

residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.

In 2002–03, a small number of mental health care establishments that provided ambulatory care services did not contribute data to the National Community Mental Health Care Database (NCMHCD) (see Chapter 3, Section 3.4 for more details).

Table A1.1 provides an indication of the quality of NCMHCD data from 2000–01 to 2002–03 in relation to the number of service contacts and the estimated number of patients treated in community mental health services. For service contacts, there was an increase in the number during this time period which mainly reflects improvements in coverage.

There has been interest in knowing the number of patients treated in community mental health care services in order to monitor trends in patient numbers and access to services. An estimate of patient numbers can be derived by counting patient identifiers in records for service contacts within individual establishments. However, not all establishments have used, or currently use, unique person identifiers for each individual patient. When a non-unique identifier is used this results in the same patient being allocated a different patient identifier and being counted in the estimation process as a new patient. This leads to an over-estimate of the real number of patients treated by that establishment. The changes in the national figures in Table A1.1 indicate variation over time in the use of unique patient identifiers. It is anticipated, however, that these data will be used to provide estimates of patients at some time in the future.

Further discussion of the estimation process is included in *Community Mental Health Care 2000–01: Review of the data collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004c).

National Public Hospital Establishments Database (NPHEd)

The AIHW is the custodian of the NPHEd, which holds a record for each public hospital in Australia. The data are collected by state and territory health authorities from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The database does not include private hospital data, which are collated by the ABS in the Private Health Establishments Collection.

The collection covers only hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (e.g. some hospitals run by correctional authorities in some jurisdictions and those in off-shore territories) are not included.

Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and summary information on services to admitted and non-admitted patients. Limitations have been identified in the financial data reported to the NPHEd. In particular, some states and territories have not yet fully implemented accrual accounting procedures and systems, which means the expenditure and revenue data are a mixture of expenditure/payments and revenue/receipts, respectively. A need for further development has been identified in the areas of capital expenditure, expenditure at the area health service administration level and group services expenditure (e.g. central laundry and