

**Report on the Evaluation of the  
National Minimum Data Set for  
Admitted Patient Mental  
Health Care**

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# **Report on the Evaluation of the National Minimum Data Set for Admitted Patient Mental Health Care**

**2005**

Australian Institute of Health and Welfare  
Canberra

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### **Australian Institute of Health and Welfare**

Board Chair  
Hon. Peter Collins, AM, QC

Director  
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Hospitals and Mental Health Services Unit  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra ACT 2601

Phone: (02) 6244 1000  
Email: [mentalhealth@aihw.gov.au](mailto:mentalhealth@aihw.gov.au)

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# Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AHSAC	Australian Hospital Statistics Advisory Committee
AIHW	Australian Institute of Health and Welfare
APC NMDS	Admitted Patient Care National Minimum Data Set
APMHC NMDS	Admitted Patient Mental Health Care National Minimum Data Set
AR-DRG	Australian Refined Diagnosis Related Group
ASGC	Australian Standard Geographical Classification
CALD	Cultural and linguistic diversity
DoHA	Australian Government Department of Health and Ageing
DRG	Diagnosis related group
HDSC	Health Data Standards Committee
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification
ISC	Information Strategy Committee
METeOR	Metadata Online Registry
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
NCSDC	National Community Services Data Committee
NHDD	<i>National Health Data Dictionary</i>
NHIG	National Health Information Group
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
NMHWG	National Mental Health Working Group
NOCC	National Outcomes and Casemix Collection
NSW	New South Wales
NT	Northern Territory
PHEC	Private Health Establishments Collection
Qld	Queensland
RMHC	Residential Mental Health Care
SA	South Australia
SACC	Standard Australian Classification of Countries
SIMC	Statistical Information Management Committee
SLA	Statistical Local Area
Tas	Tasmania
Vic	Victoria
WA	Western Australia

# Summary and recommendations

The evaluation of the National Minimum Data Set (NMDS) for Admitted Patient Mental Health Care (APMHC) was funded by the Australian Health Ministers' Advisory Council, through the National Health Information Group (NHIG) and the Statistical Information Management Committee (SIMC). It was conducted by the Australian Institute of Health and Welfare (AIHW) with the advice of the Australian Health Ministers' Advisory Council National Mental Health Working Group (NMHWG) Information Strategy Committee (ISC).

This report has been supported by the NMHWG and endorsed by the SIMC.

The aim of the evaluation was to assess the quality and utility of the NMDS to determine whether the data collection suits current requirements, and to identify changes required to improve data quality and comparability.

The method used for the evaluation included:

- a review of compliance, that is, the extent to which data for APMHC NMDS 2002–03 were collected and/or provided by states and territories in accordance with NMDS specifications as published in the *National Health Data Dictionary* (AIHW 2002)
- a review of utility, based on consultations with data collectors and users, using a survey tool based on that designed for the evaluation of the Admitted Patient Care NMDS
- formulation of recommendations for future data development and the assignment of priorities.

A summary of the recommendations compiled from the evaluation of utility and the compliance evaluation is presented below. Recommendations for modifications to existing data elements and proposals for new data elements are discussed. Priorities have been attached to each recommendation to guide the development of work programs that include implementation of the recommendations. Many recommendations are for further data development work to be undertaken. Any proposals for new or modified data elements that arise from such data development work would be submitted (with business cases) for approval to the Health Data Standards Committee (HDSC), the SIMC and the NHIG before they are incorporated into the NMDS.

Further discussion relevant to the recommendations is included in chapters 3 to 5 of this report.

## General recommendations

- That the collection of the NMDS continues. As a whole, it was considered highly important and useful by most survey respondents.
- That consideration is given to changing the name of the NMDS to acknowledge specialised care in the title, and to better reflect its scope. The new name would be the Admitted Patient Specialised Mental Health Care NMDS.
- That the scope statement is revised to refer to designated psychiatric units/programs only, rather than including a reference to psychiatric hospitals.
- That consideration is given to deletion of the duplication between the APMHC NMDS and the Admitted Patient Care (APC) NMDS, with additional data elements required for the APMHC NMDS to be specified as an 'add-on' to the APC NMDS (as detailed on pages 30 and 31). This may allow a simplification of the governance arrangements for the NMDS.
- That relevant recommendations arising from this evaluation are communicated, as appropriate, to the AIHW and to the NMHWG ISC, for consideration in data development work program planning.
- That work is undertaken towards integrating the data elements and consumer outcomes measurement instruments from the National Outcomes and Casemix Collection (NOCC) into the APMHC in line with the recommendations in the *National Mental Health Information Priorities 2nd Edition* (DoHA forthcoming). It is noted that resources would be required to accomplish this task and a phased approach may be needed for one or more jurisdictions.
- That work continues to improve the completeness and accuracy of data reporting for all data elements but, in particular, those noted as of concern in the compliance evaluation.
- That it is noted that, although comments from the survey respondents have been summarised in this report, they will be available in full to inform subsequent data development work.
- That the considerable efforts of the states and territories and other survey respondents in providing information for this evaluation are recognised and applauded.

# Recommendations relating to existing and proposed new data elements and concepts

## Establishments-related data elements

### Establishment identifier

It is recommended that preliminary work is undertaken to investigate the approaches to reporting establishments taken by the NOCC and the NMDS to ensure that the establishments in each of these collections can be identified in the same way. If the investigation shows that the establishments are not able to be identified in the same way in each collection then the differing uses of this data element and its components may need to be re-examined.

*Priority:* High

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning.

### Establishment number

See *Establishment identifier* above.

### Establishment sector

As recommended in the evaluation of the APC NMDS, it is suggested that the informal collection of information on whether a hospital is a public psychiatric, other public, private freestanding day hospital facility or private hospital using this data element is replaced with either an appropriate revision of the data domain for *Establishment sector* or the creation of a new data element on establishment type. This issue is currently being considered as part of the AIHW's work program for the development of the APC NMDS.

See also *Establishment identifier* above.

*Priority:* Medium

*Recommendation:* That work underway to review *Establishment sector* and *Establishment type* by the AIHW continues.

### Region code

This data element has been deleted from the APC NMDS already, due to a recommendation arising from the evaluation of that NMDS. However, it is recommended that this data element be retained in the APMHC NMDS. It is used by jurisdictions for their specialised mental health services and is needed to maintain links with other mental health data collections such as the NOCC, Community Mental Health Care (CMHC) NMDS, Mental Health Establishments (MHE) NMDS and the Residential Community Mental Health Care (RCMHC) NMDS.

*Priority: High*

*Recommendation: That this is referred to the AIHW and ISC for their data development work program planning.*

### **State identifier**

*See Establishment identifier above.*

## **Demographic data elements**

### **Area of usual residence**

It is recommended that this data element is not changed.

*Recommendation: Retain the data element unchanged.*

### **Country of birth**

Generally there was concern about the utility of this data element as a measure of the cultural and linguistic diversity of patients, and the lack of data collected on the cultural and linguistic diversity of patients in general. The Australian Bureau of Statistics (ABS) recommends that the following data elements form the minimum core set of cultural and language indicators: *Indigenous status, Proficiency in spoken English, Main language other than English spoken at home and Country of birth: Proficiency in spoken English, Main language other than English spoken at home and Parent's country of birth* could be considered as additions to the NMDS.

In 2001, a business case was prepared for the National Health Information Management Group (now SIMC) to add *Proficiency in spoken English* and *Main language other than English spoken at home* data elements to the APC NMDS. The addition of the data elements was not considered possible due to the potential cost to states and territories. Costs would similarly need to be taken into account if a proposal to add these data elements to this NMDS is considered.

*Priority: Medium*

*Recommendation: Retain the Country of birth data element unchanged. Refer the issue of other data elements on cultural and linguistic diversity to the AIHW and ISC for their data development work program planning.*

### **Date of birth**

Inconsistencies in recording unknown dates of birth are of concern. It is recommended that work already begun by the AIHW to achieve consistency in handling missing or estimated dates of birth are handled at the national level continues.

*Priority: High*

*Recommendation: That work continues by the AIHW to achieve consensus on the handling of missing or estimated dates of birth.*

### **Employment status—acute hospital and private psychiatric hospital admissions**

A range of concerns were expressed about the employment status data elements, such as a lack of clarity about the purpose for collection, difficulty in collection and the different data domains used for the two employment status data elements. It was reported for only 38% of separations in the NMDS for 2002–03.

It is recommended that consideration be given to the purpose of collecting employment status in the NMDS to inform the development of a new data element or a merged employment status data element (see below). If the purpose is to measure an aspect of functioning of patients, and it is agreed that the NMDS is the appropriate mechanism to collect this information, then an alternative data element that better measures this concept may need to be developed. If there is an alternative or additional purpose for collecting employment status, any further data development should be considered in light of this.

If it is decided that employment status should be retained in the NMDS, it is suggested that *Employment status – acute hospital and private psychiatric hospital admissions* and *Employment status – public psychiatric hospital admissions* be combined. In the new METeOR system (see page 17) these have been presented as two separate data elements (reflecting the two separate data domains) but under one data element concept (reflecting the single concept of ‘employment status’ in both). The standardisation of the data domains would improve the usefulness of this information.

*Priority:* High

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning.

### **Employment status—public psychiatric hospital admissions**

See *Employment status – acute hospital and private psychiatric hospital admissions*

### **Indigenous status**

The National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data has improvement of the quality of Indigenous identification in hospital morbidity data as part of its work program. This component of the work program is being undertaken by the AIHW. It is recommended that it continues. Other work at the state and territory level on improving the quality of these data also needs to continue.

*Priority:* High

*Recommendation:* That work underway by the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data and the AIHW aimed at improving the identification of Indigenous persons in hospital morbidity data continues.

## **Marital status**

Similar concerns were expressed about *Marital status* as for the employment status data elements, that is, unclear purpose and difficulty in collecting. In addition, it was noted that the data domain categories were not mutually exclusive.

It is recommended that consideration be given to the purpose of collecting *Marital status* in the NMDS. If a purpose is to measure carer availability, an additional data element to collect this information may be required.

If a purpose of *Marital status* is to measure socioeconomic status of patients, and it is agreed that the NMDS is the appropriate mechanism to collect this information, a data element that better measures this concept may need to be developed.

If there are other purposes for collecting *Marital status*, such as providing information on social isolation/connectedness, any further data development should be considered in light of this.

*Priority:* Medium

*Recommendation:* That this data element is retained but that it is referred to the AIHW and ISC for their data development work program planning to assess whether additional data elements are needed for related purposes.

## **Sex**

It is recommended that this data element is not changed.

*Recommendation:* Retain the data element unchanged.

## **Length-of-stay—related data elements**

### **Admission date**

It is recommended that this data element is not changed. However, it is recommended that consideration be given to the addition of *Admission time* to the NMDS. The same recommendation was made in the evaluation of the APC NMDS.

See *Admission time* and *Separation time* below.

### **Separation date**

It is recommended that this data element is not changed. However, it is recommended that consideration be given to the addition of *Separation time* to the NMDS (see below). The same recommendation was made in the evaluation of the APC NMDS.

See *Admission time* and *Separation time* below.

### **Total leave days**

There was a need expressed for clarity about leave rules (see page 108), particularly in relation to involuntary patients who are not separated for legal reasons. It is proposed that consideration is given to restricting leave days to periods where the

patient is away overnight. The proposal to change this data element to a count of leave hours, as under consideration for the APC NMDS, was not considered appropriate for the APMHC NMDS because of, for example, difficulties with implementation.

If the proposal to combine the APC and APMHC NMDSs is approved then any proposed changes to *Total leave days* for either APC NMDS or APMHC NMDS would need to take these issues into account.

*Priority:* Medium

*Recommendation:* It is recommended that the proposal to restrict leave days to where the patient is away overnight is referred to the AIHW and ISC for their data development work program planning. It is also recommended that these issues are taken into account during the APC NMDS data development process that is being undertaken on this and related length of stay data elements.

### **Total psychiatric care days**

Although there was some suggestion that this data element be changed to a count of psychiatric hours, it is recommended that this data element be retained as *Total psychiatric care days*.

*Priority:* Medium

*Recommendation:* It is recommended that this data element remain unchanged.

### **Admission time and Separation time**

It is recommended that the addition of the data elements *Admission time* and *Separation time* to the NMDS should be considered. The same recommendation was made in the evaluation of the APC NMDS.

*Priority:* Medium

*Recommendation:* That work underway on *Admission time* and *Separation time* by the HDSC working group continues. If the proposal to combine the APC and APMHC NMDSs is approved, with the additional items in APMHC NMDS being collected only for patients receiving specialised psychiatric care, then these data elements would not need to be added to the APMHC NMDS.

## **Clinical and related data elements**

### **Diagnosis**

It is recommended that this data element concept is not changed.

*Recommendation:* Retain the data element concept unchanged.

### **Principal diagnosis**

It is recommended that this data element is not changed.

*Recommendation:* Retain the data element unchanged.

### **Additional diagnosis**

There were no detailed comments on this data element. It is recommended that this data element is not changed.

*Recommendation:* Retain the data element unchanged.

### **Diagnosis related group**

There were no detailed comments on this data element. It is recommended that this data element is not changed.

*Recommendation:* Retain the data element unchanged.

### **Major diagnostic category**

It is recommended that this data element is not changed.

*Recommendation:* Retain the data element unchanged.

## **Continuity of care data elements**

The group of data elements that relate to continuity of care are those relating to care prior to admission: *Previous specialised treatment*, *Source of referral to public psychiatric hospital*, *Type of accommodation* and *Type of usual accommodation*; and those relating to care following separation: *Mode of separation* and *Referral to further care*.

These data elements are sensibly considered as a group.

### **Previous specialised treatment**

The original purpose of including this data element in the NMDS was to assess pre-admission continuity of care. This data element was also planned as an indicator of new patients, who are thought to be more resource-intensive. It was reported for only 35% of separations in the NMDS for 2002–03.

Some improvements were suggested for this data element. In particular, it was suggested that further explanation is added to the guide for use section on the definition of a 'service contact', to assist with use of this data element. This should draw on the recently revised *Mental health service contact* data element concept.

At present, the guide for use of *Previous specialised treatment* refers to previous hospital admission(s) and/or service contact(s) at any time in the past. It is recommended that further definition of periodicity be added to the definition and guide for use to improve its usefulness.

*Priority:* High

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning.

## **Source of referral to public psychiatric hospital**

The purpose of this data element is to provide information on pre-admission continuity of care. The compliance review of *Source of referral to public psychiatric hospital* indicates that this data element is not collected well. Comments in the survey of utility related to the need for a review of the data domains, a query as to why this data element is restricted to public psychiatric hospitals, and the possibility of deleting the data element from the NMDS.

*Priority:* Medium

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning. The data development work already underway on *Source of referral to public psychiatric hospital* in the APC NMDS work program should be taken into account.

## **Type of accommodation**

Concerns were expressed about the use of two separate accommodation status data elements that contained different data domain categories. Accommodation information was only reported for 52% of separations in the NMDS for 2002–03.

There was broad support for collecting data on accommodation status in the NMDS, but using one data element only. This information was seen as important due to its links with the availability of housing before admission and after separation from hospital.

Similar to the *Employment status* and *Marital status* data elements, consideration should be given to the purpose of collecting accommodation status in the NMDS, to inform the revision of these data elements, possibly into one data domain that could be used with two data elements to capture accommodation both before admission and after separation. Possible purposes include to measure post-discharge continuity of care, assess carer availability, develop socioeconomic profiles of 'at risk' groups (for those who have listed their accommodation prior to admission in any of the 'at risk' categories, such as 'homeless persons' shelter'), or to provide information on movements between hospital and other accommodation types both before and after hospital stays.

*Priority:* High

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning. The work currently being done by the National Mental Health Working Group's (NMHWG) Housing and Homelessness Task Force should be taken into account.

## **Type of usual accommodation**

See *Type of accommodation*

## **Mode of separation**

It is recommended that the data domain be reconsidered, as it is currently a combination of non-mutually exclusive codes that describe patient destination or patient status. It is recommended that consideration be given to *Referral to further care* during development of *Mode of separation* to ensure that the data elements are able to be used together as they provide valuable information on the discharge process.

*Priority:* Medium

*Recommendation:* That issues arising in this evaluation are referred to the AIHW and ISC for their data development work program planning to inform data development work already underway on *Mode of separation*.

## **Referral to further care (psychiatric patients)**

The purpose of this data element for the NMDS is to provide information about post-discharge continuity of care. It was reported for only 47% of separations in the NMDS for 2002–03. Patients may be referred to several different services on discharge from hospital. Acknowledgment of this in the data element could be useful, along with rules clarifying which category should take precedence if multiple apply.

Consideration should be given to *Mode of separation* during development of *Referral to further care* to ensure that concepts are consistent and data domains are able to be aligned across the data elements so the data elements can be used together.

*Priority:* Medium

*Recommendation:* That the data element is referred to the AIHW and the ISC for their data development work program planning and the issue regarding consistency between *Mode of separation* and *Referral to further care* is referred to the APC NMDS work program to inform data development work already underway on *Mode of separation*.

## **Admitted patients and care type data elements**

### **Admission, Admitted patient and Episode of admitted patient care (the statistical unit for the NMDS)**

Work to define admission more consistently and accurately in relation to boundaries between admitted overnight, same-day and non-admitted care is recommended. The same recommendation was made in the evaluation of the APC NMDS and is being considered by the HDSC.

Work to differentiate procedures undertaken during same-day separations that could have been undertaken in an ambulatory care setting, and could therefore be considered equivalent to ambulatory care, was previously undertaken by AIHW. It is recommended that these same-day separations considered to be ambulatory-equivalent care continue to be reported separately in the *Mental Health Services in Australia* reports.

*Priority: High*

*Recommendation:* That work underway by the HDSC on the definition of admission continues and that the comments on admission in this evaluation are conveyed to the HDSC for its consideration.

### **Acute care episode for admitted patients**

It is recommended that this data element concept be considered for deletion, as it is covered by the *Care type* data element.

*Priority: Medium*

*Recommendation:* That this is referred to the AIHW for their data development work program planning.

### **Patient**

It is recommended that this data element concept is not changed.

*Recommendation:* Retain the data element concept unchanged.

### **Separation**

It is recommended that this data element concept is not changed.

*Recommendation:* Retain the data element concept unchanged.

### **Care type**

The appropriateness of the data domain as it is currently designed for mental health, particularly for long-stay mental health rehabilitation patients and psychogeriatric patients, requires review. The separation of psychogeriatric care as a separate category from acute care is considered problematic, as psychogeriatric care may also be acute care. In addition, it is proposed that *Care type* be replaced with separate data elements that distinguish clinical intent from type of service. Any changes to *Care type* need to take into account the possible impact on the *Episode of admitted patient care* data element concept.

*Care type* is currently being reviewed as part of the work program for the development of the APC NMDS.

*Priority: High*

*Recommendation:* That work underway to review *Care type* in the work program for the APC NMDS continues, with advice from the ISC with regard to mental health-related issues.

## **Administrative data elements**

### **Mental health legal status**

In some states and territories, patients can be involuntary and not admitted to designated psychiatric units because there are insufficient designated beds. It is important that this data element is reported for involuntary patients who are not receiving specialised psychiatric care. This would mean that this data element needs to be an operational data element within the APC NMDS. Whilst this is the case for some states and territories, not all states and territories collect this data element for patients other than those in the APC NMDS, so implementation of this recommendation would have resource implications for some states and territories. In addition, there may be issues with the private sector's capacity to collect this information.

*Priority:* Medium

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning and also the work program for the development of the APC NMDS.

### **Person identifier**

It is anticipated that this data element will be useful for data linkage between the National Hospital Morbidity Database (which includes the data specified by the APMHC NMDS), the National Community Mental Health Care Database, the National Residential Mental Health Care Database and the National Outcomes and Casemix Collection (NOCC) Database, to assess service utilisation and outcomes for mental health patients. This linkage should be possible because *Person identifiers* are expected to correspond to clients of public specialised mental health services that integrate admitted, ambulatory and residential care.

It is recommended that the extent to which *Person identifiers* match across these data collections is investigated and work to ensure that they do is undertaken as necessary.

It is also recommended that work being undertaken by SIMC, through the Working Group on Data Linkage, on minimum practice for data linkage, covering issues such as development of appropriate privacy and security protocols, data management, data quality and documentation standards, be taken into account. Particular attention should be paid to those principles that relate to the *Person identifier* data element.

*Priority:* High

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning.

## **New data elements**

### **Language spoken and Need for an interpreter**

It could be useful to have data elements to capture language spoken at home and the need for an interpreter. Both would be valuable in understanding the resources involved in delivering mental health services within a multicultural environment, and the effectiveness of these services. Information on need for and use of interpreters also relates to the issue of access to services.

*Priority:* Low

*Recommendation:* Refer this issue to the AIHW and ISC for their data development work program planning.

### **Consultation–liaison**

The lack of data available on the provision of consultation–liaison services was raised in the survey of utility. There is interest in the collection of data on these services provided to patients who have comorbid psychiatric and physical disorders. It is recommended that consideration be given to the use of procedure codes available in the APC NMDS to provide this information or to the inclusion of a specific data element to collect information on consultation–liaison services in the APC NMDS. The development process will require careful discussion and negotiation among the states and territories before this can be implemented.

The Consultation–Liaison Psychiatry Mental Health Outcomes Expert Group is in the process of reporting on consultation–liaison issues relating to the NOCC. Their recommendations are likely to be of relevance to the issues above.

*Priority:* Medium

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning.

### **Carer availability**

A data element on carer availability could be a useful indicator of the level of support patients receive/expect to receive when leaving hospital. The existing data element in the *National Community Services Data Dictionary* version 3 (NCSDC 2004), *Informal carer availability*, may be able to be used, with or without adaptation.

See *Marital status* above.

*Priority:* Medium

*Recommendation:* That this be considered together with data elements such as *Marital status* and *Type of accommodation* and referred to the AIHW and ISC for their data development work program planning.

## **Procedure and Intervention classification for mental health**

The data element *Procedure* is currently collected as part of the APC NMDS. As such, it will be available for mental health care-related analysis if the APMHC NMDS becomes defined as an add-on to the APC NMDS.

Comments from the survey of utility noted that the ICD-10-AM procedure classification in its current form is of limited usefulness for admitted patient mental health care. The *National Mental Health Information Priorities 2nd edition* (DoHA forthcoming) recommended the development of national agreed mental health intervention codes. The importance of private sector involvement in this development work was noted.

*Priority:* High

*Recommendation:* That the issue of intervention codes for mental health is referred to the ISC to be dealt with through the process for implementation of recommendations from the *National Mental Health Information Priorities 2nd edition*.

## **Other recommendations**

### **Missing patient-derived data**

Information on patient-derived data, such as demographic and socioeconomic data, may be not reported at the national level. Several respondents in the survey of utility commented that patients who are admitted to hospital with mental health problems may not be in a position to respond to requests for information at the time of admission to hospital. It is therefore important that any information required from these patients is requested at an appropriate time. An appropriate time would generally be after the patient had received treatment rather than on admission. Data may also not be available because patients were not asked to provide the relevant information.

Further consideration should be given to collecting more detailed information on 'not reported' data at the national level in order to improve the interpretability of data in the APMHC NMDS.

*Priority:* Low

*Recommendation:* That this is referred to the AIHW and ISC for their data development work program planning.