

# 4 Compliance evaluation

## National summary

### Scope

The National Minimum Data Set for Admitted Patient Mental Health Care (referred to as 'the NMDS' or the 'APMHC NMDS') is a specification for data collected on episodes of care for admitted patients in public psychiatric hospitals or in designated psychiatric units in acute hospitals. The scope does not include patients who may be receiving treatment for psychiatric conditions in acute hospitals who are not in psychiatric units.

Episodes of admitted patient care are the statistical units of this data set, with data being collected at each hospital in scope from patient administrative and clinical record systems and forwarded to the relevant state or territory health authority on a regular basis. Data for each financial year ending 30 June are then provided on an annual basis to the AIHW for national collation, as a subset of the NHMD.

Within the NHMD, patients receiving specialised mental health care are identified through the reporting of one or more psychiatric care days, that is, care received in a specialised psychiatric hospital, unit or ward. In acute care hospitals, a 'specialised' episode of care or separation may comprise some psychiatric care and some non-psychiatric care, or psychiatric care only. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care only and to be specialised, unless some care was given in a unit other than a psychiatric unit, such as a drug or alcohol unit. There were 200,264 episodes of admitted patient mental health care reported for the NMDS for 2002–03.

Throughout this report, unless otherwise specified:

- Public psychiatric hospitals or designated psychiatric units in public acute hospitals are included in the public category.
- Private psychiatric hospitals or designated psychiatric units in private acute hospitals are included in the private category.

Essentially, all public hospitals and the majority of private hospitals in scope reported to the NHMD for 2002–03. In the public sector, data were not supplied to the NHMD for a mothercraft hospital in the Australian Capital Territory and one small rural hospital in New South Wales. The mothercraft hospital does not have a designated psychiatric unit and is therefore not in the scope of the APMHC NMDS. The small rural hospital in New South Wales did not have a designated psychiatric unit.

Within the private sector, data were not provided for 2002–03 to the APC NMDS for all private freestanding day hospital facilities in the Australian Capital Territory and

for the single day hospital facility in the Northern Territory. For Victoria, data were not provided for 3 freestanding day hospital facilities and 3 other private hospitals. Some hospitals in Victoria did not supply data for the full year of collection. For Tasmania, data were not available for one small non-freestanding day hospital facility. It is unknown whether these hospitals are in scope for the APMHC NMDS, that is, whether they provided specialised mental health admitted patient care.

For South Australia, data were not available for one country private hospital for four months. However, very low levels of admitted patient activity for this establishment mean that these missing data do not materially affect overall coverage for South Australia.

There were no private freestanding day hospital facilities reporting to the APMHC NMDS for 2002–03. Table 4.1 summarises this coverage information by state and territory and by hospital type.

**Table 4.1: Coverage of hospitals contributing data to the Admitted Patient Mental Health Care NMDS, by hospital type, states and territories, 2002–03**

	Public acute hospitals	Public psychiatric hospitals	Private psychiatric hospitals or designated psychiatric units in private acute hospitals
NSW	Complete	Complete	Complete
Vic	Complete	Complete	Unknown
Qld	Complete	Complete	Complete
WA	Complete	Complete	Complete
SA	Complete	Complete	Complete
Tas	Complete	Complete	Unknown
ACT	Complete	Not applicable	Complete
NT	Complete	Not applicable	Unknown

*Note: Complete*—all facilities in this sector reported data to the APMHC NMDS. *Unknown*—the level of under-reporting for hospitals in scope for the APMHC NMDS, a subset of the NHMD, is unknown (see text for more details). *Not applicable*—there are no facilities of this type for this state or territory.

### Coverage estimates for private hospital separations in scope

As not all separations for private psychiatric hospitals or designated psychiatric units in private hospitals are reported to the NMDS, the counts are likely to be underestimates of actual counts. Over recent years, there have been slightly fewer separations for specialised mental health admitted patient care reported to the NHMD than to the ABS’s Private Health Establishments Collection (PHEC) (Table 4.2). This latter collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private free-standing day hospital facilities approved by DoHA. Only hospitals with designated psychiatric units reporting to the PHEC have been included in this analysis, and all separations from these units have been reported.

In 2002–03, the difference between the APMHC and the PHEC was 5,695 separations (about 5.4%). This discrepancy may have been due to the use of differing definitions

or different interpretations of definitions, or differences in the quality of the data provided for different purposes. It also may reflect the omission of some private hospitals with designated psychiatric units from the NMDS, or some specific mental health separations for some private hospitals with designated psychiatric units that were otherwise included in the NHMD. It may also reflect the inclusion of separations other than for specific mental health admitted patient care in the PHEC data for hospitals which had designated a psychiatric unit but also provided other care.

**Table 4.2: Private hospital separations reported to the Admitted Patient Mental Health Care NMDS and the ABS Private Health Establishments Collection, 1997–98 to 2002–03**

Year	Admitted Patient Mental Health Care NMDS	Private Health Establishments Collection	Difference between collections	
	Separations with specialised psychiatric care	Separations in hospitals with designated psychiatric unit	Separations (no.)	Separations (%)
1997–98	45,870	47,747	1,877	3.9
1998–99	64,198	67,489	3,291	4.9
1999–00	65,650	76,442	10,792	14.1
2000–01	78,268	85,958	7,690	8.9
2001–02	87,770	97,798	10,028	10.3
2002–03	98,955	104,650	5,695	5.4

Source for private hospital data: ABS, unpublished PHEC data and AIHW NHMD.

### Summary of selected terms relating to the use of hospital data

*Episodes of admitted patient care* are the statistical units of the NHMD. An episode of care is the period of admitted patient care between admission and separation characterised by only one care type. This treatment and/or care provided to a patient during an episode of care can occur in hospital and/or in the person's home (for hospital in the home patients).

*Admission* is the process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment. An admission may be formal or statistical. A formal admission is the administrative process by which a hospital records the commencement of treatment and/or care and/or accommodation of a patient. In contrast, a statistical admission is the administrative process by which a hospital records the commencement of a new episode of care, with a new care type, for a patient within one hospital stay.

*Separation* is the process by which an episode of care for an admitted patient ceases. Like admissions, a separation may be formal or statistical. A formal separation is the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient. A statistical separation is the administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay.

## Use of national standard definition, domain values and NMDS scope

This is a national summary of the information to be presented in more detail later in this report. Of the 29 data elements in the NMDS, the national standard definition

was used for 23 (79%) data elements in the public sector and 19 (66%) data elements in the private sector. The national standard domain values were used for 18 (62%) data elements in the public sector and 13 (45%) data elements in the private sector. For 11 (38%) of the data elements in the public sector and 8 (28%) of the data elements in the private sector, data were provided for all reported separations. There were 3 (10%) data elements for which jurisdictions used the national standard definition and domain values and provided it for all reported separations.

Table 4.3 summarises this information. The data element was reported as provided for all separations if the data were missing or reported as Not reported/not stated for no more than 0.5% of separations, or if the requirement for reporting of the data element was ambiguous.

**Table 4.3: National summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope, by hospital sector, 2002–03**

Data element	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all* reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all* reported separations?
<b>Establishment data elements</b>						
Establishment number	Yes	Yes	Yes	No	No	Yes
Establishment sector <sup>(a)</sup>	Yes	Yes	Yes	No	No	Yes
Region code	No or ..	No or ..	No or ..	No or ..	No or ..	No or ..
State identifier	Yes	Yes	Yes	Yes	Yes	Yes
<b>Demographic data elements</b>						
Area of usual residence	Yes	No	No	Yes	No	No
Country of birth	Yes	No	No	Yes	No	No
Date of birth	Yes	Yes	No	Yes	Yes	No
Employment status—acute hospital and private psychiatric hospital admissions <sup>(b)</sup>	..	..	..	..	..	..
Employment status—public psychiatric hospital admissions	Yes or ..	Yes or ..	No or ..	..	..	..
Indigenous status	Yes	Yes	No	Yes	Yes	No
Marital status	Yes	Yes	No	Yes	Yes	No
Sex	Yes	No	Yes	Yes	No	Yes
Type of accommodation <sup>(c)</sup>	..	..	..	..	..	..
Type of usual accommodation	Yes	Yes	No	Yes	Yes	No

(continued)

**Table 4.3 (continued): National summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope, by hospital sector, 2002–03**

Data element	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all* reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all* reported separations?
<b>Length of stay data elements</b>						
Admission date	Yes	Yes	Yes	Yes	Yes	Yes
Separation date	Yes	Yes	Yes	Yes	Yes	Yes
Total leave days	Yes	Yes	No	Yes	Yes	Yes
Total psychiatric care days	Yes	Yes	..	Yes or ..	Yes or ..	..
<b>Clinical and related data elements</b>						
Additional diagnosis	Yes	Yes	Unknown	Yes	Yes	Unknown
Care type <sup>(d)</sup>	No	Yes	Yes	Yes	No	No
Diagnosis related group	Yes	No	Yes	Yes	No	No
Major diagnostic category	Yes	No	Yes	Yes	No	No
Previous specialised treatment	Yes or ..	No or ..	No or ..	Yes or ..	No or ..	No or ..
Principal diagnosis	Yes	Yes	No	Yes	Yes	No
<b>Administrative data elements</b>						
Mental health legal status	Yes	Yes	No	Yes	Yes	No
Mode of separation	Yes	No	Yes	No	No	No
Person identifier	No or ..	Yes or ..	Yes or ..	No or ..	Yes or ..	Yes or ..
Referral to further care (psychiatric patients)	No	No	No	No	No	No
Source of referral to public psychiatric hospital <sup>(e)</sup>	Yes or ..	Yes or ..	No or ..	..	..	..

(a) The *National Health Data Dictionary* version 11 specifies the domain values 1 *Public* and 2 *Private*. The AIHW requests two additional categories, 4 *Public psychiatric hospital* and 5 *Private freestanding day hospital facility*. Analysis of compliance with *Establishment sector* is based on the AIHW request. Definitions and domain values were used by all states and territories, excluding Tasmania. Tasmania did not distinguish between private free-standing day hospital facilities and other private hospitals due to confidentiality concerns.

(b) The data element *Employment status—acute hospital and private psychiatric hospital admissions* was not requested by the AIHW for 2002–03.

(c) The data element *Type of accommodation* was not requested by the AIHW for 2002–03.

(d) Records for boarders and posthumous organ procurement have been excluded from the analysis as they are not part of the NMDS. Records for *Newborn care with no qualified days* have also been excluded.

(e) This data element was reported by the private sector for some states and territories.

\* More than about 99.5% of reported separations.

.. Not applicable.

Table 4.4 presents information on the number and proportion of separations where data were missing or reported as Not reported for selected data elements. In both the public and private sectors, the data elements with approximately 10% or more of separations where data were missing/not reported were *Area of usual residence*, *Date of birth*, *Employment status*, *Type of usual accommodation*, *Previous specialised treatment*, *Person identifier*, *Referral to further care* and *Source of referral to public psychiatric hospital*. In addition, in the private sector, data were missing or not reported for 40% of separations for *Mental health legal status*.

**Table 4.4: National summary of separations with Missing or Not reported/Not stated data for selected data elements, by hospital sector, 2002–03**

Data element	Public sector		Private sector	
	Number	Per cent	Number	Per cent
<b>Demographic data elements</b>				
Area of usual residence <sup>(a)</sup>	9,816	9.7	10,941	11.1%
Country of birth	3,244	3.2	6,909	7.0%
Date of birth	27,151	26.8	46,554	43.3%
Employment status—public psychiatric hospital admissions <sup>(b)</sup>	10,631	68.7	..	..
Indigenous status	1,984	2.0	1,003	1.0
Marital status	8,053	7.9	2,844	2.9
Sex	24	0.0	0	0.0
Type of usual accommodation	44,729	44.2	52,070	52.6
<b>Length of stay data elements</b>				
Admission date	0	0.0	0	0.0
Separation date	0	0.0	0	0.0
Total leave days	436	0.4	0	0.0
Total psychiatric care days	0	0.0	0	0.0
<b>Clinical and related data elements</b>				
Care type	0	0.0	0	0.0
Diagnosis related group	281	0.3	12	0.0
Major diagnostic category	58	0.1	9	0.0
Previous specialised treatment	62,329	61.5	67,327	68.1
Principal diagnosis	73	0.1	9	0.0
<b>Administrative data elements</b>				
Funding source for hospital patient	10	0.0	0	0.0
Intended length of hospital stay	996	1.0	0	0.0
Mental health legal status	360	0.4	39,069	39.5
Mode of separation	0	0.0	0	0.0
Person identifier	54,098	53.4	37,679	38.1
Referral to further care (psychiatric patients)	33,256	32.8	73,354	76.4
Source of referral to public psychiatric hospital <sup>(b)</sup>	2,032	13.1	..	..

(a) Includes missing codes and '9999'.

(b) Public psychiatric hospital separations only.

.. Not applicable.

## State and territory summary

### State and territory differences in the scope of services provided for admitted patients

Mental health care for admitted patients in Australia is provided in a large and complex system. Differences in the data provided by states and territories to the NMDS may reflect different service delivery practices, differences in admission practices and/or differences in the types of establishments categorised as hospitals.

There is some difference in the approach that states and territories and public and private sectors take to the formal admission and separation for people attending hospital on a same-day basis, for example, for group therapy sessions or day programs. In some jurisdictions these attendances are recorded as non-admitted patient occasions of service. In other jurisdictions, the majority of patients are formally admitted for this care and therefore this care is reported as same-day separations.

States and territories also differ in the extent to which they classify some of their mental health-related residential facilities as admitted patient services within hospitals, as separate hospitals or as community-based, non-admitted services. This variation applies, for example, with psychogeriatric and long-stay rehabilitation services for people with mental health disorders, which are characterised by relatively lengthy stays.

In addition to the differing admission practices, the way jurisdictions count episodes of care may also differ. That is, there may be some variation in the way in which changes in the care type are used to trigger new episodes of care.

These variations in the scope of services provided for admitted patients, and in the changes in care type to trigger new episodes of care, are not specifically referred to in the results that follow, but should be considered in interpreting them.

### State and territory data

The state and territory summary (tables 4.5 and 4.6) provides information on the number and proportion of data elements for which the NHDD definition and domain values were used, and the number and proportion of data elements which were reported for all separations.

The summary of private sector compliance evaluates compliance against 25 data elements, not 27 as is the case for the public sector. This is because *Employment status – public psychiatric hospital admissions* captures the self-reported employment status of a person, immediately before admission to a public psychiatric hospital and *Source of referral to public psychiatric hospital* captures the source from which the person was transferred/referred to a public psychiatric hospital. Neither of these data elements is within the scope of private hospital collection. However, some states

and territories do collect these data for private hospitals. For more information see the assessment of individual data elements.

**Table 4.5: State and territory summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope, public hospitals<sup>(a)</sup>, 2002–03**

State or territory	NHDD definition used?		NHDD domain values used?		Provided for all* reported separations?	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	26	100	22	85	17	68
Vic	24	96	20	80	16	64
Qld	27	100	24	89	21	78
WA	25	96	22	85	19	73
SA	26	100	22	85	20	77
Tas	24	92	20	80	16	64
ACT	25	100	23	92	20	80
NT	25	100	23	92	16	64
<b>Total</b>	<b>24</b>	<b>89</b>	<b>18</b>	<b>67</b>	<b>12</b>	<b>44</b>

(a) Data in this table relate only to the 101,309 public hospital records with specialised psychiatric care in the NHMD.

\* More than 99.5% of reported separations.

**Table 4.6: State and territory summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope, private hospitals<sup>(a)</sup>, 2002–03**

State or territory	NHDD definition used?		NHDD domain values used?		Provided for all* reported separations?	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	22	96	19	79	20	83
Vic	22	92	17	71	17	71
Qld	25	100	22	88	20	80
WA	23	96	18	75	17	71
SA	24	100	20	83	22	92
Tas	20	83	15	65	14	61
ACT	24	100	22	92	16	67
NT	..	..	..	..	..	..
<b>Total</b>	<b>19</b>	<b>76</b>	<b>13</b>	<b>52</b>	<b>10</b>	<b>40</b>

(a) Data in this table relate only to the 98,955 private hospital records with specialised psychiatric care in the NHMD.

\* More than 99.5% of reported separations.

.. Not applicable.

Note: The Northern Territory is reported as 'not applicable' as the one private hospital included in the NHMD did not report any separations with specialised psychiatric care.

In the public sector, the national standard definition was used for 89% or 24 of the 27 NMDS data elements by states and territories which provided these data elements. In the private sector, 76% or 19 of 25 data elements used the national standard definition. The national standard for domain values was used for 67% or 18 data elements in the public sector and 52% or 13 data elements in the private sector, by states and territories which provided these data elements.

For 44% or 12 out of 27 data elements, data were provided for all reported separations in the public sector and 40% or 10 data elements in the private sector.

## **Assessment of individual data elements**

This section reports on the assessment of compliance for each data element in the NMDS reported by states and territories for 2002–03. It details states' and territories' use of the national standard, domain values and NMDS scope and provides details of the use of non-standard NHDD definitions and domain values and non-standard use of scope. Information is also provided on mapping required from state and territory data sets to comply with the national standard domain values, and additional information or comments provided by the states and territories to assist in the evaluation. The data elements in this section are presented in alphabetical order.

## Data element name: Additional diagnosis

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000005
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 4
<b>Definition:</b> A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility.		

### Use of national standard definition, domain values and NMDS scope:

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for separations, where applicable?	NHDD definition used?	NHDD domain values used?	Provided for separations, where applicable?
NSW	Yes	Yes	Unknown	Yes	Yes	Unknown
Vic	Yes	Yes	Unknown	Yes	Yes	Unknown
Qld	Yes	Yes	Unknown	Yes	Yes	Unknown
WA	Yes	Yes	Unknown	Yes	Yes	Unknown
SA	Yes	Yes	Unknown	Yes	Yes	Unknown
Tas	Yes	Yes	Unknown	Yes	Yes	Unknown
ACT	Yes	Yes	Unknown	Yes	Yes	Unknown
NT	Yes	Yes	Unknown	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Not applicable. NHDD definition and domain values were used by all states and territories. There were 31 separations with invalid ICD-10-AM *Additional diagnosis* codes for New South Wales in the public sector.

### Details of use of non-standard NMDS scope

This data element is not compulsory for all separations. Hence it is unknown whether it was reported for all separations.

### Was mapping required from state and territory data sets?

Not applicable.

## Additional information

Up to 30 *Additional diagnosis* codes were requested for each separation. The NHDD recommends that a minimum of 20 codes is able to be reported. Queensland reported 31 diagnosis codes, the maximum number requested by the AIHW, and may have been restricted in the number of codes they could provide.

**Table 4.7: The maximum number of diagnosis codes provided, including the *Principal diagnosis* code, by state and territory, 2002-03**

State or territory	Number		Mean diagnosis codes per separation	
	Public	Private	Public	Private
NSW	20	15	2.9	1.8
Vic	24	24	3.2	1.5
Qld	31	25	3.7	2.7
WA	25	25	3.7	2.0
SA	22	12	4.5	2.3
Tas	16	3	2.5	1.4
ACT	24	2	2.8	2.6
NT	16	..	3.1	..
<b>Total</b>	..	..	<b>3.3</b>	<b>1.9</b>

.. Not applicable.

In 25% of public hospital separations and 56% of private hospital separations only one diagnosis code was reported, ranging from 11% in South Australia to 40% in Tasmania in the public sector and from 35% in Queensland to 63% in Tasmania in the private sector. The average number of diagnosis codes per separation was 3.3 in the public sector and 1.9 in the private sector.

## Data element name: Admission date

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000008
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 4
<b>Definition:</b> Date on which an admitted patient commences an episode of care.		

### Use of national standard definition, domain values and NMDS scope:

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Not applicable. NHDD definition and domain values were used by all states and territories.

### Details of use of non-standard NMDS scope

Not applicable. Admission date was provided for all reported separations in each state and territory.

### Was mapping required from state and territory data sets?

Not applicable.

### Additional information

Not applicable.

## Data element name: Area of usual residence

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Community Mental Health Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000016
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Geographical location of usual residence of the person – comprising state or territory and Statistical Local Area (SLA). SLAs should be based on the Australian Standard Geographical Classification (ASGC) effective for the data collection reference year.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	No	No	Yes	No	Yes
Vic	Yes	No	Yes	Yes	No	Yes
Qld	Yes	No	No	Yes	No	Yes
WA	Yes	No	No	Yes	No	No
SA	Yes	No	Yes	Yes	No	Yes
Tas	Yes	No	Yes	Yes	No	No
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Victoria, Queensland, Tasmania, the Australian Capital Territory and the Northern Territory provided the majority of SLA codes according to the 2002 edition of the ASGC. Victoria provided some SLA codes according to the 2001 edition of the ASGC and New South Wales provided SLA codes according to the 2000 and 2001 editions of the ASGC (ABS 2001).

New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory were able to provide SLA codes for both patients usually resident in the jurisdiction and patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction.

Western Australia was unable to provide SLA codes, but provided postcodes for patients usually resident in the jurisdiction and patients usually resident elsewhere. The postcode version was unknown.

New South Wales, Victoria, Queensland, the Northern Territory and the Australian Capital Territory also provided some codes according to the ASGC 2000 which were subsequently mapped by the AIHW.

### **Details of use of non-standard NMDS scope**

Residence state and SLA were missing for 22 separations in the public sector from New South Wales. SLA was reported as '9999' (not stated/unknown) for 115 separations in the public sector.

Residence state and SLA were missing for 195 separations from Victoria (all in the public sector). SLA was reported as '9999' (not stated/unknown) for 178 separations in the public sector.

Residence state and SLA were missing for 266 separations from Queensland in the public sector and 4 separations in the private sector.

For South Australia, SLA was reported as '9999' (not stated/unknown) for 258 separations in the public sector and 25 separations in the private sector. South Australia was unable to report area of usual residence for interstate and overseas patients.

SLA was reported as '9999' (not stated/unknown) for 1,384 separations from Tasmania. The majority of these separations were from private hospitals (1,371).

For the Australian Capital Territory, SLA was reported as '9899' (undefined) for 7 separations in the public sector.

### **Was mapping required from state and territory data sets?**

Data provided as postcodes or using out-of-date SLA codes were mapped by the AIHW on a probabilistic basis to 2002 SLAs, using ABS concordance information. The mapping process identified missing, invalid and superseded codes, but resulted in 98% of records being assigned 2002 SLA codes.

### **Additional information**

The AIHW requested postcodes valid for the year 2002 to be provided in addition to SLA codes. All states and territories provided postcode. Victoria, Queensland and the Australian Capital Territory provided postcodes valid for the year 2002. The postcode version used by Western Australia is unknown.

Some invalid postcodes were provided by New South Wales (1,183 separations in the public sector, 20 separations in the private sector), Victoria (373 separations in the public sector) and Western Australia (262 separations in the public sector, 2 separations in the private sector).

The NHDD specifications state that where the residence state is unknown it should be left as null, and where the SLA is unknown the code 9999 should be used.

New South Wales has advised that compliance with the specifications for this data element will improve as the new systems with geographic checking software are progressively installed in all sites.

## Data element name: Care type

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000168
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 4
<b>Definition:</b> The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	No
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	No	Yes	Yes	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory used summary categories for the Rehabilitation (2.0) and Palliative (3.0) care types. Queensland and the Australian Capital Territory provided data for the more detailed categories for rehabilitation or palliative care delivered in a designated unit (2.1, 3.1), according to a designated program (2.2, 3.2) or as the principal clinical intent (2.3, 3.3). Note: the NHDD specifies that these more detailed categories are optional.

Victoria only used the Acute care (1.0) and Other admitted patient care (8.0) care types for the public sector, and for the private sector only the Acute care (1.0) care type was used. Victoria indicated that it is currently unable to identify Psychogeriatric care and needs to review its mapping which appears to map nursing

home type patients to Other admitted patient care (8.0) rather than to Maintenance care (6.0).

South Australia used only the Acute care (1.0) and Other admitted patient care (8.0) care types in the private sector. In South Australia, hospital at home records have been included in the Other admitted patient care (8.0) care type. Hospital at home episodes are recorded separately, rather than as part of admitted patient episodes.

Tasmania did not use the Rehabilitation care (2.0), Geriatric evaluation and management (4.0), Maintenance care (6.0) or Other admitted patient care (8.0) care types for the public sector, and for the private sector only the Acute care (1.0) care type was used.

The Australian Capital Territory did not use the Palliative care (3.0) or Psychogeriatric care (5.0) care types for the public sector, and for the private sector only the Acute care (1.0) care type was used. The Australian Capital Territory is currently reviewing the use of care types in its hospitals and is likely to have several recommendations for modification and improvement which will be provided to the AIHW when the review is complete.

The Northern Territory did not use the Psychogeriatric care (5.0).

The Northern Territory reports instances of records with psychiatric care days and missing Mental health legal status, Previous specialised treatment, Referral to further care and Type of usual accommodation. This is due in part to an incorrect care type being recorded which does not reflect mental health treatment and does not trigger the screen that requests the extra mental health data elements/fields. This implies that the Northern Territory care type data are not completely accurate.

### **Details of use of non-standard NMDS scope**

Not applicable.

### **Was mapping required from state and territory data sets?**

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for *Care type*.

### **Additional information**

The category Other admitted patient care (8.0) was reported for a large proportion of separations in New South Wales private hospitals (41.3%). Based on principal diagnosis and procedure codes it was considered that most of these separations were probably acute.

State-level comparisons of the median length of stay and age/sex characteristics associated with each care type have demonstrated the apparent lack of consistency between the states in the allocation of Maintenance, Geriatric evaluation and management, and Psychogeriatric care types. The relative proportions of separations across states vary markedly for these closely aligned categories. The median length of stay by care type and state for the Rehabilitation care type seems to indicate

different approaches by the states in relation to admitting people for same-day rehabilitation.

## Data element name: Country of birth

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Perinatal	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000035
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> The country in which the person was born.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	No	No	Yes	No	No
Qld	Yes	Yes	No	Yes	Yes	No
WA	Yes	Yes	No	Yes	No	No
SA	Yes	Yes	No	Yes	Yes	Yes
Tas	Yes	Yes	No	Yes	Yes	No
ACT	Yes	Yes	No	Yes	Yes	No
NT	Yes	Yes	No	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

The Australian Standard Classification of Countries (SACC) was specified as the data domain in the NHDD version 11.

New South Wales, Queensland, Western Australia, South Australia and the Australian Capital Territory reported *Country of birth* using SACC, while Victoria and Tasmania reported *Country of birth* using a modified version of the Australian Standard Classification of Countries for Social Statistics.

## Details of use of non-standard NMDS scope

*Country of birth* was reported as 9999 for 2 separations from the Australian Capital Territory in the public sector and 3 separations in the private sector. Victoria reported

a value of 9 for 9 separations in the public sector. These codes are not valid in SACC; however, it is likely that these were default values used where *Country of birth* was unknown (ABS 1999).

*Country of birth* was coded as 0 Inadequately described; 1 At sea; 2 Not elsewhere classified; or 3 Not stated for 10,153 separations. See table below for details by sector, state and territory.

**Table 4.8: Use of codes not found in the data domain, or supplementary SACC codes for inadequate data (codes commencing with '000')**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	2	0.0	0	0.0	2	0.0
Vic	1,267	6.7	4,817	13.0	6,084	10.9
Qld	835	3.6	6	1.3	841	1.9
WA	188	2.1	54	0.6	242	1.3
SA	853	9.9	12	0.4	865	7.2
Tas	41	1.3	2,020	98.2	2,061	39.4
ACT	9	0.7	0	0.0	9	0.5
NT	49	5.7	..	..	49	5.7
<b>Total</b>	<b>3,244</b>	<b>3.2</b>	<b>6,909</b>	<b>7.0</b>	<b>10,153</b>	<b>5.1</b>

.. Not applicable.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Not applicable.

## Data element name: Date of birth

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Health Labour Force Perinatal	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000036
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> The date of birth of the person.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	No	Yes	Yes	No
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	No	Yes	Yes	No
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Not applicable. NHDD definition and domain values were used by all states and territories.

### Details of use of non-standard NMDS scope

*Date of birth* was not provided by Western Australia (100%) and was missing for 99% of separations from Victoria and 21 separations from New South Wales in the private sector.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

Western Australia did not provide *Date of birth* in 2002-03 data, but provided age in years and age in days. Victoria provided age in years and age in days where date of birth was missing.

## Data element name: Diagnosis related group

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000042
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 1
<b>Definition:</b> A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital (AR-DRGs).		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	No	Yes	Yes	No	Yes
Vic	Yes	No	Yes	Yes	No	Yes
Qld	Yes	No	Yes	Yes	No	Yes
WA	Yes	No	Yes	Yes	No	Yes
SA	Yes	No	Yes	Yes	No	Yes
Tas	Yes	No	Yes	Yes	No	Yes
ACT	Yes	No	Yes	Yes	No	No
NT	Yes	No	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

All states and territories provided DRG information based on AR-DRG version 4.2 instead of *Australian Refined Diagnosis Related Groups* version 5.0.

### Details of use of non-standard NMDS scope

Data for *Diagnosis related group* were missing for 60 separations from Victoria (54 public, 6 private), 4 public sector separations from the Northern Territory and 3 private sector separations from the Australian Capital Territory.

Data were ungroupable for 226 separations, almost all in the public sector.

**Table 4.9: Use of a null value, or the Ungroupable or Unacceptable Principal Diagnosis data domain for *Diagnosis related group*, by state and territory, 2002-03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	137	0.4	3	0.0	140	0.9
Vic	54	0.3	6	0.0	60	0.1
Qld	0	0.0	0	0.0	0	0.0
WA	0	0.0	0	0.0	0	0.0
SA	0	0.0	0	0.0	0	0.0
Tas	84	2.6	0	0.0	84	1.6
ACT	1	0.1	3	0.8	4	0.2
NT	5	0.6	..	..	5	0.6
<b>Total</b>	<b>281</b>	<b>0.3</b>	<b>12</b>	<b>0.0</b>	<b>293</b>	<b>0.1</b>

.. Not applicable.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

The NHDD specifies that the AR-DRG version effective from 1 July each year should be used as the valid data domain. The version effective from 1 July 2002 (based on the ICD-10-AM version that was then current) was version 5.0. The AIHW regrouped all data provided by states and territories to AR-DRG version 5.0.

## Data element name: Employment status—acute hospital and private psychiatric hospital admissions

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000395
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in designated psychiatric units in acute hospitals.		<b>Version number:</b> 2
<b>Definition:</b> Self-reported employment status of a person, immediately prior to admission to an acute or private psychiatric hospital.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	..	..	..	..	..	..
Vic	..	..	..	..	..	..
Qld	..	..	..	..	..	..
WA	..	..	..	..	..	..
SA	..	..	..	..	..	..
Tas	..	..	..	..	..	..
ACT	..	..	..	..	..	..
NT	..	..	..	..	..	..

.. Not applicable, as not requested.

### Details of use of non-standard NHDD definition and domain values

The AIHW did not request this data element for 2002–03. See *Employment status – public psychiatric hospital admissions* for more detail.

### Details of use of non-standard NMDS scope

Not applicable.

### Was mapping required from state and territory data sets?

Not applicable.

### Additional information:

Not applicable.

## Data element name: Employment status—public psychiatric hospital admissions

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000317
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in public psychiatric hospitals.		<b>Version number:</b> 2
<b>Definition:</b> Self-reported employment status of a person, immediately prior to admission to a public psychiatric hospital.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	..	..	..	..	..	..
Vic	Yes	Yes	No	..	..	..
Qld	Yes	Yes	Yes	..	..	..
WA	Yes	Yes	Yes	..	..	..
SA	Yes	Yes	No	..	..	..
Tas	Yes	Yes	No	..	..	..
ACT	Yes	Yes	Yes	..	..	..
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

This data element is restricted in scope to public psychiatric hospitals.

### Details of use of non-standard NMDS scope

New South Wales did not report *Employment status*. Victoria provided data for public psychiatric hospitals only, but did not use category 1 Child not at school as Victoria's one public psychiatric hospital is a forensic hospital, and does not have child patients. Tasmania reported employment status for both the public and private sectors but did not use category 4 Unemployed. Queensland and Western Australia reported *Employment status* for both the public and private sectors.

**Table 4.10: Separations for which a null value was used or *Employment status* was reported as 9 Not stated, by sector, state and territory**

State or territory	Public hospital		Public psychiatric hospital		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
NSW	27,106	100.0	9,602	100.0	24,713	100.0	61,421	100.0
Vic	18,375	100.0	87	20.0	37,013	100.0	55,475	99.4
Qld	0	0.0	0	0.0	0	0.0	0	0.0
WA	0	0.0	0	0.0	0	0.0	0	0.0
SA	1,901	32.3	937	34.2	3,425	100.0	6,263	51.9
Tas	342	11.8	5	1.8	858	41.7	1,205	23.0
ACT	0	0.0	..	..	377	100.0	377	21.9
NT	180	21.1	..	..	..	..	180	21.1
<b>Total</b>	<b>47,904</b>	<b>55.8</b>	<b>10,631</b>	<b>68.7</b>	<b>66,386</b>	<b>67.1</b>	<b>124,921</b>	<b>62.4</b>

.. Not applicable.

### **Was mapping required from state and territory data sets?**

Western Australia collects two additional categories: Retired and Pensioner, which they mapped to 6 Other.

### **Additional information**

New South Wales collected this item for the first time in 2004–05. New South Wales does not consider it to be a reliable item as the categories are not mutually exclusive.

## Data element name: Establishment identifier—Establishment number

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment services Community Mental Health Care Community Mental Health Establishments Perinatal Public Hospital Establishments	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000050
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. <i>Establishment identifier</i> is a composite data element and is a concatenation of <i>State identifier</i> , <i>Establishment sector</i> , <i>Region code</i> and <i>Establishment number</i> . <i>Establishment number</i> An identifier for establishment, unique within the state or territory (Knowledgebase ID: 000050, version number 3).		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	No	No	Yes
Vic	Yes	Yes	Yes	No	No	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	No	No	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	No	No	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

### **Details of use of non-standard NHDD definition and domain values**

New South Wales, Victoria, Western Australia and Tasmania did not provide a unique *Establishment number* for private hospitals; for confidentiality reasons South Australia provided a unique *Establishment identifier* for private hospitals, with establishment identifiers encrypted to ensure confidentiality.

### **Details of use of non-standard NMDS scope**

Not applicable. *Establishment number* was provided for all reported separations in each state and territory.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Private hospitals were assigned an *Establishment number* of 300 in New South Wales, PRIV in Victoria, 999 in Western Australia and 000 in Tasmania.

## Data element name: Establishment identifier—Establishment sector

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment services Community Mental Health Care Community Mental Health Establishments Perinatal Public Hospital Establishments	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000050
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. <i>Establishment identifier</i> is a composite data element and is a concatenation of <i>State identifier</i> , <i>Establishment sector</i> , <i>Region code</i> and <i>Establishment number</i> . <i>Establishment sector</i> A section of the health care industry (Knowledgebase ID: 000050, version number 3).		

### Use of national standard definition, domain values and NMDS scope:

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	No*	No*	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

\* See details of use of non-standard NHDD definition and domain values.

### **Details of use of non-standard NHDD definition and domain values**

The *National Health Data Dictionary* version 11 (AIHW 2002) specifies two domain values, 1 Public and 2 Private. The AIHW requested that two additional categories be provided for Establishment sector, 4 Public psychiatric and 5 Private free-standing day hospital facility.

New South Wales, Victoria, Queensland, Western Australia, South Australia, the Northern Territory and the Australian Capital Territory provided establishment sector as requested by the AIHW.

Tasmania provided information for public acute and public psychiatric hospitals but did not distinguish between private free-standing day hospital facilities and other private hospitals due to confidentiality concerns regarding the small number of private hospitals and free-standing day facilities. A data domain of 6 Private, not further specified was assigned by the AIHW for Tasmania.

### **Details of use of non-standard NMDS scope**

Not applicable. Establishment sector was provided for all reported separations in each state and territory.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Not applicable.

## Data element name: Establishment identifier—Region code

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Perinatal Public Hospital Establishments	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000050
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. <i>Establishment identifier</i> is a composite data element and is a concatenation of <i>State identifier</i> , <i>Establishment sector</i> , <i>Region code</i> and <i>Establishment number</i> . <i>Region code</i> An identifier for location of health services in an area. (Knowledgebase ID: 000050 version number 3).		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	No	Yes	Yes	No
WA	Yes	Yes	Yes	Yes	Yes	No
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	No	No	No	No	No	No
ACT	..	..	..	..	..	..
NT	..	..	..	..	..	..

.. Not applicable.

### **Details of use of non-standard NHDD definition and domain values**

As domain values are as specified by the individual states and territories and there are no standard categories that have to be reported, it is difficult to assess each individual jurisdiction's compliance with the NHDD.

### **Details of use of non-standard NMDS scope**

Regions are not used in the Australian Capital Territory and the Northern Territory. Queensland did not provide *Region code* for separations in either the public or private sector, while Western Australia did not provide them for private hospital separations.

Western Australia has indicated that it does not provide region codes for private hospitals as this amounts to identifying the establishment in some cases. Western Australia does not wish to have private hospitals identified.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Queensland and the Australian Capital Territory used '00' for all separations, the Northern Territory used '71' for public hospitals, while Western Australia provided region codes for public hospitals and '00' for private hospitals.

The Australian Capital Territory indicated that region is not a useful disaggregation for analysis. Tasmania provided a 6-digit *Establishment number*, with no region code.

## Data element name: Establishment identifier—State identifier

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment services Community Mental Health Care Community Mental Health Establishments Emergency Department Waiting Times Perinatal Public Hospital Establishments	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000050
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. <i>Establishment identifier</i> is a composite data element and is a concatenation of <i>State identifier</i> , <i>Establishment sector</i> , <i>Region code</i> and <i>Establishment number</i> . <i>State identifier</i> An identifier for state or territory (Knowledgebase ID: 000050, version number 3).		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

**Details of use of non-standard NHDD definition and domain values**

Not applicable. NHDD definition and domain values were used by all states and territories.

**Details of use of non-standard NMDS scope**

Not applicable. *State identifier* was provided for all reported separations in each state and territory.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

Not applicable.

## Data element name: Indigenous status

<b>Evaluation NMDs:</b> Admitted Patient Mental Health Care	<b>Other NMDs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Perinatal	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000001
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.		

## Use of national standard definition, domain values and NMDs scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	No	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	No	Yes	Yes	No
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	No	Yes	Yes	No
ACT	Yes	Yes	No	Yes	Yes	No
NT	Yes	Yes	No	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values were used by all states and territories.

The NHDD version 11 specifies five domain values, 1 Aboriginal but not Torres Strait Islander, 2 Torres Strait Islander, 3 Both Aboriginal and Torres Strait Islander, 4 Neither Aboriginal nor Torres Strait Islander and 9 Not stated. The AIHW requested that an additional category be provided, 5 Indigenous not further specified if data were unable to be provided in categories 1–3 above. No data were provided for this additional category.

## Details of use of non-standard NMDS scope

The coverage of *Indigenous status* in the APMHC NMDS is not complete for all states and territories. For example, in Queensland, *Indigenous status* was not reported for 3.5% of hospital separations, and in Tasmania some private hospitals did not collect *Indigenous status*; overall *Indigenous status* was not reported for 4.7% of Tasmanian separations.

**Table 4.11: Use of the Not stated data domain for *Indigenous status*, by sector, state and territory, 2002–03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	685	1.9	39	0.2	724	1.2
Vic	0	0.0	0	0.0	0	0.0
Qld	673	2.9	900	4.1	1,573	3.5
WA	0	0.0	0	0.0	0	0.0
SA	382	4.4	0	0.0	382	1.9
Tas	204	6.4	43	2.1	247	4.7
ACT	29	2.2	21	5.6	50	2.9
NT	11	1.3	..	..	11	1.3
<b>Total</b>	<b>1,984</b>	<b>2.0</b>	<b>1,003</b>	<b>1.0</b>	<b>2,987</b>	<b>3.0</b>

.. Not applicable.

## Was mapping required from state and territory data sets?

Not applicable.

## Additional information

In the evaluation of the APC NMDS it was recommended that future compliance evaluations should include a quality audit component to assess the accuracy of the responses to *Indigenous status*, including an investigation of whether Indigenous patients were likely to be recorded as non-Indigenous.

The following information relates to the quality of data reported for the APC NMDS, as no specific information on the mental health subset (the APMHC NMDS) was available.

Overall, the quality of the data provided for *Indigenous status* in 2002–03 is considered to be in need of improvement, being considered acceptable for only South Australia, Western Australia and the Northern Territory.

The AIHW requested that states and territories provide comments on the quality of their *Indigenous status* data. The following is an extract from *Australian Hospital Statistics 2002–03* (AIHW 2004a).

For 2002–03, the New South Wales Health Department reported that its data were in need of improvement. The department is working to improve the quality of Indigenous origin information in hospital separations data. Departmental publications and circulars are used to encourage both a uniform approach to the

identification of Indigenous patients and continuous improvement in this data collection. The New South Wales Health Department is also implementing its Collecting Patient Registration Information Training Program in all New South Wales Area Health Services. This training program raises awareness of data items, including *Indigenous status*, that may relate to sensitive issues and reviews strategies that may help in the collection of complete and accurate patient registration information.

The Victorian Department of Human Services reported that, despite data quality improvement in recent years, *Indigenous status* data for 2002–03 should be treated with some caution. Studies in Victoria have shown that data are more accurate if the hospital employs a Koori Hospital Liaison Officer, particularly in regional hospitals, where the officers are located in the main Koori communities. *Indigenous status* data are considered less reliable in tertiary hospitals drawing Indigenous patients from outside their local communities, and in private hospitals. Victoria has undertaken an Aboriginal and Torres Strait Islander Hospital Services Accreditation Project. When its recommendations are implemented, this is expected to lead to improved patient identification and the provision of more culturally appropriate services.

Queensland Health noted that for 2002–03, *Indigenous status* was not reported for 11% of hospital separations (1.7% for public hospital separations and 22% for private hospital separations). It suggested that it is likely that the proportion of separations that were for Indigenous patients, in those separations for which *Indigenous status* was not reported, was higher than for separations for which *Indigenous status* was reported. Overall, the available evidence suggests that the number of Indigenous separations is significantly understated in the Queensland hospital morbidity data because of non-reporting as well as misreporting of Indigenous status. Queensland Health continues to work on improving overall Aboriginal and Torres Strait Islander identification in all mainstream administrative data collections.

The Western Australian Department of Health regarded its *Indigenous status* data as being of an acceptable quality, although data from metropolitan hospitals are considered to be less accurate than data from remote areas. The department is planning to implement a quality control check on this data element on an annual basis. In documentation supplied to the AIHW with the NMDS for 2000–01, Western Australia noted survey results suggesting approximately 85% of Indigenous and 99% of non-Indigenous persons are identified correctly in broad Indigenous categories. It is suspected that code 3 Aboriginal and Torres Strait Islander is at times interpreted as Aboriginal and/or Torres Strait Islander, resulting in higher than expected counts in this category.

The South Australian Department of Human Services regarded its 2002–03 *Indigenous status* data as suitable for inclusion in national statistical reports. The department conducted training in 2002–03 on how to ask and record the *Indigenous status* question. This training was based on a training package produced by the ABS. A 30% loading for casemix payments is applied to separations for Indigenous patients in South Australian public hospitals, and this acts as an incentive for improved identification. The Tasmanian Department of Health and Human Services reported that the quality of *Indigenous status* data has continued to improve in

2002–03 in that it is now reported for most patients. However, some private hospitals do not collect information on *Indigenous status* at all. The department is hoping to improve the reporting methods for private hospitals in future years.

The Australian Capital Territory Department of Health and Community Care considered that the quality of its public hospital *Indigenous status* data is of acceptable quality, while its private hospital *Indigenous status* data require improvement.

The Northern Territory Department of Health and Community Services reported that the quality of its 2002–03 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners follow up on these clients. All management and statistical reporting, however, is based on a person's currently reported Indigenous status.

## Data element name: Major Diagnostic Category

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000088
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 1
<b>Definition:</b> Major Diagnostic Categories are 23 mutually exclusive categories into which all possible principal diagnoses fall. The diagnoses in each category correspond to a single body system or aetiology, broadly reflecting the specialty providing care. Each category is partitioned according to whether or not a surgical procedure was performed. This preliminary partitioning into major diagnostic categories occurs before a diagnosis related group is assigned.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	No	Yes	Yes	No	Yes
Vic	Yes	No	Yes	Yes	No	Yes
Qld	Yes	No	Yes	Yes	No	Yes
WA	Yes	No	Yes	Yes	No	Yes
SA	Yes	No	Yes	Yes	No	Yes
Tas	Yes	No	Yes	Yes	No	Yes
ACT	Yes	No	Yes	Yes	No	No
NT	Yes	No	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

NHDD definitions were used by all states and territories. However, they all provided Major Diagnostic Category information based on AR-DRG version 4.2 instead of AR-DRG version 5.0. The version used by New South Wales is unknown. A value of '00' was used for Major Diagnostic Category for 131 separations in New South Wales, 84 separations in Tasmania and 2 separations in Queensland, all from the public sector. Queensland used a value of '24' for 6 public sector separations.

**Details of use of non-standard NMDS scope**

Data for *Major diagnostic category* were missing for Victoria for 54 separations from the public sector and 6 separations for the private sector, 4 public sector separations from the Northern Territory and 3 private sector separations from the Australian Capital Territory.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

The NHDD specifies that the AR-DRG version effective from 1 July each year should be used as the valid data domain. The version effective from 1 July 2002 (based on the ICD-10-AM version that was current then) was version 5.0. The AIHW regrouped all data provided by states and territories to AR-DRG version 5.0.

## Data element name: Marital status

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000089
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Current marital status of the person.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	No	Yes	Yes	No
Vic	Yes	Yes	No	Yes	Yes	No
Qld	Yes	Yes	No	Yes	Yes	No
WA	Yes	Yes	No	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	No	Yes	Yes	No
ACT	Yes	Yes	No	Yes	Yes	Yes
NT	Yes	Yes	No	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

NHDD domain values were used by all states and territories, where known.

### Details of use of non-standard NMDS scope

Data for *Marital status* were provided for all separations for all states and territories. The code 6 Not stated/inadequately described was used by all states and territories in both the public and private sectors.

**Table 4.12: Use of the Not stated/inadequately described data domain for *Marital status* by sector, state and territory, 2002-03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	3,807	10.4	1,072	4.3	4,879	7.9
Vic	1,348	7.2	1,500	4.1	2,848	5.1
Qld	1,334	5.8	184	0.8	1,518	3.4
WA	163	1.9	19	0.2	182	1.0
SA	1,166	13.5	49	1.4	1,215	10.1
Tas	51	1.6	19	0.9	70	1.3
ACT	30	2.2	1	0.3	31	1.8
NT	154	18.0	..	..	154	18.0
<b>Total</b>	<b>8,053</b>	<b>7.9</b>	<b>2,844</b>	<b>2.9</b>	<b>10,897</b>	<b>5.4</b>

.. Not applicable.

### **Was mapping required from state and territory data sets?**

New South Wales and South Australia mapped the data collected at the jurisdiction level to conform to the NHDD domain values for *Marital status*. Victoria used code 5 to represent Currently married (including de facto).

### **Additional information:**

New South Wales, Victoria, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory provided *Marital status* for all hospital separations, not just specialised mental health care separations.

## Data element name: Mental health legal status

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Community Mental Health Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000092
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 5
<b>Definition:</b> Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period. Involuntary patients are persons who are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	No	Yes	Yes	No
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	No
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	No	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values were used by all states and territories.

### Details of use of non-standard NMDS scope

In Victoria, all private sector separations were reported as Victorian code 9 Not applicable and 114 (0.2%) separations in the public sector were reported as Unknown. Data were missing for 246 separations (28.9%) in the public sector in the Northern Territory. In Tasmania, all separations in the private sector were coded to 9 Unknown.

In Victoria, private hospitals are directed to report a code of 9 Not applicable for all patients, as private hospitals are not proclaimed to provide services for involuntary patients. Therefore, the AIHW has analysed these services as equivalent to 2 Voluntary.

**Table 4.13: Use of a null value, or the Unknown data domain for *Mental health legal status*, by sector, state and territory, 2002–03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	0	0.0	0	0.0	0	0.0
Vic	114	0.6	0	0.0	114	0.2
Qld	0	0.0	0	0.0	0	0.0
WA	0	0.0	0	0.0	0	0.0
SA	0	0.0	0	0.0	0	0.0
Tas	0	0.0	2,056	100.0	2,056	39.3
ACT	0	0.0	0	0.0	0	0.0
NT	246	28.8	..	..	246	28.9
<b>Total</b>	<b>360</b>	<b>0.4</b>	<b>2,056</b>	<b>2.1</b>	<b>2,436</b>	<b>1.2</b>

.. Not applicable.

### Was mapping required from state and territory data sets?

South Australia and Tasmania mapped the data collected at the jurisdiction level to conform to the NHDD domain values for *Mental health legal status*.

### Additional information

*Mental health legal status* is not required to be reported for separations without specialised psychiatric care in the APC NMDS. However, South Australia provided *Mental health legal status* for all separations, regardless of whether patients had psychiatric care days. That is, patients who were involuntary (those with and without psychiatric care days) were coded as 1 Involuntary, while all other patients (those with and without psychiatric care days) were coded as 2 Voluntary. New South Wales reported *Mental health legal status* for separations with no psychiatric care days which were in the public sector.

New South Wales, South Australia, the Australian Capital Territory and the Northern Territory coded some separations without psychiatric care days as 2 Voluntary. South Australia and the Northern Territory coded 1 separation without psychiatric care days as 1 Involuntary. These separations were in the public sector.

## Data element name: Mode of separation

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000096
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable).		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	No	Yes	Yes	No	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	No	Yes	Yes	No	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	No	Yes	No	No	No
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

Victoria includes discharges/transfers to psychiatric hospitals in category 1 Discharge/transfer to an(other) acute hospital rather than category 3 Discharge/transfer to an(other) psychiatric hospital as per NHDD specifications. Victoria has indicated that this reflects the fact that, except for the public psychiatric hospital, all public admitted patient services for mental health patients have now been mainstreamed into public acute hospitals and it may not be recorded whether a patient is transferred to a psychiatric unit or to the 'general' part of the hospital. Even when the patient notes make it clear that the transfer is to the psychiatric ward of another hospital, the codes identifying hospitals do not differentiate between the various services of that hospital: the transferring hospital can indicate only the receiving hospital. Victoria has suggested that this NHDD specification needs to be reviewed. For Victoria discharges and transfers to mental health residential facilities are mapped to category 4 Discharge/transfer to other health care accommodation.

Western Australia uses category 2 Discharge/transfer to a residential aged care service, unless this is the usual place of residence for patients who are discharged or transferred to a nursing home (not a residential aged care service). Category 3 Discharge/transfer to an(other) psychiatric hospital is used for discharges or transfers to all psychiatric facilities, not just psychiatric hospitals. Category 4 Discharge/transfer to other health care accommodation (includes mothercraft hospitals) also includes patients who are discharged or transferred to all hostels (mostly aged care). Western Australia will use Version 10 of the NHDD definitions for its 2003–04 submission. This affects categories 2 (residential aged care service rather than nursing home), 3 (psychiatric hospital rather than psychiatric facility) and 4 (aged care facilities that belong to category 2 will be excluded from this category while some psychiatric facilities and mothercraft hospitals will be included).

All separations for Tasmania in the private sector were coded to 9 Other (includes discharge to usual residence/own accommodation/ welfare institution (includes prisons, hostels and group homes providing primarily welfare services). Tasmania did not use category 3 Discharge/transfer to an (other) psychiatric hospital in the public sector.

The Australian Capital Territory did not report any separations for category 7 Statistical discharge from leave.

### **Details of use of non-standard NMDS scope**

The AIHW requested that category 0 Unknown be reported if *Mode of separation* was not known. There were no separations coded as 0 Unknown for any state or territory. Data were missing for 3 separations in the public sector for South Australia.

### **Was mapping required from state and territory data sets?**

New South Wales, Victoria, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for *Mode of separation*. Queensland derives this data element from two separate state data items.

### **Additional information**

Not applicable.

## Data element name: Person identifier

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment services Community Mental Health Care Perinatal	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000127
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 1
<b>Definition:</b> Person identifier unique within establishment or agency.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	..	..	..	..
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	..	..	..	..	..	..
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	No	..	..	No	..	..
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

The NHDD definition appears to have generally been used by states and territories, except Western Australia, which did not provide data for *Person identifier*, and Tasmania which provided a *Person identifier* that was not unique. Individual establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems as domain values.

The NHDD definition requires that the *Person identifier* is unique to the patient within the relevant establishment. The supplied data were examined for the repeated use of the same person identifier for patients with different demographic characteristics, such as *Sex* and *Date of birth*. There were very few cases where there were

*Establishment identifier-Person identifier* combinations with more than one *Sex* or *Date of birth*.

**Table 4.14: Use of unique establishment identifiers-person identifiers, by state and territory, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Establishment id.-person id. combinations with 2 different sex values—public sector	n.a.	0	0	n.a.	77	n.a.	0	0
Establishment id.-person id. combinations with 2 different sex values—private sector	n.a.	6	1	n.a.	59	n.a.	0	..
Establishment id.-person id. combinations with more than one date of birth—public sector	n.a.	n.a.	4	n.a.	278	n.a.	1	0
Establishment id.-person id. combinations with more than one date of birth—private sector	n.a.	n.a.	5	n.a.	107	n.a.	0	..
Establishment id.-person id. combinations with 2 different sex values and/or more than one date of birth—public sector	n.a.	n.a.	4	n.a.	355	n.a.	1	0
Establishment id.-person id. combinations with 2 different sex values and/or more than one date of birth—private sector	n.a.	n.a.	6	n.a.	166	n.a.	0	..

n.a. Not available. For New South Wales, person identifier not loaded due to length of data element. Victoria did not provide date of birth. Western Australia did not provide person identifier. Tasmania did not provide a unique person identifier.

.. Not applicable.

### Details of use of non-standard NMDS scope

Western Australia did not report *Person identifier* for any separations in its data submission for confidentiality reasons. Western Australia indicated it does not intend to change this practice at this time. South Australia provided an encrypted *Person identifier* of a type which may have affected the analysis.

### Was mapping required from state and territory data sets?

Not applicable.

### Additional information

In its documentation accompanying the 2002-03 data request for the NHMD to states and territories the AIHW asked a number of questions regarding *Person identifier* including:

1. 'Is this identifier repeated for repeat admissions of individual patients?'
2. 'If so, does this apply within individual hospitals or throughout the state and territory?'
3. 'Are the identifiers the same as those used for previous years (that is, can they be used to identify repeat admissions in previous years for the same patients)?'

In addition, states and territories were asked to comment on whether the actual unique record number assigned at the hospital is provided or is encrypted before supply to the AIHW. If it is encrypted, states and territories were asked to indicate if the encryption is done in the same way each time so that the same encrypted number would stay with each patient each time they are re-admitted.

New South Wales indicated that, within public hospitals, *Person identifier* is the same for every new data extract and can be used to identify repeat admissions in previous years for the same patients within the same establishment. The record numbers for both public and private hospitals are encrypted, but for private hospitals they are not submitted in a form that can identify repeat admissions of the same patient.

Victoria indicated that *Person identifier* is repeated for repeat admissions of individual patients and is only unique within individual hospitals. It does not provide the unique record number assigned at the hospital, but provides an encrypted number. The encryption is done consistently so that the same encrypted number would stay with each patient each time they are re-admitted to the same hospital.

Queensland indicated that *Person identifier* is repeated for repeat admissions of individual patients and is only unique within individual hospitals.

South Australia indicated that *Person identifier* is unique to individual patients separated during 2002–03. It provided an encrypted person identifier for 2002–03 data.

Tasmania has indicated that the identifier is not repeated for repeat admissions of individual patients.

The Australian Capital Territory indicated that *Person identifier* may be used for repeat admissions within a hospital and applies across periods for the same patients.

The Northern Territory indicated that *Person identifier* is repeated for repeat admissions of the same individual across the Territory, not just within a hospital. It also provides an encrypted number, but it has a common numbering system for its five public hospitals, so each patient has the same encrypted number each time they are admitted to any of these hospitals.

## Data element name: Previous specialised treatment

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000139
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Whether a patient has had a previous admission or service contact for treatment in the specialty area within which treatment is now being provided.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	No	No	..	No	No
Vic	..	..	..	..	..	..
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	..	..	..	..	..	..
Tas	..	..	..	..	..	..
ACT	Yes	Yes	Yes	Yes	Yes	No
NT	Yes	Yes	No	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

NHDD domain values were used by all states and territories excluding New South Wales. New South Wales did not report any separations for category 3 Patient has previous service contact(s) but no hospital admission(s) for the specialised treatment now being provided or 4 Patient has both previous hospital admission(s) and service contact(s) for the specialised treatment now being provided.

### Details of use of non-standard NMDS scope

Data for *Previous specialised treatment* were not supplied for any separations from Victoria. No data were supplied for 55,342 (90.1%) separations from New South Wales (30,629 separations in the private sector, 24,713 in the public sector) and 165 (9.6%) separations from the Australian Capital Territory, all in the private sector. A

code of 5 Unknown/not stated was reported for all separations from South Australia and Tasmania and almost all separations in the Northern Territory (99.9%).

**Table 4.15: Use of a null value, or the Unknown/not stated data domain for *Previous specialised treatment*, by sector, state and territory, 2002–03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	30,629	83.4	24,713	100.0	55,342	90.1
Vic	18,811	100.0	37,013	100.0	55,824	100.0
Qld	0	0.0	0	0.0	0	0.0
WA	0	0.0	0	0.0	0	0.0
SA	8,635	100.0	3,425	100.0	12,060	100.0
Tas	3,179	100.0	2,056	100.0	5,235	100.0
ACT	222	16.5	165	43.8	387	22.5
NT	853	99.9	..	..	853	99.9
<b>Total</b>	<b>62,329</b>	<b>61.5</b>	<b>67,372</b>	<b>68.1</b>	<b>129,701</b>	<b>64.8</b>

.. Not applicable.

### Was mapping required from state and territory data sets?

Western Australia mapped the data by linking the patient history at the jurisdiction level to conform to the NHDD domain values.

### Additional information

New South Wales advised that systems in private hospitals were unable to collect this data element.

## Data element name: Principal diagnosis

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Community Mental Health Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000136
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility).		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	Yes	Yes	No
NT	Yes	Yes	No	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Not applicable. NHDD definition and domain values used by all states and territories. There were 145 separations with invalid ICD-10-AM version 3 *Principal diagnosis* codes, 117 in New South Wales in the public sector and 28 in Victoria in the public sector.

### Details of use of non-standard NMDS scope

New South Wales, Victoria, the Australian Capital Territory and the Northern Territory all reported separations without a *Principal diagnosis*.

**Table 4.16: Separations for which *Principal diagnosis* was not reported, by sector, state and territory, 2002–03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	14	0.0	0	0.0	14	0.0
Vic	55	0.3	6	0.0	61	0.1
Qld	0	0.0	0	0.0	0	0.0
WA	0	0.0	0	0.0	0	0.0
SA	0	0.0	0	0.0	0	0.0
Tas	0	0.0	0	0.0	0	0.0
ACT	0	0.0	3	0.8	3	0.2
NT	4	0.5	..	..	4	0.5
<b>Total</b>	<b>73</b>	<b>0.1</b>	<b>9</b>	<b>0.0</b>	<b>82</b>	<b>0.0</b>

.. Not applicable.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Not applicable.

## Data element name: Referral to further care (psychiatric patients)

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000143
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 1
<b>Definition:</b> Referral to further care by health service agencies/facilities.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	No	Yes	Yes	No
Vic	No	No	No	No	No	No
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	No	Yes	Yes	No
SA	Yes	Yes	No	Yes	Yes	Yes
Tas	Yes	Yes	No	Yes	Yes	No
ACT	Yes	Yes	No	Yes	Yes	No
NT	Yes	Yes	No	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values were used by all states and territories except Victoria.

### Details of use of non-standard NMDS scope

Data were not supplied, or coded to Not stated, for 55,660 (99.7%) separations from Victoria (data were supplied for public psychiatric hospitals only), 16,350 (89.4%) separations from Western Australia (6,809 separations in the public sector and 9,541 separations in the private sector), 5,235 (100.0%) separations from Tasmania (3,179 separations in the public sector and 2,056 separations in the private sector), 251 (29.4%) separations from the Northern Territory in the public sector and 69 (4.0%) separations from the Australian Capital Territory (38 separations in the public sector and 31 separations in the private sector).

No separations were reported for South Australia for referral to 4 Mental health/alcohol and drug non-inpatient facility or 6 Acute hospital.

The code 9 Not stated was requested by the AIHW (see table).

**Table 4.17: Use of a null value, or the code 9 for *Referral to further care (psychiatric patients)*, by sector, state and territory, 2002–03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	4,073	11.1	24,713	100.0	28,786	46.9
Vic	18,647	99.1	37,013	100.0	55,660	99.7
Qld	0	0.0	0	0.0	0	0.0
WA	6,809	77.8	9,541	100.0	16,350	89.4
SA	259	3.0	0	0.0	259	2.1
Tas	3,179	100.0	2,056	100.0	5,235	100.0
ACT	38	2.8	31	8.2	69	4.0
NT	251	29.4	..	..	251	29.4
<b>Total</b>	<b>33,256</b>	<b>32.8</b>	<b>73,354</b>	<b>76.4</b>	<b>106,610</b>	<b>53.2</b>

.. Not applicable.

### **Was mapping required from state and territory data sets?**

New South Wales mapped its data to the NHDD data domain values.

### **Additional information**

Not applicable.

## Data element name: Separation date

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000043
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 5
<b>Definition:</b> Date on which an admitted patient completes an episode of care.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Not applicable. NHDD definition and domain values were used by all states and territories.

### Details of use of non-standard NMDS scope:

Not applicable. *Separation date* was provided for all reported separations in each state and territory.

### Was mapping required from state and territory data sets?

Not applicable.

### Additional information

Not applicable.

## Data element name: Sex

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Perinatal	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000149
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 2
<b>Definition:</b> The sex of the person.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	Yes	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	No	Yes	Yes	No	Yes
Tas	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values were used by all states and territories except South Australia. South Australia does not use category 3 Indeterminate. South Australia has advised that it will fully comply with the NHDD from 1 July 2003 and a category of 3 Indeterminate will be introduced.

## Details of use of non-standard NMDS scope

Not applicable. *Sex* was provided for all reported separations in each state and territory. However, the NHDD domain value of 9 Not stated/inadequately described was used for 21 separations from New South Wales (19 in the public sector, 2 in the private sector) and 3 separations from the Northern Territory in the public sector.

### Was mapping required from state and territory data sets?

Each state and territory generally used the NHDD domain values for the collection of data on *Sex*, therefore mapping was not required.

### Additional information

Logical checks to check for inconsistencies between diagnosis (*Principal diagnosis* and/or additional diagnoses) and sex revealed a number of separations with invalid sex and diagnosis combinations, all in the public sector.

**Table 4.18: Number of separations with invalid sex and diagnosis combinations, by state and territory, 2002-03**

State	Invalid sex/diagnosis
NSW	5
Vic	1
Qld	0
WA	1
SA	0
Tas	0
ACT	0
NT	0

## Data element name: Source of referral to public psychiatric hospital

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> None	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000150
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in public psychiatric hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Source from which the person was transferred/referred to the public psychiatric hospital.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	No	Yes	Yes	..
Vic	..	..	..	..	..	..
Qld	Yes	Yes	Yes	..	..	..
WA	Yes	Yes	No	..	..	..
SA	Yes	Yes	No	..	..	..
Tas	Yes	Yes	No	Yes	Yes	..
ACT	Yes	Yes	..	..	..	..
NT	..	..	..	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Queensland, Western Australia and South Australia provided data for public psychiatric hospitals only, as outlined in the NHDD definition. Tasmania provided data for all separations, not just those in public psychiatric hospitals. Similarly, the Australian Capital Territory provided data for this data element even though it does not have any public psychiatric hospitals. Data were provided for separations with psychiatric care days in public acute hospitals in the Australian Capital Territory. Northern Territory did not provide data for this data element as it does not have any public psychiatric hospitals.

### Details of use of non-standard NMDS scope

Victoria was unable to provide data for this data element. According to Victoria the collection of this data element would not add value to the state's data because its

public psychiatric hospitals are forensic services and all patients would be 'referred' as part of a legal process.

Table 4.19 presents data on missing or unknown records. About 43% of separations within scope in both South Australia and Tasmania were reported as 10 Unknown.

**Table 4.19: Use of a null value, or the Unknown data domain for *Source of referral to public psychiatric hospital*, by state and territory, 2002-03**

State or territory	Public psychiatric hospital	
	Number	Per cent
NSW	193	2.0
Vic	436	100.0
Qld	0	0.0
WA	105	5.4
SA	1,178	43.0
Tas	120	42.6
ACT	..	..
NT	..	..
<b>Total</b>	<b>2,032</b>	<b>13.1</b>

.. Not applicable.

Note: The scope of this data element is restricted to public psychiatric hospitals.

### Was mapping required from state and territory data sets?

New South Wales, South Australia, Western Australia and Tasmania all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for *Source of referral to public psychiatric hospital*. Queensland derives this item from two separate data items.

### Additional information

Western Australia has indicated difficulty reporting this data element.

## Data element name: Total leave days

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000163
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 3
<b>Definition:</b> Sum of the length of leave (date returned from leave minus date went on leave) for all periods within the hospital stay.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for separations, where applicable?	NHDD definition used?	NHDD domain values used?	Provided for separations, where applicable?
NSW	Yes	Yes	Yes	Yes	Yes	Yes
Vic	Yes	Yes	No	Yes	Yes	Yes
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	Yes	Yes	Yes	Yes
SA	Yes	Yes	Yes	Yes	Yes	Yes
Tas	Yes	Yes	Yes	Yes	Yes	Yes
ACT	Yes	Yes	Yes	Yes	Yes	Yes
NT	Yes	Yes	Yes	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Not applicable. NHDD definition and domain values were used by all states and territories.

### Details of use of non-standard NMDS scope

This data element is not compulsory for all separations. *Total leave days* was provided where applicable by all states and territories except for Victoria, where it was not reported for any separations from public psychiatric hospitals. Victoria has advised that it will be reporting *Total leave days* for all hospitals in scope in future data submissions.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

Not applicable.

## Data element name: Total psychiatric care days

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b> Admitted Patient Care Community Mental Health Care	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000164
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 2
<b>Definition:</b> The sum of the number of days or part days of stay that the person received care as an admitted patient or resident within a designated psychiatric unit, minus the sum of leave days occurring during the stay within the designated unit.		

### Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	..	Yes	Yes	..
Vic	Yes	Yes	..	Yes	Yes	..
Qld	Yes	Yes	..	Yes	Yes	..
WA	Yes	Yes	..	Yes	Yes	..
SA	Yes	Yes	..	Yes	Yes	..
Tas	Yes	Yes	..	Yes	Yes	..
ACT	Yes	Yes	..	Yes	Yes	..
NT	Yes	Yes	..	..	..	..

.. Not applicable.

### Details of use of non-standard NHDD definition and domain values

Not applicable. NHDD definition and domain values were used by all states and territories.

### Details of use of non-standard NMDS scope

The data element *Total psychiatric care days* is recorded for persons receiving care as an admitted patient or resident within a designated psychiatric unit. Separations are defined as being in the APMHC NMDS if they have at least one psychiatric care day. All states and territories reported that all psychiatric care days were reported in 2002–03, for the public sector. However, private sector reporting may have been incomplete in some jurisdictions.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

Victoria reports psychiatric care days for all separations with a Victorian *Care type* of 5 Approved mental health/Psychogeriatric.

## Data element name: Type of accommodation

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000173
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 2
<b>Definition:</b> The type of accommodation setting in which the person usually lives/lived.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	..	..	..	..	..	..
Vic	..	..	..	..	..	..
Qld	..	..	..	..	..	..
WA	..	..	..	..	..	..
SA	..	..	..	..	..	..
Tas	..	..	..	..	..	..
ACT	..	..	..	..	..	..
NT	..	..	..	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

Not requested by the AIHW for 2002–03.

## Details of use of non-standard NMDS scope:

Not applicable.

## Was mapping required from state and territory data sets?

Not applicable.

## Additional information

Not applicable.

## Data element name: Type of usual accommodation

<b>Evaluation NMDS:</b> Admitted Patient Mental Health Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2002–03
		<b>Knowledgebase ID:</b> 000173
		<b>NHDD version:</b> 11.0
<b>Scope:</b> Episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units in acute hospitals.		<b>Version number:</b> 1
<b>Definition:</b> The type of physical accommodation the person lived in prior to admission.		

## Use of national standard definition, domain values and NMDS scope

State or territory	Public sector			Private sector		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
NSW	Yes	Yes	No	Yes	Yes	Yes
Vic	Yes	Yes	No	Yes	Yes	No
Qld	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	Yes	No	Yes	Yes	No
SA	Yes	Yes	No	Yes	Yes	No
Tas	Yes	Yes	No	Yes	Yes	No
ACT	Yes	Yes	No	Yes	Yes	No
NT	Yes	Yes	No	..	..	..

.. Not applicable.

## Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values were used by all states and territories.

## Details of use of non-standard NMDS scope

In Victoria, data were reported for public psychiatric hospitals only. Data were missing for 745 (55.4%) separations from the Australian Capital Territory in the public sector and 246 (28.8%) separations from the Northern Territory, also in the public sector.

The code 9 Not stated, which was requested by the AIHW, was used by New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Australian Capital Territory. See Table 4.20 below for more detail.

**Table 4.20: Use of a null value, or the code 9 for *Type of usual accommodation*, by sector, state and territory, 2002–03**

State or territory	Public sector		Private sector		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
NSW	11,915	32.5	5	0.0	11,920	19.4
Vic	18,521	98.5	37,013	100.0	55,534	99.5
Qld	0	0.0	0	0.0	0	0.0
WA	8,646	98.8	9,541	100.0	18,187	99.4
SA	1,477	17.1	3,425	100.0	4,902	40.6
Tas	3,179	100.0	2,056	100.0	5,235	100.0
ACT	745	55.4	30	8.0	775	45.0
NT	246	28.8	..	..	246	28.8
<b>Total</b>	<b>44,729</b>	<b>44.2</b>	<b>52,070</b>	<b>52.6</b>	<b>96,799</b>	<b>48.3</b>

.. Not applicable.

### Was mapping required from state and territory data sets?

Western Australia collects an additional code for Correctional institutions, which they mapped to 6 Other accommodation.

### Additional information

*Type of usual accommodation* was developed in 1989 to capture the accommodation a patient lived in prior to admission to hospital. *Type of accommodation* was developed in 1999 to capture information on the usual accommodation a patient lived in regardless of whether that was the type of accommodation they had come from directly prior to admission. *Type of accommodation* was initially proposed as a new version of *Type of usual accommodation* but the original data element was also retained as it captured different information. Both data elements have the same Knowledgebase identifier but will have different identifiers in the new METeOR system.