

National Health Information Model entities



Capital expenditure

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000248 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Gross capital expenditure is capital expenditure as reported by the particular establishment having regard to State health authority and other authoritative guidelines as to the differentiation between capital and recurrent expenditure. (A concise indication of the basis on which capital and recurrent expenditure have been differentiated is to form part of national minimum data sets).

Context: Health expenditure: capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories.

Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$, \$\$\$, \$\$\$

Data domain:

1	Land and buildings
2	Computer equipment / installations
3	Major medical equipment
4	Plant and (other) equipment
5	Expenditure in relation to intangible assets
6	Other capital expenditure

Guide for use: Expenditure calculated separately for each type described below:

1. Land and buildings

This includes outlays on construction, major alterations and additions to buildings that relate to the establishment. Included are transfer and similar costs in respect of the purchase (sale) of second hand dwellings and installation of new permanent fixtures such as stoves, air conditioning, lighting, plumbing and other fixed equipment normally installed before dwellings are occupied. Costs relating to repair and maintenance replacement of buildings that amount to recurrent expenditure should not be included.

2. Computer equipment/installations

Expenditure of a capital nature on computer installations and equipment such as mainframe computers, mini-computers, extensive personal computer networks and related hardware should be included here.

Capital expenditure (*continued*)

Guide for use (cont'd):

3. Major medical equipment

Expenditure on major items of medical equipment such as CT scanners, MRI equipment, X-ray equipment, ICU monitors and transplant equipment should be included here.

4. Plant and (other) equipment

Details of expenditure on plant and other equipment should be included here. Plant and/or equipment that is an integral part of any building or construction (and is thus included under expenditure on land and buildings), equipment included above under major medical equipment, motor vehicles and items of equipment that would normally be classified as recurrent expenditure should not be included.

5. Expenditure in relation to intangible assets

This category bears specific regard to the private sector. Included here is any expenditure during the financial year in respect of intangible assets such as formation expenses or goodwill.

6. Other capital expenditure

Any expenditure of a capital nature not included elsewhere should be included here. For example, if any State or establishment treats expenditure on new and second hand motor vehicles (including ambulances) as capital expenditure, this should be included as should any expenditure on furniture and fittings if treated by a State or establishment as expenditure of a capital nature.

Verification rules:

Collection methods:

Related data:

relates to the data element Capital expenditure - net (accrual accounting), version 2

relates to the data element Capital expenditure - gross (accrual accounting), version 2

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

The Resources Working Party discussed the matter of capital expenditure at some length. It was decided that capital expenditure was too significant to be excluded from national minimum data sets and that it should be shown for a number of major categories.

Capital expenditure - gross (accrual accounting)

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000325 **Version number:** 2

Data element type: DATA ELEMENT

Definition: Expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets).

Context: Health expenditure: gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories.

Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

1	Land
2	Buildings and building services (including plant)
3	Constructions (other than buildings)
4	Information technology
5	Major medical equipment
6	Transport
7	Other equipment
8	Intangible

Guide for use: To be coded separately for each type of gross capital expenditure described below:

1. Land

A solid section of the earth's surface which is held by the entity under a certificate of title or reserve, leased in by the entity or allocated to the entity by another agency.

2. Buildings and building services (including plant)

An edifice that has a service potential constructed, acquired or held by a financial lease for the specific purposes of the entity. Includes hospitals, hostels, nursing homes and other buildings used for providing the service. Includes expenditure on installation, alteration and improvement of fixtures, facilities and equipment that are an integral part of the building and that contribute to the primary function of a building to either directly or indirectly support the delivery of products and services. Excludes repair and replacement of worn-out or damaged fixtures (to be treated as maintenance).

Capital expenditure - gross (accrual accounting) (continued)

**Guide for use
(cont'd):**

3. Constructions (other than buildings)

Expenditure on construction, major alterations and additions to fixed assets other than buildings such as car parks, roads, bridges, storm water channels, dams, drainage and sanitation systems, sporting facilities, gas, water and electricity mains, communication systems, landscaping and grounds reticulation systems. Includes expenditure on land reclamation, land clearance and raising or levelling of building sites.

4-7. Equipment

An asset, not an integral part of any building or construction, used by an entity to support the delivery of products and services. Items may be fixed or moveable.

4. Information technology

Computer installations and equipment such as mainframe and mini-computers, personal computer networks and related hardware.

5. Major medical equipment

Major items of medical equipment such as medical imaging (CT scanners, MRI, radiology), ICU monitors and transplant equipment.

6. Transport

Expenditure on vehicles or equipment used for transport such as motor vehicles, aircraft, ships, railway, tramway rolling stock, and attachments (such as trailers). Includes major parts such as engines.

7. Other equipment

Includes machinery and equipment not elsewhere classified, such as furniture, art objects, professional instruments and containers.

8. Intangible

An asset which does not have physical substance, such as copyright, design, patent, trademark, franchise or licence.

Verification rules: Australian dollars. Rounded to the nearest whole dollar.

Collection methods:

Related data: supersedes previous data element Capital expenditure, version 1
relates to the data element Capital expenditure - net (accrual accounting),
version 2

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Capital expenditure - gross (accrual accounting) ***(continued)***

Comments: This definition is for use where the accrual method of accounting has been adopted. At the National Health Information Management Group meeting on 24 November 1994, it was agreed that the definition will be implemented as health authorities introduce accrual accounting. The capital expenditure data elements on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Capital expenditure - net (accrual accounting)

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000396 **Version number:** 2

Data element type: DATA ELEMENT

Definition: Gross capital expenditure less trade-in values of replaced items and receipts from the sale of replaced or otherwise disposed items.

Context: Health expenditure: net capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories.

Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

1	Land
2	Buildings and building services (including plant)
3	Constructions (other than buildings)
4	Information technology
5	Major medical equipment
6	Transport
7	Other equipment
8	Intangible

Guide for use: To be calculated separately for each type of net capital expenditure described in 'capital expenditure - gross (accrual accounting)'.

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: supersedes previous data element Capital expenditure, version 1
relates to the data element Capital expenditure - gross (accrual accounting), version 2

Administrative attributes

Source document:

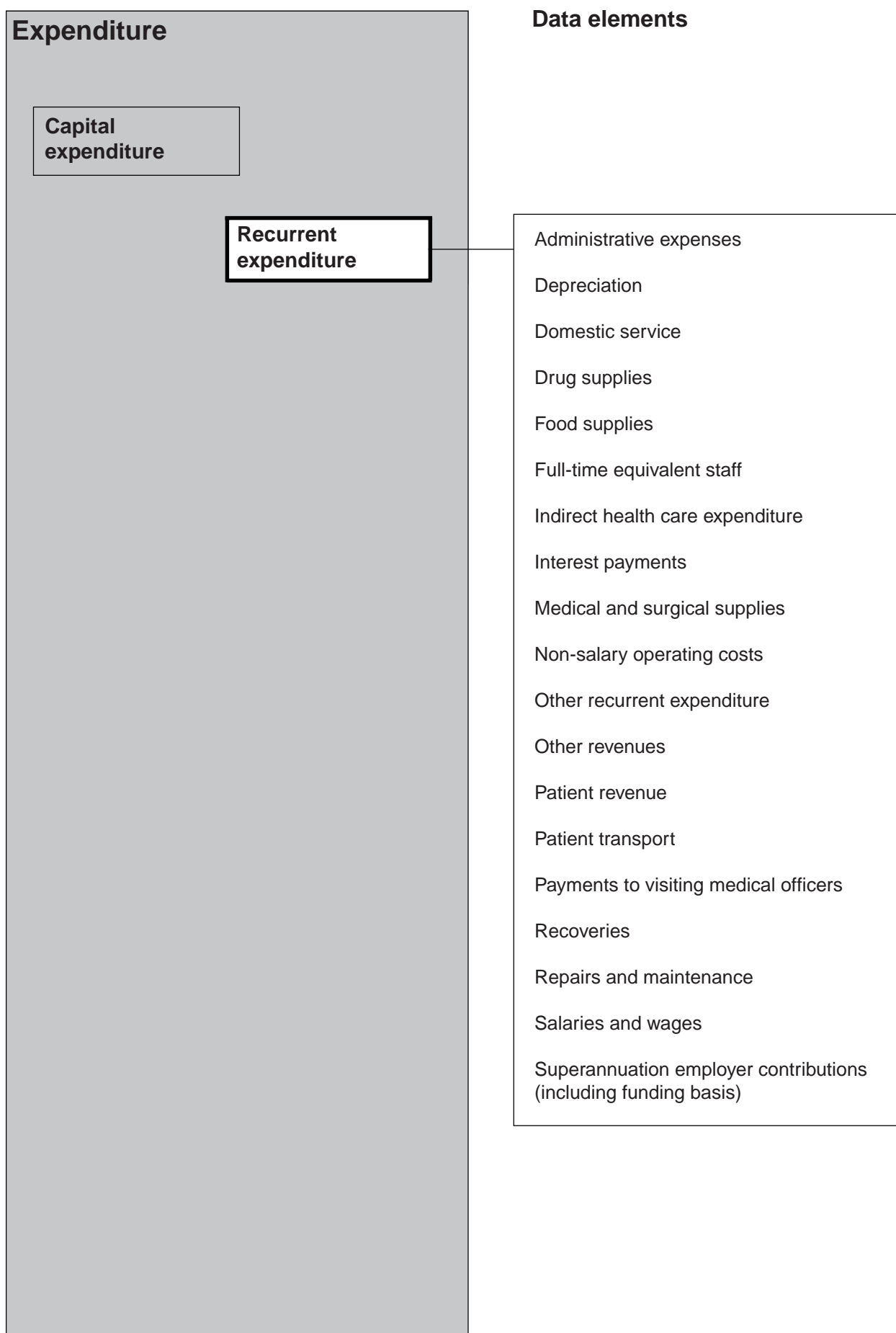
Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

National Health Information Model entities



Administrative expenses

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000244 **Version number:** 1

Data element type: DATA ELEMENT

Definition: All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance (including workers compensation).

Context: Health expenditure: considered to be a sufficiently significant element of non-salary recurrent expenditure as to be separately identified at the national level and also readily and easily collectable.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: Initially the Resources Working Party had considered a separate category for workers compensation insurance as was the case in the Hospital Utilisation and Costs Study (1, 1985-86 and 2, 1987-88) and in the Taskforce on National Hospital Statistics report. However, in the first study analysis, it proved to be a relatively insignificant percentage of total non-salary recurrent expenditure and the Resources Working Party accepted that it should be absorbed into a larger administrative expenses category similar to that in the old Hospitals and Allied Services Advisory Council recommendations.

Nursing homes experts from the then Commonwealth Department of Community Services and Health pointed out that workers compensation was probably a more significant component of expenditure in relation to private establishments.

Depreciation

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000246 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Depreciation represents the expensing of a long-term asset over its useful life and is related to the basic accounting principle of matching revenue and expenses for the financial period. Depreciation charges for the current financial year only should be shown as expenditure. Where intangible assets are amortised (such as with some private hospitals) this should also be included in recurrent expenditure.

Context: Health expenditure: this item has been retained for national minimum data sets because of its significance for the private sector. Current period depreciation charges form a significant component of expenditure for any health establishment whose financial statements are based on accrual accounting.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: With the long-term trend towards accrual accounting in many areas of the public sector, this item will ultimately become significant for public sector establishments. It is even possible that public sector establishments in some States could go on to a form of modified accrual accounting embracing depreciation only, before reaching full accrual accounting.

If an establishment were providing as financial information both current period depreciation and also capital expenditure for the current financial year, the double counting aspect over a period of years would need to be allowed for. Clearly, depreciation should not be added into recurrent expenditure if this is then to be added to capital expenditure, at least not from the viewpoint of financial accounting comparisons. Both data items are important and useful financial information in their own right.

Domestic services

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000241 **Version number:** 1

Data element type: DATA ELEMENT

Definition: The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.

Context: Health expenditure: this is a significant element of non-salary recurrent expenditure for most establishments within the data set and is thus required for any health expenditure analysis at the national level.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,###,###

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: The possibility of separating fuel, light and power from domestic services which would bring the overall non-salary recurrent expenditure categories closer to the old Hospitals and Allied Services Advisory Council categories was briefly considered by the Resources Working Party but members did not hold strong views in this area.

Drug supplies

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000238 **Version number:** 1

Data element type: DATA ELEMENT

Definition: The cost of all drugs including the cost of containers. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.

Context: Health expenditure: this is a significant element of non-salary recurrent expenditure and also national level data on drug expenditure in hospitals is of considerable interest in its own right to a wide range of persons and organisations.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 9 **Representational layout:** \$\$\$, \$\$\$, \$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: The working party considered the possibility of a split between prescription and non-prescription drugs but rejected it as too difficult to collect. It was originally considered because it is not currently possible to assess the cost of prescription drugs in Australia.

Food supplies

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000240 **Version number:** 1

Data element type: DATA ELEMENT

Definition: The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.

Context: Health expenditure: this is a significant element of non-salary recurrent expenditure for most establishments within the data set and is thus required for any health expenditure analysis at the national level.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

Full-time equivalent staff

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000252 **Version number:** 2

Data element type: DERIVED DATA ELEMENT

Definition: Full time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Hours of unpaid leave are to be excluded.

Contract staff employed through an agency are included where the contract is for the supply of labour (e.g. nursing) rather than of products (e.g. photocopier maintenance). In the former case, the contract would normally specify the amount of labour supplied and could be reported as full-time equivalent units.

Context: Health expenditure: to assist in analyses of the resource use and activity of institutional health care providers. Inclusion of these data, classified by staffing category, allows analysis of costs per unit of labour and analysis of staffing inputs against establishment outputs.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 5 **Representational layout:** NNNNN

Data domain: Average full-time equivalent staff units for each staffing category.

Guide for use: Staffing categories:

- C1.1 Salaried medical officers
- C1.2 Registered nurses
- C1.3 Enrolled nurses
- C1.4 Student nurses
- C1.5 Trainee / pupil nurses
- C1.6 Other personal care staff
- C1.7 Diagnostic and health professionals
- C1.8 Administrative and clerical staff
- C1.9 Domestic and other staff

The average is to be calculated from pay period figures. The length of the pay period is assumed to be a fortnight.

If under the relevant award of agreement a full-time nurse is paid for an 80 (ordinary time) hour fortnight, the full-time equivalent for a part-time nurse who works 64 hours is 0.8. If a full-time nurse under the same award is paid for a 100 hours for that fortnight (20 hours overtime), then the full-time equivalent is 100 divided by 80 = 1.25.

Full-time equivalent staff (*continued*)

Guide for use (cont'd): Data on full-time equivalent staffing numbers by category should be consistent with data on salaries and wages by staffing category. If the full-time equivalent for contract staff is not collected then salaries for those contract staff should be included in other recurrent expenditure data items.

Where staff provide services to more than one establishment, full-time equivalent staff members should be apportioned between all establishments to which services are provided on the basis of hours paid for in each. (Salary costs should be apportioned on the same basis).

Verification rules:

Collection methods:

Related data: supersedes previous data element Total full-time equivalent staff, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This National Health Data Dictionary entry was amended during 1996-97. Until then, both average and end of year counts of full-time equivalent staff were included, and the end of year counts used as surrogates for the average counts if the latter were unavailable. The average count is more useful for accurate analysis of staffing inputs for establishment outputs and for assessments and comparisons of labour costs.

Indirect health care expenditure

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000326 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Expenditures on health care that cannot be directly related to programs operated by a particular establishment (that is, can only be indirectly related to particular establishments). To be provided at the State level but disaggregated into patient transport services, public health and monitoring services, central and statewide support services, central administrations and other indirect health care expenditure.

Context: Health expenditure: to improve and substantiate the picture in relation to indirect health care expenditure and assist in understanding differences in costs for similar establishments in different States and regions, due to differences in the extent to which support services and other services to residents/inpatients and outpatients of establishments may be provided by the establishment itself or by other bodies.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 9 **Representational layout:** \$\$\$,###,###

Data domain:

Guide for use: Indirect health care expenditure is to be reported separately for each of the following categories:

1. Patient transport services

Public or registered non-profit organisations which provide patient transport (or ambulance) for services associated with inpatient or residential episodes at residential establishments within the scope of this data set.

This category excludes patient transport services provided by other types of establishments (for example, public hospitals) as part of their normal services. This category includes centralised and statewide patient transport services (for example, Queensland Ambulance Transport Brigade) which operate independently of individual inpatient establishments.

2. Public health and monitoring services

Public or registered non-profit services and organisations with centralised, statewide or national public health or monitoring services. These include programs concerned primarily with preventing the occurrence of diseases and mitigating their effect, and includes such activities as mass chest X-ray campaigns, immunisation and vaccination programs, control of communicable diseases, ante-natal and post-natal clinics, preschool and school medical services, infant welfare clinics, hygiene and nutrition advisory services, food and drug inspection services, regulation of standards of sanitation, quarantine services, pest control, anti-cancer, anti-drug and anti-smoking campaigns and other programs to increase public awareness of disease symptoms and health hazards, occupational health services, Worksafe Australia, the Australian Institute of Health and Welfare and the National Health and Medical Research Council.

Indirect health care expenditure (*continued*)

**Guide for use
(cont'd):**

Included here would be child dental services comprising expenditure incurred (other than by individual establishments) or dental examinations, provision of preventive and curative dentistry, dental health education for infants and school children and expenditure incurred in the training of dental therapists.

3. Central and statewide support services

Public or registered services which provide central or statewide support services for residential establishments within the scope of this data set. These include central pathology services, central linen services and frozen food services and blood banks provided on a central or statewide basis such as Red Cross.

4. Central administrations

Expenditures relating to central health administration, research and planning for central and regional offices of State, Territory and Commonwealth health authorities and related departments (for example, the Department of Veterans' Affairs).

5. Other

Any other indirect health care expenditure as defined above not catered for in the above categories. This might include such things as family planning and parental health counselling services and expenditure incurred in the registration of notifiable diseases and other medical information.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

Resources Working Party members were concerned at the danger of double counting programs at hospital and again at State level and were also concerned at the possible lack of uniformity between States. Where possible expenditure relating to programs operated by hospitals should be at the hospital level.

In its response to the draft report on the National Minimum Data Set, Queensland expressed the view that this item should be excluded from the National Minimum Data Set until such time as it is more completely specified and therefore useable. Queensland pointed to the substantial problems of double counting and the limitations imposed by the exclusion of other items, notably many non-residential health services.

No other State requested that indirect health care expenditure be excluded from the National Minimum Data Set and it has been retained for the reasons spelt out in the justification above. However, it has been identified as an area requiring substantial future development.

Interest payments

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000245 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Payments made by or on behalf of the establishment in respect of borrowings (e.g. interest on bank overdraft) provided the establishment is permitted to borrow. This does not include the cost of equity capital (i.e. dividends on shares) in respect of profit making private establishments.

Context: Health expenditure: this item has been retained in the data set because of its significance for the private sector. Private profit making establishments will seek to fund their operations either by loan borrowings (debt capital) or raising shares (equity capital). The cost of either can be significant, although the cost of the latter (that is, dividends on shares) would come out of profits.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: The item would not have been retained if the data set was restricted to the public sector. In some States, public hospitals may not be permitted to borrow funds or it may be entirely a State treasury matter, not identifiable by the health authority. Even where public sector establishment borrowings might be identified, this appears to be a sensitive area and also of less overall significance than in the private sector.

Medical and surgical supplies

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000239 **Version number:** 1

Data element type: DATA ELEMENT

Definition: The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.

Context: Health expenditure: as for the data element Drug supplies this is a significant element of non-salary expenditure and national-level data on medical and surgical supplies is of considerable interest in its own right to a wide range of persons and organisations.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

Non-salary operating costs

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000360 **Version number:** 1

Data element type: DERIVED DATA ELEMENT

Definition: Total expenditure relating to non-salary operating items.

Context: Health care: this data element is required to monitor trends of expenditure in the sector.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use: Report all expenditure in thousands of dollars (\$000's). Total is calculated from expenditure including: Payments to visiting medical officers, Superannuation employer contributions (including funding basis), Drug supplies; Medical and surgical supplies; Food supplies; Domestic services; Repairs and maintenance; Patient transport; Administrative expenses; Interest payments; Depreciation; Other recurrent expenditure.

Expenditure should include both the specific costs directly associated with the service and indirect costs for example personnel services.

Research and academic units that function as an integral part of ambulatory care should be reported against the appropriate service.

Verification rules:

Collection methods:

Related data: is calculated using Payments to visiting medical officers, version 1
 is calculated using Superannuation employer contributions (including funding basis), version 1
 is calculated using Drug supplies, version 1
 is calculated using Medical and surgical supplies, version 1
 is calculated using Food supplies, version 1
 is calculated using Domestic services, version 1
 is calculated using Repairs and maintenance, version 1
 is calculated using Patient transport, version 1
 is calculated using Administrative expenses, version 1
 is calculated using Interest payments, version 1
 is calculated using Depreciation, version 1
 is calculated using Other recurrent expenditure, version 1

Administrative attributes

Source document:

Non-salary operating costs (*continued*)

Source organisation:

National minimum data sets:

Community mental health care

from 1/07/98 to

Comments:

Other recurrent expenditure

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000247 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Other payments are all other recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. Gross expenditure should be reported with no revenue offsets (except for inter-hospital transfers).

Context: Health expenditure: this category is required for balancing purposes and to capture all those additional expenditures which can be significant in aggregate.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

Other revenues

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000323 **Version number:** 1

Data element type: DATA ELEMENT

Definition: All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.

See text relating to offsetting practices. Gross revenue should be reported (except in relation to payments for inter-hospital transfers of goods and services).

Context: Health services: in aggregate, other revenues as defined above constitute a significant source of income for many establishments and are necessary to complete the revenue picture for health financing studies or analyses at the national level.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: The possibility of showing any investment income derived from surplus funds as a separate item of revenue was considered but rejected by the Resources Working Party primarily because it was considered too sensitive an item to be separately identified in a national minimum data set.

Patient revenue

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000296 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Patient revenue comprises all revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. All patient revenue is to be grouped together regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether in-patient or non-in-patient, private or compensable). Gross revenue should be reported.

Note: The Commonwealth contribution in respect of nursing home patients should be included under patient revenue.

Context: Health expenditure: patient revenue is a significant source of income for most establishments. For some establishments (principally the private sector) it is the major source of income. Patient revenue data is important for any health financing analyses or studies at the national level.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: The Resources Working Party considered a split of patient revenue into various categories including an in-patient/non-in-patient split and a private/compensable/ineligible split but decided against this level of detail. In part, this reflected sensitivities to too detailed a disclosure of sources of revenue and also a feeling that total patient revenue was adequate for analysis at a national level. However, for nursing home patient revenue, the Commonwealth Department of Community Services and Health nursing home

Patient revenue (*continued*)

Comments (cont'd): experts said they would like to see a limited split up of patient revenue perhaps along the following lines:

Nursing homes

- Commonwealth benefit
- residents payment

Hostels

- Commonwealth benefit
- resident recurrent funding
- resident capital funding

Patient transport

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000243 **Version number:** 1

Data element type: DATA ELEMENT

Definition: The direct cost of transporting patients excluding salaries and wages of transport staff.

Context: Health expenditure: considered to be a significant element of non-salary recurrent expenditure for many establishments within the data set and is thus required for any health expenditure analysis at the national level.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

Payments to visiting medical officers

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000236 **Version number:** 1

Data element type: DATA ELEMENT

Definition: All payments made by an institutional health care establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid, or fee for service basis.

A visiting medical officer is a medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee for service basis. This category includes the same Australian Standard Classification of Occupations codes as the salaried medical officers category.

Context: Health expenditure: this is a significant element of expenditure for many hospitals (although not for other establishments) and needed for health financing and health expenditure analysis at the national level. Any analysis of health expenditures at the national level would tend to break down if significant components of expenditure were not available.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: Although accepting the need to include visiting medical officer payments, the Resources Working Party decided not to include data on visiting medical officer services (whether hours or number of sessions or number of services provided) due to collection difficulties and the perception that use of visiting medical officers was purely a hospital management issue.

Recoveries

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000295 **Version number:** 1

Data element type: DATA ELEMENT

Definition: All revenue received that is in the nature of a recovery of expenditure incurred. This would include:

- income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors;
- income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and
- other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.

Generally, gross revenues should be reported but, where inter-hospital payments for transfers of goods and services are made, offsetting practices are acceptable to avoid double counting. Where a range of inter-hospital transfers of goods and services is involved and it is not possible to allocate the offsetting revenue against particular expenditure categories, then it is acceptable to bring that revenue in through recoveries.

Context: Health expenditure: recoveries represent a significant source of income for many establishments and, as well as assisting in completing the picture in any health financing studies or analysis at the national level, are relevant in relation to the determination of net costs and output costs.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use: This data element relates to all revenue received by establishments except for general revenue payments received from State or Territory governments.

Verification rules:

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Recoveries (*continued*)

Comments: The Resources Working Party had considered splitting recoveries into staff meals and accommodation, and use of hospital facilities (private practice) and other recoveries.

Some States had felt that use of facilities was too politically sensitive as a separate identifiable item in a national minimum data set. Additionally, it was considered that total recoveries was an adequate category for health financing analysis purposes at the national level.

Repairs and maintenance

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000242 **Version number:** 1

Data element type: DATA ELEMENT

Definition: The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works. Expenditure of a capital nature should not be included here. Do not include salaries and wages of repair and maintenance staff. Gross expenditure should be reported with no revenue offsets (except for inter-hospital transfers).

Context: Health expenditure: this is a significant element of non-salary recurrent expenditure for most establishments within the data set and is thus required for any health expenditure analysis at the national level.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,###,###

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

Salaries and wages

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000254 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Salary and wage payments for all employees of the establishment (including contract staff employed by an agency, provided staffing (ME) data is also available). This is to include all paid leave (recreation, sick and long-service) and salary and wage payments relating to workers' compensation leave for the following staffing categories (see below).

Generally, salary data by staffing categories should be broadly consistent with full-time equivalent staffing numbers. Where staff provide services to more than one hospital, their salaries should be apportioned between all hospitals to whom services are provided on the basis of hours worked in each hospital.

Salary payments for contract staff employed through an agency should be included under salaries for the appropriate staff category provided they are included in full-time equivalent staffing. If they are not salary, payments should be shown separately.

Context: Health expenditure: salaries and wages invariably constitute the major component of recurrent and, indeed, total expenditure for the establishments forming part of this data set and are vital to any analysis of health expenditure at the national level. The categories correspond with those relating to full-time equivalent staffing which is a requirement for any proper analysis of average salary costs.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain: Expenditure for each staffing category.

Guide for use: Figures should be supplied for each of the staffing categories:

- C1.1 Salaried medical officers
- C1.2 Registered nurses
- C1.3 Enrolled nurses
- C1.4 Student nurses
- C1.5 Trainee / pupil nurses
- C1.6 Other personal care staff
- C1.7 Diagnostic and health professionals
- C1.8 Administrative and clerical staff
- C1.9 Domestic and other staff

Verification rules:

Collection methods: For contract staff, see comments under the data element Total full-time equivalent staff. Salary data for contract staff, provided the contract is for the supply of labour (e.g. nursing) rather than products (e.g. photocopier

Salaries and wages (*continued*)

Collection methods (cont'd): maintenance), should be shown under the appropriate staff salary category provided that corresponding staffing (full-time equivalent) data is available. If not, it should be shown separately.

Related data: relates to the data element Establishment type, version 1
relates to the data element Full-time equivalent staff, version 2

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Community mental health care from 1/07/98 to

Comments: The staffing salary categories are similar to those used in the Hospital Utilisation and Costs Study 1, 1985-86 and 2, 1987-88 and also in the final report of the Taskforce on National Hospital Statistics. However, the Resources Working Party decided to group domestic and other staff together.

Superannuation employer contributions (including funding basis)

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000237 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Superannuation employer contributions

Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State health authority, to a superannuation fund providing retirement and related benefits to establishment employees.

Funding basis

The following different funding bases are identified:

- paid by hospital to fully funded scheme;
- paid by Commonwealth government or State government to fully funded scheme; and
- unfunded or emerging costs schemes where employer component is not presently funded.

Fully funded schemes are those in which employer and employee contributions are paid into an invested fund. Benefits are paid from the fund. Most private sector schemes are fully funded.

Emerging cost schemes are those in which the cost of benefits is met at the time a benefit becomes payable; that is, there is no ongoing invested fund from which benefits are paid. The Commonwealth superannuation fund is an example of this type of scheme as employee benefits are paid out of general revenue.

Context: Health expenditure: superannuation employer contributions are a significant element of establishment expenditure and, as such, are required for health expenditure analysis at the national level.

The funding basis is required for cost comparison purposes particularly in the case of unfunded or emerging cost schemes where no actual contribution is being presently made but ultimately employer liability will have to be funded.

Relational and representational attributes

Datatype: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min.** 1 **Max.** 9 **Representational layout:** \$\$\$,\$\$\$,\$\$\$

Data domain:

Guide for use:

Verification rules: Australian dollars. Rounded to nearest whole dollar.

Collection methods:

Related data: relates to the data element Establishment type, version 1

Superannuation employer contributions (including funding basis) (*continued*)

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

The definition has been designed to specifically exclude employee superannuation contributions (not a cost to the establishment) or superannuation final benefit payments.

In private enterprise some superannuation schemes are partially funded. This is considered too complex a distinction for national minimum data sets.

The Resources Working Party noted the emergence of salary sacrifice schemes whereby employees forego salary for higher superannuation contributions. If these become significant, national minimum data sets may have to take them into account at a future stage.

National Health Information Model entities



Health outcome

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000062 **Version number:** 1

Data element type: DATA ELEMENT CONCEPT

Definition: A change in the health of an individual, or a group of people or a population, which is wholly or partially attributable to an intervention or a series of interventions

Context: Institutional and non-institutional health care

Relational and representational attributes

Datatype: **Representational form:**

Field size: **Min.** **Max.** **Representational layout:**

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Information Management Group

National minimum data sets:

Comments:

Health outcome indicator

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000063 **Version number:** 1

Data element type: DATA ELEMENT CONCEPT

Definition: A statistic or other unit of information which reflects, directly or indirectly, the effect of an intervention, facility, service or system on the health of its target population, or the health of an individual.

- A generic indicator provides information on health, perceived health or a specific dimension of health using measurement methods that can be applied to people in any health condition.

- A condition-specific indicator provides information on specific clinical conditions or health problems, or aspects of physiological function pertaining to specific conditions or problems.

Epidemiological terminology

- An association exists between two phenomena (such as an intervention and a health outcome) if the occurrence or quantitative characteristics of one of the phenomena varies with the occurrence or quantitative characteristics of the other.

- One phenomenon is attributable to another if there is a casual link between the phenomena. Attribution depends upon the weight of evidence for causality.

- Association is necessary (but not sufficient) for attribution. Associations may be fortuitous or causal. The term relationship is to be taken as synonymous with association.

Context: Institutional and non-institutional health care

Relational and representational attributes

Datatype: **Representational form:**

Field size: **Min.** **Max.** **Representational layout:**

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

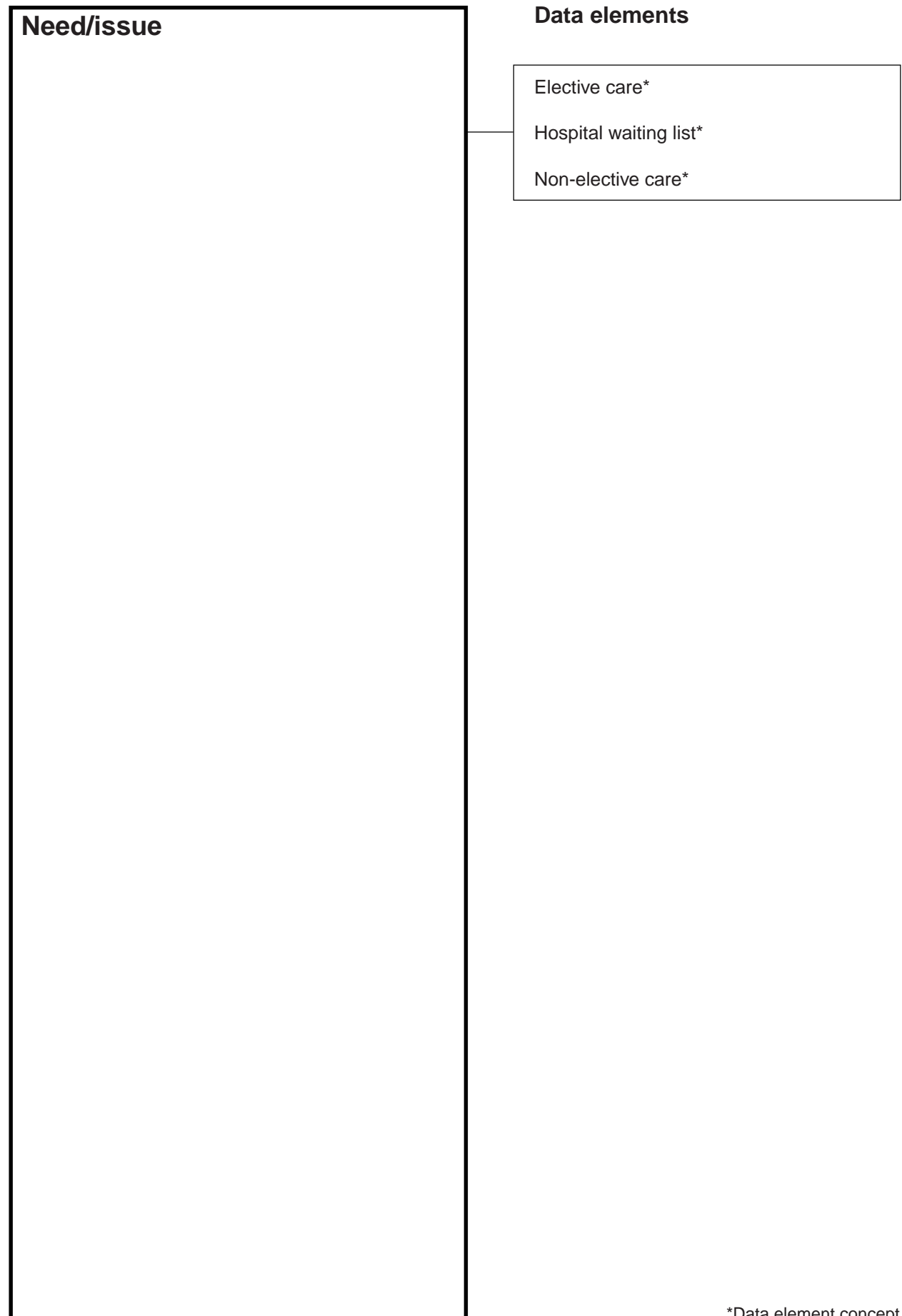
Source document:

Source organisation: National Health Information Management Group

National minimum data sets:

Comments:

National Health Information Model entities



Elective care

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000348 **Version number:** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Context: Institutional health care

Relational and representational attributes

Datatype: **Representational form:**

Field size: **Min.** **Max.** **Representational layout:**

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Waiting list category, version 1
relates to the data element Waiting list category - ICD-9-CM code, version 2

Administrative attributes

Source document:

Source organisation: Hospital Access Program Waiting List Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Hospital waiting list

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000067 **Version number:** 1

Data element type: DATA ELEMENT CONCEPT

Definition: A register which contains essential details about patients who have been assessed as needing elective hospital care.

Context: Institutional health care

Relational and representational attributes

Datatype: **Representational form:**

Field size: **Min.** **Max.** **Representational layout:**

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Waiting list category, version 1
 relates to the data element Patient listing status, version 2
 relates to the data element Waiting list category - ICD-9-CM code, version 2
 relates to the data element Patient listing status, version 3

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Non-elective care

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000105 **Version number:** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Care that, in the opinion of the treating clinician, is necessary and admission for which cannot be delayed for more than 24 hours.

Context: Institutional health care

Relational and representational attributes

Datatype: **Representational form:**

Field size: **Min.** **Max.** **Representational layout:**

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

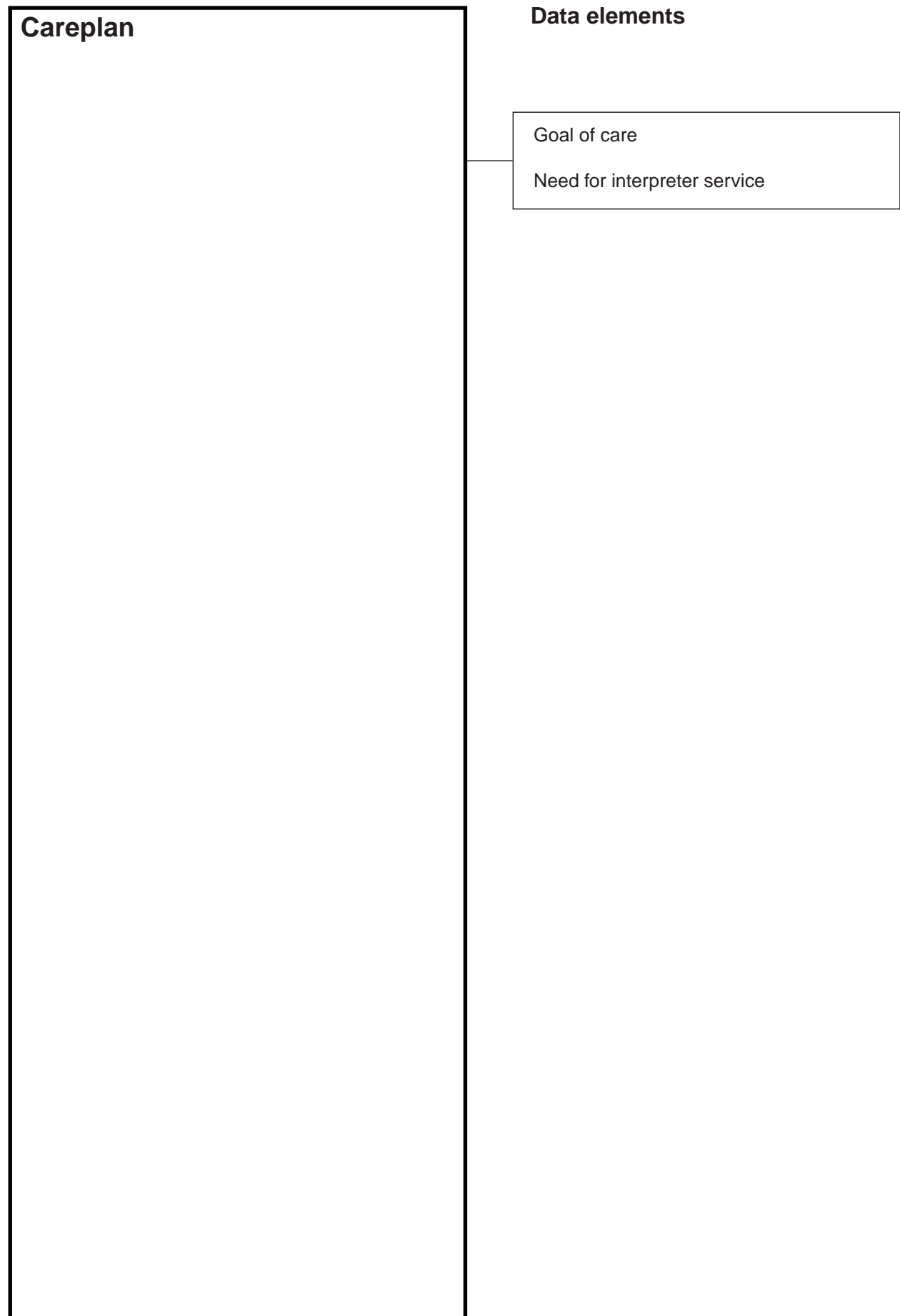
Source organisation: Hospital Access Program Waiting Lists Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

National Health Information Model entities



Goal of care

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000111 **Version number:** 2

Data element type: DATA ELEMENT

Definition: The goal or expected outcome of a plan of care, negotiated by the service provider and recipient, which outlines the overall aim of actions planned by a community service and relates to a person's health need. This goal reflects a total care plan and takes into account the possibility that a range of community services may be provided within a specified time frame.

Context: This item focuses on the broad goal which the person and services provider hope to achieve within an expected time period and takes into account the intervention or services provided by a range of community services.

Relational and representational attributes

Datatype: Numeric **Representational form:** CODE

Field size: **Min.** 2 **Max.** 2 **Representational layout:** NN

Data domain:

01	Well person for preventative/maintenance/health promotion program;
02	Person will make a complete recovery;
03	Person will not make a complete recovery; but will rehabilitate to a state where formal on-going service is no longer required;
04	Person has a long-term care need and the goal is aimed at on-going support to maintain at home;
05	Person in end-stage of illness the goal is aimed at support to stay at home in comfort and dignity and facilitation of choice of where to die;
06	Person is unable to remain at home for extended period and goal is aimed at institutionalisation at a planned and appropriate time;
07	For assessment only/not applicable.

Guide for use: 1. GOAL 1 service recipients are those making contact with the health service primarily as a part of a preventative/maintenance health promotion program. This means they are well and do not require care for established health problems. They include well antenatal persons attending or being seen by the service for screening or health education purposes.

2. GOAL 2 describes those persons whose condition is self-limiting and from which complete recovery is anticipated, or those with established or long term health problems who are normally independent in their management.

Goal 2 service recipient includes:

- post surgical or acute medical service recipients whose care at home is to facilitate convalescence. Such admissions to home care occur as a result of early discharge from hospital; post-surgical complication such as wound infection; or because the person is at risk during the recovery phase and requires surveillance for a limited period;

Goal of care (*continued*)

Guide for use (cont'd):

- persons recovering from an acute illness and referred from the general practitioner or other community based facility;
- persons with disability or established health problem normally independent of health services, and currently recovering from an acute condition or illness as above.

3. GOAL 3 refers to those service recipients whose care plan is aimed at returning them to independent functioning at home either through self-care or with informal assistance, such that formal services will be discontinued. The distinguishing characteristic of this group is that complete recovery is not expected but some functional gain may be possible. Further, the condition is not expected to deteriorate rapidly or otherwise cause the client to be at risk without contact or surveillance from the community service.

4. GOAL 4 refers to those service recipients whose health problem/condition is not expected to resolve and who will require ongoing maintenance care from the nursing service. Such clients are distinguished from those in Goal 3 in that their condition is of an unknown or long-term nature and not expected to cause death in the foreseeable future. They may require therapy for restoration of function initially and intermittently, and may also have intermittent admissions for respite. However, the major part of their care is planned to be at home.

5. GOAL 5 refers to persons whose focus of care is palliation of symptoms and facilitation of the choice to die at home.

6. GOAL 6 includes persons who have a limited ability to remain at home because of their intensive care requirements and the inability of formal and informal services to meet these needs. Admission to institutional care is therefore a part of the care planning process and the timing dependent upon the capacity and/or wish to remain at home. The distinguishing feature of this group is that the admission is not planned to be an intermittent event to boost the capacity for home care but is expected to be of a more permanent (or indeterminate) nature.

- Excluded from this group are persons with established health problems or permanent disability, if the contact is related to the condition. For example, persons with diabetes and in a diabetes program would be included in Goal 3; however, such persons would be included in goal 6 if the contact with the service is not related to an established health problem but is primarily for preventative/maintenance care as described above.

7. GOAL 7 service recipients are those for whom the reason for the visit is to undertake an assessment. This may include clients in receipt of a Domiciliary Nursing Care Benefit (DNCB) for whom the purpose of the visit is to determine ongoing DNCB eligibility and requirements for care. Implicit in this visit is review of the person's health status and circumstances, to ensure that their ongoing support does not place them or their carer at avoidable risk.

Verification rules:

Only one option is permissible and where Code 7 is selected, Code 9 must be used in Nursing interventions.

Goal of care (*continued*)

Collection methods: At time of formal review of the client, the original Goal of care should be retained and not over-written by the system. The goal of care relates to the episode bounded by the Date of first contact with community nursing service and Date of last contact and in this format provides a focussing effect at the time of planning for care.

Related data: supersedes previous data element Nursing goal, version 1
relates to the data element Date of first contact, version 2
relates to the data element Nursing diagnosis, version 2
relates to the data element Nursing interventions, version 2
relates to the data element Date of last contact, version 2

Administrative attributes

Source document:

Source organisation: Australian Council of Community Nursing Services

National minimum data sets:

Comments: Agencies who had previously implemented this item should note changes to the code set in data domain.

Need for interpreter service

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000100 **Version number:** 1

Data element type: DATA ELEMENT

Definition: Need for interpreter services (yes/no) as perceived by the person.

Context: To assist in planning for provision of interpreter services.

Relational and representational attributes

Datatype: Numeric **Representational form:** CODE

Field size: **Min.** 1 **Max.** 1 **Representational layout:** N

Data domain:
 0 Interpreter not needed
 1 Interpreter needed

Guide for use:

Verification rules:

Collection methods:

Related data: is used in conjunction with Preferred language, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Comments: This data element has not been included in the National minimum data set - institutional health care because of reservations about its utility in assessing demand for interpreter services and concerns that a question of this nature might raise expectations of service provision which could not always be fulfilled.

