

1. Introduction

This report presents a comprehensive review of the extent to which data for 2001–02, 2002–03 and 2003–04 for the National Minimum Data Set (NMDS) for Admitted Patient Care were collected and/or provided by states and territories to the Australian Institute of Health and Welfare (AIHW) in accordance with the NMDS specifications as published in the *National health data dictionary* (NHDD) (AIHW 2001a, 2001b; NHDC 2003). This report allows assessment of aspects of the quality and usefulness of the data and provides information that can be used to prioritise work both to improve data reporting and to develop and refine the NMDS specifications.

Background

The NMDS for Admitted Patient Care was evaluated by the AIHW using funding provided by the Australian Health Minister's Advisory Council, through the then National Health Information Management Group. The *Report on the evaluation of the national minimum data set for admitted patient care* (AIHW 2003a) was published and provided the major directions for a program of work.

In response to the evaluation, the Australian Government Department of Health and Ageing provided funding to the AIHW to undertake a work program to further develop the NMDS. The work program included data development work based on the recommendations of the evaluation which will result in proposals to amend the NMDS for Admitted Patient Care. The work program also included the preparation of a report to evaluate the compliance of the NMDS data over the collection years 2001–02, 2002–03 and 2003–04, providing trend commentary on the 3-year evaluation.

This report

This chapter provides information on the NMDS for Admitted Patient Care, including an explanation of the statistical or counting units described in this report.

Chapter 2 provides information on the coverage of the NMDS data, and summaries at both the national and state/territory levels of the extent to which the data provided for the NMDS for Admitted Patient Care comply with the NHDD definitions and domain values.

Chapter 3 describes the results of the compliance review for each data element, including information on the scope of the data provided, the extent to which the data provided comply with the NHDD definitions and domain values and a commentary on the trend in data quality over the 3-year period.

The NMDS for Admitted Patient Care

The NMDS for Admitted Patient Care is a specification for data that are to be collected on all episodes of care for admitted patients in Australian hospitals. As noted above, the specifications for these data are published in the NHDDs and are now also accessible

through the AIHW's Metadata Online Registry (METeOR) using slightly different names that specify the object class, property and measurement unit for the data element.

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

The scope of the NMDS includes data relating to admitted patients from all hospitals – public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private freestanding day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (for example, hospitals operated by the Australian Defence Force or correctional authorities) and hospitals located in offshore territories.

Admissions, separations and episodes of care

As mentioned above, episodes of care are the statistical units of this data set. An episode of care is the period of admitted patient care between admission and separation characterised by only one care type. The treatment and/or care provided to a patient during an episode of care can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

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

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

There is some variation in the approach that states and territories and the public and private sectors take to the formal admission and separation of people attending hospital on a same day basis. For example, group therapy sessions or day programs in jurisdictions such as Tasmania and the territories are recorded as non-admitted patient occasions of service. In other jurisdictions, including New South Wales, Queensland, Western Australia and South Australia, the majority of these patients are formally admitted for this care and are therefore reported as same day admitted patients. Psychotherapy (and other allied health psychology interventions), for example, is provided on an admitted patient basis in New South Wales, Victoria, Queensland, South Australia and Western Australia, but not in the other jurisdictions (AIHW 2005a).

Further to this, a marked variation among jurisdictions in the number of admitted patient chemotherapy separations per 1,000 persons may be the effect of variations in admission practices for chemotherapy patients. For example, in 2003–04, approximately 5.5% of acute public hospital separations in Victoria were for chemotherapy, compared with only 0.3% of acute public hospital separations in New South Wales (AIHW 2005a).

In addition to the variation in admission practices, jurisdictions may also differ in the way that episodes of care are counted, and this may also vary between the public and private sectors. An example of this is the way newborn episodes of care are counted.

The *Report on the evaluation of the national minimum data set for admitted patient care* (AIHW 2003a) indicated a need for clearer distinction between admitted and non-admitted patients and a review of the boundaries between admitted overnight, admitted same day and non-admitted care as well as a review of the methods of counting episodes of care. The Health Data Standards Committee's Admitted/Non-Admitted Patient Boundary Working Group is currently working towards refining the definition of *admitted patient* with the purpose of improving the comparability of data on admitted patients.

2. Summary

Coverage of the NMDS data

The National Minimum Data Set (NMDS) for Admitted Patient Care (referred to hereafter as 'the NMDS') is a specification for data that are to be collected on all episodes of care for admitted patients in Australian hospitals.

The scope of the NMDS includes data relating to admitted patients from all hospitals – public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private freestanding day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (for example, hospitals operated by the Australian Defence Force or correctional authorities) and hospitals located in offshore territories.

States and territories are required to report admitted patient data for the private sector as part of the NMDS under the National Health Information Agreement. However, there are differences in the arrangements for private hospitals to provide data to the states and territories for the National Hospital Morbidity Database (NHMD). For some jurisdictions it is required (for example, as a legislative or registration requirement) whereas for others it is provided through more informal arrangements. This affects the extent to which data are available to the states and territories for provision to the AIHW for the NHMD.

Coverage of hospitals

Essentially all public hospitals and the large majority of private hospitals were included in the NHMD for the collection years 2001–02 through to 2003–04 (Table 2.1).

For 2001–02, Victoria was unable to provide data for five private freestanding day hospital facilities and three other private hospitals. Victoria also provided incomplete data for some other private hospitals. As a result, Victoria reports that its private hospital separations were underenumerated by up to 9%. For South Australia, data were not available for one private freestanding day hospital facility and were missing for January 2002 for another. Data were also missing from February to June 2002 for one private hospital (non-day only), and for January 2002 for another private hospital in South Australia. South Australia estimated that its private hospital separations were underenumerated by 1.4% for 2001–02. Data were also not supplied for one mothercraft hospital in the public sector and all private freestanding day hospital facilities in the Australian Capital Territory and all private hospitals in the Northern Territory.

For 2002–03, data were not provided for one small rural public hospital in New South Wales (for which 18 separations were reported in 2001–02). Victoria was unable to provide data for one dental hospital (for which 3,264 separations were reported in 2001–02), three private freestanding day hospital facilities and three other private hospitals. Victoria also provided incomplete data for some other private hospitals. As a result, Victoria estimated that separations were underenumerated by about 1.0% in 2002–03. South Australia estimated that data were essentially complete for 2002–03, although data were not available for one other private hospital for 1 month. Data were not supplied for one public mothercraft hospital (for

which 1,605 separations were reported as an aggregate count) and all private freestanding day hospital facilities in the Australian Capital Territory. Data were also not supplied for the private freestanding day hospital facility in the Northern Territory.

For 2003–04, Victoria did not provide data for one small rural public hospital, four private freestanding day hospital facilities and five other private hospitals. Victoria estimated that separations were underenumerated by 0.3% overall. South Australia did not provide data for one small other private hospital for 1 month, and for one small private freestanding day hospital facility for 1 month. The South Australian Department of Health advised that the data coverage was essentially complete. Data were not provided for one public mothercraft hospital and all private freestanding day hospital facilities in the Australian Capital Territory. The Northern Territory also did not provide data for its private freestanding day hospital facility.

Table 2.1: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2001–02 to 2003–04

	Public acute hospitals	Public psychiatric hospitals	Private freestanding day hospital facilities	Other private hospitals
2001–02				
New South Wales	Complete	Complete	Complete	Complete
Victoria	Complete	Complete	Incomplete	Incomplete
Queensland	Complete	Complete	Complete	Complete
Western Australia	Complete	Complete	Complete	Complete
South Australia	Complete	Complete	Incomplete	Incomplete
Tasmania	Complete	Complete	Complete	Complete
Australian Capital Territory	Incomplete	Not applicable	Not included	Complete
Northern Territory	Complete	Not applicable	Not included	Not included
2002–03				
New South Wales	Complete	Complete	Complete	Complete
Victoria	Incomplete	Complete	Incomplete	Incomplete
Queensland	Complete	Complete	Complete	Complete
Western Australia	Complete	Complete	Complete	Complete
South Australia	Complete	Complete	Complete	Complete
Tasmania	Complete	Complete	Complete	Complete
Australian Capital Territory	Incomplete	Not applicable	Not included	Complete
Northern Territory	Complete	Not applicable	Not included	Complete
2003–04				
New South Wales	Complete	Complete	Complete	Complete
Victoria	Incomplete	Complete	Incomplete	Incomplete
Queensland	Complete	Complete	Complete	Complete
Western Australia	Complete	Complete	Complete	Complete
South Australia	Complete	Complete	Complete	Complete
Tasmania	Complete	Complete	Complete	Complete
Australian Capital Territory	Incomplete	Not applicable	Not included	Complete
Northern Territory	Complete	Not applicable	Not included	Complete

Notes

Complete—all facilities in this sector for this state or territory reported to the National Hospital Morbidity Database.

Incomplete—one or more facilities in this sector for this state or territory did not provide data to the National Hospital Morbidity Database.

Not included—there are facilities in this sector for this state or territory. However, no data were provided to the National Hospital Morbidity Database.

Not applicable—there are no facilities in this sector for this state or territory.

Coverage estimates for private hospital separations

As not all private hospital separations are included in the NHMD, the counts of private hospital separations are likely to underestimate the actual counts. Over recent years, there have been slightly fewer separations recorded in the NHMD (particularly for private freestanding day hospital facilities) than to the Australian Bureau of Statistics (ABS) Private

Health Establishments Collection (PHEC) (ABS 2004) (Table 2.2). The latter collection includes all private hospitals licensed by state and territory health authorities and all private freestanding day hospital facilities approved by the Australian Government Department of Health and Ageing. In 2001–02, the difference between private hospital separations reported to the NHMD and the ABS PHEC was 118,064 separations (4.6%). This difference decreased markedly over the following two reporting periods, with the ABS collection reporting 47,755 (1.8%) more separations in 2002–03 and 47,279 (1.8%) more separations in 2003–04.

Table 2.2: Differences between private hospital separations reported in the National Hospital Morbidity Database and the ABS Private Health Establishments Collection, Australia, 1993–94 to 2003–04

Year	Private freestanding day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
1993–94	n.a.	n.a.	n.a.	n.a.	119,554	8.3
1994–95	n.a.	n.a.	n.a.	n.a.	76,274	5.0
1995–96	n.a.	n.a.	n.a.	n.a.	83,619	5.0
1996–97	4,868	2.2	75,850	4.9	80,718	4.6
1997–98	23,662	8.7	40,369	2.5	64,031	3.4
1998–99	40,980	13.6	69,961	4.2	110,941	5.6
1999–00	68,907	19.7	53,247	3.0	122,154	5.7
2000–01 ^(a)	56,816	14.6	21,649	1.1	80,655	3.4
2001–02 ^(b)	41,002	9.8	52,727	2.6	118,064	4.6
2002–03 ^(b)	2,094	0.5	32,942	1.6	47,755	1.8
2003–04 ^(b)	4,348	0.9	28,268	1.4	47,279	1.8

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals in the National Hospital Morbidity Database. The differences for private freestanding day hospital facilities and other private hospitals exclude Tasmania. The difference for private hospitals in total includes Tasmania.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals in the National Hospital Morbidity Database and the ABS suppressed data for the Australian Capital Territory, the Northern Territory and Tasmania. The differences for private freestanding day hospital facilities and other private hospitals exclude Tasmania, the Australian Capital Territory and the Northern Territory. The differences for total private hospitals include those jurisdictions.

n.a. Not available

Source: ABS, unpublished Private Health Establishments Collection data, for private hospital data.

For individual states, the patterns of differences between the number of separations reported to the NHMD and those reported to the PHEC varied. In part, this is due to the omission of some private hospitals from the NHMD and also some separations for some private hospitals that were included in the database. However, there are differences even when both collections are reported to be complete. For example, for 2003–04, more separations were reported in the NHMD than to the ABS for private freestanding day hospital facilities in Western Australia. These discrepancies may have been due to the use of differing definitions or different interpretations of definitions, or differences in the quality of the data provided for different purposes (Table 2.3).

Use of national standard definitions, domain values and NMDS scope

The NHMD consists of data requested according to the specifications of the NMDS for Admitted Patient Care. The following section provides national and state/territory summaries of the extent to which data provided for the NHMD for the collection years

2001–02 to 2003–04 complied with data definitions and domain values set out in the appropriate version of the NHDD for the NMDS.

Table 2.3: Differences between private hospital separations reported in the National Hospital Morbidity Database and the ABS Private Health Establishments Collection, states and territories, 2001–02 to 2003–04

State/territory	Private freestanding day hospital facilities ^(a)		Other private hospitals ^(a)		Total ^(a)	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
2001–02						
New South Wales	2,309	1.5	11,382	2.1	13,691	1.9
Victoria	34,249	36.0	31,226	5.7	65,475	10.1
Queensland	994	0.8	4,799	1.0	5,793	1.0
Western Australia	–9,052	–53.1	12,392	4.8	3,340	1.2
South Australia	12,502	40.7	–7,072	–4.1	5,430	2.7
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total	41,002	9.8	52,727	2.6	118,064	4.6
2002–03						
New South Wales	3,308	2.0	10,550	1.9	13,858	1.9
Victoria	9,152	8.6	2,140	0.4	11,292	1.7
Queensland	454	0.3	3,382	0.7	3,836	0.6
Western Australia	–11,721	–66.2	16,073	6.0	4,352	1.5
South Australia	901	2.7	797	0.5	1,698	0.8
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total	2,094	0.5	32,942	1.6	47,755	1.8
2003–04						
New South Wales	2,303	1.4	23,871	4.2	26,174	3.5
Victoria	18,092	14.7	–16,977	–3.0	1,115	0.2
Queensland	–406	–0.3	10,243	2.0	9,837	1.5
Western Australia	–15,635	–42.3	9,418	5.5	–6,217	–3.0
South Australia	–6	0.0	1,713	0.6	1,707	0.6
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total	4,348	0.9	28,268	1.4	47,279	1.8

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals in the National Hospital Morbidity Database and the ABS suppressed data for the Australian Capital Territory, the Northern Territory and Tasmania. The differences for private freestanding day hospital facilities and other private hospitals exclude Tasmania, the Australian Capital Territory and the Northern Territory. The total differences for private hospitals includes those jurisdictions.

n.p. Not published.

Source: ABS, unpublished Private Health Establishments Collection data, for private hospital data.

For the collection period of 2001–02 (that is, NHDD version 10 (AIHW 2001a)) two data elements were collected for the first time; these were Funding source for hospital patient and Number of days of hospital-in-the-home care. Of the data elements that were collected in 2000–01, two data elements were removed from the collection for 2001–02 and future collection periods; these were Compensable status and Department of Veterans' Affairs patient.

For the collection periods of 2002–03 (that is, NHDD version 11 (AIHW 2001b)) and 2003–04 (that is, NHDD version 12 (NHDC 2003)) there were no additions, removals or modifications to data elements in the collection. The private sector reports against one less data element than is the case for the public sector, namely Source of referral to public psychiatric hospital.

Table A1 in the Appendix presents the number of separations reported by sector and state/territory for each collection year evaluated in this report. Table A1 can be used to more accurately interpret the percentages quoted in the assessment of individual data elements.

National summary

Table 2.4 presents a national summary of the compliance with the NHDD definitions, domain values and scope. In this table a '✓' indicates that all states/territories complied with the NHDD definition, domain values or scope for the data element for that collection year and '✗' indicates that at least one state/territory did not comply with the NHDD definition, domain values or scope for the data element. For the purposes of this evaluation, compliance is established for a hospital sector or a state/territory if the NHDD definition was used and if the NHDD domain values (excluding Unknown/not reported) were reported for at least 99.5% of separations within scope for the data element for the collection year.

The data elements in Table 2.4 are presented in alphabetical order. They are labelled according to the NHDD data element names that were used at the time of collection, and not according to their current METeOR metadata item titles. Archived versions of the data elements can be found online via the Knowledgebase archive within METeOR (www.meteor.aihw.gov.au) using the NHDD data element names or the Knowledgebase identifiers, as presented in this report. Corresponding METeOR metadata items (current at the time of publication) can be found in METeOR using the METeOR identifiers presented for each data element.

For the 2001–02 collection year the national standard definition was used for 82% of data elements (31 of 38) in the NMDS by all states and territories in the public sector. This level of compliance remained constant over the following two collection periods. In the private sector the national standard definition was used for 78% of data elements (29 of 37) and, similarly, the compliance with the national standard definitions remained constant over the following two collection periods.

The national standard domain values were used for 21 data elements (55%) by all jurisdictions in the public sector and 20 data elements (54%) in the private sector for 2001–02. The following year saw an improvement in the adherence to NHDD domain values with 31 data elements (82%) in the public sector and 29 data elements (78%) in the private sector complying. However, the 2003–04 collection year saw a decline to 23 data elements (61%) in the public sector and 22 data elements (60%) in the private sector complying with domain values specified in the NHDD.

For the 2001–02 collection year data were provided for more than 99.5% of separations for 21 data elements (55%) in the public sector and for 15 data elements (41%) in the private sector. Compliance for the public sector dropped to 21 data elements (55%) in 2002–03 and increased in the private sector to 17 data elements (46%). Data were provided for all reported separations in 2003–04 for 23 data elements (61%) in the public sector and 20 data elements (54%) in the private sector.

For the collection year 2001–02, there were only 9 data elements (24%) for which the public and private sectors in all jurisdictions used the national standard definition and domain values, and provided it for all reported separations. This number increased to 14 data elements (37%) for 2002–03 and then decreased to 11 (29%) for 2003–04.

Table 2.4: National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?
	2001–02 NHDD version 10					
Activity when injured	✓	✗	✗	✓	✗	✗
Additional diagnosis	✓	✗	✓	✓	✗	✓
Admission date	✓	✓	✓	✓	✓	✓
Admitted patient election status	✓	✗	✗	✓	✗	✗
Area of usual residence	✓	✗	✗	✓	✗	✗
Care type	✗	✗	✓	✗	✗	✗
Country of birth	✓	✗	✗	✓	✗	✗
Date of birth	✓	✓	✗	✓	✓	✗
Diagnosis related group	✓	✗	✓	✓	✗	✗
Establishment identifier— Establishment number	✓	✓	✓	✗	✗	✓
Establishment identifier— Establishment sector	✓	✓	✓	✓	✓	✓
Establishment identifier— Region code	✓	✓	✓	✓	✓	✓
Establishment identifier— state identifier	✓	✓	✓	✓	✓	✓
External cause—admitted patient	✓	✗	✗	✓	✗	✗
Funding source for hospital patient	✓	✓	✓	✓	✓	✓
Hospital insurance status	✗	✓	✗	✗	✓	✗
Indigenous status	✓	✓	✓	✓	✓	✓
Infant weight, neonate, stillborn	✗	✓	✗	✗	✓	✗
Intended length of hospital stay	✓	✗	✗	✓	✗	✗
Inter-hospital contracted patient	✓	✗	✗	✓	✗	✗
Major Diagnostic Category	✓	✗	✓	✓	✗	✗
Medicare eligibility status	✓	✓	✓	✓	✓	✗
Mental health legal status	✓	✓	✓	✓	✓	✗
Mode of admission	✓	✓	✗	✓	✓	✗
Mode of separation	✓	✗	✓	✓	✗	✓
Number of leave periods	✗	✓	✗	✗	✓	✗
Number of days of hospital-in-the-home care	✗	✓	✗	✗	✓	✗
Number of qualified days for newborns	✗	✓	✓	✗	✓	✓
Person identifier	✗	✓	✗	✗	✓	✗
Place of occurrence of external cause of injury	✓	✗	✗	✓	✗	✗

(continued)

Table 2.4 (continued): National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?
2001–02 NHDD version 10 (continued)						
Principal diagnosis	✓	✗	✓	✓	✗	✗
Procedure	✓	✗	✓	✓	✗	✓
Separation date	✓	✓	✓	✓	✓	✓
Sex	✓	✗	✓	✓	✗	✓
Source of referral to public psychiatric hospital	✓	✓	✗
Total leave days	✓	✓	✓	✓	✓	✓
Total psychiatric care days	✓	✓	✓	✓	✓	✓
Urgency of admission	✓	✗	✗	✓	✓	✗
2002–03 NHDD version 11						
Activity when injured	✓	✗	✗	✓	✗	✗
Additional diagnosis	✓	✓	✓	✓	✓	✓
Admission date	✓	✓	✓	✓	✓	✓
Admitted patient election status	✓	✗	✗	✓	✗	✗
Area of usual residence	✓	✗	✗	✓	✗	✗
Care type	✗	✗	✓	✗	✗	✗
Country of birth	✓	✓	✗	✓	✓	✗
Date of birth	✓	✓	✗	✓	✓	✗
Diagnosis related group	✓	✓	✓	✓	✓	✓
Establishment identifier— Establishment number	✓	✓	✓	✗	✗	✓
Establishment identifier— Establishment sector	✓	✓	✓	✓	✓	✓
Establishment identifier— Region code	✓	✓	✓	✓	✓	✓
Establishment identifier— state identifier	✓	✓	✓	✓	✓	✓
External cause—admitted patient	✓	✓	✗	✓	✓	✗
Funding source for hospital patient	✓	✓	✓	✓	✓	✓
Hospital insurance status	✗	✓	✗	✗	✓	✗
Indigenous status	✓	✓	✓	✓	✓	✓
Infant weight, neonate, stillborn	✗	✓	✗	✗	✓	✗
Intended length of hospital stay	✓	✗	✗	✓	✗	✗
Inter-hospital contracted patient	✓	✗	✗	✓	✗	✗

(continued)

Table 2.4 (continued): National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?
2002–03 NHDD version 11 (continued)						
Major Diagnostic Category	✓	✓	✓	✓	✓	✗
Medicare eligibility status	✓	✓	✓	✓	✓	✗
Mental health legal status	✓	✓	✗	✓	✓	✗
Mode of admission	✓	✓	✓	✓	✓	✗
Mode of separation	✓	✗	✓	✓	✗	✓
Number of leave periods	✗	✓	✗	✗	✓	✗
Number of days of hospital-in-the-home care	✗	✓	✗	✗	✓	✗
Number of qualified days for newborns	✗	✓	✓	✗	✓	✓
Person identifier	✗	✓	✗	✗	✓	✗
Place of occurrence of external cause of injury	✓	✓	✗	✓	✓	✗
Principal diagnosis	✓	✓	✓	✓	✓	✓
Procedure	✓	✓	✓	✓	✓	✓
Separation date	✓	✓	✓	✓	✓	✓
Sex	✓	✓	✓	✓	✓	✓
Source of referral to public psychiatric hospital	✓	✓	✗
Total leave days	✓	✓	✓	✓	✓	✓
Total psychiatric care days	✓	✓	✓	✓	✓	✓
Urgency of admission	✓	✓	✗	✓	✓	✗
2003–04 NHDD version 12						
Activity when injured	✓	✗	✗	✓	✗	✗
Additional diagnosis	✓	✗	✓	✓	✗	✓
Admission date	✓	✓	✓	✓	✓	✓
Admitted patient election status	✓	✗	✗	✓	✗	✗
Area of usual residence	✓	✗	✗	✓	✗	✗
Care type	✗	✗	✓	✗	✗	✗
Country of birth	✓	✓	✗	✓	✓	✗
Date of birth	✓	✓	✓	✓	✓	✓
Diagnosis related group	✓	✗	✓	✓	✗	✓
Establishment identifier— Establishment number	✓	✓	✓	✗	✗	✓

(continued)

Table 2.4 (continued): National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all ^(a) reported separations?
	2003–04 NHDD version 12 (continued)					
Establishment identifier— Establishment sector	✓	✓	✓	✓	✓	✓
Establishment identifier— Region code	✓	✓	✓	✓	✓	✓
Establishment identifier— state identifier	✓	✓	✓	✓	✓	✓
External cause—admitted patient	✓	x	x	✓	x	x
Funding source for hospital patient	✓	✓	✓	✓	✓	✓
Hospital insurance status	x	✓	x	x	✓	x
Indigenous status	✓	✓	✓	✓	✓	✓
Infant weight, neonate, stillborn	x	✓	x	x	✓	x
Intended length of hospital stay	✓	x	x	✓	x	x
Inter-hospital contracted patient	✓	✓	x	✓	✓	x
Major Diagnostic Category	✓	x	✓	✓	x	✓
Medicare eligibility status	✓	✓	✓	✓	✓	x
Mental health legal status	✓	✓	x	✓	✓	✓
Mode of admission	✓	✓	x	✓	✓	x
Mode of separation	✓	x	✓	✓	x	✓
Number of leave periods	x	✓	x	x	✓	x
Number of days of hospital-in-the-home care	x	✓	x	x	✓	x
Number of qualified days for newborns	x	✓	✓	x	✓	✓
Person identifier	x	✓	x	x	✓	x
Place of occurrence of external cause of injury	✓	x	✓	✓	x	x
Principal diagnosis	✓	x	✓	✓	x	✓
Procedure	✓	x	✓	✓	x	✓
Separation date	✓	✓	✓	✓	✓	✓
Sex	✓	✓	✓	✓	✓	✓
Source of referral to public psychiatric hospital	✓	x	x
Total leave days	✓	✓	✓	✓	✓	✓
Total psychiatric care days	✓	✓	✓	✓	✓	✓
Urgency of admission	✓	x	✓	✓	x	x

(a) Provided for at least 99.5% of reported separations.

State and territory summary

The state and territory summary presented in Table 2.5 provides information on the number and proportion of data elements for which compliance was achieved for the NHDD definition, domain values and scope. The Australian Capital Territory had the highest usage of the NHDD definitions for reporting data elements in the public and private sectors. Public hospitals in all states and territories used NHDD definitions more regularly than did the private sector. Queensland and the Australian Capital Territory had the highest use of the NHDD domain values. Over the 3-year collection period, Queensland consistently had a relatively high percentage of data elements reported for all separations.

For the purposes of this report, compliance was established for a hospital sector or a state/territory where the NHDD definition was used and if at least 99.5% of the total applicable separations for the collection year complied with the domain values and scope for the data element. Compliance has been indicated with a '✓' in the individual data element assessments. Non-compliance was established for a hospital sector within a state or territory where the NHDD definition was not used and 0.5% or more of separations did not comply with the domain values or the data element was not provided (or was reported as 'not reported'). Non-compliance has been indicated with '✗' in the individual data element assessments. For some data elements the scope of the collection was not relevant for the state or territory and in these instances a 'not applicable' value has been indicated. Also, some values were 'not published' because of confidentiality concerns (for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory for 2002-03 and 2003-04). For further detail on state/territory-specific compliance, see the additional tables in the individual data element assessments (Chapter 3).

Table 2.5: State and territory summary of the use of the *National health data dictionary* definition and domain values and NMDS scope, by hospital sector, 2001-02 to 2003-04

State/territory	NHDD definition used?		NHDD domain values used?		Provided for all ^(a) reported separations?	
	Number	Per cent	Number	Per cent	Number	Per cent
2001-02						
Public						
New South Wales	37	97	35	95	30	79
Victoria	36	95	34	92	33	89
Queensland	38	100	36	95	33	89
Western Australia	34	89	32	89	31	82
South Australia	35	92	28	76	29	78
Tasmania	36	95	33	89	26	68
Australian Capital Territory	36	100	35	97	31	86
Northern Territory	34	94	33	94	28	80
Private						
New South Wales	34	92	32	91	31	84
Victoria	34	92	32	89	28	78
Queensland	36	100	34	94	31	86
Western Australia	32	86	30	86	31	84
South Australia	35	95	28	78	30	83
Tasmania	34	92	31	86	22	59
Australian Capital Territory	36	100	35	97	27	75
Northern Territory
2002-03						
Public						
New South Wales	37	97	35	95	31	82
Victoria	36	95	35	95	31	84
Queensland	37	97	37	97	33	89
Western Australia	35	92	34	92	31	84
South Australia	35	92	35	95	29	78
Tasmania	36	95	34	92	31	82
Australian Capital Territory	36	100	35	97	31	89
Northern Territory	36	97	35	97	27	75
Private						
New South Wales	34	92	32	91	31	84
Victoria	34	92	33	92	31	86
Queensland	35	97	35	97	31	86
Western Australia	33	89	32	89	31	86
South Australia	35	95	34	94	29	81
Tasmania	34	92	31	86	25	68
Australian Capital Territory	36	100	35	97	27	77
Northern Territory	34	92	33	94	24	67
2003-04						
Public						
New South Wales	37	97	34	92	32	84
Victoria	36	95	33	89	32	84
Queensland	37	97	38	100	33	87
Western Australia	35	92	35	95	32	84
South Australia	35	92	30	81	29	76
Tasmania	36	95	33	89	31	82
Australian Capital Territory	36	100	33	92	33	92
Northern Territory	36	97	33	92	31	84
Private						
New South Wales	35	95	35	97	32	86
Victoria	34	92	31	86	32	86
Queensland	36	97	37	100	32	86
Western Australia	33	89	33	92	32	86
South Australia	35	95	29	81	30	81
Tasmania	34	92	30	83	26	70
Australian Capital Territory	36	100	33	92	29	81
Northern Territory	35	95	31	89	25	68

(a) Provided for at least 99.5% of reported separations.

.. Not applicable.