

3. Assessment of individual data elements

This chapter reports on the assessment of compliance for each data element in the NMDS for Admitted Patient Care reported by the states and territories for the collection periods 2001–02, 2002–03 and 2003–04.

It presents information on the use of the national standard definitions, domain values and scope by states and territories. The national standard definitions are specified for each collection period according to the relevant version of the *National health data dictionary* (NHDD) (AIHW 2001a, 2001b; NHDC 2003). Information is provided on the use of non-standard definitions and domain values and the non-standard use of scope. Where available, information is also provided on the mapping required from state and territory data sets to comply with the national standard domain values. The assessment of each data element includes a commentary on the trend in data quality over the 3-year collection period and additional information from states and territories regarding the collection of each data element. The data elements have been presented in alphabetical order. For most tables, the information has been provided separately for public hospitals, private hospitals and for all hospitals in the state/territory.

Information on the total number of separations for each of the collection years by hospital sector and state and territory is presented in the Appendix (Table A1).

3.1 Data element name: Activity when injured

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Injury Surveillance	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000002
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia. Used with ICD-10-AM external cause codes V01–Y34.		Version number: 2
		METeOR ID: 333849
Definition: The type of activity being undertaken by the person when injured.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001–02						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	x	n.a	..	..
2002–03						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	✓	✓	✓	x
2003–04						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	x	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	✓	✓	✓	x

(a) Only includes separations for which a diagnosis of injury or poisoning was reported.

n.a. Not available.

.. Not applicable.

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

For the collection years 2001–02 and 2003–04, South Australia mapped the data collected using the *International statistical classification of diseases and related health problems*, 10th revision, Australian modification (ICD-10-AM) forward to the edition applicable for the subsequent year (that is, 2001–02 was provided in the third edition and 2003–04 was provided in the fourth edition).

For the collection years 2001–02 and 2002–03, New South Wales provided a small number of records with an ICD-10-AM Activity when injured code that was invalid for the edition of ICD-10-AM applicable for the respective collection years.

Details of use of non-standard NMDS scope

The NHDD and the second and third editions of ICD-10-AM specify that an Activity when injured code should accompany an External cause code in the range V01–Y34 (AIHW 2001a, 2001b; NHDC 2003; NCCH 2000, 2002). ICD-10-AM activity codes for the second edition started with Y93, whereas in the third edition activity codes were in the range U50 to U73.

For 2003–04, the Northern Territory did not provide Activity when injured codes for the private sector (Table 3.1.1).

Table 3.1.1: Separations for which an External cause code in the range of V01–Y34 was not accompanied by an Activity when injured code, by sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	706	0.6	164	0.8	870	0.6
Victoria	33	0.0	4	0.0	37	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	31	0.5	23	1.0	54	0.6
Australian Capital Territory	2	0.0	4	0.7	6	0.1
Northern Territory	496	8.6	n.a.	..	496	8.6
Total	1,268	0.4	195	0.3	1,463	0.3
2002–03						
New South Wales	1,995	1.7	386	1.9	2,381	1.7
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	11	0.2	n.p.	2.3	n.p.	n.p.
Australian Capital Territory	86	1.9	n.p.	0.7	n.p.	n.p.
Northern Territory	9	0.2	n.p.	0.5	n.p.	n.p.
Total	2,101	0.6	444	0.6	2,545	0.6
2003–04						
New South Wales	623	0.5	453	2.4	1,076	0.7
Victoria	51	0.1	66	0.4	117	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	135	0.5	15	0.2	150	0.4
Tasmania	21	0.3	n.p.	2.0	n.p.	n.p.
Australian Capital Territory	3	0.1	n.p.	0.9	n.p.	n.p.
Northern Territory	5	0.1	n.p.	100.0	n.p.	n.p.
Total	838	0.2	1,002	1.3	1,840	0.4

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

South Australia mapped the data collected in 2001–02 and 2003–04 using the second and third editions of ICD-10-AM, respectively, forward to codes of the third and fourth editions, respectively before providing them to the AIHW. Where mapped codes could be identified, the AIHW mapped the South Australian data backwards to the second and third edition codes, respectively.

Additional information

A large proportion of separations reported an activity code of *Unspecified activity*, providing little statistically valuable information describing the activity being undertaken when the person was injured (Table 3.1.2). For example, for the collection year 2003–04, 51.8% of separations reported an activity code of *Unspecified activity* (50.1% in the public sector and 60.3% in the private sector). These data possibly highlight a need for more thorough documentation of external cause data.

Table 3.1.2: Separations with an External cause code in the range V01–Y34 and an Activity when injured code of *Unspecified activity*, by sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	63,136	54.0	12,087	61.0	75,223	55.0
Victoria	39,403	46.5	10,239	63.6	49,642	49.3
Queensland	31,406	43.9	11,496	53.1	42,902	46.0
Western Australia	14,335	44.4	3,868	42.5	18,203	44.0
South Australia	11,939	48.4	4,336	60.2	16,275	51.1
Tasmania	2,849	44.9	1,066	47.8	3,915	45.7
Australian Capital Territory	2,296	51.0	371	69.3	2,667	52.9
Northern Territory	3,415	59.3	n.a.	..	3,415	59.3
Total	168,779	48.7	43,463	56.7	212,242	50.1
2002–03						
New South Wales ^(b)	67,288	55.7	12,431	62.7	79,719	56.7
Victoria	40,430	45.8	10,617	63.3	51,047	48.6
Queensland	30,401	44.0	11,527	55.2	41,928	46.6
Western Australia	13,433	39.9	3,999	45.6	17,432	41.1
South Australia	12,990	49.6	4,673	66.2	17,663	53.1
Tasmania	2,139	32.2	n.p.	53.7	n.p.	n.p.
Australian Capital Territory	2,336	50.3	n.p.	69.1	n.p.	n.p.
Northern Territory	3,376	56.3	n.p.	71.1	n.p.	n.p.
Total	172,393	48.5	45,302	59.0	217,695	50.4
2003–04						
New South Wales	76,159	56.9	12,486	65.6	88,645	57.9
Victoria	41,749	47.0	10,704	63.7	52,453	49.6
Queensland	33,384	45.7	11,127	59.3	44,511	48.5
Western Australia	14,030	40.8	4,441	47.7	18,471	42.3
South Australia	14,624	53.1	4,503	62.8	19,127	55.1
Tasmania	2,014	29.7	n.p.	52.0	n.p.	n.p.
Australian Capital Territory	2,811	53.1	n.p.	64.4	n.p.	n.p.
Northern Territory	3,549	62.1	n.p.	0.0	n.p.	n.p.
Total	188,320	50.1	45,009	60.3	233,329	51.8

(a) Contains 89 separations using the ICD-10-AM superseded second edition *Unspecified activity* code.

n.p. Not published.

n.a. Not available.

.. Not applicable.

In addition, a relatively large proportion of separations reported an activity code of *Other specified activity* (Table 3.1.3). For example, for the collection year 2003–04, 22.5% of separations reported an activity code of *Other specified activity* (24.9% in the public sector and 10.6% in the private sector). These data possibly indicate that there is a need for more specificity in the Activity when injured categories of ICD-10-AM or clearer guidance for the use of current Activity when injured categories.

Consistently across the 3 collection years New South Wales provided separations where an Activity when injured code was not supplied when an External cause code in the range of V01–Y34 was supplied. For both the public and private sectors in New South Wales the use of the Activity when injured code of *Other specified activity* has improved over the three collection periods. The proportion of records with this code decreased from 18.8% of separations in the public sector in 2001–02 to 16.9% in 2003–04. Similarly in the private

sector, the use of this code decreased from 8.8% of separations in 2001–02 to 4.0% of separations in 2003–04. However, there has been a gradual increase in the use of the Activity when injured code of *Unspecified activity* for both hospital sectors in New South Wales over the three collection periods. Both sectors of New South Wales provided a relatively high proportion of separations with this unspecified code for the collection year 2001–02, with 54.0% of separations in the public sector and 61.0% of separations in the private sector. This increased to 56.9% and 65.6% of separations, respectively, for 2003–04.

Table 3.1.3: Separations with an External cause code in the range V01–Y34 and an Activity when injured code of *Other specified activity*, by sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	22,008	18.8	1,744	8.8	23,752	17.4
Victoria	25,282	29.9	1,704	10.6	26,986	26.8
Queensland	21,416	29.9	2,588	11.9	24,004	25.7
Western Australia	11,845	36.7	2,570	28.2	14,415	34.8
South Australia	6,297	25.6	558	7.7	6,855	21.5
Tasmania	1,789	28.2	315	14.1	2,104	24.5
Australian Capital Territory	1,123	24.9	35	6.5	1,158	23.0
Northern Territory	1,071	18.6	n.a.	..	1,071	18.6
Total	90,831	26.2	9,514	12.4	100,345	23.7
2002–03						
New South Wales ^(a)	20,475	16.9	1,187	6.0	21,641	15.4
Victoria	25,668	29.1	1,603	9.6	27,271	26.0
Queensland	20,468	29.6	2,233	10.7	22,701	25.2
Western Australia	13,643	40.5	2,270	25.9	15,913	37.5
South Australia	6,426	24.5	288	4.1	6,714	20.2
Tasmania	2,881	43.4	n.p.	12.9	n.p.	n.p.
Australian Capital Territory	839	18.1	n.p.	6.1	n.p.	n.p.
Northern Territory	1,542	25.7	n.p.	4.2	n.p.	n.p.
Total	91,921	25.9	7,932	10.3	99,853	23.1
2003–04						
New South Wales	22,589	16.9	764	4.0	23,353	15.3
Victoria	25,067	28.2	1,853	11.0	26,920	25.5
Queensland	20,673	28.3	2,158	11.5	22,831	24.9
Western Australia	13,869	40.3	2,409	25.9	16,278	37.3
South Australia	5,923	21.5	367	5.1	6,290	18.1
Tasmania	3,220	47.5	n.p.	14.2	n.p.	n.p.
Australian Capital Territory	1,018	19.2	n.p.	4.0	n.p.	n.p.
Northern Territory	1,178	20.6	n.p.	0.0	n.p.	n.p.
Total	93,537	24.9	7,921	10.6	101,458	22.5

(a) Included 21 separations using the ICD-10-AM superseded second edition *Other specified activity* code.

n.p. Not published.

n.a. Not available.

.. Not applicable.

Victoria consistently provided an Activity when injured code for the majority of separations with an External cause code (see Table 3.1.1). Some improvement can be seen in the use of *Other specified activity* in the public sector with 29.9% of separations provided with this code in 2001–02 decreasing to 28.2% of separations in the 2003–04 collection year. The use of this code in the private sector was fairly stable over the three collection periods. The high proportion of use of the Activity when injured code of *Unspecified activity* for separations provided by both sectors in Victoria does not indicate improvement over time.

Queensland consistently provided an Activity when injured code for all separations with an External cause code across both public and private sectors and all collection years. Some improvement can be seen in the use of *Other specified activity* in the public sector with 29.9% of separations provided with this code in 2001–02, decreasing to 28.3% in the 2003–04. There was no trend of improvement in the private sector. Queensland showed a relatively high use

of the code *Unspecified activity* in separations which increased for both sectors over the 3 years.

Western Australia consistently provided an Activity when injured code for all separations with an External cause code across both public and private sectors and for all collection years. Western Australia had the highest proportion of separations using the code *Other specified activity* of all the states/territories, and this use was consistent across the three collection periods. Western Australia showed an increasing trend in the proportion of records using the code *Unspecified activity* in the private sector, with 42.5% of separations in 2001-02 being provided with this code, increasing to 47.7% of separations in 2003-04.

South Australia provided an Activity when injured code for all separations with an External cause code for the collection years 2001-02 and 2002-03. However, a relatively small number of separations in the collection year 2003-04 were supplied without an Activity when injured code. The public sector showed an improvement in the provision of separations with the code *Other specified activity*, from 25.6% in 2001-02 to 21.5% in 2003-04. However, the public sector showed an increase in the proportion of separations using the *Unspecified activity* code, from 48.4% to 53.1%. For the private sector there was no trend of improvement in the use of either *Other specified activity* or *Unspecified activity*.

Tasmania consistently provided a relatively small number of separations that did not report an Activity when injured code with an External cause code for each collection year. The public sector showed an increase in the number of separations provided with the code *Other specified activity*, from 28.2% in 2001-02 to 47.5% in 2003-04. It also showed an improvement in the use of the *Unspecified activity* code, from 44.9% to 29.7%. For the private sector there was no obvious trend in the use of the *Unspecified activity* code.

The Australian Capital Territory provided a relatively small number of separations that did not report an Activity when injured code with an External cause code for each collection year. The public sector showed no obvious trend in the use of either *Other specified activity* or *Unspecified activity*. The private sector showed a slight decrease in the proportion of separations reporting *Other specified activity*, and the use of the *Unspecified activity* code in the private sector steadily decreased from 69.3% to 64.4% of separations.

In 2001-02, the Northern Territory provided 6.8% of separations in the public sector with an External cause code that did not report a corresponding Activity when injured code. However this improved over the three collection periods with only 0.1% (5) of separations being supplied without an Activity when injured code by 2003-04. The public sector showed no trend with the use of the *Other specified activity* and *Unspecified activity* codes. For 2002-03, a relatively small number (0.5%) of private sector separations were supplied without an Activity when injured code. However, for 2003-04 100.0% of private sector separations with an external cause were supplied without an Activity when injured code.

Trend analysis

The quality of the data element Activity when injured is poor for all states and territories and for both sectors, with no trend indicating improvement.

Nationally, over the 3-year collection period, the non-reporting of Activity when injured has remained relatively low for separations which required the reporting of this data element. As over 70% of separations reported a code of *Other specified activity* and *Unspecified activity*, the utility of this data element could be considered as very poor. The high use of the code *Other specified activity* indicates that a large number of known or specified activities are not described adequately in the classification, and the very high proportion of *Unspecified activity* indicates that this information may not be recorded well in the source medical records.

3.2 Data element name: Additional diagnosis

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000005
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 4
		METeOR ID: 333832
Definition: 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/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

(a) Not able to be determined from the available data. It is assumed that Additional diagnosis was provided for all separations for which it was applicable.

n.a. Not available.

.. Not applicable.

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

For the collection years 2001-02 and 2003-04 South Australia mapped the data collected using ICD-10-AM forward to the edition applicable for the subsequent year (i.e. 2001-02 was provided in the third edition and 2003-04 was provided in the fourth edition).

Details of use of non-standard NMDS scope

It was assumed that Additional diagnosis was provided for all separations for which it was applicable.

Was mapping required from state and territory data sets?

South Australia mapped the data collected in 2001–02 and 2003–04 using the second and third editions of ICD-10-AM, respectively, forward to codes of the third and fourth editions, respectively before providing them to the AIHW. Where mapped codes could be identified, the AIHW mapped the South Australian data backwards to the second and third edition codes, respectively.

Additional information

The AIHW requested a maximum of 30 Additional diagnosis codes for each separation for the collection years 2001–02 and 2002–03. For 2003–04 this was increased to a maximum of 50 additional diagnoses requested for each separation. Queensland indicated that it collects an unlimited number of diagnosis codes for each separation. For 2001–02 and 2002–03, Queensland and Western Australia both reported the maximum number of diagnosis codes requested by the AIHW, and may have been restricted in the number of codes they could provide. For 2003–04, both Queensland and Western Australia provided more than 50 additional diagnoses to the AIHW.

The number of additional diagnosis codes assigned to a separation is not necessarily indicative of the quality of the coding of this data element. Clinical coders are guided by the Australian Coding Standard 0002 in their assignment of additional diagnoses (NCCH 2000, 2002). There may be some variation between states and territories in the interpretation and application of this coding standard.

A study of the variation among jurisdictions in the assignment of Diagnosis Related Groups for public hospital separations indicated that there was notable interstate variation in the reporting and coding of important additional diagnoses (Coory & Cornes 2005). In a similar analysis performed by the AIHW, there appeared to be slightly less variation in the private sector than in the public sector (AIHW 2006).

Trend analysis

Across all collection periods, each state/territory had the administrative capacity to provide at least 20 diagnosis codes, complying with the NHDD's guide for use of the data element.

Although the maximum number of diagnoses reported to the NHMD increased between 2002–03 and 2003–04, the mean number of diagnosis codes reported per separation remained relatively stable both within states/territories and within sectors. The average number of diagnosis codes slightly increased in the public sector from 2.8 in 2001–02 to 2.9 in 2003–04 and slightly increased in the private sector from 2.3 in 2001–02 to 2.4 in 2003–04 (Table 3.2.1).

Table 3.2.1: Separations, by maximum number of diagnoses^(a) reported per separation, mean number of diagnoses per separation and the per cent of separations with only a principal diagnosis reported, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals			Private hospitals			Total		
	Maximum number of diagnosis codes	Mean number of diagnosis codes	Per cent with only principal diagnosis reported ^(b)	Maximum number of diagnosis codes	Mean number of diagnosis codes	Per cent with only principal diagnosis reported ^(b)	Maximum number of diagnosis codes	Mean number of diagnosis codes	Per cent with only principal diagnosis reported ^(b)
2001–02									
New South Wales	20	2.9	35.6	21	2.3	38.8	21	2.7	36.8
Victoria	25	2.7	31.2	25	2.2	41.6	25	2.5	34.7
Queensland	31	2.8	33.1	31	2.5	33.4	31	2.7	33.2
Western Australia	31	2.9	24.9	31	2.3	36.8	31	2.6	30.1
South Australia	26	2.9	30.8	24	2.4	35.8	26	2.7	32.6
Tasmania	30	3.6	20.4	25	2.3	40.8	30	3.0	30.0
Australian Capital Territory	25	2.6	39.1	22	2.6	31.9	25	2.6	36.9
Northern Territory	28	2.7	16.3	n.a.	..	..	28	2.7	16.3
Total	..	2.8	32.0	..	2.3	37.6	..	2.6	34.1
2002–03									
New South Wales	21	2.9	37.6	20	2.3	38.7	21	2.7	38.0
Victoria	25	2.7	31.5	25	2.2	40.5	25	2.6	34.7
Queensland	31	2.8	31.2	31	2.6	32.5	31	2.7	31.8
Western Australia	31	2.9	25.6	31	2.3	36.2	31	2.7	30.2
South Australia	26	2.9	30.6	25	2.4	37.0	26	2.7	32.9
Tasmania	29	3.4	20.4	29	2.3	39.1	29	2.9	29.0
Australian Capital Territory	24	2.4	41.8	23	2.4	33.7	24	2.4	39.2
Northern Territory	29	2.8	14.9	17	2.4	26.5	29	2.8	16.4
Total	..	2.8	32.4	..	2.3	37.2	..	2.6	34.2
2003–04									
New South Wales	44	3.1	28.8	20	2.3	39.0	44	2.8	32.4
Victoria	40	2.8	30.2	34	2.2	39.6	40	2.6	33.6
Queensland	60	2.9	30.2	55	2.6	30.8	60	2.8	30.5
Western Australia	68	3.0	23.1	48	2.4	34.5	68	2.7	28.2
South Australia	27	2.9	30.0	25	2.4	35.7	27	2.7	32.0
Tasmania	43	3.2	23.2	39	2.4	38.6	43	2.8	30.3
Australian Capital Territory	29	2.5	42.2	24	2.3	34.3	29	2.4	39.7
Northern Territory	38	2.9	13.1	17	2.5	24.8	38	2.9	14.7
Total	..	2.9	28.9	..	2.4	36.3	..	2.7	31.8

(a) Codes reporting external causes of injury and poisoning, place of occurrence, activity when injured and morphology of neoplasm are not included.

(b) As a proportion of total separations.

n.a. Not available.

.. Not applicable.

3.3 Data element name: Admission date

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000008
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 4
		METeOR ID: 269967
Definition: Date on which an admitted patient commences an episode of care.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

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

For 2001-02 and 2002-03 a very small number of records were provided with an invalid admission date, occurring either after the end of the collection period or after the separation date.

Details of use of non-standard NMDS scope

Provided for all reported separations.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Over the 3-year collection period, the AIHW has performed a validation check on admission date to identify the possible use of default admission dates by hospitals and has not identified any instances in which this has occurred systematically.

Trend analysis

The quality of Admission date is of a high standard.

3.4 Data element name: Admitted patient election status

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000415
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 1
Definition: Accommodation chargeable status elected by patient on admission.		METeOR ID: 270044

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✗	✗	✓	✗	✗
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✗	✗	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✗	✗	✓	✗	✗
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	Not supplied	..	✗
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✗	✗	✓	✗	✗
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	Not supplied	..	✗

n.a. Not available.

.. Not applicable.

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

This data element should be collected for all patients under the Australian Health Care Agreements. The AIHW allowed a category of *Unknown* to be reported if the Admitted patient election status of the patient was not known. However, it is expected that this category would only be used in a relatively small number of cases. As the *Unknown* category is not a valid domain value, a sector or state/territory has been deemed non-compliant if more than 0.5% of separations were reported as *Unknown*.

Tasmania, for both sectors and across all three collection periods, and the Northern Territory public sector in 2001–02 provided an Admitted patient election status of *Unknown* for greater than 0.5% of separations (Table 3.4.1).

Details of use of non-standard NMDS scope

Admitted patient election status was not available for separations from public psychiatric hospitals in Victoria. In practice, this means that the item was not provided for patients of the Victorian forensic psychiatric service, most if not all of whom would not be able to elect to be treated as private patients. Victoria commented that the scope of this data item should be clarified with a view to placing public psychiatric hospitals outside its scope; alternatively, it could default to *public* for this type of hospital.

Across the three collection periods, Tasmania consistently reported a high number of records with an Admitted patient election status of *Unknown* (Table 3.4.1).

The Northern Territory reported a relatively high number of records with an Admitted patient election status of *Unknown* for the public sector in 2001–02. The Northern Territory was unable to provide this data element for separations occurring in the private sector for the collection years 2002–03 and 2003–04.

Table 3.4.1: Separations with an Admitted patient election status of *Unknown/not reported*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	524	0.0	67	0.0	591	0.0
Victoria	3,793	0.3	402	0.1	4,195	0.3
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	918	0.3	528	0.2	1,446	0.2
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	8,908	11.2	34,066	48.2	42,974	28.6
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	1,827	2.9	n.a.	..	1,827	2.9
Total	15,970	0.4	35,063	1.4	51,033	0.8
2002–03						
New South Wales	263	0.0	61	0.0	324	0.0
Victoria	3,927	0.3	603	0.1	4,530	0.3
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	682	0.2	1,104	0.4	1,786	0.3
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	8,682	10.8	n.p.	33.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	13,554	0.3	34,615	1.4	48,169	0.7
2003–04						
New South Wales	187	0.0	7	0.0	194	0.0
Victoria	4,135	0.3	1,345	0.2	5,480	0.3
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	3,480	4.3	n.p.	14.7	n.p.	n.p.
Australian Capital Territory	2	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	7,804	0.2	22,381	0.8	30,185	0.4

n.p. Not published.
n.a. Not available.
.. Not applicable.

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia and Tasmania all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for Admitted patient election status. Queensland collects additional categories for this item but combines some of these to conform to the NHDD domain values.

Victoria supplied these data based on their data element 'Account class on separation', which had formed the basis of their data supply for 'Patient accommodation eligibility status' in previous years.

Western Australia does not collect Admitted patient election status, but derived the data element from payment classification categories. Unqualified newborns were assigned the election status of the mother where a mother-baby match could be readily identified.

Additional information

There was some variation between jurisdictions in the application of the data element Admitted patient election status, with some states and territories using this element to reflect the patient's choice of room or doctor and others to reflect the funding source.

For the purpose of reporting these data in the *Australian hospital statistics* reports for 2001–02, 2002–03 and 2003–04 (AIHW 2003b, 2004, 2005a), the AIHW allocated a Patient election status based on the patient's reported Funding source for hospital patient. Therefore the data presented in these *Australian hospital statistics* reports for Patient election status for the collection years are not identical to the data provided by the states and territories for Admitted patient election status. In particular, there are fewer separations with an *Unknown* value for Patient election status (for further information see *Australian hospital statistics 2003–04* (AIHW 2005a)).

Trend analysis

Generally, the quality of the provision of Admitted patient election status is good. New South Wales, Victoria, Western Australia, the Australian Capital Territory and the Northern Territory public sectors have provided a relatively small number of separations that used the *Unknown* data domain. Queensland and South Australia have consistently provided a valid NHDD value across both sectors and for the 3-year collection period. For the collection year 2001–02, Tasmania provided a relatively large proportion of separations that had an Admitted patient election status of *Unknown*, 11.2% in the public sector and 48.2% in the private sector. An improvement in the use of the *Unknown* data domain for Tasmania was seen over the collection periods. In the public sector, this improved from 11.2% in 2001–02 to 4.3% in 2003–04 and in the private sector from 48.2% in 2001–02 to 14.7% in 2003–04. The Northern Territory was unable to supply this data element for the private sector for all years in the evaluation period.

3.5 Data element name: Area of usual residence

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Community Mental Health Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000016
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 3
Definition: Geographical location of usual residence of the person.		METeOR ID: 329147

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✗	✓	✓	✗	✓
Victoria	✓	✗	✓	✓	✗	✓
Queensland	✓	✓	✗	✓	✓	✗
Western Australia	✓	✗	✗	✓	✗	✗
South Australia	✓	✗	✗	✓	✗	✗
Tasmania	✓	✓	✓	✓	✓	✗
Australian Capital Territory	✓	✗	✓	✓	✗	✓
Northern Territory	✓	✗	✓	n.a.	..	..
2002-03						
New South Wales	✓	✗	✓	✓	✗	✓
Victoria	✓	✗	✓	✓	✗	✓
Queensland	✓	✗	✗	✓	✗	✗
Western Australia	✓	✗	✗	✓	✗	✗
South Australia	✓	✗	✗	✓	✗	✗
Tasmania	✓	✗	✓	✓	✗	✓
Australian Capital Territory	✓	✗	✓	✓	✗	✓
Northern Territory	✓	✗	✓	✓	✗	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✗	✓	✓	✗	✓
Queensland	✓	✓	✗	✓	✓	✗
Western Australia	✓	✗	✗	✓	✗	✗
South Australia	✓	✓	✗	✓	✓	✗
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✗	✓	✓	✗	✓
Northern Territory	✓	✗	✓	✓	✗	✓

n.a. Not available.

.. Not applicable.

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

Geographical location is reported using Statistical Local Area (SLA) to enable accurate aggregation of information to larger areas within the Australian Standard Geographical Classification (ASGC) as well as detailed analysis at the SLA level. SLAs should be based on the ASGC effective for the data collection reference year.

Not all states and territories were able to provide information on the area of usual residence in the form of an SLA code, using the appropriate edition of the ASGC. For the collection years 2001-02 and 2002-03, SLA codes were provided as 2001 SLA boundaries for

Queensland and Tasmania, as 2000 SLA boundaries for New South Wales, South Australia, the Australian Capital Territory and the Northern Territory, and as 1999 SLA boundaries for Victoria. Western Australia was not able to provide SLA codes but provided postcodes for all records.

For the collection year 2003–04 SLA codes were provided as 2003 SLA boundaries for New South Wales, Queensland, South Australia and Tasmania, as 2000 SLA boundaries for the Australian Capital Territory and the Northern Territory, and for Victoria as 2001 SLA boundaries for Victorian residents and 1999 SLA boundaries for non-Victorian residents. Western Australia provided postcodes in place of SLA boundaries.

Details of use of non-standard NMDS scope

For the 3 collection years New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory (public hospitals only) were able to provide SLA codes both for patients usually resident in the jurisdiction and for 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. The Northern Territory private hospital supplied postcodes for all separations in 2002–03 and 2003–04. Western Australia did not provide SLA codes; postcodes were supplied both for patients usually resident in the jurisdiction and for patients usually resident elsewhere.

Table 3.5.1: Separations with an Area of usual residence of *Unknown/not reported*, by hospital sector, states and territories, 2001–02 to 2003–04.

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	11,222	0.9	995	0.1	12,217	0.6
Victoria	3,080	0.3	189	0.0	3,269	0.2
Queensland	12,483	1.8	24,117	4.1	36,600	2.8
Western Australia	352,759	100.0	271,752	100.0	624,511	100.0
South Australia	6,913	1.9	4,186	2.1	11,099	2.0
Tasmania	744	0.9	8,594	12.2	9,338	6.2
Australian Capital Territory	7	0.0	142	0.5	149	0.2
Northern Territory	0	0.0	n.a.	..	0	0.0
Total	387,208	9.8	309,975	12.7	697,183	10.9
2002–03						
New South Wales	8,775	0.7	1,173	0.2	9,948	0.5
Victoria	3,469	0.3	190	0.0	3,659	0.2
Queensland	14,352	2.0	25,508	4.2	39,860	3.1
Western Australia	367,825	100.0	280,598	100.0	648,423	100.0
South Australia	7,031	1.9	4,697	2.3	11,728	2.1
Tasmania	799	1.0	n.p.	6.5	n.p.	n.p.
Australian Capital Territory	11	0.0	n.p.	27.8	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	402,262	9.8	335,316	13.1	737,578	11.1
2003–04						
New South Wales	9,326	0.7	1,183	0.2	10,509	0.5
Victoria	2,503	0.2	239	0.0	2,742	0.1
Queensland	13,757	1.9	26,576	4.2	40,333	3.0
Western Australia	367,246	100.0	290,193	100.0	657,439	100.0
South Australia	7,166	1.9	4,452	2.2	11,618	2.0
Tasmania	809	1.0	n.p.	6.8	n.p.	n.p.
Australian Capital Territory	25	0.0	n.p.	27.6	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	401,024	9.5	347,226	13.1	748,250	10.9

n.p. Not published.
n.a. Not available.
.. Not applicable.

Was mapping required from state and territory data sets?

The AIHW mapped the state-supplied Area of residence data for each separation to the appropriate ASGC version SLA codes. This was undertaken on a probabilistic basis as necessary, using ABS concordance information, describing the distribution of the population by postcode and SLA. The mapping process identified missing, invalid and superseded codes, but resulted in over 99% of records being assigned a valid SLA code in the current version of the ASGC. Because of the probabilistic nature of this mapping, the SLA, Remoteness Area (RA), Rural, Remote and Metropolitan Area (RRMA), Statistical Division (SD) and Statistical Sub-Division (SSD) data for individual separations may not be accurate. However, the overall distribution of separations by geographical area is considered useful.

Additional information

For New South Wales, the reporting of this data element improved slightly with only 0.6% of separations having an *Unknown/not reported* Area of usual residence in 2001–02, decreasing to 0.5% in 2002–03 and 2003–04.

Victoria reported Area of usual residence for at least 99.5% of separations for both the public and private sectors across all 3 collection years.

The use of the unknown codes for this data element by Queensland and South Australia has remained fairly stable over the 3 collection years.

For Western Australia, for all 3 collection years, this data element was not provided for all separations (100%).

The use of unknown codes for Area of usual residence by public hospitals in Tasmania has remained fairly stable, at approximately 1.0% of separations for each collection year. For private hospitals, the proportion of separations with an unknown Area of usual residence decreased from 12.2% in 2001–02 to 6.8% in 2003–04.

Area of usual residence was reported well for public hospitals in the Australian Capital Territory. However, for private hospitals the proportion of separations with an unknown Area of usual residence increased from 0.5% in 2001–02 to 27.6% in 2003–04.

For the Northern Territory, Area of usual residence was reported for all separations from public hospitals, but was not reported for private sector separations.

Trend analysis

The quality of this data element varies between sectors and states/territories, including differences in the ASGC versions reported for Statistical Local Area and in the provision of these data for patients not resident in the state of hospitalisation. There are no apparent trends in the improvement in the quality of this data element.

3.6 Data element name: Care type

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000168
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 4
Definition: 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).		METeOR ID: 270174

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	x	✓	✓	x	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	x	✓	✓	x	✓
South Australia	x	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	x	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	x	✓	✓	x	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	x	✓	✓	x	✓
South Australia	x	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	x	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	x	✓	✓	x	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	x	✓	✓	x	✓
South Australia	x	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	x	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

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

There was some variation among jurisdictions in the use of the data domain values for Care type. However, non-reporting of particular care types does not necessarily mean that the data were reported inappropriately, because the type of care may not have been provided.

Victorian hospitals did not use all of the domain values for Care type. In 2001-02 and

2002–03, the domain values *Psychogeriatric care* and *Maintenance care* were not used by either sector. *Other admitted patient care* was not used in 2003–04. The domain value *Psychogeriatric care* was reported for both sectors for 2003–04 for patients who received specialised psychiatric care and were aged 65 years and over rather than for episodes of care for which the overall nature of the clinical service was psychogeriatric care. In addition, Victoria reported separate separations for patients who received some specialised psychiatric care within their hospital stay. Victorian private hospitals did not use *Geriatric evaluation and management* in 2001–02 and 2003–04.

Queensland private hospitals did not use *Geriatric evaluation and management* in 2003–04.

Western Australian hospitals did not use the *Other admitted patient care* domain value. Additionally, there were no separations in Western Australian private hospitals with a care type of *Geriatric evaluation and management* for the collection years 2001–02 and 2003–04 and *Psychogeriatric care* for the collection year 2001–02.

In South Australian private hospitals, the care type *Psychogeriatric care* was not used for the collection year 2003–04. In South Australia, the domain value *Other admitted patient care* was assigned to all episodes of care that received hospital-in-the-home care for all 3 collection years.

Tasmania did not report any separations in private hospitals with the care types *Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care* or *Maintenance care* for the collection year 2001–02. However, the care type collection improved over the next two collection periods with *Palliative care* being the only care type (of the above) not reported in the private sector for the years 2002–03 and 2003–04. Tasmania did not use the *Other admitted patient care* domain value across all hospitals and for all 3 collection years, although it was intended that this care type would be implemented from the 2001–02 collection period.

In the Australian Capital Territory the care types *Rehabilitation care*, *Palliative care*, *Psychogeriatric care* and *Maintenance care* were not used in private hospitals across all 3 collection periods. *Psychogeriatric care* was also not supplied by public hospitals in the Australia Capital Territory for the collection year 2002–03.

The Northern Territory did not use *Geriatric evaluation and management* care type in 2001–02. The care types *Rehabilitation care*, *Geriatric evaluation and management*, *Psychogeriatric care* and *Maintenance care* were not used in the Northern Territory private hospital in 2002–03 and 2003–04 and *Other admitted patient care* was not provided by the private hospital in 2002–03.

In addition, there was some variation in the reporting of newborn episodes of care. *Newborn* episodes of care comprise separations with qualified days (equivalent to acute care) only, separations with a mixture of qualified and unqualified days, and separations with unqualified days only. Records for *Newborn* episodes with no qualified days (newborns who do not require acute care) do not meet admission criteria for all purposes. Private hospitals in Victoria did not report most *Newborn* episodes with no qualified days. For more information on variations in reporting practices for *Newborn* episodes, see *Australian hospital statistics 2003–04* (AIHW 2005a).

Details of use of non-standard NMDS scope

The AIHW requested that a supplementary category of *Unknown/not reported* be reported if Care type were not known. The Tasmanian private sector provided a relatively high proportion of separations using this domain value (Table 3.6.1). Care type was reported as *Unknown/not reported* for 45.7% (31,290) of separations from private hospitals in Tasmania in

2001–02. However, this improved to 18.9% (12,849) of separations by 2003–04. The remaining states/territories provided this data element according to NHDD requirements.

Table 3.6.1: Separations with a Care type of *Unknown/not reported*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	27	0.0	32,290	45.7	32,317	21.5
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	7	0.0	n.a.	..	7	0.0
Total	34	0.0	32,290	1.3	32,324	0.5
2002–03						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	15	0.0	n.p.	49.9	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	37	0.1	n.p.	0.0	n.p.	n.p.
Total	52	0.0	33,900	1.3	33,952	0.5
2003–04						
New South Wales	10	0.0	0	0.0	10	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	3	0.0	n.p.	18.9	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	7	0.0	n.p.	0.0	n.p.	n.p.
Total	20	0.0	n.p.	0.5	n.p.	0.2

n.p. Not published.
n.a. Not available.
.. 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

Interstate comparisons of the median length of stay and age/sex characteristics associated with each care type demonstrate an apparent lack of consistency between the states and territories in the allocation of *Maintenance*, *Geriatric evaluation and management*, and *Psychogeriatric* care types. The relative proportions of separations across states and territories vary markedly for each of these care types suggesting that the states/hospitals may have difficulty in applying the definitions of these three closely aligned categories or that differing criteria are used to assign these care types. In addition there may also be different approaches by the states in relation to admitting people for same day rehabilitation.

The NHDD allows for optional, further detailed categories for the domain values *Rehabilitation* and *Palliative care*. This allows for the capturing of further specified information regarding rehabilitation or palliative care as delivered in a designated unit, as according to a

designated program or as the principal clinical intent. Queensland and the Australian Capital Territory public hospitals were the only states/territories to provide data using the more detailed categories, whereas the other state/territories provided data using the summary categories *Rehabilitation-not further specified* and *Palliative care-not further specified*.

Additionally, some states and territories reported data for *Hospital boarders* and *Organ procurement-posthumous*, for which categories are included in the care type data element. These activities are not considered to be admitted patient care and therefore are not included in the scope of the NMDS, so the reporting of these domain values is optional. However, data for these episodes are requested for inclusion in the submission of data to the AIHW for the NHMD. For those states and territories that provided information about these activities, it is not known whether data were provided for all such activity.

Western Australia, Tasmania and the Northern Territory public sector hospitals provided data for *Organ procurement-posthumous* episodes for all three collection periods. New South Wales provided data for *Organ procurement-posthumous* episodes for both sectors for the collection periods 2001-02 and 2002-03. Queensland provided data for *Organ procurement-posthumous* episodes for both sectors for the collection periods 2001-02 and 2003-04 and for the public sector only for 2002-03.

New South Wales, Queensland, Western Australia and the Northern Territory (public sector only) provided data for *Hospital boarders* for the 2001-02, 2002-03 and 2003-04 collections. Victoria provided data for this care type for the public sector for 2001-02. Tasmania provided data for *Hospital boarders* for the public sector for 2001-02 and 2002-03 and for both sectors for 2003-04.

Trend analysis

Generally, this data element was provided at a reasonable standard for both sectors by most states and territories for each of the 3 collection years given that approximately 96% of separations in each collection year are reported as *Acute*. For other care types, however, the quality is much more variable.

3.7 Data element name: Country of birth

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Non-admitted Patient Emergency Department Care (2003-04) Perinatal	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000035
		NHDD version: 10, 11 & 12
		Version number: 3
		METeOR ID: 270277
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
Definition: The country in which the person was born.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✗	✗	✓	✗	✗
Queensland	✓	✓	✗	✓	✓	✗
Western Australia	✓	✗	✗	✓	✗	✗
South Australia	✓	✓	✗	✓	✓	✗
Tasmania	✓	✗	✗	✓	✗	✗
Australian Capital Territory	✓	✓	✗	✓	✓	✗
Northern Territory	✓	✓	✗	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✗	✓	✓	✗
Queensland	✓	✓	✗	✓	✓	✗
Western Australia	✓	✓	✗	✓	✓	✗
South Australia	✓	✓	✗	✓	✓	✗
Tasmania	✓	✓	✗	✓	✓	✗
Australian Capital Territory	✓	✓	✓	✓	✓	✗
Northern Territory	✓	✓	✗	✓	✓	✗
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✗	✓	✓	✗
Queensland	✓	✓	✗	✓	✓	✓
Western Australia	✓	✓	✗	✓	✓	✗
South Australia	✓	✓	✗	✓	✓	✗
Tasmania	✓	✓	✗	✓	✓	✗
Australian Capital Territory	✓	✓	✗	✓	✓	✗
Northern Territory	✓	✓	✓	✓	✓	✗

n.a. Not available.

.. Not applicable.

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

The data domain specified in the NHDD is the ABS Standard Australian Classification of Countries (SACC).

For 2001–02, New South Wales, Queensland, South Australia, the Australian Capital Territory and the Northern Territory reported Country of birth using SACC, and Victoria, Western Australia and Tasmania reported Country of birth using the Australian Standard Classification of Countries for Social Statistics (ASCCSS). Victoria indicated that it had used a modified version of ASCCSS. For 2002–03 and 2003–04 Country of birth was reported by all states and territories using SACC.

Details of use of non-standard NMDS scope

Country of birth was provided for all separations. However, for some states/territories the use of the data domain value *Inadequately described* indicates that these data may not be collected well (Table 3.7.1).

Was mapping required from state and territory data sets?

Where applicable, the AIHW mapped data provided in the ASCCSS country of birth codes to the appropriate SACC codes for use in the NHMD.

Table 3.7.1: Separations with a Country of birth code of *Inadequately described*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	29	0.0	0	0.0	29	0.0
Victoria	28,418	2.6	13,615	2.3	42,033	2.5
Queensland	9,538	1.4	5,515	0.9	15,053	1.2
Western Australia	5,237	1.5	8,956	3.3	14,193	2.3
South Australia	11,391	3.1	7,099	3.6	18,490	3.3
Tasmania	797	1.0	42,413	60.0	43,210	28.8
Australian Capital Territory	668	1.1	425	1.6	1,093	1.2
Northern Territory	5,516	8.7	n.a.	..	5,516	8.7
Total	61,594	1.6	78,023	3.2	139,617	2.2
2002–03						
New South Wales	51	0.0	6	0.0	57	0.0
Victoria	28,764	2.5	16,605	2.6	45,369	2.5
Queensland	10,373	1.5	4,321	0.7	14,694	1.1
Western Australia	4,479	1.2	9,337	3.3	13,816	2.1
South Australia	12,623	3.4	5,059	2.5	17,682	3.1
Tasmania	698	0.9	n.p.	59.7	n.p.	n.p.
Australian Capital Territory	196	0.3	n.p.	1.1	n.p.	n.p.
Northern Territory	3,454	5.1	n.p.	93.6	n.p.	n.p.
Total	60,638	1.5	85,967	3.4	146,605	2.2
2003–04						
New South Wales	41	0.0	1	0.0	42	0.0
Victoria	24,410	2.1	17,497	2.6	41,907	2.2
Queensland	10,786	1.5	2,724	0.4	13,510	1.0
Western Australia	4,016	1.1	9,311	3.2	13,327	2.0
South Australia	12,480	3.3	5,153	2.5	17,633	3.0
Tasmania	858	1.1	n.p.	58.9	n.p.	n.p.
Australian Capital Territory	341	0.5	n.p.	1.2	n.p.	n.p.
Northern Territory	138	0.2	n.p.	96.8	n.p.	n.p.
Total	53,070	1.3	85,811	3.2	138,881	2.0

n.p. Not published.

n.a. Not available.

.. Not applicable.

Additional information

For all three collection years and for both the public and private sectors, Victoria and Western Australia provided the supplementary codes (in ASCCSS or SACC) for the

Australian states and territories for patients born in Australia (where this level of detail was known).

Within the domain values of the SACC, Country of birth can be coded as 'Inadequately described'. The use of this code can be used as an indicator of the degree of specificity with which this data element is coded within states and territories.

Trend analysis

The quality of the data element Country of birth varied among the states and territories. The reporting of Country of birth improved slightly over the 3-year collection period, with *Inadequately described* reported for 2.2% of separations in 2001-02, decreasing to 2.0% in 2003-04. The reporting of this data element improved for public hospitals for most states and territories. Country of birth was reported poorly for private hospitals in Tasmania and the Northern Territory.

3.8 Data element name: Date of birth

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Health Labour Force Non-admitted Patient Emergency Department Care (2003-04) Perinatal	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000036
		NHDD version: 10, 11 & 12
		Version number: 3 (2001-02, 2002-03) 4 (2003-04)
		METeOR ID: 287007
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
Definition: The date of birth of the person.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	x	✓	✓	x
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	x	✓	✓	x
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	x	✓	✓	x
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. 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.

Details of use of non-standard NMDS scope

Western Australia did not provide Date of birth for the collection years 2001–02 and 2002–03, but did provide Age for all separations. Victoria also did not provide Date of birth for the collection year 2002–03. Over the 3-year collection period, Date of birth was not reported for a relatively small number of separations in other states/territories.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

For the collection periods 2002–03 and 2003–04, the AIHW performed validation checks on the supplied Date of birth to identify the possible use of default dates of birth. A default date of birth could theoretically be reported where the patient (or carer) is unable to provide this information accurately, or where the information had not been collected at the time of separation.

In 2001–02 and 2002–03, the Northern Territory advised that where the patient had specified only the year or the month and year of birth it was common practice to record the date of birth as the first day of the month. Therefore the Northern Territory reported a higher proportion than expected for patients born on the first of any month.

For the other jurisdictions, the AIHW validation checks did not identify any instances in which default dates of birth had been used systematically.

Trend analysis

The quality of this data element is considered to be very good. Date of birth was not provided by all states and territories for 2001–02 and 2002–03. However, this improved in 2003–04, with date of birth provided for all separations, by all states and territories.

3.9 Data element name: Diagnosis Related Group

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000042
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 1
		METeOR ID: 270195
Definition: 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.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	x
Queensland ^(a)	✓	x	✓	✓	x	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003–04						
New South Wales ^(b)	✓	x	✓	✓	✓	✓
Victoria ^(c)	✓	x	✓	✓	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania ^(c)	✓	x	✓	✓	x	✓
Australian Capital Territory ^(c)	✓	x	✓	✓	x	✓
Northern Territory ^(c)	✓	x	✓	✓	x	✓

(a) For 2001–02, AR–DRG version 4.2 was requested. Queensland provided all separations as AR–DRG version 4.1.

(b) For 2003–04, AR–DRG version 5.0 was requested. New South Wales provided AR–DRG version 4.2 for more than 0.5% of separations in public hospitals, but provided AR–DRG version 5.0 for all private hospital separations.

(c) For 2003–04, AR–DRG version 5.0 was requested. Victoria, Tasmania, the Australian Capital Territory and the Northern Territory provided all separations as AR–DRG version 4.2.

n.a. Not available.

.. Not applicable.

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

The NHDD definition was used by all states and territories. The NHDD states that the data domain to be used should be the Australian Refined Diagnosis Related Group (AR–DRG) version effective from 1 July of the collection period. During each collection year, a different

version of the AR-DRG was requested. In 2001-02, AR-DRG version 4.2 was requested. All states and territories except Queensland supplied this version. Queensland supplied data using AR-DRG version 4.1. In 2002-03, AR-DRG version 5.0 was requested. However, all states and territories supplied data using AR-DRG version 4.2, as version 5.0 was released in September 2002. In 2003-04, AR-DRG version 5.0 was requested by the AIHW. Victoria, the Northern Territory, the Australian Capital Territory and Tasmania supplied data using AR-DRG version 4.2, whereas Queensland, Western Australia and South Australia used AR-DRG version 5.0. For New South Wales, the majority of separations were provided using AR-DRG version 5.0, and AR-DRG version 4.2 was used for some separations.

Details of use of non-standard NMDS scope

In 2001-02, Tasmanian private hospitals did not provide AR-DRG data for 2.0% (11,742) of separations; Principal diagnosis was also missing for these separations. Diagnosis Related Group was provided for all other separations by each state and territory in each of the 3 collection years.

Was mapping required from state and territory data sets?

See below.

Additional information

The NHDD specifies that the Australian Refined Diagnosis Related Groups version effective from 1 July each year should be used as the valid data domain. If a state or territory provided Diagnosis Related Group for that year using the previous year's version, the AIHW regrouped all data provided by states and territories to the appropriate AR-DRG version for the current year.

Trend analysis

The quality of this data element is considered to be very good.

3.10 Data element name: Establishment identifier—Establishment number

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000377
		NHDD version: 10, 11 & 12
		Version number: 3 (2001–02 and 2002–03), 4 (2003–04)
		METeOR ID: 269975
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
Definition: An identifier for an establishment, unique within the state or territory.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	x	x	✓
Victoria	✓	✓	✓	x	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	x	x	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	x	x	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	x	x	✓
Victoria	✓	✓	✓	x	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	x	x	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	x	x	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003–04						
New South Wales	✓	✓	✓	x	x	✓
Victoria	✓	✓	✓	x	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	x	x	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	x	x	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. 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 individual private hospitals within their jurisdiction.

Details of use of non-standard NMDS scope

Not applicable.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Individual establishment identifiers are not routinely provided for private hospitals by all states and territories because of privacy concerns. In all 3 collection years, private hospitals were assigned an Establishment number of 300 in New South Wales, PRIV in Victoria, 999 in Western Australia and 000 in Tasmania.

Trend analysis

The quality of this data element is considered to be very good for public hospitals and for private hospitals in Queensland, South Australian, the Australian Capital Territory and the Northern Territory, with individual establishment identifiers stable over the collection period. The data for private hospitals in the other states is not considered to be informative.

3.11 Data element name: Establishment identifier—Establishment sector

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000379
		NHDD version: 10, 11 & 12
		Version number: 3
		METeOR ID: 269977
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
Definition: A section of the health care industry with which a health care establishment can identify.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003–04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

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

The *National health data dictionary* versions 10, 11 and 12 specify two domain values, *Public* and *Private*. The AIHW requested that two additional categories be provided for Establishment sector: *Public psychiatric* and *Private freestanding day hospital facility*.

New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory provided establishment sector as requested by the AIHW. For the Australian Capital Territory, the domain values for public psychiatric and private freestanding day hospital facilities were not used as the Australian Capital Territory does not have a public psychiatric hospital and data were not reported for private freestanding day hospital facilities.

Tasmania provided information for public acute and public psychiatric hospitals but did not distinguish between private freestanding day hospital facilities and other private hospitals because of confidentiality concerns regarding the small number of private hospitals and private freestanding day facilities. A data domain of *Private, not further specified* was assigned by the AIHW for Tasmania. The Tasmanian Department of Health and Human Services reports that it would breach the 'commercial in confidence' agreement between the department and the private sector to provide information at individual hospital level. With the closure of one of the private freestanding day facilities, Tasmania indicated that it could no longer separately identify these facilities in the data provided for the NMDS.

There is some variation between jurisdictions in whether hospitals that predominantly provide public hospital services, and that are privately owned and/or operated, are reported as public or private hospitals. Changes in hospital ownership or management arrangements can also affect whether the establishment sector is reported as public or private.

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.

Trend analysis

The quality of this data element is considered to be very good.

3.12 Data element name: Establishment identifier—Region code

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000378
		NHDD version: 10, 11 & 12
		Version number: 3
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		METeOR ID: 269940
Definition: An identifier for location of health services in a defined geographic or administrative area.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory
Northern Territory	✓	✓	✓	✓	✓	✓
2003–04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

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

Because of the nature of the NHDD definition and the use of state/territory defined domain values for Region code, it is not possible to determine the level of compliance for this data element. Domain values are specified by the individual states and territories and are not defined in a comparable way. The NHDD definition does not specify standard categories that have to be reported.

Details of use of non-standard NMDS scope

Region code is included in the Establishment identifier supplied for each separation. However, as the region code can be determined as either a geographic or administrative area, there is variation between jurisdictions in the way these data are provided. Some states and territories provided a single region identifier for all separations in their jurisdiction, and some states and territories provided several distinct region codes for public hospitals, but a single region code for private hospitals.

The NHDD definition and domain values do not apply to the Australian Capital Territory because this territory does not need to use this data element because of its size.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

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

This data element, along with Establishment identifier and Establishment sector were identified as in need of review in the *Report on the evaluation of the national minimum data set for admitted patient care* (AIHW 2003a).

Trend analysis

There has been no change in the provision of this data element over the 3-year collection period. The utility of this data element is considered to be poor as it is unclear whether it is meant to be based on geographic or administrative arrangements. Also, these data should not be used in time series analysis as the geographic and/or the administrative area boundaries are not fixed over time.

3.13 Data element name: Establishment identifier—State identifier

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000380
		NHDD version: 10, 11 & 12
		Version number: 2 (2001–02, 2002–03), 3 (2003–04)
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		METeOR ID: 269941
Definition: An identifier for Australian state or territory.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003–04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

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

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

Details of use of non-standard NMDS scope

State identifier provided for all separations.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Not applicable.

Trend analysis

The quality of this data element is considered to be very good.

3.14 Data element name: External cause—admitted patient

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Injury Surveillance	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000053
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 4
Definition: Environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.		METeOR ID: 333853

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001–02						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	x	✓	✓	x
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	x
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	x	n.a.	..	..
2002–03						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	x	✓	✓	x
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	x
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	x	✓	✓	✓
2003–04						
New South Wales	✓	✓	✓	✓	✓	x
Victoria	✓	✓	x	✓	✓	x
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	x
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	x	✓	✓	x

(a) Only includes separations for which a diagnosis of injury or poisoning was reported.

n.a. Not available.

.. Not applicable.

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

For the collection years 2001–02 and 2003–04, South Australia mapped the data collected using ICD-10-AM forward to the edition applicable for the subsequent year (i.e. 2001–02 was provided in third edition and 2003–04 was provided in fourth edition).

Details of use of non-standard NMDS scope

The NHDD and the second and third editions of ICD-10-AM specify that an External cause code must be used in conjunction with a diagnosis code for injury or poisoning (in the range S00-T98) and may be used with other disease codes (AIHW 2001a, 2001b; NHDC 2003; NCCH 2000, 2002).

For 2001-02 and 2002-03 New South Wales did not provide an External cause for 14,192 (7.3%) and 11,185 (5.7%) separations respectively, with the majority of these occurring in public hospitals. For 2003-04, the number of New South Wales separations that were missing an External cause had decreased to 1,175 separations (0.6%), with most of the improvement having been in the public sector (Table 3.14.1).

Other states and territories that similarly did not provide External cause appropriately for all separations were Victoria across both sectors for all collection years; South Australia for the private sector for all collection years; Tasmania and the Australian Capital Territory across both sectors for 2001-02 and for the private sector for 2002-03 and 2003-04; and the Northern Territory in the public sector for both 2001-02 and 2002-03 and across both sectors in 2003-04.

Table 3.14.1: Separations with a diagnosis of injury or poisoning and no External cause code reported, by hospital sector, states and territories, 2001-02 to 2003-04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001-02						
New South Wales	13,362	8.4	830	2.3	14,192	7.3
Victoria	5,422	4.6	2,065	6.7	7,487	5.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	32	0.1	80	0.6	112	0.2
Tasmania	143	1.5	725	16.4	868	6.2
Australian Capital Territory	99	1.6	517	32.2	616	7.7
Northern Territory	132	1.8	n.a.	..	132	1.8
Total	19,190	4.1	4,217	3.1	23,407	3.9
2002-03						
New South Wales	10,452	6.5	733	2.1	11,185	5.7
Victoria	4,557	3.7	2,139	6.8	6,696	4.3
Queensland	1	0.0	0	0.0	1	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	7	0.0	59	0.5	66	0.1
Tasmania	3	0.0	n.p.	18.7	n.p.	n.p.
Australian Capital Territory	13	0.2	n.p.	0.5	n.p.	n.p.
Northern Territory	66	0.9	n.p.	0.2	n.p.	n.p.
Total	15,099	3.2	3,751	2.8	18,850	3.1
2003-04						
New South Wales	466	0.3	709	2.1	1,175	0.6
Victoria	4,617	3.7	2,159	6.8	6,776	4.3
Queensland	0	0.0	3	0.0	3	0.0
Western Australia	0	0.0	1	0.0	1	0.0
South Australia	6	0.0	87	0.7	93	0.2
Tasmania	3	0.0	n.p.	4.2	n.p.	n.p.
Australian Capital Territory	5	0.1	n.p.	0.5	n.p.	n.p.
Northern Territory	75	1.0	n.p.	0.5	n.p.	n.p.
Total	5,172	1.0	3,147	2.4	8,319	1.3

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

South Australia mapped the data collected in 2001–02 and 2003–04 using the second and third editions of ICD-10-AM, respectively, forward to codes of the third and fourth editions, respectively before providing them to the AIHW. Where mapped codes could be identified, the AIHW mapped the South Australian data backwards to the second and third edition codes, respectively.

Additional information

The Australian Coding Standard requires an External cause code to be reported if a diagnosis code in the range S00–T98 has been reported. The Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured if the care type is *Rehabilitation*.

For the collection periods 2002–03 and 2003–04, the AIHW requested that, where known to relate to the principal diagnosis, the external cause, place of occurrence and activity when injured should be provided in specific fields. For additional clinical data, states and territories could choose to provide these data in related blocks of diagnoses/morphology/external causes/place of occurrence and activity when injured, or, where the relationship was not certain, the external cause data could be provided within a 'string of diagnoses' in the order in which these occurred within the hospital's own electronic information or recording system.

For 2002–03, New South Wales, Victoria, Queensland, South Australia and the Northern Territory provided ICD-10-AM coded data in a format that preserved the relationship between any injury or poisoning diagnosis and the related external causes (including place of occurrence and activity when injured). For the other states and territories, the relationships between diagnoses and external causes reported were unknown. For 2003–04, Victoria, Queensland and South Australia provided ICD-10-AM coded data in a format that preserved the relationship between the principal diagnoses and related external cause information. For the other states and territories, the relationships between reported diagnoses and external causes were unknown.

The different formats used by the states and territories to report external cause, activity and place of occurrence codes may reflect different local coding standards, or the restrictions of the hospital or state/territory recording system.

Trend analysis

The quality of this data element has improved over the 3-year collection period, with the proportion of separations (with a diagnosis of injury or poisoning) for which an external cause was missing decreasing from 3.9% in 2001–02 to 1.3% in 2003–04.

3.15 Data element name: Funding source for hospital patient

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000632
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 1
Definition: Expected principle source of funds for an admitted patient episode or non-admitted patient service event.		METeOR ID: 270103

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. 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

The data domain for Funding source allows for a value of *Not known* to be recorded. The use of this unspecified code was minimal for the majority of the states and territories. However,

36.0% (28,608 separations) from Tasmania's private sector in 2001–02 were *Not known* (Table 3.15.1).

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia and Tasmania mapped the data collected at the jurisdiction level to conform to the NHDD domain values for Funding source for hospital patient.

Queensland collected and reported the data according to the NHDD domain values.

South Australia, the Australian Capital Territory and the Northern Territory did not supply information on mapping.

Additional information

Not applicable.

Table 3.15.1: Separations with a Funding source of *Not known*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	83	0.0	83	0.0
Queensland	20,159	2.9	340	0.0	20,499	1.6
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	1,020	1.3	28,608	36.0	29,628	19.7
Australian Capital Territory	2	0.0	6	0.0	8	0.0
Northern Territory	225	0.4	n.a.	..	225	0.4
Total	21,406	0.5	29,037	1.2	50,443	0.8
2002–03						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	474	0.0	11	0.0	485	0.0
Queensland	640	0.1	7	0.0	647	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	331	0.4	n.p.	22.1	n.p.	n.p.
Australian Capital Territory	3	0.0	n.p.	0.1	n.p.	n.p.
Northern Territory	159	0.2	n.p.	0.0	n.p.	n.p.
Total	1,607	0.0	15,082	0.6	16,689	0.3
2003–04						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	938	0.1	2	0.0	940	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	152	0.2	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	1	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	13	0.0	n.p.	0.0	n.p.	n.p.
Total	1,104	0.0	35	0.0	1,139	0.0

n.p. Not published.

n.a. Not available.

.. Not applicable.

Trend analysis

Over the 3 collection years the use of the *Not known* domain value declined markedly. In 2001–02 over 50,000 records were reported with an unknown funding source. This decreased to just under 17,000 in 2002–03 and fell further to just over 1,000 records in 2003–04.

The quality of this data element has improved to be very good in 2003–04.

3.16 Data element name: Hospital insurance status

Evaluation NMDS: Admitted Patient Care	Other NMDSs:	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000075
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 3
		METeOR ID: 270253
Definition: Hospital insurance under one of the following categories: <ul style="list-style-type: none"> • Registered insurance – hospital insurance with a health insurance fund registered under the <i>National Health Act 1953</i> (Cwlth) • General insurance – hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insurance • No hospital insurance or benefits coverage under the above. 		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	x
Queensland	✓	✓	x	✓	✓	✓
Western Australia	x	✓	✓	x	✓	✓
South Australia	✓	✓	x	✓	✓	x
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	x
Queensland	✓	✓	x	✓	✓	x
Western Australia	x	✓	✓	x	✓	✓
South Australia	✓	✓	x	✓	✓	x
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	x	✓	✓	x
2003-04						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	x
Queensland	✓	✓	x	✓	✓	x
Western Australia	x	✓	✓	x	✓	✓
South Australia	✓	✓	x	✓	✓	x
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	x	✓	✓	x

n.a. Not available.

.. Not applicable.

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

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

Details of use of non-standard NMDS scope

In 2001–02, New South Wales reported 3.4% (42,788) (Table 3.16.1) of public hospital separations as *Unknown*. In 2002–03, 39.5% (509,643) were *Unknown*, and in 2003–04, 2.1% (27,689) were *Unknown*. For private hospitals, 0.6% (4,042 separations) in 2001–02, 1.0% (6,999) in 2002–03 and 2.3% (16,727) in 2003–04 were reported as *Unknown*.

For Victoria, Hospital insurance was reported for all public hospital separations across all 3 collection years. The proportion of private hospital separations reported as *Unknown* were consistent across the 3 collection years with 1.2% (6,944) in 2001–02, 1.7% (11,215) in 2002–03 and 1.8% (12,201) in 2003–04.

The proportion of separations from Queensland public hospitals reported as *Unknown* was 7.4% (51,557) in 2001–02, 9.3% (65,213) in 2002–03 and 7.6% (54,658) in 2003–04. In Queensland private hospitals there were 1.0% of separations in both 2002–03 and 2003–04 (6,001 and 6,590 respectively) reported as *Unknown*.

Western Australia reported Hospital insurance for all separations across each collection year for both public and private hospitals. However, the value of Hospital insurance status was mapped from the Funding source for hospital patient value for each separation.

For South Australia, approximately 12.0% of public hospital separations were reported as *Unknown* for each of the 3 collection years. The reporting of this data element in South Australian private hospitals improved slightly across the collection years with 4.6% (9,103) of separations as *Unknown* in 2001–02, 4.2% (8,636) in 2002–03 and 3.8% (7,829) in 2003–04.

Tasmania in 2001–02 and 2002–03 reported 100% (79,487 and 80,215) of public hospital separations as *Unknown* for Hospital insurance. This improved to 51.7% (41,852) in 2003–04. Tasmanian private hospitals, for each collection year, reported approximately 54% of separations as *Unknown*.

The Australian Capital Territory reported 75.0% (46,460) of public hospital separations as *Unknown* in 2001–02, 75.8% (48,333) in 2002–03 and 71.7% (49,500) in 2003–04. In 2001–02, 15.0% (4,068) of private hospital separations had Hospital insurance reported as *Unknown*. This improved to 1.6% (476) and 3.4% (1,105) in 2002–03 and 2003–04 respectively.

For the Northern Territory in 2002–03, Hospital insurance was reported as *Unknown* for 94.4% of public hospital separations, decreasing to 3.0% in 2003–04. All (100%) Northern Territory private hospital separations were reported as *Unknown* for each applicable collection year.

Was mapping required from state and territory data sets?

New South Wales and Victoria mapped the data at the jurisdictional level to conform to the NHDD domain values for Hospital insurance status.

Additional information

Victoria informed the AIHW that its data collection contains a large number of separations with an insurance status of *Insured but level of insurance not known* which is then mapped to the NHDD domain of Hospital insurance. Because of the large number of separations in this category, Victoria states that the data on insurance are difficult to use or unreliable and, in cases where the patient type is compensable or Department of Veterans' Affairs, it is not clear whether the patient insurance level has been accurately recorded.

Table 3.16.1: Separations with a Hospital insurance status of *Unknown*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	42,788	3.4	4,042	0.6	46,830	2.4
Victoria	597	0.1	6,944	1.2	7,541	0.5
Queensland	51,557	7.4	2,657	0.4	54,214	4.2
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	44,190	12.2	9,103	4.6	53,293	9.5
Tasmania	79,487	100.0	38,012	53.8	117,499	78.3
Australian Capital Territory	46,460	75.0	4,068	15.0	50,528	56.7
Northern Territory	150	0.2	n.a.	..	150	0.2
Total	265,229	6.7	64,826	2.7	330,055	5.2
2002–03						
New South Wales	509,643	39.5	6,999	1.0	516,642	25.8
Victoria	718	0.1	11,215	1.7	11,933	0.7
Queensland	65,213	9.3	6,001	1.0	71,214	5.5
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	44,729	12.2	8,636	4.2	53,365	9.3
Tasmania	80,215	100.0	n.p.	54.4	n.p.	n.p.
Australian Capital Territory	48,333	75.8	n.p.	1.6	n.p.	n.p.
Northern Territory	64,339	94.4	n.p.	100.0	n.p.	n.p.
Total	813,190	19.9	80,674	3.2	893,864	13.5
2003–04						
New South Wales	27,689	2.1	16,727	2.3	44,416	2.2
Victoria	3,348	0.3	12,201	1.8	15,549	0.8
Queensland	54,658	7.6	6,590	1.0	61,248	4.5
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	44,437	11.7	7,829	3.8	52,266	8.9
Tasmania	41,852	51.7	n.p.	53.3	n.p.	n.p.
Australian Capital Territory	49,500	71.7	n.p.	3.4	n.p.	n.p.
Northern Territory	2,126	3.0	n.p.	100.0	n.p.	n.p.
Total	223,610	5.3	91,716	3.5	315,326	4.6

n.p. Not published.

n.a. Not available.

.. Not applicable.

Trend analysis

Because of variations between the states and territories in the derivation of this data element, the quality of this data element is considered to be poor and has not improved over the 3-year collection period.

In general terms, the quality of these data is uncertain for all separations for which Funding source for hospital patient was reported as other than *Private health insurance*.

3.17 Data element name: Indigenous status

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Perinatal Non-admitted Patient Emergency Department Care (2003–04)	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000001
		NHDD version: 10, 11 & 12
		Version number: 3 (2001–02, 2002–03) 4 (2003–04)
		METeOR ID: 291036
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
Definition: Version 3: 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. Version 4: Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003–04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

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

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

Details of use of non-standard NMDS scope

The data domain for Indigenous status allows for a value of *Not stated/Inadequately described*. This domain value is intended for use where the Indigenous status question was unable to be asked (for example, because of time constraints or communication difficulties), or the patient or carer refused to answer, or the data collected were not mappable to other domain values.

Table 3.17.1 presents the number of separations for which Indigenous status was reported as *Not stated/Inadequately described* by hospital sector and state and territory. Note that the proportion of separations for which Indigenous status is not reported is not necessarily regarded as indicative of data quality (AIHW 2005b).

Queensland, South Australia, Tasmania and the Australian Capital Territory consistently reported a relatively high proportion of separations with an unknown Indigenous status, and New South Wales public hospitals provided a small proportion of separations with an unknown Indigenous status for all three collection periods. Victoria and Western Australia did not report any separations with this domain value. However, data elements collected for Indigenous status for Victoria and Western Australia do not include a value for unknown and it is likely that a domain value of *Not Aboriginal or Torres Strait Islander* would be assigned for records where the Indigenous status was unknown.

Was mapping required from state and territory data sets?

Victoria mapped the data at the jurisdictional level to conform to the NHDD domain values for Indigenous status. Tasmania mapped the data collected from private hospitals to conform to the NHDD domain values for Indigenous status.

Additional information

The AIHW recently published a detailed report about the quality of Indigenous identification data in Australian hospital separations data (AIHW 2005b). The report drew together information about the quality (accuracy) of Indigenous identification based on:

- current and past assessments of the quality of Indigenous status data, including state and territory assessments of data quality, studies based on patient interviews, a study based on data linkage and a study based on information from Indigenous hospital liaison officers and population-based adjustment to hospital counts
- information about current policies and processes for Indigenous identification
- the findings of an analysis of Indigenous identification in national separations data.

The report *Improving the quality of Indigenous identification in hospital separations data* concluded that for analytical uses the quality of data was acceptable only for the Northern Territory, Queensland, Western Australia and South Australia. For example, the comparison of hospitalisation rates (per 1,000 population) for Indigenous persons compared with other Australians (a rate ratio) would be an analytical use.

Table 3.17.1: Separations with an Indigenous status of *Not stated/inadequately described*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	6,302	0.5	838	0.1	7,140	0.4
Victoria	0	0.0	0	0.0	0	0.0
Queensland	11,554	1.7	129,669	21.9	141,223	11.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	9,304	2.6	5,201	2.6	14,505	2.6
Tasmania	4,932	6.2	47,360	67.0	52,292	34.8
Australian Capital Territory	2,156	3.5	1,580	5.8	3,736	4.2
Northern Territory	266	0.4	n.a.	..	266	0.4
Total	34,514	0.9	184,648	7.6	219,162	3.4
2002–03						
New South Wales	7,905	0.6	957	0.1	8,862	0.4
Victoria	0	0.0	0	0.0	0	0.0
Queensland	12,304	1.8	133,549	22.2	145,853	11.2
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	9,250	2.5	4,269	2.1	13,519	2.4
Tasmania	5,351	6.7	n.p.	63.6	n.p.	n.p.
Australian Capital Territory	2,070	3.2	n.p.	5.3	n.p.	n.p.
Northern Territory	171	0.3	n.p.	100.0	n.p.	n.p.
Total	37,051	0.9	193,993	7.6	231,044	3.5
2003–04						
New South Wales	8,912	0.7	689	0.1	9,601	0.5
Victoria	0	0.0	0	0.0	0	0.0
Queensland	12,186	1.7	153,642	24.0	165,828	12.2
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	10,458	2.8	2,903	1.4	13,361	2.3
Tasmania	4,745	5.9	n.p.	56.1	n.p.	n.p.
Australian Capital Territory	2,315	3.4	n.p.	3.1	n.p.	n.p.
Northern Territory	16	0.0	n.p.	100.0	n.p.	n.p.
Total	38,632	0.9	207,418	7.9	38,632	3.6

n.p. Not published.

n.a. Not available.

.. Not applicable.

Trend analysis

The number of records with an Indigenous status of *Not stated/inadequately described* constitutes roughly 3.5% of total separations and has remained relatively constant over the 3-year collection period.

The report *Improving the quality of Indigenous identification in hospital separations data* concluded that there had been improvement in data quality over time for Queensland, Western Australia, South Australia and Victoria and for public hospitals in the Northern Territory. Evidence for an improvement between 1996–97 and 2003–04 included:

- substantial decreases in the non-reporting of Indigenous status for public and private hospitals in Queensland, for private hospitals in South Australia, and for public hospitals in the Northern Territory
- significant increases in separation rate ratios for Victoria and Queensland, for public hospitals in the Northern Territory, for Queensland, Western Australia, South Australia and the Northern Territory in aggregate, and for Western Australia, South Australia and the Northern Territory in aggregate
- significant increases in overnight separation rate ratios for Queensland, for public hospitals in the Northern Territory, and for Queensland, Western Australia, South Australia and the Northern Territory in aggregate.

3.18 Data element name: Infant weight, neonate, stillborn

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Perinatal	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000010
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia. For patients where weight is equal to or less than 9,000 g and age is less than 365 days.		Version number: 3
		METeOR ID: 310245
Definition: The first weight of the liveborn or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001-02						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	x
Queensland	✓	✓	x	✓	✓	x
Western Australia	x	✓	x	x	✓	x
South Australia	✓	✓	x	✓	✓	x
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	x	n.a.	..	..
2002-03						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	✓
Queensland	x	✓	x	x	✓	x
Western Australia	x	✓	x	x	✓	x
South Australia	✓	✓	x	✓	✓	x
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	x	✓	✓	x
2003-04						
New South Wales	✓	✓	x	✓	✓	x
Victoria	✓	✓	✓	✓	✓	✓
Queensland	x	✓	x	x	✓	x
Western Australia	x	✓	x	x	✓	x
South Australia	✓	✓	x	✓	✓	x
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	x	✓	✓	✓

(a) For patients aged less than 365 days.

n.a. Not available.

.. Not applicable.

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

The definition of this data element includes stillborn infants as these data are also collected as part of the Perinatal NMDS. However, stillborn infants are not admitted and are therefore not in the scope of this evaluation.

The NHDD definition states that Infant weight, neonate, stillborn should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days. Queensland in 2002–03 and 2003–04 and Western Australia in all 3 years did not comply with this definition.

For Queensland, the values '8000', '9000' or '9999' may be used to indicate that the 'Infant weight, neonate, stillborn' was unknown/not stated. The practice of using a valid domain value to indicate missing/unknown data affects the usefulness of these data for analysis purposes.

Details of use of non-standard NMDS scope

Some states collected the data only for patients aged less than 29 days (neonates). Queensland, in 2002–03 and 2003–04 collected Infant weight, neonate, stillborn only for infants aged less than 29 days and for infants aged less than 365 days who weighed less than 2500 grams. Western Australia indicated that for all 3 collection years, Infant weight, neonate, stillborn was collected only for infants aged less than 29 days and for some that weighed less than or equal to 9,000 grams. Infant weight, neonate, stillborn was missing for a number of separations where age was less than 365 days from all states and territories (Table 3.18.1).

Table 3.18.1: Separations where age was less than 365 days and Infant weight, neonate, stillborn was not reported, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	12,473	13.7	1,597	5.9	14,070	11.9
Victoria	1	0.0	432	8.4	433	0.6
Queensland	10,699	22.3	2,230	11.8	12,929	19.4
Western Australia	5,514	24.3	2,576	19.7	8,090	22.6
South Australia	4,551	23.1	211	18.5	4,762	22.8
Tasmania	590	12.6	542	20.3	1,132	15.4
Australian Capital Territory	710	17.8	55	3.0	765	13.1
Northern Territory	1,945	36.5	n.a.	..	1,945	36.5
Total	36,483	14.0	7,643	11.0	44,126	13.3
2002–03						
New South Wales	11,400	12.6	1,481	5.7	12,881	11.0
Victoria	3	0.0	27	0.4	30	0.0
Queensland	10,219	21.4	2,065	11.2	12,284	18.5
Western Australia	5,428	24.5	2,474	19.2	7,902	22.5
South Australia	3,959	21.2	270	15.0	4,229	20.7
Tasmania	0	0.0	n.p.	7.9	n.p.	n.p.
Australian Capital Territory	105	2.6	n.p.	1.0	n.p.	n.p.
Northern Territory	2,732	51.5	n.p.	100.0	n.p.	n.p.
Total	33,846	13.0	6,771	9.5	40,617	12.2
2003–04						
New South Wales	10,457	11.1	1,437	6.0	11,894	10.1
Victoria	4	0.0	12	0.2	16	0.0
Queensland	10,723	21.6	2,100	11.0	12,823	18.7
Western Australia	5,196	23.3	2,382	17.6	7,578	21.2
South Australia	4,336	22.2	251	14.3	4,587	21.5
Tasmania	5	0.1	n.p.	3.3	n.p.	n.p.
Australian Capital Territory	93	2.2	n.p.	0.7	n.p.	n.p.
Northern Territory	1,795	36.3	n.p.	0.0	n.p.	n.p.
Total	32,609	12.1	6,281	9.0	38,890	11.5

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Nationally, the proportion of separations for which these data were not reported was consistently more than 10% for both sectors (Table 3.18.1). In the public sector the proportion of separations for which these data were not reported decreased from 14.0% in 2001–02 to 12.1% in 2003–04, while in the private sector it decreased from 11.0% in 2001–02 to 9.0% in 2003–04. Victoria provided infant weight for most separations aged 365 days or less for the 2002–03 and 2003–04 collection periods.

There was some variation among the states and territories in their ability to report these data according to the age of the infant. The reporting of infant weight for newborns (where date of birth equals date of admission) was acceptable for most states and territories over the 3-year collection period, with the exception of New South Wales and Tasmania in 2001–02 and 2002–03 and the Northern Territory in 2002–03 and 2003–04 (Table 3.18.2).

The reporting of infant weight for neonates (aged less than 29 days at admission) was acceptable for Queensland, Western Australia, South Australia and the Australian Capital Territory for all 3 collection years (Table 3.18.2). There was improvement in the reporting of these data for Victoria, with the data being acceptable for neonates for the 2002–03 and 2003–04 reporting periods, and for New South Wales the data were acceptable for 2003–04.

Table 3.18.2: Separations where age was less than 365 days and Infant weight, neonate, stillborn was not reported, by age of patient (in days), states and territories, 2001–02 to 2003–04

State/territory	Patients less than 1 year old				Patients aged 0 days at admission	
	less than 29 days old		29 to 364 days old		Number	Per cent
	Number	Per cent	Number	Per cent		
2001–02						
New South Wales	1079	1.1	12,991	55.6	855	1.0
Victoria	409	0.8	24	0.1	183	0.4
Queensland	10	0.0	12,919	98.7	0	0.0
Western Australia	6	0.0	8,084	98.9	0	0.0
South Australia	0	0.0	4,762	85.1	0	0.0
Tasmania	684	11.3	448	34.9	573	10.2
Australian Capital Territory	0	0.0	765	97.8	0	0.0
Northern Territory	89	2.6	1,856	99.5	13	0.4
Total	2277	0.9	41,849	58.0	1,624	0.7
2002–03						
New South Wales	774	0.8	12,107	54.2	501	0.6
Victoria	26	0.0	4	0.0	12	0.0
Queensland	13	0.0	12,271	98.3	0	0.0
Western Australia	0	0.0	7,902	99.2	0	0.0
South Australia	0	0.0	4,229	84.5	0	0.0
Tasmania	138	2.3	74	5.8	120	2.2
Australian Capital Territory	2	0.0	122	19.9	2	0.0
Northern Territory	1043	28.9	1,912	99.8	893	28.6
Total	1996	0.8	38,621	54.2	1,528	0.7
2003–04						
New South Wales	0	0.0	11,894	50.5	0	0.0
Victoria	10	0.0	6	0.0	4	0.0
Queensland	25	0.0	12,798	98.6	0	0.0
Western Australia	7	0.0	7,571	96.1	0	0.0
South Australia	0	0.0	4,587	83.9	0	0.0
Tasmania	15	0.3	76	6.9	6	0.1
Australian Capital Territory	2	0.0	104	14.0	2	0.0
Northern Territory	77	2.3	1,718	95.8	20	0.7
Total	136	0.0	38,754	53.0	32	0.0

Trend analysis

The quality of this data element has not improved over the 3-year collection period.