referral to rehabilitation, version 1♦	NHDD V12 page 169
Separation date, version 5♦	NHDD V12 page 523
Mode of separation, version 3♦	NHDD V12 page 358
Reason for readmission – Acute coronary syndrome, version 1♦	page 198

**Supporting data elements
and data element concepts:****Scope links with other
metadata sets:****Source organisation:****Comments:**

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Cancer (clinical)

Prior to this data set specification (DSS), there was no standardised approach to the collection of variables that would enable national patterns of cancer survival by stage at diagnosis or cancer patient management to be assessed. Population-based state cancer registries collect data from which incidence, mortality and overall survival rates can be estimated and trends monitored. The extent to which the care and treatment of cancer patients across different treatment facilities is consistent with available best practice recommendations cannot be easily monitored even though such information can aid our understanding of variations in practice and equity of access to treatment modalities. Treatment and outcomes data are also important for quality assurance and improving the quality of care.

In its December 1997 report *National Cancer Control Plan and Implementation Strategy* the National Cancer Control Initiative (NCCI) identified gaps in current cancer control data and made several recommendations to meet 'urgent national needs' for improved data collection. An ad-hoc Advisory Group was convened to develop outlines designed to seek consensus on data needs across the continuum of cancer care in Australia.

In April 1999, Professor Alan Coates was commissioned to undertake a wide ranging consultation to identify data currently collected on cancer care in Australia and overseas, to recommend core items for a clinical cancer data set and to suggest suitable definitions for these items. In compiling his report, Professor Coates sought input from the state-based cancer registries, oncology units and hospital-based cancer registries and state Health Departments in all Australian states and from a number of international cancer registries. The data items proposed reflected 'a reasonable compromise between a set too large to be attainable and one too small to be interesting' and included items relating to the stage of cancer at diagnosis, initial treatment details and treatment outcomes. The report, submitted to the NCCI in January 2000, was circulated to key stakeholders for comment and, at a workshop held in July 2000 to discuss the report, a core set of data items was recommended and a working party established to develop definitions for these items.

A multi-disciplinary working party was formed to review the content of existing data collections and their potential to meet cancer control information requirements relating to cancer patient treatment and outcomes. The need for a standard approach to data collection was identified as a first step to ensure that information about cancer treatment and care could be obtained easily and on a routine basis. The capacity to collect reliable, standardised national data sets is important for successful planning, evaluation, quality assurance and improvement of cancer control activities. One high priority project involved identifying data currently collected on cancer care, and obtaining consensus on what should be collected with a view to making recommendations on a national core clinical data set.

The Data Definition Working Party examined and refined the data definitions proposed by Professor Coates and formatted them according to the requirements for items in the *National Health Data Dictionary*. A draft dictionary was circulated for comment and the comments have now been incorporated into this supplement of the Dictionary.

Certain items included in this core data set are also collected by the population-based state cancer registries. Care has been taken to ensure that the definitions of these items are concordant with the draft data dictionary being developed by the Australasian Association of Cancer Registries and Australian Institute of Health and Welfare.

The Public Health Division of the NSW Department of Health has developed a Clinical Cancer Data Collection for New South Wales. Consistency between the NCCI and New

South Wales data sets has been maintained wherever practicable. Definitions sourced from the New South Wales data dictionary are indicated in the 'Source organisation' section of the Cancer DSS data elements.

Cancer (clinical) DSS

Admin. status:	CURRENT	04/06/2004	Version number:	1
Metadata type:	DATA SET SPECIFICATION			
Start date:	04/06/2004			
Scope:	<p>This Cancer (clinical) data set specification is not mandated for collection but is recommended as best practice if cancer clinical data are to be collected.</p> <p>The Cancer (clinical) data set underpins the evaluation of cancer treatment services and this can occur at a number of levels; the individual clinician, the health care institution, at state or territory level and ultimately at a national level.</p> <p>Clinicians use such data for ongoing patient management and the ability to link patient management to outcomes allows treatments or outcomes to be identified and assessed. Institutions can monitor through-put in their centres for planning and resource allocation purposes to obtain optimum return for cancer expenditure. End-points can be monitored to ensure that objectives are being met.</p> <p>The principal aim of good-quality and consistent data is to provide information that can lead to improved quality and length of life for all patients by providing a systematic foundation for evidence-based medicine, informing quality assurance and improvement decisions and guiding successful planning and evaluation of cancer control activities.</p>			
Collection methodology:	This data set is primarily concerned with the clinical use of cancer data. It can also be used by a wider range of health and health-related establishments that create, use, or maintain records on health-care clients.			
Data elements included:	<p>Address line, version 1♦page 78</p> <p>Cancer initial treatment – completion date, version 1♦page 95</p> <p>Cancer initial treatment – starting date, version 1♦page 97</p> <p>Cancer staging – M stage code, version 1♦page 99</p> <p>Cancer staging – N stage code, version 1♦page 101</p> <p>Cancer staging – T stage code, version 1♦page 103</p> <p>Cancer staging – TNM Stage grouping code, version 1♦page 105</p> <p>Cancer treatment type, version 1♦page 107</p> <p>Cancer treatment – target site, version 1♦page 109</p> <p>Date of birth, version 5♦page 269</p> <p>Date of death, version 1♦page 127</p> <p>Date of diagnosis of cancer, version 1♦ NHDD V12 page 164</p> <p>Date of diagnosis of first recurrence, version 1♦page 128</p> <p>Date of surgical treatment for cancer, version 1♦page 133</p> <p>Establishment number, version 4♦page 278</p> <p>Family name, version 2♦page 283</p> <p>Given name(s), version 2♦page 288</p>			
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**Data elements included
(continued):**

Histopathological grade, version 1♦	page 168
Intention of treatment for cancer, version 1♦	.....	page 174
Laterality of primary cancer, version 1♦	..... NHDD V12	page 320
Medicare card number, version 2♦	..... NHDD V12	page 342
Morphology of cancer, version 1♦	..... NHDD V12	page 360
Most valid basis of diagnosis of cancer, version 1♦	.....	page 183
Oestrogen receptor assay status, version 1♦	.....	page 186
Outcome of initial treatment, version 1♦	.....	page 188
Person identifier, version 2♦	.....	page 337
Primary site of cancer, version 1♦	.....	page 351
Progesterone receptor assay status, version 1♦	.....	page 194
Radiotherapy treatment type, version 1♦	.....	page 196
Received radiation dose, version 1♦	.....	page 200
Region of first recurrence, version 1♦	.....	page 204
Regional lymph nodes examined, version 1♦	.....	page 206
Regional lymph nodes positive, version 1♦	.....	page 208
Sex, version 4♦	.....	page 365
Staging basis, version 1♦	.....	page 221
Staging scheme source, version 1♦	.....	page 223
Staging scheme source edition number, version 1♦	.....	page 225
Surgical treatment procedure for cancer, version 1♦	.....	page 232
Systemic therapy agent name, version 1♦	.....	page 234
Tumour size at diagnosis – solid tumours, version 1♦	.....	NHDD V12 page 598
Tumour thickness at diagnosis – melanoma, version 1♦	.....	NHDD V12 page 599

**Supporting data elements
and data element concepts:**

Initial treatment episode for cancer, version 1♦	page 172
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**Scope links with other
metadata sets:****Source organisation:**

National Cancer Control Initiative (NCCI).

Comments:

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Existing data set specifications

Data set specifications (DSS) are metadata sets that are not mandated for collection but are recommended as best practice. It is recommended that, if collecting data for the purposes of primary patient care, planning or analysis, the entire DSS be collected.

This *National Health Data Dictionary* Version 12 includes data items for the following data set specifications:

- 1 **Cardiovascular disease (clinical)**
- 2 **Diabetes (clinical)**
- 3 **Health care client identification**

Full descriptions of these data set specifications are found on the following pages.

Cardiovascular disease (clinical) DSS

Admin. status:	CURRENT	1/01/2003	Version number: 1
Metadata type:	DATA SET SPECIFICATION		
Start date:	01/01/2003		
Scope:	<p>The collection of cardiovascular data (CV data) in this metadata set is voluntary.</p> <p>The definitions used in CV data are designed to underpin the data collected by health professionals in their day-to-day practice. They relate to the realities of a clinical consultation and the ongoing nature of care and relationships that are formed between doctors and patients in clinical practice.</p> <p>The data elements specified in this metadata set provide a framework for:</p> <ul style="list-style-type: none"> - promoting the delivery of high quality cardiovascular disease preventive and management care to patients; - facilitating ongoing improvement in the quality of cardiovascular and chronic disease care predominantly in primary care and other community settings in Australia; and - supporting general practice and other primary care services as they develop information systems to complement the above. <p>This is particularly important as general practice is the setting in which chronic disease prevention and management predominantly takes place. Having a nationally recognised set of definitions in relation to defining a patient's cardiovascular behavioural, social and biological risk factors, and their prevention and management status for use in these clinical settings, is a prerequisite to achieving these aims.</p> <p>Many of the data elements in this metadata set are also used in the collection of diabetes clinical information.</p> <p>Where appropriate, it may be useful if the data definitions in this metadata set were used to address data definition needs for use in non-clinical environments such as public health surveys etc. This could allow for qualitative comparisons between data collected in, and aggregated from, clinical settings (i.e. using application of CV data), with that collected through other means (e.g. public health surveys).</p>		
Collection methodology:	This metadata set is primarily concerned with the clinical use of CV data. It could also be used by a wider range of health and health-related establishments that create, use or maintain, records on health care clients.		
Data elements included:	<p>Alcohol consumption frequency – self report, version 1 NHDD V12 page 44</p> <p>Alcohol consumption in standard drinks per day – self report, version 1 NHDD V12 page 47</p> <p>Behaviour-related risk factor intervention, version 1 NHDD V12 page 59</p> <p>Behaviour-related risk factor intervention – purpose, version 1 NHDD V12 page 61</p> <p>Blood pressure – diastolic measured, version 1 NHDD V12 page 71</p>		
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Data elements included (continued):	Blood pressure – systolic measured, version 1 NHDD V12 page 74	
	Carer availability, version 3 NHDD V12 page 98	
	Cholesterol-HDL – measured, version 1 NHDD V12 page 108	
	Cholesterol-LDL – calculated, version 1 NHDD V12 page 111	
	Cholesterol-total – measured, version 1 NHDD V12 page 113	
	Country of birth, version 4 [∇] page 266	
	Creatinine serum – measured, version 1 NHDD V12 page 146	
	CVD drug therapy – purpose, version 1 NHDD V12 page 149	
	Date of birth, version 5 [∇] page 269	
	Date of diagnosis, version 1 NHDD V12 page 159	
	Date of referral to rehabilitation, version 1 NHDD V12 page 169	
	Diabetes status, version 1 NHDD V12 page 182	
	Diabetes therapy type, version 1 NHDD V12 page 185	
	Division of general practice number, version 1 NHDD V12 page 192	
	Fasting status, version 1 NHDD V12 page 231	
	Formal community support access status, version 1 NHDD V12 page 242	
	Height – measured, version 2 NHDD V12 page 270	
	Indigenous status, version 5 [∇] page 296	
	Labour force status, version 3 [∇] page 307	
	Living arrangement, version 1 NHDD V12 page 329	
	Person identifier, version 2 [∇] page 337	
	Physical activity sufficiency – status, version 1 NHDD V12 page 459	
	Postcode – Australian, version 3 [∇] page 343	
	Preferred language, version 2 NHDD V12 page 466	
	Premature cardiovascular disease family history status, version 1 NHDD V12 page 472	
	Proteinuria – status, version 1 NHDD V12 page 496	
	Renal disease therapy, version 1 NHDD V12 page 512	
	Service contact date, version 1 NHDD V12 page 529	
	Sex, version 4 [∇] page 365	
	Tobacco smoking consumption/quantity (cigarettes), version 1 NHDD V12 page 562	
	Tobacco smoking status, version 1 NHDD V12 page 578	
	Triglycerides measured, version 1 NHDD V12 page 596	
	Vascular history, version 1 [∇] page 384	
	Vascular procedures, version 1 NHDD V12 page 623	
	Waist circumference – measured, version 2 NHDD V12 page 627	
	Weight measured, version 2 NHDD V12 page 642	
	Supporting data elements and data element concepts:	Alcohol consumption – concept, version 1 NHDD V12 page 43
		Blood pressure – concept, version 1 NHDD V12 page 70
		Service contact, version 1 NHDD V12 page 527

◆ new in NMDS this version

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Diabetes (clinical) DSS

Admin. status:	CURRENT	1/07/2002	Version number: 1
Metadata type:	DATA SET SPECIFICATION		
Start date:	1 July 2002		
Scope:	<p>The use of this standard is voluntary.</p> <p>However, if data is to be collected the Diabetes (clinical) DSS aims to ensure national consistency in relation to defining, monitoring and recording information on patients diagnosed with diabetes.</p> <p>The Diabetes (clinical) DSS relates to the clinical status of, the provision of services for, and the quality of care delivered to individuals with diabetes, across all health care settings including:</p> <ul style="list-style-type: none"> - General practitioners - Divisions of General Practice - Diabetes centres - Specialists in private practice - Community health nurses and Diabetes educators. <p>The Diabetes (clinical) DSS:</p> <ul style="list-style-type: none"> - provides concise, unambiguous definitions for items/conditions related to diabetes quality care - aims to ensure standardised methodology of data collection in Australia. <p>The expectation is that collection of this data set facilitates good quality of care, contributes to preventive care and has the potential to enhance self-management by patients with diabetes.</p> <p>The underlying goal is improvement of the length and quality of life of patients with diabetes, and prevention or delay in the development of diabetes-related complications.</p>		
Collection methodology:	<p>This metadata set is primarily concerned with the clinical use of diabetes data. It could/should be used by health and health-related establishments that create, use or maintain, records on health care clients.</p> <p>Data are collected over a 1-month period of all diabetes patients presenting at sites participating in the collection. The information is de-identified to protect the privacy of individuals. The participation is voluntary. An individual benchmarking report is provided. The results provide a snapshot of care of people with diabetes.</p>		
Data elements included:	<p>Blindness – diabetes complication, version 1 NHDD V12 page 68</p> <p>Blood pressure – diastolic measured, version 1 NHDD V12 page 71</p> <p>Blood pressure – systolic measured, version 1 NHDD V12 page 74</p> <p>Cardiovascular medication – current, version 1 NHDD V12 page 92</p> <p>Cataract – history, version 1 NHDD V12 page 100</p> <p>Cerebral stroke due to vascular disease – history, version 1 NHDD V12 page 105</p>		

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**Data elements included
(continued):**

Cholesterol-HDL – measured, version 1	NHDD V12 page 108
Cholesterol-total – measured, version 1	NHDD V12 page 113
Coronary artery disease – history of intervention or procedure, version 1	NHDD V12 page 142
Creatinine serum – measured, version 1	NHDD V12 page 146
Date of birth, version 5 [∇]	page 269
Diabetes status, version 1	NHDD V12 page 182
Diabetes therapy type, version 1	NHDD V12 page 185
Dyslipidaemia – treatment, version 1	NHDD V12 page 195
Erectile dysfunction, version 1	NHDD V12 page 210
Fasting status, version 1	NHDD V12 page 231
Foot deformity, version 1	NHDD V12 page 234
Foot lesion – active, version 1	NHDD V12 page 236
Foot ulcer – current, version 1	NHDD V12 page 238
Foot ulcer – history, version 1	NHDD V12 page 240
Glycosylated Haemoglobin (HbA1c) – measured, version 1	NHDD V12 page 257
Glycosylated Haemoglobin (HbA1c) – upper limit of normal range, version 1	NHDD Version 12 page 259
Health professionals attended – diabetes mellitus, version 1	NHDD V12 page 268
Height – measured, version 2	NHDD V12 page 270
Hypertension – treatment, version 1	NHDD V12 page 293
Hypoglycaemia – severe, version 1	NHDD V12 page 295
Indigenous status, version 5 [∇]	page 296
Initial visit – diabetes mellitus, version 1	NHDD V12 page 308
Lower limb amputation due to vascular disease, version 1	NHDD V12 page 330
Microalbumin – units, version 1	NHDD 12 page 350
Microalbumin – upper limit of normal range, version 1	NHDD V12 page 352
Microalbumin/protein – measured, version 1	NHDD V12 page 354
Myocardial infarction – history, version 1	NHDD V12 page 364
Ophthalmological assessment – outcome, version 1	NHDD V12 page 422
Ophthalmoscopy – performed, version 1	NHDD V12 page 424
Peripheral neuropathy – status, version 1	NHDD V12 page 452
Peripheral vascular disease in feet – status, version 1	NHDD V12 page 455
Pregnancy – current status, version 1	NHDD V12 page 470
Referred to ophthalmologist – diabetes mellitus, version 1	NHDD V12 page 506
Renal disease – end stage, diabetes complication, version 1	NHDD V12 page 510
Service contact date, version 1	NHDD V12 page 529

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Data elements included (continued):	Sex, version 4 [∇] page 365
	Tobacco smoking status – diabetes mellitus, version 1 NHDD V12 page 580
	Triglycerides – measured, version 1 NHDD V12 page 596
	Visual acuity, version 1 NHDD V12 page 625
	Weight – measured, version 2 NHDD V12 page 642
	Year insulin started, version 1 NHDD V12 page 648
	Year of diagnosis of diabetes mellitus, version 1 NHDD V12 page 650
Supporting data elements and data element concepts:	Blood pressure – concept, version 1 NHDD V12 page 70
	Service contact, version 11 NHDD V12 page 527
Scope links with other metadata sets:	Cardiovascular disease (clinical) DSS
Source organisation:	National Diabetes Data Working Group
Comments:	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

◆ new in NMDS this version

∇ modified this version

Health care client identification DSS

Admin. status:	CURRENT	1/01/2003	Version number: 1
Metadata type:	DATA SET SPECIFICATIONS		
Start date:	2003		
Scope:	<p>The collection of data based on this metadata set is voluntary.</p> <p>The data elements specified in this metadata set provide a framework for improving the positive identification of persons in health care organisations.</p> <p>This metadata set applies in respect of all potential or actual clients of the Australian health care system. It defines demographic and other identifying data elements suited to capture and use for person identification in health care settings.</p> <p>The objectives in collecting the data elements in this metadata set are to promote uniformly good practice in:</p> <ul style="list-style-type: none"> - identifying individuals - recording identifying data so as to ensure that each individual's health records will be associated with that individual and no other. <p>The process of positively identifying people within a health care service delivery context entails matching data supplied by those individuals against data the service provider holds about them.</p> <p>The positive and unique identification of health care clients is a critical event in health service delivery, with direct implications for the safety and quality of health care.</p> <p>There are many barriers to successfully identifying individuals in health care settings, including variable data quality; differing data capture requirements and mechanisms; and varying data matching methods. These definitions provide a base for improving the confidence of health service providers and clients alike that the data being associated with any given individual, and upon which clinical decisions are made, is appropriately associated.</p>		
Collection methodology:	<p>This metadata set is primarily concerned with the clinical use of Health care client identification data. It should be used by health and health-related establishments that create, use or maintain, records on health care clients. Establishments should use this metadata set, where appropriate, for collecting data when registering health care clients or potential health care clients.</p>		
National reporting arrangements:	<p>Collectors of this metadata set should refer to relevant privacy legislation, codes of fair information practice and other guidelines so as not to breach personal privacy in their collection, use, storage and disclosure of health care client information. There is no comprehensive privacy legislation covering both the public and private sectors across Australia so users need to consider their particular set of circumstances (i.e. location and sector) and whether privacy legislation covers those circumstances. A Commonwealth legislative scheme applies to the private sector. Users may refer to the Federal Privacy Commissioner's web site for assistance in complying with their privacy obligations. In the public sector, in instances where no legislation, code of fair information practice or other guidelines covers the particular circumstances, users should refer to AS 4400 Personal privacy protection in health care information systems.</p>		

National reporting arrangements
(continued):

Public sector agencies should refer to relevant legislation and regulations pertaining to state and territory records so as not to breach their obligations regarding the creation and retention of public records.

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Scope links with other metadata sets:	Collection of information in national minimum data sets.
Source organisation:	Standards Australia Inc.

♦ new in NMDS this version

∇ modified this version