

5 Collection procedures, data quality and validation checks

This section provides information on the data collection and transfer process for the 2007–08 collection and includes data quality and validation checks. The information contained in this section is to be used by jurisdictions to prepare appropriate edit checks for the 2007–08 collection and for the cleaning of the 2007–08 data prior to transmission. It should also be used by jurisdictions to inform their agencies of the type, and use, of appropriate codes when collecting and collating the 2007–08 AODTS–NMDS data.

5.1 Collation of the national data set

The collation of a national data set involves five distinct stages (see Figure 5.1).

1. The first stage is the collection of the agreed data elements by service providers for each client who is eligible for inclusion in the collection*. Service providers then forward their collected information to the designated health authority for collation. This process will differ across jurisdictions, as service providers in some states/territories are required to forward their data to an area or region coordinator, whereas in other states/territories the data are forwarded directly to the central authority.

* Privacy and confidentiality must be considered whenever data about individuals or service provider organisations are collected or disseminated. The *Privacy Amendment (Private Sector) Act 2000* regulates the way that private sector organisations can collect, use, keep secure, and disclose personal information. It gives individuals the right to know what information an organisation holds about them and a right to correct information if it is wrong. It is the responsibility of the service provider to inform every client that data about them will be sent to the relevant Health Authority in their state or territory, and may, in a de-identified form, be collated into a national data set for statistical purposes. (Please also refer to Chapter 6 for information relating to the privacy and confidentiality of data.)

2. The second stage involves the designated health authority collating the data (as per Tables 5.1 and 5.2) that were forwarded by the service providers. At this stage the data should also undergo a rigorous validation process to ensure the quality of the information using the validation checks in Tables 5.3 and 5.4. Health authorities are required to allocate establishment-level data elements. The collated unit record data is then forwarded to the AIHW, together with frequency tables and 'Attachment A'.
3. At stage three, the AIHW receives the collated Australian Government and state/territory data for validation. When the validation process is finished, the AIHW sends an electronic summary validation report to each Australian Government and state/territory health authority (which includes all queries and identified problems with their data relating to checks specified in Tables 5.3 and 5.4) for resolution and clarification.
4. At stage four, Australian Government and state/territory health authorities assess which of the changes specified in the summary validation report need to be made to the data and then make those changes. Details of the changes made are to be added to the appropriate section of the summary validation report and the report returned electronically to AIHW together with a revised data file and revised frequency tables for final checking.

5. AIHW checks that the changes have been made and the revised frequency tables are correct. Australian Government and state/territory health authorities can then sign off their data set (i.e. send an email to AIHW authorising the loading of their data to the national database). The jurisdictional data are then loaded to the national database where all data are stored by the AIHW ready for analysis and reporting.

Note that:

- no data are to be directly submitted by service providers to the AIHW
- the information transferred from service providers to health authorities and then to the AIHW does not include client names, only a person identifier code that is generated by the service provider.

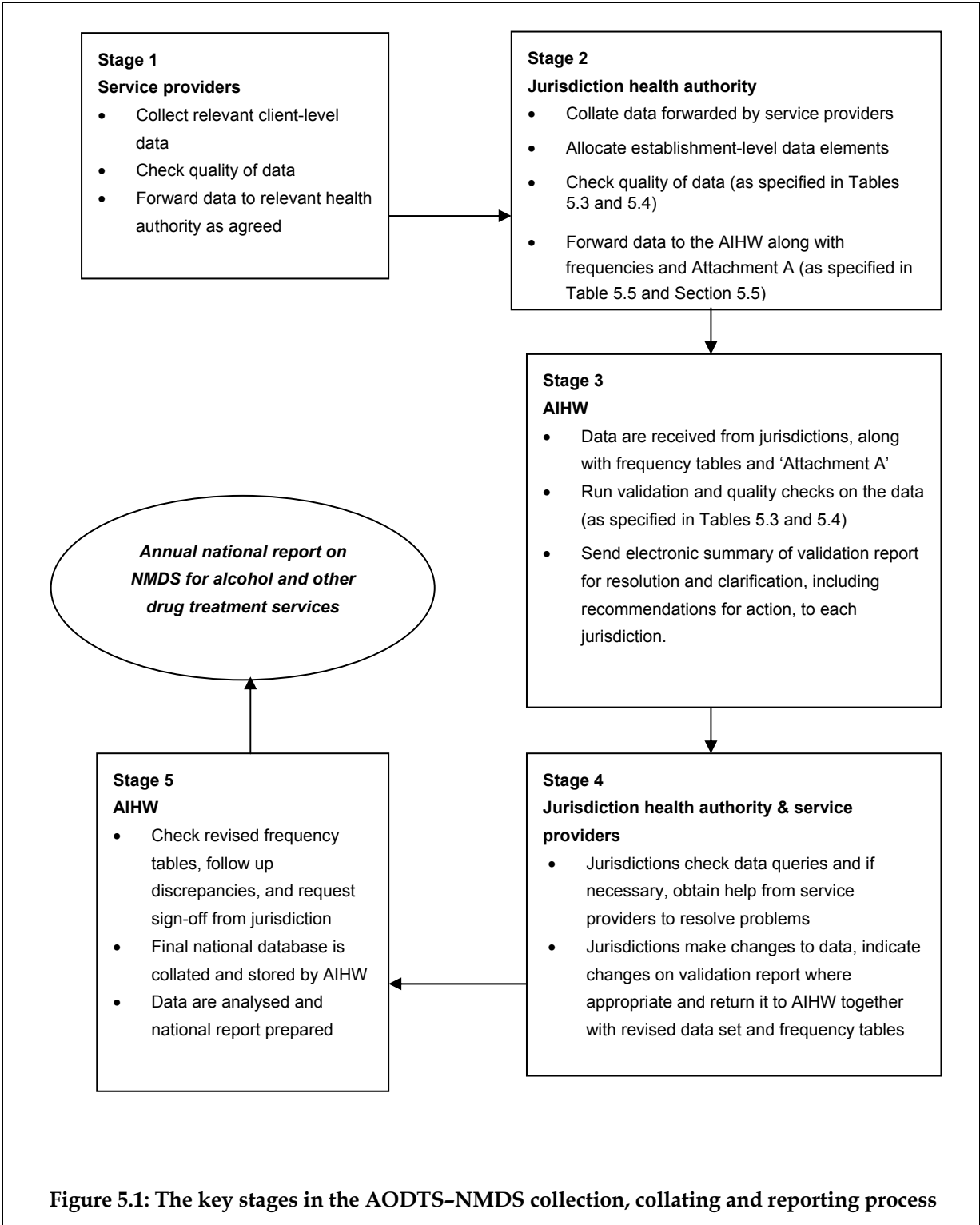


Figure 5.1: The key stages in the AODTS-NMDS collection, collating and reporting process

5.2 Data transfer

Service providers to health authorities

Protocols for the transfer of data from alcohol and other drug treatment agencies to their jurisdictional health authority vary between states and territories. Each health authority responsible for the AODTS-NMDS collection will contact service providers within scope for the collection to inform them of the required format and timing of the data transfer.

Health authorities to AIHW

The NMDS data are forwarded to the AIHW annually by each jurisdiction. Data are requested for a financial year reference period (1 July to 30 June). Data for the period 1 July 2007 to 30 June 2008 will be requested by the AIHW early in the 2008-09 financial year (October 2008). It is expected that the Australian Government, state and territory health authorities will aim to supply these data to the AIHW by 28 November 2008. The results of the analysis of these data, at both the national and state/territory levels, will be reported during 2009.

File format

When jurisdictions are satisfied that their data are clean, and that all practical follow-up has been completed, unformatted data should be forwarded to the AIHW contact in the following form: **Comma Separated Values (CSV) format** (also see Tables 5.1 and 5.2 for file specifications).

For example, a single client unit record will look like the following:

12A00101, PID99, 1, 05061977, 1101, 4, 1201, 1, 01, 02092001, 03122001, 07, 02, 1, 3201, 0003, , , 2, 4, 2, 8, , , ,

The following file types can be accepted by AIHW:

- Microsoft Excel file
- Microsoft Access file

If the data are collected using Microsoft Access or Microsoft Excel, save the data file as a '.csv' file by selecting this file type under the 'Save as' function.

File transfer method

To ensure that the dataset remains secure during transmission, the AIHW recommends the data be sent:

- in a comma separated values (.csv) format
- as a password-protected zipped file (at least 8 alphanumeric characters)
- on a floppy disk or CD-Rom
- via registered mail to:

Australian Institute of Health and Welfare
Attn. Chrysanthe Psychogios
GPO Box 570
Canberra, ACT, 2601

At the same time, a separate email/letter should be sent to the AIHW AODTS–NMDS contact (Chrysanthe Psychogios – see contact details below), advising them of the password needed to unzip the data file.

To ensure data privacy, the AIHW strongly recommends that jurisdictions **should not** transmit data as an email attachment. Email can be tampered with or intercepted and therefore would not be safe without strong encryption.

Please contact Chrysanthe Psychogios at the AIHW for more detailed information in relation to data transfer if necessary (chrysanthe.psychogios@ahw.gov.au, phone: 02 6244 1068).

File content

There should be two files for each jurisdiction:

- establishment file (statistical unit = alcohol and other drug treatment agency/organisation)
- episode file (statistical unit = closed treatment episode).

Please ensure column descriptors are included for both files.

Accompanying information

When transferring data to the AIHW, each jurisdiction should include the following documentation:

1. **Summary frequencies**, which are used by the AIHW to verify information when compiling the national data set (see Table 5.5); and
2. **Data submission details (also known as ‘Attachment A’)**. This attachment is designed to obtain a description of the file and to identify variables that do not conform to the standard definitions and any translation or manipulation of the data necessary to achieve national standards. This information will assist the AIHW to correctly load and interpret the data (see Section 5.5).

Mandatory data items

The following data items are mandatory data items. Where information is not available to code these data items the record should be excluded. For Principal drug of concern there are two exceptions to this rule: where the Client type is ‘Other’s alcohol or other drug use’ (code 2), the ‘not stated’ code (0001) should be used); and where the information provided is not sufficient to code to a Principal drug category, the ‘inadequately described’ code (0000) should be used.

- Establishment identifier
- Person identifier
- Client type
- Principal drug of concern
- Main treatment type
- Treatment delivery setting
- Date of commencement of treatment episode
- Date of cessation of treatment episode.

File specification

As noted earlier, the proposed file structure for the transmission of data from jurisdictions to the AIHW is two comma separated value (.csv) files (establishment file and episode file). The following tables specify the order in which the data items should be provided to the AIHW in each of the files.

Table 5.1: Specifications for data transfer to AIHW of establishment file

Label	Item	Data type	Format	Minimum size	Maximum size
1	Establishment identifier	Alphanumeric	'XXXXXXXXXX'	9	9
2	Geographical location of service delivery outlet	Numeric	NNNNN	5	5

Following is an example of how one line of the Establishment file might look is viewed in a test viewer such as Notepad:

'XXXXXXXXXX',60675

Table 5.2: Specifications for data transfer to AIHW of episode file

Label	Item	Data type	Format	Minimum size	Maximum size
1	Establishment identifier	Alphanumeric	'XXXXXXXXXX'	9	9
2	Person identifier	Alphanumeric	'XXXXXXXXXX'	1*	12*
3	Sex	Numeric code	N	1	1
4	Date of birth	Date	ddmmyyyy	8	8
5	Country of birth	Numeric code	NNNN	1	4
6	Indigenous status	Numeric code	N	1	1
7	Preferred language	Numeric code	NNNN	1	4
8	Client type—alcohol and other drug treatment services	Numeric code	N	1	1
9	Source of referral to alcohol and other drug treatment services	Numeric code	NN	1	2
10	Date of commencement of treatment episode for alcohol and other drugs	Date	ddmmyyyy	8	8
11	Date of cessation of treatment episode for alcohol and other drugs	Date	ddmmyyyy	8	8
12	Reason for cessation of treatment episode for alcohol and other drugs	Numeric code	NN	1	2
13	Treatment delivery setting for alcohol and other drugs	Numeric code	N	1	1
14	Method of use for principal drug of concern	Numeric code	N	1	1
15	Injecting drug use	Numeric code	N	1	1
16	Principal drug of concern	Numeric code	NNNN	1	4
17a	Other drug of concern (1)	Numeric code	NNNN	1	4
17b	Other drug of concern (2)	Numeric code	NNNN	1	4
17c	Other drug of concern (3)	Numeric code	NNNN	1	4

(continued)

Table 5.2 (continued): Specifications for data transfer to AIHW of client-level data

Label	Item	Data type	Format	Minimum size	Maximum size
17d	Other drug of concern (4)	Numeric code	NNNN	1	4
17e	Other drug of concern (5)	Numeric code	NNNN	1	4
18	Main treatment type for alcohol and other drugs	Numeric code	N	1	1
19a	Other treatment type (1)	Numeric code	N	1	1
19b	Other treatment type (2)	Numeric code	N	1	1
19c	Other treatment type (3)	Numeric code	N	1	1
19d	Other treatment type (4)	Numeric code	N	1	1

* The size limits for person identifier are arbitrary and should be adjusted by jurisdictions to align with existing systems.

Following is an example of how one line of the Episode file might look like if viewed in a text viewer such as Notepad:

```
'XXXXXXXXX',12983476541,1,27011977,1012,3,1201,1,5,15082003,03022004,2,1,2,1,2300,4015,,,,2,
''''
```

AIHW contacts for further information on file transfer

Ms Chrysanthe Psychogios Functioning and Disability Unit
 Phone: (02) 6244 1050
 Email: chrysanthe.psychogios@aihw.gov.au

Ms Kate Williams Functioning and Disability Unit
 Phone: (02) 6244 1119
 Email: kate.williams@aihw.gov.au

5.3 Data quality

Data collections require ongoing attention to quality. There is a need to attend to how questions are asked and information obtained, data entry, the handling of missing and erroneous information, edit checking and following up with data providers to ensure the highest quality data possible.

To ensure that the AIHW is supplied with a useable national data set, it is essential that jurisdictions clean (edit) the data they receive from service providers before they transfer it to the AIHW. The quality of the NMDS data will also be enhanced if service providers check the quality of their data before sending it to their jurisdictional health authority. This can be done, for example, by jurisdictional health authorities undertaking the validation checks which are performed by the AIHW (Tables 5.3 and 5.4). In collating the data into a national database, the AIHW also follows a formal validation process to maximise data quality (see Section 5.4).

General checks that should be conducted

Service providers and jurisdictions should perform the following quality checks before the data are sent to the AIHW.

- **Missing agencies:** Jurisdictions should ensure that all agencies within scope of the collection have sent data for the entire collection period.

- **Missing data:** Jurisdictions should investigate missing data to ensure that agencies are reporting all AODTS–NMDS data items. A reasonable attempt should be made to resolve missing data issues, at both an agency level and at the unit record level.
- **Incorrect codes:** Jurisdictions should ensure that agencies use the correct codes for all data items. This may involve mapping codes at the state/territory office before sending data to AIHW. Coding errors that cannot be corrected should be coded to the appropriate default value (e.g. inadequately described).
- **Region codes:** The Region code component (AA) of the Establishment identifier is case sensitive. Where alpha characters are used the same case should be used in the Establishment file as in the Episode file, i.e. both upper case or both lower case.
- **Duplicate records:** Jurisdictions should check for duplicate unit records. When records are identified as possible duplicates, the agency should be consulted to ensure that unit records have not been mistakenly submitted on more than one occasion. **The following data items are used by AIHW to check for duplicates:**
 - establishment identifier
 - person identifier
 - state
 - date of birth
 - date of commencement of treatment
 - date of cessation of treatment
 - principal drug of concern
 - main treatment type
 - treatment delivery setting.
- **Reporting period:** The cessation dates of treatment episodes should be checked to ensure that only treatment episodes that closed within the valid reporting period (1 July 2007 to 30 June 2008) are included in the 2007–08 collection.
- **Data inclusion:** Jurisdictions should ensure that data not within scope of the AODTS–NMDS are excluded from the collated data set sent to the AIHW (e.g. methadone or other opioid pharmacotherapy treatment where there are no main or other treatment types).
- **Establishment identifiers:** Jurisdictions should ensure that establishment identifiers used on the establishment data file are the same as those used on the client data file and that there are the same number of establishments on each file.
- **Geographical location of service delivery outlet:** Jurisdictions should ensure that all geographic location codes begin with a valid state or territory identification number, and are a valid SLA for the period in question. i.e. 2007–08.
- **Client type:** Jurisdictions should ensure that for clients who attend treatment because of another person’s alcohol or other drug use (**client type = 2**), the following data elements are coded to Not stated:
 - *Method of use for principal drug of concern* (code 9)
 - *Injecting drug use* (code 9)
 - *Principal drug of concern* (code 0001)
 - *Other drug of concern* (code 0001).

5.4 AIHW validation checks

The AIHW will apply an editing process to validate the data before loading it into a national database. It is assumed that jurisdictions will also perform validation checks (as specified in Tables 5.3 and 5.4) and fix any errors that they can before the data are sent to the AIHW. The editing process will take place in three stages (in consultation with the data providers).

1. **Range checks** are used to ensure that values entered for each data element are within a valid numeric range (see Table 5.4). For example, responses to the data element *Injecting drug use* should only be coded within the range of 1–4 or as 9. A response that does not fall within this range has to be an error. Therefore, range edits should identify incorrect and missing codes.
2. **Logic checks** are used to ensure internal consistency between responses within individual unit records (see Table 5.4). For example, when the response for *Injecting drug use* = 4 (never injected), the response for *Method of use for principal drug of concern* cannot = 3 (injects).

Range checks are performed first then logic checks. AIHW also performs an initial check for duplicate records. A summary report on the findings from the range and logic checks will be sent to each jurisdiction to allow them to resolve invalid/illogical data.

3. AIHW will then check the frequency tables that have been sent in by jurisdictions. This is to check that the totals held in the jurisdiction's data set match the totals generated by AIHW from the jurisdiction's data set.

Once validation issues have been resolved each jurisdiction will send AIHW:

1. revised data files
2. revised frequency tables for checking against AIHW frequencies
3. the validation report sent by the AIHW with changes made as a result of queries documented as **tracked changes** by the jurisdiction.

AIHW will then check the revised frequency tables and the changes that have been made by the jurisdiction. When correct, AIHW will request that the jurisdiction signs off its data for loading onto the national database.

Tables 5.3 and 5.4 contain a range of proposed validity checks to be applied to each state/territory data set. It describes the range of values considered valid in the AODTS-NMDS as well as the treatment of 'not stated' or 'null' responses for each data element in the establishment-level and client-level collections, together with any logic checks relevant for each data item.

Table 5.3: Range and logic checks for data items in the establishment file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation <i>comments in italics</i>
1	Establishment identifier	Jurisdiction specified range, made up from the following four data items <ul style="list-style-type: none"> - State/territory identifier - Establishment sector - Region code - Establishment number 	Not permitted	All establishment id's in the 'establishment file' should match with one establishment id in the 'client file'. There should be the same number of establishments id's in both the 'establishment file' and 'client file' (allowing for repetition of establishment id's in the 'client file')
	- State/territory identifier	<ol style="list-style-type: none"> 1 New South Wales 2 Victoria 3 Queensland 4 South Australia 5 Western Australia 6 Tasmania 7 Northern Territory 8 Australian Capital Territory 9 Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory) 	Not permitted	
	- Establishment sector	<ol style="list-style-type: none"> 1 Public 2 Private 	Not permitted	
	- Region code	Valid region code	Not permitted	
	- Establishment number	Valid establishment number	Not permitted	
2	Geographical location of service delivery outlet	Five-digit valid code as defined in the <i>Australian Standard Geographical Classification</i> , which indicates the statistical local area of the service delivery outlet within a reporting state or territory.	Not permitted	The first digit for Geographical location of service delivery outlet must be the same as the 'State identifier' in the Establishment identifier (this may differ in the DoHA data set).

Table 5.4: Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
1	Establishment identifier	Jurisdiction specified range (as in previous table)	Not permitted	
2	Person identifier	Agency specified range	Not permitted	<i>This identifier is not unique across agencies but must be unique within an agency. The person identifier should not include apostrophes, hyphens, inflections, dashes or spaces. The name of the client should not be used as their person identifier.</i>
3	Sex	1 Male 2 Female 9 Not stated	9	
4	Date of birth	ddmmyyyy	01011900	Months with less than 31 days should not have dates of birth recorded as the 31st. No date of birth should be recorded as 30 or 31 February. There should be no dates of birth recorded as 29/02 in a non-leap year. The date of birth should be before the 'date of commencement' and before the 'date of cessation'. Check if 'date of birth' is before 01011908 (excluding 01011900). <i>There should be no records where the date of birth of a client equates to the client being aged less than 10 years (when age is calculated using the 'date of cessation').</i>
5	Country of birth	Numeric 4-digit ABS code	0000 invalid 0003 missing	<i>The ABS Standard Australian Classifications of Countries (ABS cat. no. 1269.0) must be used when coding this item.</i>
6	Indigenous status	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Both Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated	9	

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
7	Preferred language	A numeric 4-digit ABS code 0002 Not stated	0002	<i>The ABS Australian Standard Classification of Languages (ABS cat. no. 1267.0) 4 digit codes must be used when coding this item.</i>
8	Client type—alcohol and other drug treatment services	1 Own alcohol or other drug use 2 Other's alcohol or other drug use	Not permitted	Where 'client type' is coded 2, check that main treatment type is not coded 1 (withdrawal management), 3 (rehabilitation) or 4 (pharmacotherapy). If 'client type' is coded 2, check that 'other treatment types 1–4' are not coded 1, 3 or 4. If 'client type' is coded 2, 'principal drug of concern' should be coded 0001.
9	Source of referral to alcohol and other drug treatment service	1 Self 2 Family member/friend 3 Medical practitioner 4 Hospital 5 Mental health care service 6 Alcohol and other drug treatment service 7 Other community/health care service 8 Correctional service 9 Police diversion 10 Court diversion 98 Other 99 Not stated/inadequately described	99	
10	Date of commencement of treatment episode for alcohol and other drugs	ddmmyyyy	Not permitted	Months with less than 31 days should not have dates of birth recorded as the 31st. No 'date of commencement' should be recorded as 30 or 31 February. There should be no 'date of commencement' recorded as 29/02 in a non-leap year. 'Date of commencement' must be a date after 'date of birth'. 'Date of commencement' must be a date before or the same as 'date of cessation'.

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation <i>comments in italics</i>
11	Date of cessation of treatment episode for alcohol and other drugs	ddmmyyyy	Not permitted	Months with less than 31 days should not have dates of birth recorded as the 31st. No date of cessation should be recorded as 30 or 31 February. There should be no dates of cessation recorded as 29/02 in a non-leap year. 'Date of cessation' must fall between 1 July 2007 and 30 June 2008. 'Date of cessation' must be equal to or after 'date of commencement'. 'Date of cessation' must be after 'date of birth'.
12	Reason for cessation of treatment episode for alcohol and other drugs	<ul style="list-style-type: none"> 1 Treatment completed 2 Change in main treatment type 3 Change in the delivery setting 4 Change in the principal drug of concern 5 Transferred to another service provider 6 Ceased to participate against advice 7 Ceased to participate without notice 8 Ceased to participate involuntary (non-compliance) 9 Ceased to participate at expiration 10 Ceased to participate by mutual agreement 11 Drug court and/or sanctioned by court diversion service 12 Imprisoned, other than drug court sanctioned 13 Died 98 Other 99 Not stated 	99	<p><i>The following checks are performed at the AIHW for information only and are not followed up.</i></p> <p><i>When 'reason for cessation' is coded 2, check that the next treatment episode for the client reflects this reason.</i></p> <p><i>When 'reason for cessation' is coded 3, check that the next treatment episode for the client reflect this reason.</i></p> <p><i>When 'reason for cessation' is coded 4, check that the next treatment episode for the client reflects this reason.</i></p> <p><i>Where 'reason for cessation' is coded 9, identify all records where 'source of referral' is not coded 15, 16 or 17.</i></p>

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
13	Treatment delivery setting for alcohol and other drugs	Range checks 1 Non-residential treatment facility 2 Residential treatment facility 3 Home 4 Outreach setting 8 Other	Not permitted	Where 'treatment delivery setting' is coded 2, check that main treatment type is not coded 5 (support and case management only), 6 (information and education only) or 7 (assessment only).
14	Method of use for principal drug of concern	1 Ingests 2 Smokes 3 Injects 4 Sniffs (powder) 5 Inhales (vapour) 6 Other 9 Not stated	9	Where 'method of use' is coded 3, check that 'injecting drug use' is not coded 4.
15	Injecting drug use	1 Last injected three months ago or less 2 Last injected more than three months ago but less than or equal to twelve months ago. 3 Last injected more than twelve months ago. 4 Never injected 9 Not stated	9	Where 'injecting drug use' is coded 4, check that 'method of use' is not coded 3.
16	Principal drug of concern	A numeric 4-digit ABS code	Not permitted	<i>The ABS Australian Standard Classification of Drugs of Concern (ABS cat. no. 1248.0) must be used to code this item.</i> Check that the code chosen for 'principal drug of concern' is not the same as a code chosen for 'other drugs of concern' 1-5 (with exception of '0001' coded as principal drug of concern and 1st other drug of concern and '9000' – miscellaneous drugs) Where 'principal drug of concern' is coded 0001, then 'client type' should be coded 2.
17	Other drugs of concern (1st)	A numeric 4-digit ABS code	Blank	Check that the code chosen for 'principal drug of concern' is not repeated for other drug of concern 1. <i>A single client record can not have the same drug code recorded more than once, with the exception of 0001 and 9000.</i> If 'other drug 1' is coded '0000' or '0001' then other drugs 2-5 must be blank. Where 'client type' is coded 2, 'other drug 1' must be blank.

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
18	Other drugs of concern (2nd)	A numeric 4-digit ABS code	Blank	<i>A single client record can not have the same drug code recorded more than once, with the exception of 9000.</i> Where drug code '0000' or '0001' has been recorded for 'other drug 1' then 'other drug 2' must be blank. If 'other drug 1' is blank, then other drug 2–5 must also be blank.
19	Other drugs of concern (3rd)	A numeric 4-digit ABS code	Blank	<i>A single client record can not have the same drug code recorded more than once, with the exception of 9000.</i> Where drug code '0000' or '0001' has been recorded for 'other drug 1' then 'other drug 3' must be blank. If 'other drug 2' is blank, then other drug 3–5 must also be blank.
20	Other drugs of concern (4th)	A numeric 4-digit ABS code	Blank	<i>A single client record can not have the same drug code recorded more than once, with the exception of 9000.</i> Where drug code '0000' or '0001' has been recorded for 'other drug 1' then 'other drug 4' must be blank. If 'other drug 3' is blank, then other drug 4–5 must also be blank.
21	Other drugs of concern (5th)	A numeric 4-digit ABS code	Blank	<i>A single client record can not have the same drug code recorded more than once, with the exception of 9000.</i> Where drug code '0000' or '0001' has been recorded for 'other drug 1' then 'other drug 5' must be blank. If 'other drug 4' is blank, then other drug 5 must also be blank.
22	Main treatment type for alcohol and other drugs	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Support and case management only 6 Information and education only 7 Assessment only 8 Other	Not permitted	If 'main treatment type' is coded 5, 6 or 7, then 'other treatment type 1–4' must be blank. If 'main treatment type' is coded 1, 3 or 4, then 'client type' must not be coded 2. If 'main treatment type' is coded 5, 6 or 7, check that 'treatment delivery setting' is not coded 2. <i>A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5.</i>

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation <i>comments in italics</i>
23	Other treatment type for alcohol and other drugs (1st)	<ol style="list-style-type: none"> 1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other 	Blank	<p><i>A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5.</i></p> <p><i>'Other treatment type 1' should be blank if 'main treatment type' is coded 5, 6 or 7.</i></p> <p><i>If 'other treatment type 1' is blank, then 'other treatment type 2-4, must also be blank.</i></p> <p><i>If 'other treatment type 1' is coded 1, 3 or 4, 'client type' must not be coded 2.</i></p>
24	Other treatment type for alcohol and other drugs (2nd)	<ol style="list-style-type: none"> 1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other 	Blank	<p><i>A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5.</i></p> <p><i>If 'other treatment type 1' is blank, then 'other treatment type 2-4, must also be blank.</i></p> <p><i>If 'other treatment type 2' is coded 1, 3 or 4, 'client type' must not be coded 2.</i></p>
25	Other treatment type for alcohol and other drugs (3rd)	<ol style="list-style-type: none"> 1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other 	Blank	<p><i>A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5.</i></p> <p><i>If 'other treatment type 2' is blank, then 'other treatment type 3-4, must also be blank.</i></p> <p><i>If 'other treatment type 3' is coded 1, 3 or 4, 'client type' must not be coded 2.</i></p>
26	Other treatment type for alcohol and other drugs (4th)	<ol style="list-style-type: none"> 1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other 	Blank	<p><i>A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5.</i></p> <p><i>If 'other treatment type 3' is blank, then 'other treatment type 4, must also be blank.</i></p> <p><i>If 'other treatment type 3' is coded 1, 3 or 4, 'client type' must not be coded 2.</i></p>

On completion of the validation checks, AIHW will produce frequency counts for the majority of variables in each jurisdiction's data set (see Table 5.5). Frequency tables are used to check that frequency distributions are sensible, and that AIHW totals match those of the jurisdictions. The AIHW will consult with the relevant jurisdiction to resolve any differences.

Table 5.5: Frequency tables for jurisdiction data sets

Data element	Output labels
Establishment identifier	List of establishment identifiers
Sex	Male Female Not stated/inadequately described
Date of birth (age groups)	10–19 20–29 30–39 40–49 50–59 60+ Not stated (including records where date of birth is coded 01011900)
Country of birth	Frequency count for all countries listed
Indigenous status	Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal Aboriginal and Torres Strait Islander Not Aboriginal or Torres Strait Islander Not stated
Preferred language	Frequency count for all languages listed
Client type—alcohol and other drug treatment	Own drug use Other's drug use
Source of referral to AODT service	Frequency count for all codes listed
Reason for cessation of treatment episode for alcohol and other drugs	Frequency count for all codes listed
Treatment delivery setting for alcohol and other drugs	Frequency count for all codes listed
Method of use for principal drug of concern	Frequency count for all codes listed
Injecting drug use	Frequency count for all codes listed
Main treatment type for alcohol and other drugs	Frequency count for all codes listed
Other treatment type for alcohol and other drugs	Frequency counts for each of these four other treatment types as separate counts for each Other treatment type.

Table 5.5 (continued): Frequency tables for jurisdiction data sets

Data element	Output labels
Principal drug of concern <i>Please use agreed short list</i>	Alcohol (2100–2102, 2199) Amphetamines (3100–3103, 3199) Benzodiazepines (2400–2408, 2499) Cannabis (3200–3201) Cocaine (3903) Ecstasy (3405) Heroin (1202) Methadone (1305) Nicotine (3906) Inadequately described (0000) Not stated (0001) to be used only when Client type = 2 Other drugs (balance of ASCDC codes)
Other drug of concern <i>Please use agreed short list</i>	Frequency counts (as above) for each of the five other drugs of concern as separate counts, and in addition, No Other drugs of concern (0003) to be used only for the First Other drug of concern

Database sign-off

Before the AIHW collates the validated data into a national database, each jurisdiction will be required to ‘sign-off’ their data. Each jurisdiction makes their own changes or alterations to their data on the basis of the Validation report sent to them by the AIHW, and resend their final revised data file to the AIHW. The AIHW will check the revised frequency tables provided by the jurisdiction for their data set. If it is agreed that these tables are accurate, the jurisdiction will approve the AIHW to store the data into the national database and analyse it for the national report. The data set held by each jurisdiction will match the data set held by the AIHW.

Each jurisdiction will also be given opportunities to view and comment on their data as presented in the national report before it is finalised.

Time-line for the validation process

Table 5.6 sets out the key features of the annual collection cycle, reflecting a complete 12-month cycle that can re-commence without overlap with the previous year. This is now achievable – with a slight improvement in the dates of first transmission of data to AIHW, a complete, clean data set should be achieved by 23 January 2009.

The time-line for the validation process hinges on the timely supply of the data from jurisdictions. The AIHW has improved their data validation processes and is now able to provide validation reports to jurisdictions within 1 week of receipt of data. On receipt and verification of the revised data set and frequency tables from all jurisdictions, the AIHW will commence analysis of the data for the national report. Tables for publication will be sent with the first draft of the national report for validation and approval.

Table 5.6: National timetable for transfer, validation and reporting of 2007–08 data

Year 2008		
	Who	What
September	Jurisdictions	Jurisdictions to commence process of receiving and cleaning 2007–08 data from agencies
October	AIHW	Formal request for the 2007–08 data to jurisdictions
Nov	Jurisdictions	Transfer of clean data (2007–08) to the AIHW with file specifications and frequency tables
22 December	AIHW and jurisdictions	AIHW undertake data validation process. Validation report and data queries sent to each jurisdiction. Jurisdictions send revised data sets and accompanying documentation back to the AIHW
December	AIHW	Draft 2009–10 Guidelines circulated to jurisdictions for feedback
	Jurisdictions	Send comments to AIHW on 2009–10 Guidelines
Year 2009		
by 16 January	AIHW and jurisdictions	Sign-off provided by jurisdictions for final loading of data. 2007–08 national AODTS NMDS database compiled and ready for analysis
January	AIHW	Begin analysis of the 2007–08 AODTS–NMDS annual report
March	AIHW and jurisdictions	First draft of 2007–08 national report and national bulletin circulated to jurisdictions for comment
	AIHW	2009–10 Guidelines available on AIHW web site
April	AIHW	Final draft of 2007–08 national report and national bulletin circulated for comments and final editing
June	AIHW	Release of 2007–08 national report and bulletin
July	AIHW	Release of 2007–08 state/territory briefings and data cubes

Collection output

The AIHW is responsible for producing:

- a comprehensive annual report on the AODTS–NMDS
- a national bulletin (generally 12 pages) which highlights the main findings of the full annual report
- a State/Territory briefing, highlighting relevant findings at a more local level, for each interested jurisdiction
- interactive on-line ‘data cubes’, available on the AIHW web site (www.aihw.gov.au).

The AIHW also considers ad hoc data requests (subject to confidentiality constraints and ethical clearance).

All printed reports are available in both hard copy and electronic form (PDF format) via the Institute’s web site (www.aihw.gov.au).

Future data development

Development of the AODTS–NMDS will be directed by the requirements of the National Drug Strategic Framework 2004–05 to 2009–10, the IGCD AODTS–NMDS Strategic Plan, the IGCD and the IGCD AODTS–NMDS WG.

For the 2004–05 to 2007–08 collections the emphasis was on consolidating the existing AODTS–NMDS. Enhancements to existing data elements may include refining data definitions and value domains, and modifying the directions in the ‘guide for use’ sections etc, as stakeholders identify problems. Future development will include amending existing data elements and formulating new data elements when the need arises. During 2007, the AIHW, in conjunction with the Working Group for the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection will be working towards improving the collection and reporting of opioid pharmacotherapy treatment data. The NOPSAD data together with those from the AODTS–NMDS will provide a fuller picture of alcohol and other drug treatment services in Australia.

Anticipated future developments for the AODTS–NMDS include:

- A mental health and generic health indicator.
- A treatment outcome measure collected at cessation of a treatment episode.
- Feasibility of introducing a statistical linkage key.

5.5 'Attachment A'

Documentation of 2007–08 alcohol and other drug treatment services data

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE AIHW WITH YOUR 2007–08 DATA.

Instructions

To assist the AIHW in the processing of alcohol and other drug treatment services data, it is requested that each jurisdiction complete the following documentation. Please answer all questions and supply the relevant information where requested. Of particular importance is information for variables that do not comply with the national standard. If the codes or descriptions used by agencies in your jurisdiction differ from the national standard, please document these differences and provide information necessary for the translation or manipulation of the data to achieve national standards.

Also, please indicate if you have not provided data for any of the data elements requested. Please insert the state/territory name in the box below:

Specific details about the data supplied

Format of data

Please indicate the format in which you have provided the data to the Institute.

- Flat file – comma separated variable length records (CSV)*
- Flat file – fixed length records with data items identified by position
- SAS file – SAS transport file
- SAS file – PC SAS file
- MS Access file
- MS Excel file

Please note that all data must be in ASCII format and unformatted (i.e. stripped of all applied formats).

* This is the AIHW preferred format

Any other comments?

Establishment data file

List of agencies/establishments included in 2007–08 collection

It is important for the AIHW to know whether the list of agencies contributing data for the 2007–08 collection has changed from the 2006–07 collection.

The AIHW would like each jurisdiction to insert or attach a list of establishments/agencies (including establishment number and the name of the agency) that have contributed data for the 2007–08 collection.

Please indicate any agencies that are new to the collection (i.e. were not included in the 2006–07 collection) or have changed their establishment number or agency name from the previous year.

It is very important that the AIHW is informed of any agencies within scope for the collection that have not provided any data for the 2007–08 period, or that were not able to provide data for the entire collection period.

[Insert the list here or attach at end of document]

Any other comments?

File positions of variables

File position	Variable name
1	Establishment identifier
2	Geographical location of service delivery outlet

1. Are these positions correct?

Yes []

No []

If not correct, please provide details. Also, if a tab-delimited file has been used, please indicate the positions and lengths of the variables in the file.

National standards

2. Has the correct national standard been used for all establishment-level data elements?

Yes []

No []

If not, please provide details.

Specific questions

- 3a. Are *Establishment identifiers* stable, unique identifiers for your state/territory?
If not, how are records uniquely identified by your state/territory?
- 3b. Do you have unique *Establishment identifiers* for each *Service delivery outlet*? *Service delivery outlet* refers to the **site** from which an organisation, or sub-unit of an organisation, delivers a health/community service. That is, agency sites that conduct treatment as distinct from administrative centres. Accordingly, each site should have a unique *Establishment identifier*. The Establishment number comprises the last 5 digits of the *Establishment identifier* and provides space for the *Service delivery outlet* number.
- 3c. Do you have any comments on *Service delivery outlet*?
4. Please ensure that the code used for your State/territory identifier, corresponds to the correct code as shown below.

NMDS Code	NMDS Description
1	New South Wales
2	Victoria
3	Queensland
4	South Australia
5	Western Australia
6	Tasmania
7	Northern Territory
8	Australian Capital Territory
9	Other territories

5. Please provide a list of region codes used (complete the table below or attach a list or section from your state/territory data dictionary).

State/territory region code	Name of region

6. For the item *Geographical location of service delivery outlet*, has the Australian Standard Geographical Classification (ASGC) ABS. cat. no. 1216.0 (2006) been used?

Yes []

No []

If not, what standard has been used?

If postcode has been supplied instead of SLA, please indicate what postcode version (year) has been used.

Any other comments?

Episode data file

File positions of variables

File position	Variable name
1	Establishment identifier
2	Person identifier
3	Sex
4	Date of Birth
5	Country of birth
6	Indigenous status
7	Preferred language
8	Client type
9	Source of referral to alcohol & other drug treatment service
10	Date of commencement of treatment episode
11	Date of cessation of treatment episode
12	Reason for cessation of treatment episode
13	Treatment delivery setting for alcohol and other drugs
14	Method of use for principal drug of concern
15	Injecting drug use
16	Principal drug of concern
17	Other drug of concern (1)
18	Other drug of concern (2)
19	Other drug of concern (3)
20	Other drug of concern (4)
21	Other drug of concern (5)
22	Main treatment type for alcohol and other drugs
23	Other treatment type (1)
24	Other treatment type (2)
25	Other treatment type (3)
26	Other treatment type (4)

7. Are these positions correct?

Yes []

No []

If not, please provide details in the following section, including details of any Not applicable codes used, what code has been used and for which data items.

National standards

It is very important that the AIHW is informed of all cases where national standards have not been used or where mapping to the national standard has occurred.

8. Has the correct national standard been used for all client-level data elements?

Yes []

No []

If not, please provide details, including details of any Not applicable codes used, what code has been used and for which data items.

Specific questions

9. Is the *Person identifier* maintained for individuals when they re-register for treatment? If so, does this apply only within individual agencies or throughout the state/territory? Will the identifiers continue to be used in following years? (That is, will it be possible to identify new episodes recorded for the same clients as registered in 2007-08?).

10. When *Date of birth* was not available, has an estimate date been provided? If so, please provide detail about how estimates are derived.

11. Has *Country of birth* been coded according to the Standard Australian Classification of Countries (SACC) ABS. cat. no. 1269.0 (1998)? If not, please document what standard has been used? If a select short list of most common countries has been used, please provide this list and the respective coding used.

12. Please comment on the quality of data reported for *Indigenous status*. Is the quality considered acceptable or in need of improvement? Please describe any known limitations on the quality of the data.

13. If, for any reason, any of the following variables have not been coded in accordance with the 2007–08 Guidelines standard please indicate which variable (s) and what alternative coding method has been used.
- *Preferred language*
 - *Client type*
 - *Source of referral to alcohol and other drug treatment service*
 - *Reason for cessation*
 - *Method of use*
 - *Injecting drug use*
 - *Principal drug of concern*
 - *Main treatment type*
14. As *Other drug of concern* is a multiple response variable, it is important that you indicate the maximum number of responses possible for each client. That is, how many other drugs can be recorded for each client (e.g. 1–5 or more than 5)? If a CSV file has been sent, you must indicate the number of commas (positions) that have been allocated for this variable on each unit record.
15. As *Other treatment type for alcohol and other drugs* is a multiple response variable, it is important that you indicate the maximum number of responses possible for each client. That is, how many other treatment types can be recorded for each client (e.g. 1–4, more than 4?) and how many have been reported to AIHW (if number different to number recorded)? If a CSV file has been sent, you must indicate the number of commas (positions) that have been allocated for this variable on each unit record.
16. Does a change in the *Treatment delivery setting* act as a trigger for a new treatment episode?
17. Does a change in the *Principal drug of concern* act as a trigger for a new treatment episode?
18. Does a change in the *Main treatment type* act as a trigger for a new treatment episode?

19. When *Client type* = Other's drug use (code 2) have the following data items been coded to Not Stated: *Method of use for principal drug of concern* (code 9), *Injecting drug use* (code 9), *Principal drug of concern* (code 0001), and *Other drug of concern* (code 0001)?

Additional comments?

Please add any other comments on data availability, quality and/or scope that are necessary for appropriate loading and analysis of these data.