

National Health Data Dictionary

Summary edition

Version 11

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and well-being of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

National Health Data Dictionary

Summary edition

Version 11

National Health Data Committee
2002

Australian Institute of Health and Welfare
Canberra

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Foreword

The Australian Institute of Health and Welfare is pleased to produce the eleventh version of the *National Health Data Dictionary*, which is a vital tool for use in ensuring the quality of Australian health data.

In this time of constant change and with initiatives such as HealthConnect it is imperative that the health care community maintains the ability to standardise the terminology used in the analysis of health information. It is only through the cooperation and consensus of Australia's health sector that it is possible to produce in the Dictionary a set of core definitions and data items for use in all Australian health data collections. All Australian health departments, the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, the National Centre for Classification in Health, the Department of Veterans' Affairs, the Australian Private Hospitals Association, representatives of the private health insurance industry and the Health Insurance Commission cooperate in this endeavour.

Data elements in this edition continue to be presented in a format based on the ISO/IEC Standard 11179 *Specification and Standardization of Data Elements* – the international standard for defining data elements issued by the International Organization for Standardization and the International Electrotechnical Commission.

Use of the Dictionary will help ensure that data elements are collected uniformly from all services and jurisdictions throughout Australia and thereby improve the quality of information for community discussion and public policy debate on health issues in Australia.

The Knowledgebase (the Health and Community Services Metadata Registry) has been updated to incorporate this eleventh version of the Dictionary and is accessible via the Institute's Internet home page (<http://www.aihw.gov.au>). The full Version 11 may be referenced here. The Knowledgebase has become a standard form of release for the Dictionary and, as Internet access becomes more common, the requirement for this publication in hard copy has diminished. There is also increasing emphasis being placed on distribution by compact disc which not only has the advantage of being cheaper to produce, and less wasteful of resources but has the advantage of internal links that allow faster and more effective use of the reader's time.

Thanks are due to Joe Christensen and David Neilsen of the Institute staff who have prepared the material for this eleventh edition, and to all members of the National Health Data Committee who have overseen its preparation.

I urge all collectors of health-related data in Australia to use the Dictionary and so improve comparability and quality of Australian health data. The Dictionary content is expanding beyond institutional health care, and many of the new data elements relate to other sectors of health care.

Richard Madden

Director

Australian Institute of Health and Welfare

Preface

With the increasing pressure on the effective use of public money and the better use of web sites and CD-ROMs for dissemination, the decision was taken to publish in paper form a full version of the dictionary only every two years.

This is the first time in which this publication contains only a summary of changes to Version 10 of the Data dictionary- items that are added, updated or revised in 2001/02. Unmodified data definitions can be found in Version 10 of this publication. The full Version 11, including both the changed and the unchanged items is available on the AIHW Knowledgebase and on CD-ROM.

The next full hard copy will be Version 12 and will be published in 2003.

Your input is sought as to whether this format meets your needs.

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Introduction

The *National Health Data Dictionary (NHDD)* was first published as *the National Minimum Data Set – Institutional Health Care* in September 1989. In March 1993 the *National Health Data Dictionary – Institutional Health Care (Version 2.0)* was published. Since the establishment of the first National Health Information Agreement in June 1993 there have been many changes in the development and management of national health information resulting in the expansion of both the scope and content of the seven subsequent versions of the *National Health Data Dictionary*. The National Health Information Agreement was renewed in 1998 for a further five-year term.

Under the National Health Information Agreement, the *National Health Data Dictionary* is the authoritative source of health data definitions used in Australia where national consistency is required. The Dictionary is designed to improve the comparability of data across the health field. It is also designed to make data collection activities more efficient by reducing duplication of effort in the field, and more effective by ensuring that information to be collected is appropriate to its purpose.

The objectives of the *National Health Data Dictionary* are to:

- establish a core set of uniform definitions relating to the full range of health services and a range of population parameters (including health status and determinants);
- promote uniformity, availability, reliability, validity, consistency and completeness in the data;
- accord with nationally and internationally agreed protocols and standards, wherever possible;
- promote the national standard definitions by being readily available to all individuals and organisations involved in the generation, use and/or development of health and health services information.

The National Health Data Committee is responsible for coordinating the development and revision of the *National Health Data Dictionary*.

The National Health Data Committee (NHDC)

The National Health Data Committee is a standing committee of the National Health Information Management Group – a body established under the National Health Information Agreement to oversee implementation of the Agreement. All data element definitions to be included in the *National Health Data Dictionary* require endorsement by the National Health Information Management Group.

The primary role of the National Health Data Committee is to assess data definitions proposed for inclusion in the *National Health Data Dictionary* and to make recommendations to the National Health Information Management Group on revisions and additions to each successive version of the Dictionary. In particular, the Committee's role is to ensure that the *National Health Data Dictionary* definitions comply with endorsed standards for the definition of data elements and that all data definitions being considered for the Dictionary have undergone sufficient national consultation with recognised experts and stakeholders in the relevant field.

The rules applied to each data element definition are designed to ensure that each definition is clear, concise, comprehensive and provides sufficient information to ensure that all those who collect, provide, analyse and use the data understand its meaning.

All definitions in the *National Health Data Dictionary* are presented in a format that is described in more detail at Appendix B.

The National Health Data Committee comprises representatives of:

- the Commonwealth Department of Health and Ageing
- each State and Territory government health authority
- the Australian Bureau of Statistics
- the Australian Institute of Health and Welfare
- the Australian Private Hospitals' Association
- the private health insurance industry (through Lysaght's Hospital and Medical Club)
- the Department of Veterans' Affairs;
- the National Centre for Classification in Health;
- the Health Insurance Commission; and
- Other members designated by the National Health Information Management Group.

The National Health Information Management Group (NHIMG) appoints the Chair of the National Health Data Committee, currently Mr Ching Choi of the Australian Institute of Health and Welfare.

A list of Committee members and their contact details (as at 1 March 2002) is provided at Appendix A.

The National Health Data Committee does not normally develop data definitions directly. Rather, it provides a channel through which standards emerging from nationally-focused data development work are documented and endorsed by the National Health Information Management Group. This facilitates implementation in national data collections and allows wider availability to stakeholders in the national health information arena. The range and relevance of the data definitions included in the *National Health Data Dictionary* are dependent, to a significant extent, on the material submitted to the National Health Data Committee by the expert working groups that are actively developing data in the health field.

More information about the National Health Data Committee and its processes is available from the Secretariat (see the end of this section).

The Knowledgebase—Australia's health, community services and housing metadata registry

The Knowledgebase—Australia's health, community services and housing metadata registry is an electronically accessible registry of national data definitions. The Knowledgebase was designed and created by the Australian Institute of Health and Welfare on behalf of the National Health Information Management Group.

Organisations that may place data definitions into the Knowledgebase are given the status of 'Registration Authority'. The organisation authorised to register *National Health Data Dictionary* data definitions in the Knowledgebase is the National Health Information Management Group. The organisation authorised to register *National Community Services Data Dictionary* data definitions in the Knowledgebase is the National Community Services Information Management Group.

The Knowledgebase is also a registry for other registration authorities approved by the relevant national information management groups. These other groups are allowed to have data definitions with 'DRAFT' status only. DRAFT definitions are not available in print form.

The Knowledgebase integrates and presents information about:

- the *National Health Data Dictionary*;
- National Minimum Data Set agreements;
- National Health Performance Indicators;
- the National Health Information Model;
- the National Community Services Information Model;
- the *National Community Services Data Dictionary*;
- proposed data sets under development; and
- related data dictionaries from other organisations.

The integrating features of the Knowledgebase enable information managers and policy developers to query and view information in ways not possible with traditional paper-based records, repositories, dictionaries or manuals. It is envisaged that, over time, access to the *National Health Data Dictionary* will be primarily electronic – via the Knowledgebase.

The Knowledgebase is an Internet application, accessible through any browser compatible with HTML version 3.2 or later. It has been written using Oracle's Webserver technology.

The Internet address for the Knowledgebase – Australia's Health and Community Services Metadata Registry is

<http://www.aihw.gov.au>

Select **Knowledgebase** from the 'Choose a portal' drop down list.

National Health Data Dictionary

All data definitions that are included in the latest version of the *National Health Data Dictionary* as well as all previous versions of those data definitions are available on the Knowledgebase. DRAFT data definitions under development by the National Health Data Committee are also available on the Knowledgebase under the National Health Data Committee as Registration Authority.

Version 11

The publication format for Version 11 differs from Version 10 in that it does not contain the full set of data elements and is set out in the following sections:

- Summary of changes
- Modified National Minimum Data Sets;
- National Minimum Data Sets;
- New data elements;
- Modified data elements;

To reference the NHDD in its entirety one must read both books in conjunction; Version 10 and this one. Alternatively, the full version may be referenced from the Knowledgebase on the AIHW web site. This is the address (URL) of the National Health Metadata page on the web site: <http://www.aihw.gov.au/knowledgebase/indexkbhealth.html>

Select *National Health Data Dictionary (NHDD)* from this page to get to the search page for the latest version of the NHDD. An 'Advanced Search' facility is available from the NHDD page or select by alphabet.

Summary of changes

National Minimum Data Sets

- NMDS Alcohol and other drug treatment services
 - change to Scope
- NMDS Elective surgery waiting times
 - revision of NMDS description including:
 - Broadening of the scope to include all patients on or removed from waiting lists managed by public hospitals
 - Clarification of the types of data in the NMDS
 - additional data elements in NMDS:
 - Removal date
 - Waiting time at removal from elective surgery waiting list
 - data elements removed from NMDS:
 - Admission date
 - Category reassignment date
 - Patient listing status
 - Waiting list category
 - Waiting time at admission (also retired from NHDD)
 - revisions to existing data elements and data element concepts in the NMDS:
 - Admission date
 - Hospital waiting list
 - Listing date for care
 - Reason for removal from elective surgery waiting list
 - Waiting time at a census date

Data elements

New in version 11

- Age standardised rate
- Crude rate
- Date of diagnosis of cancer
- Date of procedure
- Diagnosis onset type
- Laterality of primary cancer
- Morphology of cancer
- Primary site of cancer
- Quality accreditation/certification standard
- Removal date (collect in NMDS for Elective surgery waiting times)
- Tumour size at diagnosis
- Tumour thickness at diagnosis – melanoma

Modified in version 11

- Admission date
 - The reference to the Waiting times for elective surgery NMDS has been deleted.
- Anticipated patient election status
 - change to Comments section only (no new version number)

- Category reassignment date
 - the reference to the Waiting times for elective surgery NMDS has been deleted.
- Client type
 - change of title to Client type – alcohol and other drug treatment services
 - minor change to Context
 - change to Data domain with the removal of code 9
 - change to Related data
 - change to Collection methods
 - new version number
- Department of Veterans’ Affairs file number
 - minor change to Definition
 - change to Data type with an increase in field length to 9
 - change to Guide for use with a revised description for deciphering the number
 - new version number
- Hospital waiting list

The following changes to the hospital waiting list data element concept were made:

 - a reference has been made to indicate that patients on waiting lists for elective hospital care can be ‘ready for care’ or ‘not ready for care’. There was some uncertainty about whether patients who are ‘not ready for care’ are included.
 - the definition of elective care from the ‘elective care’ data element concept has been added because elective hospital care is not defined in the hospital waiting list data element concept.
 - a reference to the ‘elective care’ data element concept has been added to the ‘related data’ section.
- Listing date for care
 - the reference to ‘...waiting time at admission’ in the ‘related data’ section was replaced with ‘...waiting time at removal from elective surgery waiting list’.
- Number of service contacts within a treatment episode for alcohol and other drugs
 - change to Definition
 - change to Guide for use
 - change to Collection methods
 - new version number
- Patient listing status
 - the reference to the Waiting times for elective surgery NMDS has been deleted.
- Principal diagnosis
 - reference is now made to the Mental health subset of ICD-10-AM.
 - reference is now made to the 3rd edition of ICD-10-AM
- Reason for removal from elective surgery waiting list

The wording for categories 1, 2 and 4 has been changed to incorporate the scope which includes patients removed from waiting lists that are managed by public acute hospitals, and that the subject of this NMDS is the waiting list of the hospital, not necessarily patients treated by the hospital. Therefore, the following changes have been made:

 - the words ‘or another hospital’ have been added to categories 1 and 2
 - the words ‘in this hospital’ have been removed from categories 1 and 2, because where the surgery was carried out is not relevant.
 - the words ‘but not as a patient of this hospital’s waiting list’ have been added to category 4.

- Waiting list category
 - the reference to the Waiting times for elective surgery NMDS has been deleted.
 - reference is now made to the 3rd edition of ICD-10-AM
- Waiting time at a census date
 - changes to comment field
- Waiting time at removal from elective surgery waiting list
 - collect in NMDS for Elective surgery waiting times (formerly Waiting time at admission)

Retired from version 11

- Aged care assessment status
- Behaviour-related nursing requirements – at residential aged care admission
- Behaviour-related nursing requirements – at residential aged care, current status
- Continence status (faeces) of residential aged care resident – at admission
- Continence status (faeces) of residential aged care resident – current status
- Continence status (urine) of residential aged care resident – at admission
- Continence status (urine) of residential aged care resident – current status
- Functional profile of residential aged care resident – at admission
- Functional profile of residential aged care resident – current status
- Level of care
- Location immediately prior to admission to residential aged care
- Pension status – residential aged care residents
- Specialised nursing requirements – at residential aged care admission
- Specialised nursing requirements – current status
- Type of residential aged care admission
- Waiting time at admission

Knowledgebase

Modifications as necessary in line with NHDD version 11 (above). Two new Registration Authorities have been permitted to add DRAFT data elements to the Knowledgebase under their own registration authority. They are the CardioVascular data Working Group (CVWG) and the Standards Australia IT-014 sub-committee on Person Identification and Linkage.

Health Care Client Identification (draft Australian Standard)

- New data elements in DRAFT status (registration authority IT-014)
 - Address line
 - Centrelink customer reference number
 - Client address type
 - Client identification notes
 - Client identifier type
 - Delivery point identifier
 - Family name
 - Given names
 - Health care client identification
 - Mother's original family name
 - Name context flag
 - Name suffix
 - Name title
 - Name type code
 - Postcode
 - Suburb/town/locality
 - Telephone number
 - Telephone number type

- Modified data elements in DRAFT status (registration authority IT-014)
 - Estimated date flag
 - State/territory identifier

Cardio-vascular data set

- New data elements in DRAFT status (registration authority CVWG)
 - Alcohol use
 - Blood pressure – diastolic measured
 - Blood pressure – systolic measured
 - CVD drug therapy – purpose
 - Cardiovascular disease existence of a premature family history
 - Carer availability
 - Cholesterol-HDL – measured
 - Cholesterol – LDL
 - Cholesterol-Total – measured
 - Community support services accessed
 - Date of diagnosis
 - Date of review of the disease/condition/management
 - Diabetes status categorisations
 - Diabetes therapy type
 - Division of general practice number
 - Lipid profile – fasting status
 - Living arrangement
 - Overweight/ obesity interventions
 - Patient identifier for the general practice setting
 - Physical activity level – summary
 - Physical inactivity intervention
 - Postcode
 - Proteinuria
 - Provider identifier for general practice
 - Rehabilitation referral date
 - Rehabilitation type
 - Renal Disease therapy categorisations
 - Serum creatinine – measured
 - Tobacco smoking cessation interventions
 - Tobacco smoking status
 - Triglycerides – measured
 - Vascular history – categorisation
 - Vascular therapies/ investigations categorisations
- Modified data elements in DRAFT status (registration authority CVWG)
 - Adult abdominal circumference – measured
 - Adult height – measured
 - Country of birth
 - Date of birth
 - Indigenous status
 - Labour force status
 - Preferred language
 - Sex

International Classification of Diseases, Version 10, Australian Modification, 3rd Edition (ICD-10-AM)

It is the policy of the National Health Information Management Group to decide on whether the inclusion of each new edition of ICD-10-AM is applied to the *National Health Data Dictionary*. Each edition of ICD-10-AM is normally published and implemented from the beginning of each financial year. This coincides with the effective date of each version of the NHDD.

The NHIMG has approved that all references to ICD-10-AM in version 11 of the NHDD are to the *third* edition of the ICD-10-AM implemented from 1 July 2002.

Modified National Minimum Data Sets

Alcohol and other drug treatment services NMDS

The Intergovernmental Committee on Drugs' NMDS Working group requested that the description of the NMDS Scope be revised to be more accurate and less ambiguous. The issue of which services, which clients and which activities are within scope for the NMDS-AODTS has been a cause of concern for the Working Group. Many services, clients and activities cross over within this sector making decisions on inclusion or exclusion from the collection problematic for service providers. It was felt that the definition of scope in the NHDD was not comprehensive enough to avoid confusion in the interpretation.

The NHDC approved the submitted changes and they were endorsed by the NHIMG.

Alcohol and other drug treatment services NMDS

Admin. status: CURRENT 1/07/2002 Version number: 3

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 2000

Scope: Publicly funded government and non-government agencies providing alcohol and/or drug treatment services. Including community-based ambulatory services and outpatient services.

The following services are currently not included in the coverage:

- Services based in prisons and other correctional institutions;
- Agencies that provide primarily accommodation or overnight stays such as 'sobering-up shelters' and 'half-way houses';
- Agencies that provide services concerned primarily with health promotion;
- Needle and syringe programs;
- Agencies whose sole function is to provide prescribing and/or dosing of methadone; and
- Acute care and psychiatric hospitals, or alcohol and drug treatment units that report to the admitted patient care NMDS and do not provide treatment to non-admitted patients.
- Clients who are on a methadone maintenance program may be included in the collection where they also receive other types of treatment.

Statistical units: Completed treatment episodes for clients who participate in a treatment type as specified in the data element Main treatment type for alcohol and other drugs.

Collection methodology: Data to be reported in each agency on completed treatment episode and then forwarded to State/Territory authorities for collation.

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collected: Financial years ending 30 June each year.

Data elements included:

Client type – alcohol and other drug treatment services, version 2 [∇]	NHDD v11, page 64
Country of birth, version 3	page 22
Date of birth, version 3.....	page 23
Date of commencement of treatment episode for alcohol and other drugs, version 1.....	page 295

◆ New this version

∇ modified this version

Data elements included (continued):	Date of cessation of treatment episode for alcohol and other drugs, version 2..... page 374
	Establishment identifier, version 3..... page 184
	Establishment type, version 1 page 187
	Geographical location of establishment, version 2 page 200
	Indigenous status, version 3..... page 26
	Injecting drug use, version 1 page 82
	Main treatment type for alcohol and other drugs, version 1..... page 344
	Method of use for principal drug of concern, version 1..... page 83
	Number of service contacts within a treatment episode for alcohol and other drugs, version 2 [∇] NHDD v11, page 69
	Other drugs of concern, version 1 page 162
	Other treatment type for alcohol and other drugs, version 1..... page 382
	Person identifier, version 1..... page 258
	Preferred language, version 2 page 107
	Principal drug of concern, version 1 page 170
	Reason for cessation of treatment episode for alcohol and other drugs, version 2 page 384
	Sex, version 2..... page 30
	Source of referral to alcohol and other drug treatment service, version 1 page 308
	Treatment delivery setting for alcohol and other drugs, version 1 page 209
Supporting data element concepts:	Cessation of treatment episode for alcohol and other drugs, version 2..... page 372
	Commencement of treatment episode for alcohol and other drugs, version 2..... page 288
	Service contact, version 1..... page 364
	Treatment episode for alcohol and other drugs, version 1 page 367
Data elements in common with other NMDSs:	See Appendix C
Source organisation:	National Health Information Management Group
Comments:	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

◆ New this version

∇ modified this version

Elective surgery waiting times NMDS

These changes were proposed by the Waiting Times for Elective Surgery Working Group (WTESWG) which has representation from the States and Territories, the Commonwealth Department of Health and Ageing and the Australian Institute of Health and Welfare.

The following represent changes agreed by the National Health Data Committee at its meeting in October 2001, as amended by the National Health Information Management Group's decision in November 2001 to disallow the requirement to include time waited on transfer from one waiting list to another.

Changes to NMDS description

Scope: inclusion of all patients on or removed from waiting lists managed by public hospitals

- Inclusion of all patients on or removed from waiting lists managed by public hospitals in the scope of the NMDS was agreed. Investigation of the inclusion of public patients on or removed from waiting lists managed by private hospitals in the scope of the collection has been flagged as a future direction in the 'Comments' section.

Clarification of the types of data in the NMDS

- Headings have been added to the 'Scope' description to distinguish between Census data and Removals data. The scope is different for each, in that only patients who are 'ready for care' as defined in the Patient listing status data element are in scope for Census data. For Removals data, patients who are 'ready for care' and patients who are 'not ready for care' are in scope.

Changes to Data elements

Some of the data elements included in the NMDS are specific to either Census data or Removals data. A separate list of data elements has been included for each data type. In addition, some data elements are not required for reporting to the NMDS, but are necessary for the derivation of other data elements, or for defining the scope of the collection. Other data elements have been recommended for deletion or addition. The changes are as follows:

- Category reassignment date, Patient listing status and Waiting list category are not required for reporting to the NMDS. These data elements have been removed from the 'Data elements included' section. A note has been added to the 'Comments' section to indicate that Category reassignment date is necessary for the derivation of data elements included in the NMDS and should be recorded at the hospital level and reported to State and Territory health authorities as required. Patient listing status and Waiting list category are necessary for determining whether patients are in scope for the NMDS. These data elements should also be recorded at the hospital level and reported to State and Territory health authorities as required.
- Patients can be removed from a waiting list for admission or for another reason. At present, waiting time information is available for patients who are removed from waiting lists for admission, but is not available for patients who are removed from waiting lists for reasons other than admission. NHIMG agreed that:
 - The data elements *Waiting time at removal from elective surgery waiting list* and *Removal date* be added to the NMDS.
 - The data element *Waiting time at admission* be deleted from the NMDS and from the NHDD.
 - The data element *Admission date* be deleted from the NMDS.

Elective surgery waiting times NMDS

Admin. status: CURRENT 1/07/2001 *Version number:* 3

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1994

End date:

Latest evaluation date:

Scope: The scope of this minimum data set is patients on, or removed from waiting lists for elective surgery (as defined in the Waiting list category data element) which are managed by public acute hospitals. This will include private patients treated in public hospitals, and may include public patients treated in private hospitals.

Hospitals may also collect information for other care (as defined in the Waiting list category data element), but this is not part of the NMDS for elective surgery waiting times.

Patients on or removed from waiting lists managed by hospitals operated by the Australian Defence Force, corrections authorities and Australia's external Territories are not currently included.

There are two different types of data collected for this minimum data set (census data and removals data) and the scope and list of data elements associated with each is different.

Census data

Data are collected for patients on elective surgery waiting lists who are yet to be admitted to hospital or removed for another reason. The scope is patients on elective surgery waiting lists on a census date who are 'ready for care' as defined in the 'patient listing status' data element.

Removals data

Data are collected for patients who have been removed from an elective surgery waiting list (for admission or another reason). Patients who were 'ready for care' and patients who were 'not ready for care' at the time of removal are included.

Statistical units: Patients on waiting lists on census dates; patients removed from waiting lists (for admission or other reason) during each financial year.

Collection methodology: Category reassignment date is required for reporting to the NMDS, but is necessary for the derivation of Waiting time at census date and Waiting time at removal from elective surgery waiting list. Waiting list category and Patient listing status are not required for reporting to the NMDS, but are necessary for determining whether patients are in scope for the NMDS. These data elements should be collected at the local level and reported to State and Territory health authorities as required.

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year for removals data
Census dates are 30 September, 31 December, 31 March and 30 June

Data elements included:

Census data

Census date, version 2	page 368
Clinical urgency, version 2.....	page 394
Extended wait patient, version 1.....	page 414
Establishment identifier, version 3.....	page 184
Establishment number, version 3.....	page 186
Establishment sector, version 3	page 203
Indicator procedure, version 3	page 340
Listing date for care, version 4 [∇]	NHDD version 11, page 68
Overdue patient, version 3.....	page 422
Region code, version 2.....	page 191
Surgical specialty, version 1.....	page 80
Waiting time at a census date, version 2 [∇]	NHDD version 11, page 79

Removals data

Clinical urgency, version 2.....	page 394
Extended wait patient, version 1.....	page 414
Establishment identifier, version 3.....	page 184
Establishment number, version 3.....	page 186
Establishment sector, version 3	page 203
Indicator procedure, version 3.....	page 340
Listing date for care, version 4 [∇]	NHDD version 11, page 68
Overdue patient, version 3.....	page 422
Reason for removal from elective surgery waiting list, Version 4 [∇]	NHDD version 11, page 74
Region code, version 2.....	page 191
Surgical specialty, version 1.....	page 80
Waiting time at removal from elective surgery waiting list, Version 1 [∇]	NHDD version 11, page 57
Removal date, version 1 [◆]	NHDD version 11, page 54

◆ new in NMDS this version

∇ modified this version

Supporting data element concepts:	Clinical review, version 1	page 393
	Elective care, version 1.....	page 335
	Elective surgery, version 1	page 336
	Hospital census, version 1.....	page 369
	Hospital waiting list, version 2 [∇]	NHDD version 11, page 67
	Non-elective care, version 1	page 354

Data elements in common with other NMDSs: Establishment identifier, establishment number, establishment sector, region code

Scope links with other NMDSs:

Source organisation: National Health Information Management Group

Comments:

For the purposes of this NMDS, public hospitals include hospitals which are set up to provide services for public patients (as public hospitals do), but which are managed privately.

Other data elements associated with this NMDS are:

Category reassignment date, version 2 [∇]	NHDD version 11, page 63
Waiting list category, version 3 [∇]	NHDD version 11, page 76
Patient listing status, version 3 [∇]	NHDD version 11, page 70

Category reassignment date is not required for reporting to the NMDS, but is necessary for the derivation of Waiting time at census date and Waiting time at removal from elective surgery waiting list. Waiting list category and Patient listing status are not required for reporting to the NMDS, but are necessary for determining whether patients are in scope for the NMDS. These data elements should be collected at the local level and reported to State and Territory health authorities as required.

The inclusion of public patients on or removed from elective surgery waiting lists managed by private hospitals will be investigated in the future.

Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

◆ new in NMDS this version

∇ modified this version

National Minimum Data Sets

A National Minimum Data Set is a core set of data elements agreed by the National Health Information Management Group for mandatory collection and reporting at a national level. One National Minimum Data Set may include data elements that are also included in another National Minimum Data Set. A National Minimum Data Set is contingent upon a national agreement to collect uniform data and to supply it as part of the national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs.

The *National Health Data Dictionary* contains definitions of data elements that are included in National Minimum Data Set collections in the health sector, including data elements used to derive some of the performance indicators required under Australian Health Care Agreements (bilateral agreements between the Commonwealth and State/Territory governments about funding and delivery of health services). The Dictionary also contains some data elements that are not currently included in any agreed National Minimum Data Set collection but have been developed and endorsed as appropriate national standards. That is, all data elements used in National Minimum Data Sets are included in the Dictionary, but not all data elements in the Dictionary are included in National Minimum Data Sets.

The National Health Data Dictionary, Version 11, identifies data elements from the following National minimum data sets:

- 1 **Admitted patient care NMDS**
- 2 **Admitted patient mental health care NMDS**
- 3 **Admitted patient palliative care NMDS**
- 4 **Alcohol and other drug treatment services NMDS**
(modified in NHDD version 11 from 1/07/2002)
- 5 **Community mental health care NMDS**
- 6 **Community mental health establishments NMDS**
- 7 **Elective surgery waiting times NMDS**
(modified in NHDD version 11 from 1/07/2002)
- 8 **Emergency Department waiting times NMDS**
- 9 **Health labourforce NMDS**
- 10 **Injury surveillance NMDS**
- 11 **Perinatal NMDS**
- 12 **Public hospital establishments NMDS**

Descriptions of those National Minimum Data Sets that have not been modified from version 10 follow.

NOTE: PAGE NUMBERS IN EACH NMDS REFER TO THE VERSION 10 BOOK
except where specified

Admitted patient care NMDS

Admin. status: CURRENT 1/07/2001 *Version number:* 2

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1989

Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore Territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

Statistical units: Episodes of care for admitted patients

Collection methodology: Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant State or Territory health authority on a regular basis (for example, monthly).

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

<i>Data elements included:</i>	Activity when injured, version 2	page 272
	Additional diagnosis, version 4	page 130
	Admission date, version 4	page 285
	Admitted patient election status, version 1	page 116
	Area of usual residence, version 3	page 198
	Care type, version 4	page 323
	Country of birth, version 3	page 22
	Date of birth, version 3	page 23
	Diagnosis related group, version 1	page 148
	Establishment identifier, version 3	page 184
	Establishment number, version 3	page 186
	Establishment sector, version 3	page 203
	Establishment type, version 1	page 187
	External cause-admitted patient, version 4	page 274
	Funding source for hospital patient, version 1	page 120
	Indigenous status, version 3	page 26
	Infant weight, neonate, stillborn, version 3	page 152
	Intended length of hospital stay, version 2	page 408
	Inter-hospital contracted patient, version 2	page 252
	Major diagnostic category, version 1	page 153
	Medicare eligibility status, version 1	page 123
	Mental health legal status, version 5	page 126
	Mode of admission, version 4	page 301

◆ new in NMDS this version

∇ modified this version

Data elements included (continued):	Mode of separation, version 3.....	page 377
	Number of days of hospital in the home care, version 1.....	page 379
	Number of leave periods, version 3.....	page 380
	Number of qualified days for newborns, version 2.....	page 420
	Person identifier, version 1.....	page 258
	Place of occurrence of external cause of injury, version 5.....	page 212
	Principal diagnosis, version 3.....	page 168
	Procedure, version 5.....	page 362
	Region code, version 2.....	page 191
	Separation date, version 5.....	page 388
	Sex, version 2.....	page 30
	Source of referral to public psychiatric hospital, version 3.....	page 310
	State identifier, version 2.....	page 202
	Total leave days, version 3.....	page 390
	Total psychiatric care days, version 2.....	page 428
	Urgency of admission, version 1.....	page 404

Supporting data element concepts:	Acute care for admitted patients, version 1.....	page 320
	Admission, version 3.....	page 284
	Admitted patient, version 1.....	page 248
	Episode of care, version 1.....	page 337
	Hospital, version 1.....	page 206
	Hospital boarder, version 1.....	page 251
	Hospital in the home care, version 1.....	page 339
	Live birth, version 1.....	page 265
	Neonate, version 1.....	page 159
	Newborn qualification status, version 2.....	page 347
	Patient, version 1.....	page 257
	Same-day patient, version 1.....	page 259
	Separation, version 3.....	page 387

Data elements in common with other NMDSs: See Appendix C

Scope links with other NMDSs: Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:

- Admitted patient mental health care NMDS, version 2

Episodes of care for admitted patients where care type is palliative care:

- Admitted patient palliative care NMDS, version 2

Source organisation: National Health Information Management Group

Comments: Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

Number of days of hospital in the home care data will be collected from all states and territories except Western Australia from 1 July 2001. Western Australia will begin to collect data from a later date.

◆ new in NMDS this version

∇ modified this version

Admitted patient mental health care NMDS

Admin. status: CURRENT 1/07/2001 *Version number:* 2

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1997

Scope: The scope of this minimum data set is restricted to admitted patients receiving care in psychiatric hospitals or in designated psychiatric units in acute hospitals. The scope does not currently include patients who may be receiving treatment for psychiatric conditions in acute hospitals who are not in psychiatric units.

Statistical units: Episodes of care for admitted patients

Collection methodology: Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant State or Territory health authority on a regular basis (for example, monthly).

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Additional diagnosis, version 4.....	page 130
Admission date, version 4.....	page 285
Area of usual residence, version 3	page 198
Care type, version 4.....	page 323
Country of birth, version 3.....	page 22
Date of birth, version 3	page 23
Diagnosis related group, version 1	page 148
Employment status–acute hospital and private psychiatric hospital admissions, version 2.....	page 64
Employment status–public psychiatric hospital admissions, version 2.....	page 65
Establishment identifier, version 3.....	page 184
Funding source for hospital patient, version 1.....	page 120
Indigenous status, version 3	page 26
Intended length of hospital stay, version 2.....	page 408
Major diagnostic category, version 1	page 153
Marital status, version 3	page 104
Mental health legal status, version 5.....	page 126
Mode of separation, version 3	page 377
Number of days of hospital in the home care, version 1	page 379
Person identifier, version 1	page 258

Data elements included (continued):	Previous specialised treatment, version 3page 305 Principal diagnosis, version 3page 168 Referral to further care (psychiatric patients), version 1.....page 386 Separation date, version 5page 388 Sex, version 2.....page 30 Source of referral to public psychiatric hospital, version 3page 310 Total leave days, version 3page 390 Total psychiatric care days, version 2.....page 428 Type of accommodation, version 2page 113 Type of usual accommodation, version 1page 115
Supporting data element concepts:	Admission, version 3page 284 Admitted patient, version 3page 248 Episode of care, version 1page 337 Hospital, version 1page 206 Hospital in the home care, version 1page 339 Patient, version 1page 257 Separation, version 3.....page 387
Data elements in common with other NMDSs:	See Appendix C
Scope links with other NMDSs:	Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals: <ul style="list-style-type: none"> - Admitted patient care NMDS, version 2 - Admitted patient palliative care NMDS, version 2
Source organisation:	National Health Information Management Group
Comments:	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published. Number of days of hospital in the home care data will be collected from all States and Territories except Western Australia from 1 July 2001. Western Australia will begin to collect data from a later date.

Admitted patient palliative care NMDS

Admin. status: CURRENT 1/07/2001 *Version number:* 2

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 2000

Scope: The scope of this data set is admitted patients receiving palliative care in all public and private acute hospitals, and free standing day hospital facilities. Hospitals operated by the Australian Defence Force, correctional authorities and Australia's external Territories are not currently included.

Palliative care patients are identified by the data element 'Care type'.

Statistical units: Episodes of care for admitted patients

Collection methodology:

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

<i>Data elements included:</i>	Additional diagnosis, version 4	page 130
	Admission date, version 4.....	page 285
	Area of usual residence, version 3	page 198
	Care type, version 4	page 323
	Country of birth, version 3.....	page 22
	Date of birth, version 3	page 23
	Establishment identifier, version 3	page 184
	Funding source for hospital patient, version 1	page 120
	Indigenous status, version 3	page 26
	Mode of admission, version 4.....	page 301
	Mode of separation, version 3	page 377
	Number of days of hospital in the home care, version 1	page 379
	Person identifier, version 1	page 258
	Previous specialised treatment, version 3.....	page 305
	Principal diagnosis, version 3.....	page 168
	Separation date, version 5.....	page 388
	Sex, version 2	page 30

◆ new in NMDS this version

∇ modified this version

Supporting data element concepts:	Admission, version 3page 284
	Admitted patient, version 3page 248
	Episode of care, version 1page 337
	Hospital, version 1page 206
	Hospital in the home care, version 1page 339
	Patient, version 1page 257
	Separation, version 3page 387

Data elements in common with other NMDSs: See Appendix C

Scope links with other NMDSs: Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:

- Admitted patient care NMDS, version 2
- Admitted patient mental health care NMDS, version 2

Source organisation: National Health Information Management Group

Comments: Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

Number of days of hospital in the home care data will be collected from all States and Territories except Western Australia from 1 July 2001. Western Australia will begin to collect data from a later date.

Community mental health care NMDS

Admin. status: CURRENT 1/07/2001 *Version number:* 2

Identifying and definitional attributes

Data record type: National Minimum Data Set

Start date: 1 July 2000

End date:

Latest evaluation date:

Scope: Patient level data: Data required for reporting by specialised psychiatric services that deliver ambulatory services, in both institutional and community settings. It does not extend to services provided to patients who are in general (non-specialised) care who may be receiving treatment or rehabilitation for psychiatric conditions.

The data provided through the Community mental health care NMDS supplements that reported for psychiatric and acute care hospitals through the Admitted patient mental health care NMDS.

Statistical units: Service contact dates

Collection methodology:

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Area of usual residence, version 3	page 198
Country of birth, version 3.....	page 22
Date of birth, version 3	page 23
Establishment identifier, version 3.....	page 184
Marital status, version 3	page 104
Indigenous status, version 3	page 26

<i>Data elements included (continued):</i>	Mental health legal status, version 5page 126
	Person identifier, version 1page 258
	Principal diagnosis, version 3.....page 168
	Service contact date, version 1.....page 365
	Sex version 2page 30
<i>Supporting data element concepts:</i>	Service contact, version 1page 364
<i>Data elements in common with other NMDSs:</i>	See Appendix C
<i>Scope links with other NMDSs:</i>	
<i>Source organisation:</i>	National Health Information Management Group
<i>Comments:</i>	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published
.	

Community mental health establishments NMDS

Admin. status: CURRENT 1/07/2000 *Version number:* 1

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1998

End date:

Latest evaluation date:

Scope: Data required for reporting by specialised psychiatric services that deliver ambulatory services, in both institutional and community settings and/or community-based residential care. It does not extend to services provided to patients who are in general (non-specialised) care who may be receiving treatment or rehabilitation for psychiatric conditions.

The data provided through the NMDS-Community Mental Health Establishments supplements that reported for psychiatric and acute care hospitals through the NMDS-Admitted Patient Mental Health Care.

Statistical units: Establishment level data.

Collection methodology:

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Establishment identifier, version 3.....	page 184
Establishment number, version 3.....	page 186
Establishment sector, version 2	page 203
Full time equivalent staff, version 2.....	page 226
Geographical location of establishment, version 2	page 200
Interest payments, version 1	page 230
Non-salary operating costs, version 1	page 232
Number of available beds for admitted patients, version 2	page 444
Payments to visiting medical officers, version 1	page 235
Region code, version 2.....	page 191
Salaries and wages, version 1	page 237
Separations, version 2	page 426
State identifier, version 2.....	page 202

◆ new in NMDS this version

∇ modified this version

<i>Supporting data element concepts:</i>	Patient, version 2..... page 257
	Separation, version 3 page 387
<i>Data elements in common with other NMDSs:</i>	See Appendix C
<i>Scope links with other NMDSs:</i>	
<i>Source organisation:</i>	National Health Information Management Group
<i>Comments:</i>	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

Emergency Department waiting times NMDS

Admin. status: CURRENT 1/07/2000 Version number: 1

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1999

End date:

Latest evaluation date:

Scope: The scope of this data set is to be negotiated between Commonwealth and State/Territory Government health authorities. It is likely that data will only be required for reporting by metropolitan hospitals and larger rural/regional hospitals.

Statistical units:

Collection methodology:

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Date of commencement of service event, version 2.....	page 333
Date of triage, version 1.....	page 396
Date patient presents, version 2	page 297
Departure status, version 1	page 376
Emergency Department waiting time to service delivery, version 1.....	page 413
Establishment number, version 3.....	page 186
Time of commencement of service event, version 2.....	page 366
Time of triage, version 1.....	page 401
Time patient presents, version 2.....	page 311
Triage category, version 1	page 402
Type of visit to Emergency Department, version 2	page 314

<i>Supporting data element concepts:</i>	Patient, version 1page 257 Patient presentation at Emergency Department, version 2page 304
<i>Data elements in common with other NMDSs:</i>	See Appendix C
<i>Scope links with other NMDSs:</i>	
<i>Source organisation:</i>	National Health Information Management Group
<i>Comments:</i>	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

Health labour force NMDS

Admin. status: CURRENT 1/07/2000 Version number: 1

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1989

End date:

Latest evaluation date:

Scope: The scope of this set of data elements is all health occupations. National collections using this data set have been undertaken for the professions of medicine, nursing, dentistry pharmacy, physiotherapy and podiatry, using labour force questionnaires in the annual renewal of registration to practice.

Statistical units:

Collection methodology:

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Classification of Health labourforce job, version 1.....	page 62
Date of birth, version 3	page 23
Hours on-call (not worked) by medical practitioner, version 2.....	page 68
Hours worked by health professional, version 2	page 69
Hours worked by medical practitioner in direct patient care, version 2.....	page 71
Principal area of clinical practice, version 1	page 73
Principal role of health professional, version 1.....	page 75
Profession labour force status of health professional, version 1.....	page 77
Total hours worked by medical practitioner, version 2.....	page 81
Type and sector of employment establishment, version 1	page 204

<i>Supporting data element concepts:</i>	Health labour force, version 1page 67
<i>Data elements in common with other NMDSs:</i>	See Appendix C
<i>Scope links with other NMDSs:</i>	
<i>Source organisation:</i>	National Health Information Management Group
<i>Comments:</i>	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

Injury surveillance NMDS

Admin. status: CURRENT 1/07/2000 Version number: 1

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1989

End date:

Latest evaluation date:

Scope: The scope of this minimum data set is patient level data from selected emergency departments of hospitals and other settings.

Statistical units:

Collection methodology:

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Activity when injured, version 2.....	page 272
Bodily location of main injury, version 1.....	page 137
External cause–admitted patient, version 4.....	page 274
External cause–human intent, version 4.....	page 276
Narrative description of injury event, version 1.....	page 280
Nature of main injury–non-admitted patient, version 1.....	page 156
Place of occurrence of external cause of injury, version 5.....	page 212

Supporting data element concepts: Nil

Data elements in common with other NMDSs: See Appendix C

Scope links with other NMDSs:

Source organisation: National Health Information Management Group

Comments: Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

◆ new in NMDS this version

∇ modified this version

Perinatal NMDS

Admin. status: CURRENT 1/07/2000 Version number: 1

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1997

End date:

Latest evaluation date:

Scope: The scope of this minimum data set is all births in Australia in hospitals, birth centres and the community. The data set includes information on all births, both live and stillborn, of at least 20 weeks gestation or 400g birth weight.

Statistical units:

Collection methodology:

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Actual place of birth, version 1	page 210
Birth order, version 1	page 262
Birth plurality, version 1	page 263
Country of birth, version 3.....	page 22
Date of birth, version 3	page 23
Establishment identifier, version 3	page 184
First day of last menstrual period, version 1.....	page 149
Gestational age, version 1	page 150
Indigenous status, version 3	page 26
Infant weight, neonate, stillborn, version 3	page 152
Method of birth, version 1	page 266
Onset of labour, version 2	page 267
Person identifier, version 1	page 258

◆ new in NMDS this version

∇ modified this version

<i>Data elements included (continued):</i>	Separation date, version 5.....page 388
	Sex, version 2.....page 30
	State/Territory of birth, version 1.....page 214
	Status of the baby, version 1.....page 173
<i>Supporting data element concepts:</i>	Birthweight, version 1.....page 136
	Gestational age, version 1.....page 151
	Live birth, version 1.....page 265
	Neonatal death, version 1.....page 281
	Neonate, version 1.....page 159
	Perinatal period, version 1.....page 164
	Stillbirth (foetal death), version 1.....page 282
<i>Data elements in common with other NMDs:</i>	See Appendix C
<i>Scope links with other NMDs:</i>	
<i>Source organisation:</i>	National Health Information Management Group
<i>Comments:</i>	Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

Public hospital establishments NMDS

Admin. status: CURRENT 1/07/2000 Version number: 1

Identifying and definitional attributes

Data record type: NATIONAL MINIMUM DATA SET

Start date: 1 July 1989

End date:

Latest evaluation date:

Scope: The scope of this data set is establishment-level data for public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans' Affairs, and alcohol and drug treatment centres. From version 9 Patient-level data remains in the new NMDS called Admitted patient care. These new NMDS replace the version 8 NMDS called Institutional health care. Similar data for private hospitals and free standing day hospital facilities is collected by the Australian Bureau of Statistics in the Private Health Establishments Collection. Hospitals operated by the Australian Defence Force, corrections authorities and Australia's external Territories are not currently included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

Statistical units: Public hospital establishments

Collection methodology: Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant State or Territory health authority on a regular basis (for example, monthly).

National reporting arrangements: State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

Periods for which data are collected and nationally collated: Financial years ending 30 June each year

Data elements included:

Administrative expenses, version 1.....	page 221
Capital expenditure, version 1	page 216
Capital expenditure – gross (accrual accounting, version 2)	page 218
Capital expenditure – net (accrual accounting, version 2)	page 220
Depreciation, version 1.....	page 222
Domestic services, version 1	page 223
Drug supplies, version 1	page 224
Establishment identifier, version 3	page 184

◆ new in NMDS this version

∇ modified this version

Data elements included (continued):	Establishment type, version 1.....page 187
	Food supplies, version 1.....page 225
	Full-time equivalent staff, version 2.....page 226
	Geographical location of establishment, version 2.....page 200
	Group sessions, version 1.....page 338
	Indirect health care expenditure, version 1.....page 228
	Individual/group session, version 1.....page 343
	Interest payments, version 1.....page 230
	Medical and surgical supplies, version 1.....page 231
	Number of available beds for admitted patients, version 2.....page 444
	Occasions of service, version 1.....page 421
	Other recurrent expenditure, version 1.....page 233
	Other revenues, version 1.....page 445
	Patient days, version 3.....page 423
	Patient revenue, version 1.....page 446
	Patient transport, version 1.....page 234
	Payments to visiting medical officers, version 1.....page 235
	Recoveries, version 1.....page 447
	Repairs and maintenance, version 1.....page 236
	Salaries and wages, version 1.....page 237
	Separations, version 2.....page 426
	Specialised service indicators.....page 192
	Superannuation employer contributions (including funding basis, version 1.....page 239
	Teaching status, version 1.....page 195
	Type of non-admitted patient care, version 1.....page 431
	Type of non-admitted patient care (public psychiatric, alcohol and drug), version 1.....page 436
Supporting data element concepts:	Hospital, version 1.....page 206
	Hospital boarder, version 1.....page 251
	Non-admitted patient, version 1.....page 255
	Overnight-stay patient, version 2.....page 256
	Patient, version 2.....page 257
	Same-day patient, version 1.....page 259
	Separation, version 3.....page 387
Data elements in common with other NMDSs:	See Appendix C
Scope links with other NMDSs:	Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals: <ul style="list-style-type: none"> - Admitted patient care NMDS, version 1 - Admitted patient mental health care NMDS, version 1 - Admitted patient palliative care NMDS, version 1

**Source
organisation:**

National Health Information Management Group

Comments:

Statistical units are entities from or about which statistics are collected or in respect of which statistics are compiled, tabulated or published.

New data elements

During the year, the National Health Data Committee considered many submissions for new data standards for inclusion in the National Health Data Dictionary. This is not a static environment and there is much work being undertaken. As a deliberative committee the NHDC approved the following data elements for inclusion in version 11 of the NHDD which is implemented on 1 July 2002. All data elements listed were endorsed by the National Health Information Management Group.

Version 11 sees:

- the introduction of a standard for the calculation of age standardised rates including a definition of the base population data upon which they are calculated;
- the possibility for greater planning information to be made available with the use of two new data elements that allow more detail about services provided to patients in hospitals;
- Cancer Registries catered for the first time with the introduction of a preliminary set of data definitions;
- the introduction of a definition of quality accreditation for hospitals that may lead to improved treatment services for patients; and
- the introduction of a definition of Removal date that replaces Admission date in Elective Surgery Waiting Times data collections.

Age-standardised rate

Admin. status: Current 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000769 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: A method of adjusting the crude rate to eliminate the effect of differences in population age structures when comparing crude rates for different periods of time, different geographic areas and/or different population sub-groups (eg between one year and the next and/or States and Territories, Indigenous and non-Indigenous populations).

Adjustments are usually undertaken for each of the comparison populations against a standard population (rather than adjusting one comparison population to resemble another). Sometimes a comparison population is referred to as a study population.

Context: Population health and health services research:
For valid comparisons of rates in different populations, such as incidence rates, prevalence rates, mortality rates and health service utilisation rates.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 7 *Layout:* NNNNNN.n

Formula:

<i>Direct method</i>	<i>Indirect method</i>
$SR = \frac{\sum(r_i P_i)}{\sum P_i}$	$SR = \frac{C}{\sum(R_i p_i)} \times R$

Where: SR is the age-standardised rate for the population being studied
 r_i is the age-group specific rate for age group i in the population being studied
 P_i is the population of age group i in the standard population
 C is the observed number of events* in the population being studied
 $\sum R_i p_i$ is the expected number of events in the population being studied
 R_i is the age-group specific rate for age group i in the standard population
 p_i is the population for age group i in the population being studied
 R is the crude rate in the standard population
* 'Events' can include deaths, incident or prevalent cases of disease or other conditions, or health care utilisation occurrences.

Guide for use: For the purposes of comparisons of population rates for Australia over time, and/or populations within Australia (eg States and Territories, Indigenous and non-Indigenous) the standard population to be used is the final 30 June estimated Australian resident total population (males plus females) for the most recent year ending in 1 (eg 1991, 2001).

There are two methods (viz. direct and indirect) of calculating age-standardised rates. The *direct* method is generally used for comparisons between study groups.

Guide for use:
(continued)

The *indirect* method is recommended when the age-specific rates for the population being studied are not known but the total number of events is known or when calculating rates for small populations where fluctuations in age-specific rates can affect the reliability of rates calculated using the direct method.

The standard population used for purposes of international comparisons is generally the World Standard Population as recommended by the World Health Organization or the European Standard Population.

Five year age groups should normally be used, with the age group 0-4 separated into 0 and 1 to 4, and ages over 85 years combined, thus 0, 1-4, 5-9, 10-14,, 80-84, 85+. If these age groups are not used, the actual age groups should be detailed in notes accompanying the age standardised population rate information.

Standardisation separately for males and females is not usually undertaken but may be appropriate for some applications, for example, hospitalisation rates for caesarean section is best undertaken using a female standard population rather than a standard population for both sexes. If standardisation is undertaken in this way this should be detailed in notes accompanying the age standardised population rate information.

When indirect age standardisation is undertaken for comparisons with or between Indigenous populations, the latest available rates could be used as the standard. In addition, age groups older than 70-74 years could be excluded. This is as recommended in the National Performance Indicators for Aboriginal and Torres Strait Islander Health Technical Specifications.

Related data: is related to the data element Crude rate, version 1

Administrative attributes

Source document: Textbooks of epidemiology, demography and biostatistics.
The notation used in this data element is based on Armitage P & Berry G 1994. Statistical Methods in Medical Research. Oxford: Blackwell Scientific Publications.

Source organisation: AIHW

Comments: Standardised rates are generally multiplied by 1,000 or 100,000 to avoid small decimal fractions. They are then called standardised rates per 1,000 or 100,000 population.

The *indirect* method is also used to calculate **standardised mortality ratios (SMRs)** and other standardised ratios, for example for health service utilisation. These ratios express the overall experience of a comparison population in terms of the standard population by calculating the ratio of observed to expected deaths in the comparison population:

$$SMR = \frac{C}{\sum(R_i p_i)}$$

The standard population used to calculate SMRs can be any population to which the comparison population is being compared. For example, if death rates for birthplace groups are compared to those of the Australian-born population using SMRs, the standard population would be the Australian-born population.

Sometimes the SMR is multiplied by 100 to express the ratio as a percentage, although this is not universally accepted. Not multiplying by 100 has the benefit of being able to say that the SMR was, for example, 2.3 times that expected rather than 130% higher.

Standardised ratios for hospitalisations and other events can be calculated using similar techniques.

Crude rate

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000770 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The ratio of the number of events in the population being studied during a certain time period to the estimated population size midway through that time period.

Context: Population health and health services research
Required to calculate population rates, such as incidence rates, prevalence rates, mortality rates and health service utilisation rates.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 4 *Layout:* NNN.n

Formula:
$$R = \frac{d}{n}$$

Where:

R is the crude rate for the population being studied

d is the number of events for that population group

n is the total population for that population group

Related data: is used in the indirect method to calculate Age-standardised rate, version 1

Administrative attributes

Source document: Textbooks of epidemiology, demography and biostatistics.
The presentation of formulae in this data element is based on the notation used in Armitage P & Berry G 1994. Statistical Methods in Medical Research. Oxford: Blackwell Scientific Publications.

Source organisation: AIHW

Comments: Crude rates are generally multiplied by 1,000 or 100,000 to avoid small decimal fractions. It is then called the crude rate per 1,000 or 100,000 population.

Date of diagnosis of cancer

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000771 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The date when the cancer was first diagnosed (whether at its primary site or as a metastasis).

Context: Patient administration system, cancer notification system, population cancer statistics, research.

Relational and representational attributes

Datatype: *Alphanumeric* Field size: Min. 8 Max. 8 Layout: *DDMMYYYY*

Data domain: Valid dates

Guide for use: Date of diagnosis must be:

>= Date of birth

<= Date of death

Diagnosis of cancer after death

If the patient is first diagnosed with the cancer in an autopsy report the date of diagnosis is the date of death as stated on the patient's death certificate.

Incidental diagnosis of cancer

If a patient is admitted for another condition (for example a broken leg or pregnancy), and a cancer is diagnosed incidentally then the date of diagnosis is the date the cancer was diagnostically determined, not the admission date.

Collection methods: Reporting rules:

The date of diagnosis is the date of the pathology report, if any, that first confirmed the diagnosis of cancer. This date may be found attached to a letter of referral or a patient's medical record from another institution or hospital. If this date is unavailable, or if no pathological test was done, then the date may be determined from one of the sources listed in the following sequence:

Date of the consultation at, or admission to, the hospital, clinic or institution when the cancer was first diagnosed. Note: DO NOT use the admission date of the current admission if the patient had a prior diagnosis of this cancer.

Date of first diagnosis as stated by a recognised medical practitioner or dentist. Note: This date may be found attached to a letter of referral or a patient's medical record from an institution or hospital.

Date the patient states they were first diagnosed with cancer. Note: This may be the only date available in a few cases (for example, patient was first diagnosed in a foreign country).

If components of the date are not known an estimate should be provided where possible with an estimated date flag to indicate that it is estimated. If an estimated date is not possible, a standard date of 15 June 1900 should be

used with a flag to indicate the date is not known.

Related data: is related to data element Date of birth, version 3
is related to data element Estimated date flag, version 1

Administrative attributes

Source document: Modified from the definition presented by the New South Wales Inpatient Statistics Collection Manual – 2000/2001

Source organisation: International Agency for Research on Cancer, World Health Organization and International Association of Cancer Registries.

Date of procedure

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000772 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The date on which a procedure commenced during an inpatient episode of care.

Context: Admitted patient care Required to provide information on the timing of the procedure in relation to the episode of care.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid date

Guide for use: Admitted patients: record date of procedure for all procedures undertaken during an episode of care in accordance with the 3rd edition of ICD-10-AM Australian Coding Standards.

Collection methods: Right justified and zero filled (eg 1 May 2001 should read 01052001)
Date of procedure >= admission date
Date of procedure <= separation date

Related data: relates to the data element Procedure, version 5

Administrative attributes

Source organisation: National Centre for Classification in Health

National minimum data sets:

Comments: The National Centre for Classification in Health advises the National Health Data Committee of relevant changes to the ICD-10-AM
Reference: Australian Institute of Health and Welfare (AIHW) 2000. Australian hospital statistics 1998-1999. AIHW cat. no. HSE 11. Canberra: AIHW (Health Services Series no. 15)

Diagnosis onset type

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000773 *Version number:* 1

Data element type: DATA ELEMENT

Definition: A qualifier for each coded diagnosis to indicate the onset and/or significance of the diagnosis to the episode of care

Context: Health services: improved analysis of diagnostic information, especially in relation to patient safety and adverse event monitoring

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Primary condition
2	Post-admit condition
9	Unknown or uncertain

Guide for use: Assign the relevant diagnosis type flag to all of the ICD-10-AM disease codes recorded in the hospital morbidity system. Specific guidelines for correct assignment of diagnosis flag type are in ICD-10-AM Australian Coding Standards, Third Edition 1 July 2002.

The following rules only apply to:

- diagnoses which meet the criteria in the Australian Coding Standards (ACS) 0001 Principal diagnosis and ACS 0002 Additional diagnoses or a specialty standard which requires the use of an additional code(s).
- hospital morbidity data - 'episode of care' refers to hospital or day procedure episodes of care

1 Primary condition

- a condition present on admission such as the presenting problem, a comorbidity, chronic disease, disease status. In the case of neonates, the condition(s) present at birth.
- a previously existing condition not diagnosed until the current episode of care
- in delivered obstetric cases, all conditions which arise from the beginning of labour to the end of second stage

2 Post-admit condition

- a condition which arises during the current episode of care and would not have been present on admission

9 Unknown or uncertain

- a condition where the documentation does not support assignment to 1 or 2

***Guide for use
(continued):***

Explanatory Notes

The flag on external cause, place of occurrence and activity codes should match that of the corresponding injury or disease code.

The flag on morphology codes should match that on the corresponding neoplasm code.

Conditions meeting the criteria of principal diagnosis may, in some cases, have a flag of '2'.

Collection methods:

A diagnosis onset type should be recorded and coded upon completion of an episode of admitted patient care.

Related data:

relates to the data element Principal diagnosis, version 3

relates to the data element Additional diagnosis, version 4

relates to the data element External cause--admitted patient, version 4

relates to the data element Place of occurrence of external cause of injury, version 5

relates to the data element Activity when injured, version 2

Administrative attributes

Source organisation: National Centre for Classification in Health

***National minimum
data sets:***

Laterality of primary cancer

Admin. Status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000774 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Laterality describes which side of a paired organ is the origin of the primary cancer. Each side of a paired organ is considered separately and described as lateral when occurring unless a physician determines that it is bilateral.

A paired organ is one in which there are two separate organs of the same kind, one on either side of the body (e.g. kidney, breast, ovary, testis, and lung).

Context: This information is collected for the purpose of differentiating the site of the primary cancer.

For example, a woman may present with a primary cancer in the left breast. She may return at a later stage with a new primary cancer in the right breast.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Left
- 2 Right
- 3 Bilateral (Note: Bilateral cancers are very rare)
- 9 Not Known

Where not applicable, blank.

Guide for use: The valid ICDO values for the variable are provided in the list below:

- 1 Left: Origin of primary site is on the left side of a paired organ
Paired organs are: Breast (C50), Lung (C34), Kidney (C64), Ovary (C56), Eyes (C69), Arms (C76.4, C44.6, C49.1, C47.1, C40.0, C77.3,), Legs (C76.5, C44.7, C49.2, C47.2, C40.2, C77.4), Ears (C44.2, C49.0, C30.1), Testicles (C62), Parathyroid glands (C75.0), Adrenal glands (C74.9, C74.0, C74.1), Tonsils (C09.9, C02.4, C11.1, C09.0, C09.1, C03.9), Ureter (C66.9), Carotid body (C75.4), Vas deferens (C63.1), Optic nerve (C72.3)
- 2 Right: Origin of primary site is on the right side of a paired organ
- 3 Includes organs that are bilateral as a single primary (e.g. bilateral retinoblastoma (M9510/3, C69.2), (M9511/3, C69.2), (M9512/3, C69.2), (C69.6, C48.0), bilateral Wilms tumours (C64.9, M8960/3))
- 9 Unknown: It is unknown whether, for a paired organ the origin of the cancer was on the left or right side of the body.

Related data: is qualified by data element Primary site of cancer version 1

Collection methods: This information should be obtained from the patient's pathology report, the patient's medical record, or the patient's Medical Practitioner/Nursing Staff.

Administrative attributes

Source document: International Classification of Diseases for Oncology, Second Edition (ICDO-2)

Source organisation: World Health Organization

Morphology of cancer

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000775 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The morphology of a cancer refers to the histological classification of the cancer tissue (histopathological type) and a description of the course of development that a tumour is likely to take: benign or malignant (behaviour). The designation is based on a microscopic diagnosis of morphology by the pathologist (Esteban, Whelan, Laudico & Parkin 1995).

Context: This information is collected for the purpose of:

- classifying tumours into clinically relevant groupings on the basis of both their morphology (cell type) and their degree of invasion or malignancy as indicated by the behaviour code component (the last digit of the morphology code);
- monitoring the number of new cases of cancer for planning treatment services.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 5 Max. 5 *Layout:* NNNNN

Data domain: The current version of the International Classification of Diseases for Oncology (ICDO).

Guide for use: ICDO morphology describes histology and behaviour as separate variables, recognising that there are a large number of possible combinations.

In ICDO, morphology is a 4-digit number ranging from 8000 to 9989, and behaviour is a single digit which can be 0, 1, 2, 3, 6 or 9.

Record morphology codes in accordance with ICDO coding standards. Use the 5th digit to record behaviour. The 5th-digit behaviour code numbers used in ICDO are listed below (Source: International Classification of Diseases for Oncology, Second Edition (ICDO-2)):

- 0 Benign
- 1 Uncertain whether benign or malignant
 - borderline malignancy
 - low malignant potential
- 2 Carcinoma in situ
 - intraepithelial
 - non-infiltrating
 - non-invasive
- 3 Malignant, primary site
- 6 Malignant, metastatic site
 - malignant, secondary site
- 9 Malignant, uncertain whether primary or metastatic site

Collection methods:

Cancer registry use:

In cancer registries morphology information should be obtained from a pathology report or pathology system, and recorded with/on the patient's medical record and/or the hospital's patient administration system. Additional information may also be sought from the patient's attending clinician or medical practitioner.

Hospital morbidity use:

In hospitals, the morphology code is modified for use with ICD-10-AM. The morphology code consists of histologic type (4 digits) and behaviour code (1 digit) ranging from 8000/0 to 9989/9. The "/" between the fourth and fifth digits is not supplied.

Administrative attributes

Source document:

International Classification of Diseases for Oncology, Second Edition (ICDO-2)

New South Wales Inpatient Statistics Collection Manual-2000/2001

Source organisation:

World Health Organization

New South Wales Health Department & State and Territory Cancer Registries

Primary site of cancer

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000776 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The primary site is the site of origin of the tumour, as opposed to the secondary or metastatic sites. It is described by reporting the anatomical position (topography) of the tumour.

Context: This information is collected for the purpose of:

- classifying tumours into clinically-relevant groupings on the basis of both their site of origin and their histological type;
- monitoring the number of new cases of cancer for planning treatment services; and
- epidemiological studies.

Relational and representational attributes

Datatype: Alphanumeric *Field size:* Min. 3 *Max.* 5 *Layout:* ANNNN

Data domain: The current version of International Classification of Diseases for Oncology (ICDO) or International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)

Guide for use: Report the primary site of cancer, if known, for patients who have been diagnosed with a cancer. In ICD-10, primary site is identified using a single 4-digit code Cxx.x or Dxx.x. In ICDO, primary site is identified using both the Cxx.x code identifying site and the behaviour code to identify whether the site is the primary site. The behaviour code numbers used in ICDO are listed below (Source: International Classification of Diseases for Oncology, Second Edition (ICDO-2)):

- 0 Benign
- 1 Uncertain whether benign or malignant
 - borderline malignancy
 - low malignant potential
- 2 Carcinoma in situ
 - intra-epithelial
 - non-infiltrating
 - non-invasive
- 3 Malignant, primary site
- 6 Malignant, metastatic site
 - malignant, secondary site
- 9 Malignant, uncertain whether primary or metastatic site

Related data: is a qualifier for Laterality of primary cancer version 1

Collection methods: Cancer Registries use Site codes from the current version of ICDO.
In a hospital setting, primary site of cancer should be recorded on the patient's medical record by the patient's attending clinician or medical practitioner, and coded by the hospital's medical records department.
Hospitals use Diagnosis codes from ICD-10-AM. Valid codes must start with C or D.
In hospital reporting, the diagnosis code for each separate primary site cancer will be reported as a "Principal Diagnosis" or an "Additional Diagnosis" as defined in the current edition of the Australian Coding Standards. In death reporting, ABS uses ICD-10.
Some ICD-10-AM diagnosis codes e.g. Mesothelioma and Kaposi's sarcoma, are based on morphology and not site alone, and include tumours of these types even where the primary site is unknown.

Administrative attributes

Source document: International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)
International Classification of Diseases for Oncology, Second Edition (ICDO-2)
International Statistical Classification of Diseases and Related Health Problems Tenth Revision, Australian Modification, Third Edition (July 2002), National Centre for Classification in Health, Sydney (ICD-10-AM).

Source organisation: World Health Organization

Quality accreditation/certification standard

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000777 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The quality accreditation/certification standard met by the hospital establishment as a whole.

Context: Hospitals
Required to identify the quality accreditation/certification standard met by the providers of services.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Yes – Accredited or certified compliant with the standard
2	No – Not Accredited or certified compliant with the standard

Guide for use: Report the status code as at 30 June for each of the following standards: (this is a repeating field; one for each of the four accreditation standards listed.)

1 st field	The International Organisation for Standardisation ISO 9000 quality family. Examples of the ISO 9000 quality family include: ISO 9001, ISO 9002, ISO 9003, ISO 9004:2000
2 nd field	Australian Council on Healthcare Standards EQuIP
3 rd field	Quality Improvement Council (QIC)
4 th field	Australian Quality Council (AQC)

Administrative attributes

Source organisation: AIHW

Removal date

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000798 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Date on which a patient is removed from an elective surgery waiting list.

Context: Elective surgery: this data element is necessary for the calculation of the waiting time at removal from an elective surgery waiting list.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 8 *Max.* 8 *Layout:* DDMMYYYY

Data domain: Valid date

Guide for use: This date is recorded when a patient is removed from an elective surgery waiting list.

Verification rules: Right justified and zero filled.
Removal date >= date of birth

Removal date >= listing date for care

Related data: is used in the calculation of waiting time at removal from elective surgery waiting list, version 1.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets: Elective surgery waiting times from 1/07/2002 to

Comments: Removal date will be the same as admission date for patients in 'reason for removal from elective surgery waiting list' categories 1 and 2.

Tumour size at diagnosis—solid tumours

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000778 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The largest dimension of a solid tumour, measured in millimetres.

Context: This is used to measure the diameter of the largest dimension of breast cancers and other solid neoplasms for patient management, population cancer statistics and research.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 3 Max. 3 *Layout:* NNN

Data domain: Size in millimetres.
The valid values are:
001-997
999 Unknown

Guide for use The reporting standard for the size of solid tumours is:
Breast cancer or other solid neoplasms – the largest tumour dimension, measured to a precision of 1mm.

Tumour thickness at diagnosis—melanoma

Admin. status: CURRENT 01/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000779 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The measured thickness of a melanoma in millimetres.

Context: Patient management, population cancer statistics and research.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 6 Max. 6 *Layout:* NNN.NN

Data domain: Size in millimetres.
The valid values are:
000.01–997.99
999.99 Unknown

Guide for use: The reporting standard for the thickness of melanoma is:
Primary cutaneous melanoma – the depth of penetration of tumour cells
below the basal layer of the skin; measured to a precision of 0.01mm.

Waiting time at removal from elective surgery waiting list

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000413 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list.

Context: Elective surgery: this is a critical elective surgery waiting times data element. It is used to determine whether patients were overdue, or had extended waits when they were removed from the waiting list. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 4 *Layout:* NNNN

Data domain: Count in number of days

Guide for use: The number of days is calculated by subtracting the Listing date from the Removal date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a less urgent clinical urgency category than the category at removal, then the number of days waited at the less urgent clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the more urgent category attached to the patient at removal) the number of days at the less urgent clinical urgency category should be calculated by subtracting the Listing date from the Category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of less urgent clinical urgency than the one applying at removal should be calculated by subtracting one Category reassignment date from the subsequent Category reassignment date, and then adding the days together.

When a patient is removed from an elective surgery waiting list, for admission on an elective basis for the procedure they were awaiting, but the surgery is cancelled and the patient remains on or is placed back on the waiting list within the same hospital, the time waited on the list should continue.

Guide for use: (continued) Therefore at the removal date the patient's waiting time includes the number of days waited on an elective surgery waiting list, both before and after any cancelled surgery admission. The time waited before the cancelled surgery should be counted as part of the total time waited by the patient.

Related data: supersedes previous data element Waiting time at admission, version 1
is calculated using Listing date for care, version 3
is calculated using Removal date, version 4
is calculated using Category reassignment date, version 2
is qualified by Patient listing status, version 3
is qualified by Clinical urgency, version 2
is used in the derivation of Overdue patient, version 3
is used in the derivation of Extended wait patient, version 1

Administrative attributes

Source organisation: Australian Institute of Health and Welfare, National Health Data Committee

National minimum data sets: Elective surgery waiting times from 01/07/2001 to

Comments: Elective surgery waiting times data collections include measures of waiting times at removal and at designated census dates. This data element is used to measure waiting times at removal whereas the data element Waiting time at Census Date measures waiting times at a designated census date.

The calculation of waiting times for patients who are transferred from an elective surgery waiting list managed by one public acute hospital to another will be investigated in the future. In this case, the amount of time waited on previous lists would follow the patient to the next. Therefore when the patient is removed from the waiting list (for admission or other reason), their waiting time would include the total number of days on all lists (less days not ready for care and days in lower urgency categories).

Modified data elements

1. It was originally proposed that the data element *Anticipated patient election status* be included in the National Minimum Data Set for Waiting times for elective surgery. The Waiting Times for Elective Surgery Working Group felt that *Anticipated patient election status* would be useful at the hospital level, but that national analysis would be better based on waiting times admissions data linked to hospital morbidity data, that is, using information on actual election status. It is proposed that this data element remain in the NHDD for local use. The NHDC decided to include the data element in the NHDD, but not to include it in the NMDS at this stage. It was decided that its inclusion in the NMDS would be reviewed in 2002.
2. The Intergovernmental Committee on Drugs' NMDS Working group requested the revision of two data elements to more accurately reflect collection practice in Alcohol and Other Drug Treatment Service Centres. The two modified data elements *Client type – alcohol and other drug treatment services* and *Number of service contacts within a treatment episode for alcohol and other drugs* form part of the national collection of data for Alcohol and other drug treatment services. Not all jurisdictions will be able to collect the data as implemented from 1 July 2002 but will be able to comply by 1 July 2003.
3. The Department of Veterans' Affairs advised the NHDC that modifications were required to the data element *Department of Veterans' Affairs file number* due to a need to improve the accuracy of the definition and to allow for the release of new numbers from 1 January 2002. This data element is not part of a national collection but the Department of Veterans' Affairs requires the information be provided as part of the payment process. Any problems that jurisdictions have with this data element should be referred to the Department of Veterans' Affairs.
4. In order to facilitate the approved changes to the Elective Surgery Waiting Times NMDS the following data elements have been revised:
 - ***Admission date***
The reference to the Waiting times for elective surgery NMDS has been deleted.
 - ***Category reassignment date***
The reference to the Waiting times for elective surgery NMDS has been deleted.
 - ***Hospital waiting list***
A reference has been made to indicate that patients on waiting lists for elective hospital care can be 'ready for care' or 'not ready for care'. There was some uncertainty about whether patients who are 'not ready for care' are included.
The definition of elective care from the 'elective care' data element concept has been added because elective hospital care is not defined in the hospital waiting list data element concept.
A reference to the 'elective care' data element concept has been added to the 'related data' section.
 - ***Listing date for care***
The reference to '...waiting time at admission' in the 'related data' section was replaced with '...waiting time at removal from elective surgery waiting list'.

➤ ***Patient listing status***

The reference to the Waiting times for elective surgery NMDS has been deleted.

➤ ***Reason for removal from elective surgery waiting list***

The wording for categories 1, 2 and 4 has been changed to incorporate the scope which includes patients removed from waiting lists that are managed by public acute hospitals, and that the subject of this NMDS is the waiting list of the hospital, not necessarily patients treated by the hospital. Therefore, the following changes have been made:

The words 'or another hospital' have been added to categories 1 and 2

The words '...but not as a patient of this hospital's waiting list' have been added to category 4.

➤ ***Waiting list category***

The reference to the Waiting times for elective surgery NMDS has been deleted.

➤ ***Waiting time at admission***

To make the data element more generic and facilitate the collection of waiting times where patients are removed from a waiting list for reasons other than admission, this data element has been renamed *Waiting time at removal from elective surgery waiting list*.

The newly named data element has also had the following changes made:

References to 'admission' have been replaced with the concept of a removal from a waiting list.

➤ ***Waiting time at a census date***

The words 'for the procedure' have been removed from the definition.
Changes have been made to the comments field.

Admission date

Admin. status: CURRENT 1/07/1999

Identifying and definitional attributes

Knowledgebase ID: 000008 *Version number:* 4

Data element type: DATA ELEMENT

Definition: Date on which an admitted patient commences an episode of care.

Context: Required to identify the period in which the admitted patient episode and hospital stay occurred and for derivation of length of stay.

Relational and representational attributes

Datatype: Numeric *Field size: Min.* 8 *Max.* 8 *Layout:* DDMMYYYY

Data domain: Valid date

Verification rules: Right justified and zero filled.
Admission date <= separation date.
Admission date >= date of birth

Related data: is used in the calculation of Length of stay, version 3
supersedes previous data element Admission date, version 3
is used in the derivation of Diagnosis related group, version 1
is used in the calculation of Emergency Department waiting time to admission, version 1
relates to Type of visit to emergency department, version 2
relates to Departure status, version 1
used in conjunction with Care type, version 4
relates to concept Admitted patient, version 3
is used in the calculation of Waiting time at admission, version 1
relates to concept Admission, version 3
relates to Admission time, version 2

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets: Admitted patient care from 1/07/1999 to
Admitted patient mental health care from 1/07/1999 to
Admitted patient palliative care from 1/07/2000 to

Anticipated patient election status

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000631 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Accommodation chargeable status nominated by the patient when placed on an elective surgery waiting list.

Context: Elective surgery waiting times.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Public
2	Private

Guide for use: The election status nominated by the patient at the time of being placed on an elective surgery waiting list, to be treated as either:

- a public patient; or
- a private patient

This item is independent of patient's hospital insurance status. The definitions of a public and private patient are those in the 1998–2003 Australian Health Care Agreements:

1. Public patient: an eligible person who receives or elects to receive a public hospital service free of charge.
2. Private patient: an eligible person who elects to be treated as a private; and elects to be responsible for paying fees of the type referred to in clause 57 (clause 58 of the Northern Territory Agreement) of the Australian Health Care Agreements.

Clause 57 states that 'Private patients and ineligible persons may be charged an amount for public hospital services as determined by the State.'

Patients whose charges are to be met by the Department of Veterans' Affairs are regarded as private patients.

Administrative attributes

Comments: Under the Australian Health Care Agreements patients are required to elect to be treated as a public or private patient, at the time of, or as soon as practicable after admission. Therefore, the anticipated patient election status is not binding on the patient and may vary from the election the patient makes on admission.

Category reassignment date

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000391 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The date on which a patient awaiting elective hospital care is assigned to a different urgency category as a result of clinical review for the awaited procedure, or is assigned to a different patient listing status category ('ready for care' or 'not ready for care').

Context: Elective surgery: this date is necessary for the calculation of Waiting time at admission and Waiting time at a census date.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid date

Guide for use: The date needs to be recorded each time a patient's urgency classification or listing status changes.

Related data: relates to Clinical review, version 1
used in conjunction with Patient listing status, version 3
used in conjunction with Clinical urgency, version 2
supersedes previous data element Urgency reassignment date, version 1
is used in the calculation of Waiting time at a census date, version 1
is used in the calculation of Waiting time at admission, version 1

Administrative attributes

Source organisation: AIHW, National Health Data Committee

Client type—alcohol and other drug treatment services

Admin. status: CURRENT 1/7/2002

Identifying and definitional attributes

Knowledgebase ID: 000426 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The status of a client in terms of whether contact with the service concerns their own alcohol and/or other drug use or that of another person.

Context: Alcohol and other drug treatment services. Required to differentiate between clients according to whether contact with the service concerns their own alcohol and/or other drug use or that of another person to provide a basis for description of the people accessing alcohol and other drug treatment services.

Relational and representational attributes

Datatype: Numeric *Field size: Min.* 1 *Max.* 1 *Layout:* N

Data domain:

1	Own drug use
2	Other's drug use
3	Both own and other's drug use

Guide for use:

Code 1 A client who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use.

Code 2 A client who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person.

Code 3 A client who contacts a service to receive treatment or assistance concerning both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person.

Collection methods: To be collected on commencement of a treatment episode with a service. For clients covered under code 2, exclude the collection of the following data elements: Principal drug of concern, Other drugs of concern, Injecting drug use and Method of use for principal drug of concern. For clients covered under code 3, ensure these data elements relate to the person's own drug use.

Related data: supersedes previous data element Client type, version 1
Qualifies the data elements:
Principal drug of concern, version 1
Other drugs of concern, version 1
Injecting drug use, version 1
Method of use for principal drug of concern, version 1

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS Working Group

National minimum data sets: Alcohol and other drug treatment services from 01/07/2000 to

Department of Veterans' Affairs file number

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000204 *Version number:* 2

Data element type: DATA ELEMENT

Definition: A unique number issued to veterans by the Department of Veterans' Affairs

Context: Admitted patient care, admitted patient mental health care. This number must be recorded by a service provider each time a service is provided to a person who holds the entitlement for reimbursement purposes.

Relational and representational attributes

Datatype: Alphanumeric *Field size: Min.* 9 *Max.* 9 *Layout:* AAANNNNNA

Data domain: Valid identification number

Guide for use: All veterans and veteran community clients are issued with a DVA File Number. The veteran community may access many different benefits, ranging from pensions to health services, through their DVA File Number.

The DVA File Number should only be collected from clients eligible to receive health services that are to be funded by the DVA. The number may be reported to the appropriate government agency to reconcile payment for the service provided.

1st character is the *State Code* (an alpha)

'N' 'V' 'Q' 'W' 'S' or 'T' for the appropriate State/Territory.

ACT is included in NSW (N) and NT with SA (S).

Next 7 characters are the *File Number*, made up of:

War Code + numeric digits, where:

if War Code is 1 alpha character, add 6 digits (ANNNNNNN)

if War Code is 2 alpha characters, add 5 digits (AANNNNNN)

if War Code is 3 alpha characters, add 4 digits (AAANNNNN)

9th character is the *Segment Link* (an alpha) which represent members related to the veteran. The alpha code is generated in the order that cards are issued. For example A, B, C, D etc.

CAUTIONARY NOTE: For veterans the 9th character is left blank.

Note that veterans may have a Medicare Card Number and a Department of Veterans' Affairs (DVA) Number *or* only a DVA Number.

Related data: supersedes data element Department of Veterans' Affairs file number version 1

is related to data element Department of Veterans' Affairs patient, version 1

Administrative attributes

Source organisation: Department of Veteran's Affairs, National Health Data Committee

Hospital waiting list

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000067 *Version number:* 2

Data element type: DATA ELEMENT CONCEPT

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

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

Patients on waiting lists for elective hospital care can be 'ready for care' or 'not ready for care' (as defined in Patient listing status).

Context: Admitted patient care

Relational and representational attributes

Related data: Relates to Patient listing status, version 3
relates to Waiting list category, version 3
relates to Elective care, version 1

Listing date for care

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000082 *Version number:* 4

Data element type: DATA ELEMENT

Definition: The date on which a hospital or a community health service accepts notification that a patient/client requires care/treatment.

Context: Hospital non-admitted patient care
Community health care
Elective surgery (admitted patient care)

Relational and representational attributes

Datatype: Numeric *Field size: Min.* 8 *Max.* 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: The acceptance of the notification by the hospital or community health service is conditional upon the provision of adequate information about the patient and the appropriateness of the patient referral.
For elective surgery, the listing date is the date on which the patient is added to an elective surgery waiting list.

Related data: supersedes previous data element Listing date, version 1
is used in conjunction with Patient listing status, version 3
is used in conjunction with Scheduled admission date, version 2
is used in the calculation of Waiting time at a census date, version 1
is used in the calculation of Waiting time at removal from elective surgery waiting list, version 1

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets: Elective surgery waiting times from 1/07/1994 to

Comments: The hospital or community health service should only accept a patient onto the waiting list when sufficient information has been provided to fulfil State/Territory, local and national reporting requirements.

Number of service contacts within a treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000641 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: Number of service contacts recorded between a client and the service provider within a treatment episode for the purpose of providing alcohol and other drug treatment.

Context: Alcohol and other drug treatment services. This data element provides a measure of the frequency of client contact and service utilisation within a treatment episode.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 3 *Layout:* NNN

Data domain: Valid integer

Guide for use: This data element is a count of service contacts related to treatment, that are recorded on a client record. Any client contact that does not constitute part of a treatment should not be considered a service contact. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.

This data element is not collected for residential clients.

Where multiple service provider staff have contact with the client at the same time, on the same occasion of service, the contact is counted only once.

When multiple service contacts are recorded on the same day, each independent contact should be counted separately.

Collection methods: To be collated at the close of a treatment episode.

Related data: Relates to the concepts:
 Service contact, version 1
 Treatment episode for alcohol and other drugs, version 1.
 Commencement of treatment episode for alcohol and other drugs, version 2.
 Cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets: Alcohol and other drug treatment services from 01/07/2001

Patient listing status

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000120 *Version number:* 3

Data element type: DATA ELEMENT

Definition: An indicator of the person's readiness to begin the process leading directly to being admitted to hospital for the awaited procedure. A patient may be 'ready for care' or 'not ready for care'.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Ready for care
- 2 Not ready for care

Guide for use: Ready for care patients are those who are prepared to be admitted to hospital or to begin the process leading directly to admission. These could include investigations/procedures done on an outpatient basis, such as autologous blood collection, pre-operative diagnostic imaging or blood tests.

Not ready for care patients are those who are not in a position to be admitted to hospital. These patients are either:

- staged patients whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time; or
- deferred patients who for personal reasons are not yet prepared to be admitted to hospital; for example, patients with work or other commitments which preclude their being admitted to hospital for a time.

Not ready for care patients could be termed staged and deferred waiting list patients, although currently health authorities may use different terms for the same concepts.

Staged and deferred patients should not be confused with patients whose operation is postponed for reasons other than their own unavailability; for example, surgeon unavailable, operating theatre time unavailable owing to emergency workload. These patients are still 'ready for care'. Periods when patients are not ready for care should be excluded in determining 'Waiting time at admission' and 'Waiting time at a census date'.

Related data: relates to concept Hospital waiting list, version 1
supersedes previous data element Patient listing status, version 2
used in conjunction with Waiting list category, version 3
is a qualifier of Category reassignment date, version 2

Administrative attributes

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

Comments: Only patients ready for care are to be included in the National Minimum Data Set – Elective surgery waiting times. The dates when a patient listing status changes need to be recorded. A patient's classification may change if he or she is examined by a clinician during the waiting period, i.e. undergoes clinical review. The need for clinical review varies with the patient's condition and is therefore at the discretion of the treating clinician. The waiting list information system should be able to record dates when the classification is changed (data element Category reassignment date).

At the Waiting Times Working Group meeting on 9 September 1996, it was agreed to separate data elements Patient listing status and Clinical urgency as the combination of these items had led to confusion.

Principal diagnosis

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000136 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility).

Context: Health services: the principal diagnosis is one of the most valuable health data elements. It is used for epidemiological research, casemix studies and planning purposes.

Admitted patient care: The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.

Relational and representational attributes

Datatype: Alphanumeric *Field size:* Min. 3 Max. 6 *Layout:* ANN.NN

Data domain: ICD-10-AM (3rd edition)

Guide for use: The principal diagnosis must be determined in accordance with the Australian Coding Standards. Each episode of admitted patient care must have a principal diagnosis and may have additional diagnoses.

The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.

The first edition of ICD-10-AM, the Australian modification of ICD-10, was published by the National Centre for Classification in Health in 1998 and implemented from July 1998. The second edition was published for use from July 2000 and the third edition for use from July 2002.

For the National Minimum Data Set for Community Mental Health Care, codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: *An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services*, published by the National Centre for Classification in Health in 2002.

Verification rules: As a minimum requirement the Principal diagnosis code must be a valid code from ICD-10-AM (3rd edition).

Some diagnosis codes are too imprecise or inappropriate to be acceptable as a principal diagnosis and will group to 951Z, 955Z and 956Z in the Australian Refined Diagnosis Related Groups, Version 4. A list of these diagnosis codes is available from the Acute and Coordinated Care Branch, Health Services Division, Department of Health and Aged Care.

Diagnosis codes starting with a V, W, X or Y, describing the circumstances that cause an injury, rather than the nature of the injury, cannot be used as principal diagnosis. Diagnosis codes which are

Verification rules (continued):	morphology codes, cannot be used as principal diagnosis.
Collection methods:	<p>A principal diagnosis should be recorded and coded upon separation, for each episode of patient care. The principal diagnosis is derived from and must be substantiated by clinical documentation.</p> <p>Admitted patients where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital admitted patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.</p>
Related data:	<p>supersedes previous Principal diagnosis – ICD-10-AM code, version 3</p> <p>relates to Diagnosis related group, version 1</p> <p>is used in the derivation of Major diagnostic category, version 1</p> <p>is used as an alternative to Nature of main injury – non-admitted patient, version 1</p> <p>is an alternative to Bodily location of main injury, version 1</p> <p>relates to External cause – human intent, version 4</p> <p>relates to External cause – admitted patient, version 4</p> <p>relates to Additional diagnosis, version 4</p> <p>relates to External cause – non-admitted patient, version 4</p> <p>relates to Procedure, version 5</p>

Administrative attributes

Source document:	International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification 3rd Edition (2002) National Centre for Classification in Health, Sydney	
Source organisation:	National Health Data Committee, National Centre for Classification in Health and National Data Standard for Injury Surveillance Advisory Group	
National minimum data sets:	Admitted patient care	from 1/07/1989 to
	Admitted patient mental health care	from 1/07/1997 to
	Community mental health care	from 1/07/1998 to
	Admitted patient palliative care	from 1/07/2000 to

Reason for removal from elective surgery waiting list

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000142 *Version number:* 4

Data element type: DATA ELEMENT

Definition: The reason why a patient is removed from the waiting list.

Context: Elective surgery: routine admission for the awaited procedure is only one reason why patients are removed from the waiting list. Each reason for removal provides different information. These data are necessary to augment census and throughput data. For example, after an audit the numbers of patients on a list would be expected to reduce. If an audit were undertaken immediately prior to a census the numbers on the list may appear low and not in keeping with the number of additions to the list and patients admitted from the list.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Admitted as an elective patient for awaited procedure in this hospital or another hospital
- 2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital
- 3 Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)
- 4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list
- 5 Surgery not required or declined
- 6 Transferred to another hospital's waiting list
- 9 Not known

Guide for use: Patients undergoing the awaited procedure whilst admitted for another reason are to be coded as code 1.

Code 2 identifies patients who were admitted ahead of their normal position in the queue because the condition requiring treatment deteriorated whilst waiting. Admission as an emergency patient could also be due to other causes such as inappropriate urgency rating, delays in the system, or unpredicted biological variation.

Codes 3-5 provide an indication of the amount of clerical audit of the waiting lists. Code 4 gives an indication of patients treated other than as a patient of the hospital's waiting list. The awaited procedure may have been performed as an emergency or as an elective procedure.

Guide for use:
(continued)

Code 6 identifies patients who were transferred from one hospital's elective surgery waiting list to that of another hospital. The waiting time on the waiting lists at the initial hospital and subsequent hospitals should be combined for national reporting.

Code 9 identifies patients removed from the waiting list for reasons unknown.

Related data: Supersedes previous data element Reason for removal from elective surgery waiting list, version 3

Administrative attributes

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

National minimum data sets: Elective surgery waiting times from 01/07/1994 to

Waiting list category

Admin. status: CURRENT 1/01/1995

Identifying and definitional attributes

Knowledgebase ID: 000176 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The type of elective hospital care that a patient requires.

Context: Admitted patients: hospitals maintain waiting lists which may include patients awaiting hospital care other than elective surgery – for example, dental surgery and oncology treatments. This item is necessary to distinguish patients awaiting elective surgery (code 1) from those awaiting other types of elective hospital care (code 2).
The waiting period for patients awaiting transplant or obstetric procedures is largely independent of system resource factors.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Elective surgery
2	Other

Guide for use: Elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians.

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

Patients awaiting the following procedures should be classified as Code 2 – other:

- organ or tissue transplant procedures
- procedures associated with obstetrics (eg. elective caesarean section, cervical suture)
- cosmetic surgery, ie. when the procedure will not attract a Medicare rebate
- biopsy of:
 - kidney (needle only)
 - lung (needle only)
 - liver and gall bladder (needle only)
- bronchoscopy (including fibre-optic bronchoscopy)
- peritoneal renal dialysis; haemodialysis
- colonoscopy
- endoscopic retrograde cholangio-pancreatography (ERCP)

**Guide for use
(continued):**

- endoscopy of:
 - biliary tract
 - oesophagus
 - small intestine
 - stomach
- endovascular interventional procedures
- gastroscopy
- miscellaneous cardiac procedures
- oesophagoscopy
- panendoscopy (except when involving the bladder)
- proctosigmoidoscopy
- sigmoidoscopy
- anoscopy
- urethroscopy and associated procedures
- dental procedures not attracting a Medicare rebate
- other diagnostic and non-surgical procedures.

These procedure terms are also defined by the ICD-10-AM (International Classification of Diseases - Tenth Revision - Australian Modification (3rd edition, 2002) National Centre for Classification in Health, Sydney) codes which are listed under Comments below. This coded list is the recommended, but optional, method for determining whether a patient is classified as requiring elective surgery or other care.

All other elective surgery should be included in waiting list Code 1 – elective surgery.

Related data:

relates to concept Elective care, version 1

supersedes previous data element Waiting list category – ICD-9-CM code, version 2

used in conjunction with Patient listing status, version 3

is supplemented by the data element Indicator procedure, version 3

Administrative attributes**Source document:**

International Classification of Diseases - Tenth Revision - Australian Modification (3rd edition, 2002) National Centre for Classification in Health, Sydney.

Source organisation:

Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

**National minimum
data sets:**

Elective surgery waiting times from 1/07/1994 to

Comments

The table of ICD-10-AM procedure codes was prepared by the National Centre for Classification in Health. Some codes were excluded from the list on the basis that they are usually performed by non-surgeon clinicians.

A more extensive and detailed listing of procedure descriptors is under development. This will replace the list in the Guide for use above, to facilitate more readily the identification of the exclusions when the list of codes is not used.

ICD-10-AM CODES FOR THE EXCLUDED PROCEDURES:

Organ or tissue transplant

90172-00 [555] 90172-01 [555] 90204-00 [659] 90204-01 [659] 90205-00 [660] 90205-01 [660] 13700-00 [801]
13706-08 [802] 13706-00 [802] 13706-06 [802] 13706-07 [802] 13706-09 [802] 13706-10 [802] 30375-21 [817]
90317-00 [954] 90324-00 [981] 36503-00 [1058] 36503-01 [1058] 14203-01 [1906]

Procedures associated with obstetrics

16511-00 [1274] Obstetric Blocks [1330] to [1345] and [1347]

Biopsy (needle) of:

kidney 36561-00 [1047]

lung 38412-00 [550]

liver and gall bladder 30409-00 [953] 30412-00 [953] 90319-01 [951] 30094-04 [964]

Bronchoscopy

41889-00 [543] 41892-00 [544] 41904-00 [546] 41764-02 [416] 41895-00 [544] 41764-04 [532] 41892-01 [545]

41901-00 [545] 41898-00 [543] 41898-01 [544] 41889-01 [543] 41849-00 [520] 41764-03 [520] 41855-00 [520]

Peritoneal renal dialysis

13100-06 [1061] 13100-07 [1061] 13100-08 [1061] 13100-00 [1060]

Endoscopy of biliary tract, ERCP

30484-00 [957] 30484-01 [957] 30484-02 [974] 30494-00 [971] 30452-00 [971] 30491-00 [958] 30491-01 [958]

30485-00 [963] 30485-01 [963] 30452-01 [958] 30450-00 [959] 30452-02 [959] 90349-00 [975]

Endoscopy of oesophagus

30473-03 [850] 30473-04 [861] 41822-00 [861] 30478-11 [856] 41819-00 [862] 30478-10 [852] 30478-13 [861]

41816-00 [850] 41822-00 [861] 41825-00 [852] 30478-12 [856] 41831-00 [862] 30478-12 [856] 30490-00 [853]

30479-00 [856]

Panendoscopy

30476-03 [874] 32095-00 [891] 30568-00 [893] 30569-00 [894] 30473-05 [1005] 30473-00 [1005] 30473-02 [1005]

30478-00 [1006] 30478-14 [1006] 30478-01 [1007] 30478-02 [1007] 30478-03 [1007] 30478-15 [1007] 30478-16 [1007]

30478-17 [1007] 30478-20 [1007] 30478-21 [1007] 30473-01 [1008] 30478-04 [1008] 30473-06 [1008] 30478-18 [1008]

Endoscopy of large intestine, rectum and anus

32075-00 [904] 32090-00 [905] 32084-00 [905] 30479-02 [908] 90308-00 [908] 32075-01 [910] 32078-00 [910]

32081-00 [910] 32090-01 [911] 32093-00 [911] 32084-01 [911] 32087-00 [911] 30479-01 [931] 90315-00 [933]

Miscellaneous cardiac

38603-00 [642] 38600-00 [642] 38256-00 [647] 38256-01 [647] 38256-02 [647] 38278-00 [648] 38278-01 [648]

38284-00 [648] 90202-00 [649] 38470-00 [649] 38473-00 [649] 38281-01 [650] 38281-02 [650] 38281-03 [650]

38281-04 [650] 38281-05 [650] 38281-06 [650] 38281-07 [651] 38281-07 [651] 38281-08 [651] 38281-09 [651]

38281-10 [651] 38281-00 [652] 38278-02 [654] 38456-07 [654] 90203-00 [654] 38284-01 [654] 90219-00 [663]

38281-11 [655] 38281-12 [655] 38212-00 [665] 38209-00 [665] 38200-00 [667] 38203-00 [667] 38206-00 [667]

35324-00 [740] 35315-00 [758] 35315-01 [758]

Endovascular interventional

35304-01 [670] 35305-00 [670] 35304-00 [670] 35305-01 [670] 35310-00 [671] 35310-01 [671] 35310-03 [671]

35310-04 [671] 35310-02 [671] 35310-05 [671] 34524-00 [694] 13303-00 [694] 34521-01 [694] 32500-01 [722]

32500-00 [722] 13300-01 [738] 13300-02 [738] 13319-00 [738] 13300-00 [738] 13815-00 [738] 13815-01 [738]

34521-02 [738] 34530-04 [738] 90220-00 [738]

Urethroscopy

36800-00 [1090] 36800-01 [1090] 37011-00 [1093] 37008-01 [1093] 37008-00 [1093] 37315-00 [1112] 37315-01 [1116]

37318-01 [1116] 36815-01 [1116] 37854-00 [1116] 35527-00 [1116] 37318-04 [1117]

Dental - Blocks [450] to [490]

Other diagnostic and non-surgical

90347-01 [983] 90760-00 [1780] 90767-00 [1780] 13915-00 [1780] 13918-00 [1780] 13921-00 [1780] 13927-00 [1780]

13939-00 [1780] 13942-00 [1780] 90768-00 [1780]

Blocks [1820] to [1939], [1940] to [2016]

Waiting time at a census date

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000412 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list to a designated census date.

Context: Elective surgery: this is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at a census date. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 4 *Layout:* NNNN

Data domain: Count in number of days

Guide for use: The number of days is calculated by subtracting the Listing Date from the Census date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at the Census date.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a less urgent clinical urgency category than the category at the Census date, then the number of days waited at the less urgent clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the more urgent category attached to the patient at Census date) the number of days at the less urgent clinical urgency category should be calculated by subtracting the Listing date from the Category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of less urgent clinical urgency than the one applying at the Census date should be calculated by subtracting one Category reassignment date from the subsequent Category reassignment date, and then adding the days together.

When a patient is admitted from an elective surgery waiting list but the surgery is cancelled and the patient remains on or is placed back on the waiting list within the same hospital, the time waited on the list should continue. Therefore at the Census date the patient's waiting time includes the number of days waited on an elective surgery waiting list, both before and after any cancelled surgery admission. The time waited before the cancelled surgery should be counted as part of the total time waited by the patient.

Related data: is calculated using Listing date for care, version 3
is calculated using Census date, version 2
is calculated using Patient listing status, version 3
is qualified by Clinical urgency, version 2
is calculated using Category reassignment date, version 2
is used in the derivation of Overdue patient, version 3
is used in the derivation of Extended wait patient, version 1

Administrative attributes

Source organisation: Australian Institute of Health and Welfare National Health Data Committee

National minimum data sets: Elective surgery waiting times from 01/07/1999 to

Comments: Elective surgery waiting times data collections include measures of waiting times at removal and at designated census dates. This data element is used to measure waiting times at a designated census date whereas the data element Waiting time at removal from elective surgery waiting list measures waiting times at removal.

The calculation of waiting times for patients who are transferred from an elective surgery waiting list managed by one public acute hospital to another will be investigated in the future. In this case, the amount of time waited on previous lists should follow the patient to the next. Therefore the Census date, their waiting time includes the total number of days on all lists (less days not ready for care and days in lower urgency categories).

Waiting time at removal from elective surgery waiting list

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000413 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list.

Context: Elective surgery: this is a critical elective surgery waiting times data element. It is used to determine whether patients were overdue, or had extended waits when they were removed from the waiting list. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Field size:* Min. 1 Max. 4 *Layout:* NNNN

Data domain: Count in number of days

Guide for use: The number of days is calculated by subtracting the Listing Date from the Removal date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a less urgent clinical urgency category than the category at removal, then the number of days waited at the less urgent clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the more urgent category attached to the patient at removal) the number of days at the less urgent clinical urgency category should be calculated by subtracting the Listing date from the Category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of less urgent clinical urgency than the one applying at removal should be calculated by subtracting one Category reassignment date from the subsequent Category reassignment date, and then adding the days together.

When a patient is removed from an elective surgery waiting list, for admission on an elective basis for the procedure they were awaiting, but the surgery is cancelled and the patient remains on or is placed back on the waiting list within the same hospital, the time waited on the list should continue.

Guide for use: (continued) Therefore at the removal date the patient's waiting time includes the number of days waited on an elective surgery waiting list, both before and after any cancelled surgery admission. The time waited before the cancelled surgery should be counted as part of the total time waited by the patient.

Related data: supersedes Waiting time at admission, version 1
is calculated using Listing date for care, version 3
is calculated using Removal date, version 4
is calculated using Category reassignment date, version 2
is qualified by Patient listing status, version 3
is qualified by Clinical urgency, version 2
is used in the derivation of Overdue patient, version 3
is used in the derivation of Extended wait patient, version 1

Administrative attributes

Source organisation: Australian Institute of Health and Welfare National Health Data Committee

National minimum data sets: Elective surgery waiting times from 01/07/1999 to

Comments: Elective surgery waiting times data collections include measures of waiting times at removal and at designated census dates. This data element is used to measure waiting times at removal whereas the data element Waiting time at Census Date measures waiting times at a designated census date.

The calculation of waiting times for patients who are transferred from an elective surgery waiting list managed by one public acute hospital to another will be investigated in the future. In this case, the amount of time waited on previous lists would follow the patient to the next. Therefore when the patient is removed from the waiting list (for admission or other reason), their waiting time would include the total number of days on all lists (less days not ready for care and days in lower urgency categories).

Appendix A: The National Health Data Committee membership

The National Health Data Committee membership as at time of publication was:

Member organisation	Representative	Address	Contact details	
Chair	Mr Ching Choi	Head, Health Division Australian Institute of Health & Welfare GPO Box 570 CANBERRA ACT 2601	Telephone	(02) 6244 1168
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Australian Capital Territory	Mr Mike Clarke	Manager, Data & Health Economics Unit ACT Department of Health, Housing & Community Care GPO Box 825 CANBERRA ACT 2601	Telephone	(02) 6205 0851
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(Continued)

Member organisation	Representative	Address	Contact details	
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Appendix B: Format for data element definitions

ISO/IEC 11179-based standards

All data element definitions included in the National Health Data Dictionary are presented in a format based on ISO/IEC Standard 11179 *Specification and Standardization of Data Elements* – the international standard for defining data elements issued by the International Organization for Standardization and the International Electrotechnical Commission. Collectively, the format describes a set of attributes for data definitions. The set of attributes for data definitions used in the *National Health Data Dictionary* are described below.

Where an optional attribute is not populated with any information, the attribute is not listed in the data element description.

NHDD information

Admin. status: The operational status (e.g. CURRENT, SUPERSEDED) of the data element or data element concept and the date from which this status is effective. For example, in the NHDD the latest revision of 'Client type – alcohol and other drug treatment services' effective from 1 July 2002 has a 'CURRENT' status, replacing the previous version of this data element operational from 1 July 2000 until 30 June 2002 which now has a 'SUPERSEDED' status. No SUPERSEDED data elements are included in this hard copy publication of the Dictionary. However, all data elements, including SUPERSEDED data elements, are included on the Knowledgebase.

Knowledgebase ID: A 6-digit number used to identify the data element on the Knowledgebase (previously known as the NHIK). In the Knowledgebase, this number is preceded by an acronym that identifies the Registration Authority for each data element. The National Health Information Management Group (NHIMG) is the Registration Authority for all data elements included in the Dictionary. The combination of Registration Authority, Knowledgebase (or NHIK) ID and Version Number (see below) uniquely identifies each data element in the Knowledgebase.

Version number: A version number for each data element, beginning with 1 for the initial version of the data element, and 2, 3 etc. for each subsequent revision. This meets the ISO/IEC Standard 11179 requirement for 'identification of a data element specification in a series of evolving data element specifications within a registration authority'. A new version number is allocated to a data element/concept when changes have been made to one or more of the following attributes of the definition:

- Name
- Definition
- Data Domain

Identifying and definitional attributes

- Name:** A single or multi-word designation assigned to a data element. This appears in the heading for each unique data definition in the Dictionary.
- Data element type:** A data element may be either:
- a. a DATA ELEMENT CONCEPT – a concept which can be represented in the form of a data element, described independently of any particular representation. For example, hospital ‘admission’ is a process, which does not have any particular representation of its own, except through data elements such as ‘admission date’, ‘mode of admission’, etc.
 - b. a DATA ELEMENT – a unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes. For example, a hospital ‘admission date’ is a unit of data for which the definition, identification, representation and permissible values are specified.
 - c. a DERIVED DATA ELEMENT – a data element whose values are derived by calculation from the values of other data elements. For example, the data element ‘Length of stay’ which is derived by calculating the number of days from ‘Admission date’ to ‘Separation date’ less any ‘Total leave days’;
 - d. a COMPOSITE DATA ELEMENT – a data element whose values represent a grouping of the values of other data elements in a specified order. For example, the data element ‘Establishment identifier’ is a grouping of the data elements ‘State identifier’, ‘Establishment type’, ‘Region’ and ‘Establishment number’ in that order.
- Definition:** A statement that expresses the essential nature of a data element and its differentiation from all other data elements.
- Context:** A designation or description of the application environment or discipline in which a name is applied or from which it originates. For example, the context for ‘Admission date’ is ‘Admitted patients’, while the context for ‘Capital expenditure – gross’ is ‘Health expenditure’. For the Dictionary this attribute may also include the justification for collecting the items and uses of the information.

Relational and representational attributes

- Data type:** The type of symbol, character or other designation used to represent a data element. Examples include integer, numeric, alphanumeric, etc. For example, the data type for ‘Intended place of birth’ is a numeric drawn from a domain or codeset in which numeric characters such as 1 = hospital, 4 = home are used to denote a data domain value (*see* Data domain below).

Field size (minimum and maximum):	The minimum and maximum number, respectively, of storage units (of the corresponding datatype) to represent the data element value. For example, a data element value expressed in dollars may require a minimum field size of one character (1) up to a maximum field size of nine characters (999, 999, 999). Field size does not generally include characters used to mark logical separations of values, e.g commas, hyphens or slashes.
Layout:	The <i>Representational</i> layout of characters in data element values expressed by a character string representation. Examples include 'DDMMYYYY' for calendar date, 'N' for a 1-digit numeric field, and '\$\$\$,\$\$\$,\$\$\$' for data elements about expenditure.
Data domain:	The set of representations of permissible instances of the data element, according to the representation form, layout, data type and maximum size specified in the corresponding attributes. The set can be specified by name (including an existing classification/code scheme such as ICD-10-AM), by reference to a source (such as the <i>ABS Directory of concepts and standards for social, labour and demographic statistics, 1995</i>), or by enumeration of the representation of the instances (for example, for 'Compensable status' values are 1 = Compensable 2 = Non-compensable).
Guide for use (optional):	Additional comments or advice on the interpretation or application of the attribute 'data domain' (this attribute has no direct counterpart in the ISO/IEC Standard 11179 but has been included to assist in clarification of issues relating to the classification of data elements).
Verification rules (optional):	The rules and/or instructions applied for validating and/or verifying data elements occurring in actual communication and/or databases, in addition to the formal screening based on the requirements laid down in the basic attributes.
Collection methods (optional):	Comments and advice concerning the actual capture of data for the particular data element, including guidelines on the design of questions for use in collecting information, and treatment of 'not stated' or non-response (this attribute is not specified in the ISO/IEC Standard 11179 but has been added to cover important issues about the actual collection of data).
Related data (optional):	A reference between the data element (or data element concept) and any related data element/concept in the Dictionary, including the type of this relationship. Examples include: 'has been superseded by the data element...', 'is calculated using the data element...', and 'supplements the data element...'.

Administrative attributes

Source document (optional):	The document from which definitional or representational attributes originate.
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Source organisation:	The organisation responsible for the source document and/or the development of the data definition (this attribute is not specified in the ISO/IEC Standard 11179 but has been added for completeness). The Source organisation is not necessarily the organisation responsible for the ongoing development/maintenance of the data element definition.
National minimum data sets (optional):	The name of any national minimum data set established under the auspice of the National Health Information Agreement (NHIA) which includes the particular data element. The date of first effect is also included.
Comments (optional):	Any additional explanatory remarks on the data element.

Appendix C: Data elements in common with other NMDSS

Data element	Concept	Admitted patient care	Public hospital establishments	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency Dept. waiting times	Health labour force	Injury surveillance	Admitted patient palliative care	Perinatal
Activity when injured, version 2		✓									✓		✓
Actual place of birth, version 1													✓
Acute care episode for admitted patients, version 1	✓												
Additional diagnosis, version 4		✓		✓								✓	
Administrative expenses, version 1			✓				✓						
Admission, version 3	✓												
Admission date, version 4		✓		✓								✓	
Admitted patient election status, version 1		✓		✓									
Area of usual residence, version 3		✓		✓								✓	
Birth order, version 1													✓
Birth plurality, version 1													✓
Birthweight, version 1	✓												✓
Bodily location of main injury, version 1											✓		
Capital expenditure, version 1			✓										
Capital expenditure—gross (accrual accounting), version 2			✓										
Capital expenditure—net (accrual accounting), version 2			✓										
Category reassignment date, version 2								✓					
Care type, version 4		✓		✓								✓	
Census date, version 2								✓					
Cessation of treatment episode for alcohol and other drugs, version 2	✓												

	Concept	Admitted patient care	Public hospital establishments	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency Dept. waiting times	Health labour force	Injury surveillance	Admitted patient palliative care	Perinatal
Data element													
Employment status—public psychiatric hospital admissions, version 2				✓									
Episode of care, version 1	✓	✓											
Establishment identifier, version 2				✓	✓	✓	✓					✓	✓
Establishment number, version 2		✓	✓	✓					✓				✓
Establishment sector, version 2		✓	✓	✓									✓
Establishment type, version 1		✓	✓										
Extended wait patient, version 1								✓					
External cause—admitted patient, version 4		✓									✓		
External cause—human intent, version 4											✓		
First day of last menstrual period, version 1													✓
Food supplies, version 1			✓				✓						
Full-time equivalent staff, version 2			✓										
Geographical location of establishment, version 2			✓				✓						
Gestational age, version 1	✓												✓
Group sessions, version 1			✓										
Health labour force, version 1	✓									✓			
Hospital boarder, version 1	✓	✓	✓										
Hospital census, version 1	✓												
Hospital insurance status, version 3			✓	✓									
Hospital waiting list, version 1	✓							✓					
Hospital, version 1	✓	✓	✓										
Hours on-call (not worked) by medical practitioner, version 2										✓			
Hours worked by health professional, version 2										✓			

Data element	Concept	Admitted patient care	Public hospital establishments	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency Dept. waiting times	Health labour force	Injury surveillance	Admitted patient palliative care	Perinatal
Hours worked by medical practitioner in direct patient care, version 2										✓			
Indicator procedure, version 3								✓					
Indigenous status, version 3		✓		✓	✓	✓						✓	✓
Indirect health care expenditure, version 1			✓										
Individual/group session, version 1			✓										
Infant weight, neonate, stillborn, version 3		✓											✓
Injecting drug use, version 1					✓								
Intended length of hospital stay, version 1		✓											
Interest payments, version 1			✓				✓						
Inter-hospital contracted patient, version 2		✓											
Listing date, version 2								✓					
Live birth, version 1	✓	✓											✓
Major diagnostic category, version 1		✓		✓									
Marital status, version 2				✓									
Medical and surgical supplies, version 1			✓				✓						
Medicare eligibility status, version 1		✓		✓								✓	
Mental health legal status, version 4		✓		✓		✓							✓
Method of birth, version 1													
Method of use for principal drug of concern, version 1					✓								
Mode of admission, version 4		✓		✓								✓	
Mode of separation, version 3		✓		✓								✓	
Narrative description of injury event, version 1											✓		
Nature of main injury—non-admitted patient, version 1											✓		

Data element	Concept	Admitted patient care	Public hospital establishments	Admitted mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency Dept. waiting times	Health labour force	Injury surveillance	Admitted patient palliative care	Perinatal
Neonatal death, version 1	✓												✓
Neonate, version 1	✓	✓											✓
Newborn qualification status, version 2	✓	✓											
Non-admitted patient, version 1	✓	✓	✓										
Non-elective care, version 1	✓							✓					
Non-salary operating costs, version 1							✓						
Number of available beds for admitted patients, version 2			✓				✓						
Number of leave periods, version 3		✓	✓	✓									
Number of qualified days for newborns, version 2		✓											
Number of service contact dates, version 2						✓							
Number of service contacts within a treatment episode for alcohol and other drugs, version 2					✓								
Occurrences of service, version 1			✓										
Onset of labour, version 1													✓
Organ procurement—posthumous, version 1	✓	✓											
Other drugs of concern, version 1					✓								
Other recurrent expenditure, version 1			✓				✓						
Other revenues, version 1			✓										
Overdue patient, version 3								✓					
Overnight-stay patient, version 2	✓	✓	✓										
Patient, version 1	✓	✓											
Patient days, version 3			✓										
Patient listing status, version 3								✓					

	Concept	Admitted patient care	Public hospital establishments	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency Dept. waiting times	Health labour force	Injury surveillance	Admitted patient palliative care	Perinatal
Data element													
Separations, version 2		✓					✓						
Service contact, version 1	✓												
Service contact date, version 1				✓									
Sex, version 2		✓		✓	✓							✓	✓
Source of referral to alcohol and other drug treatment services, version 1					✓								
Source of referral to public psychiatric hospital, version 3		✓											
Specialised service indicators, version 1			✓										
State identifier, version 2		✓	✓	✓									✓
State/Territory of birth, version 1													✓
Status of the baby, version 1													✓
Stillbirth (foetal death), version 1	✓												✓
Superannuation employer contributions (including funding basis), version 1			✓				✓						
Surgical speciality, version 1								✓					
Teaching status, version 1			✓										
Time of triage, version 1									✓				
Time patient presents, version 1									✓				
Total full-time equivalent staff, version 1													
Total hours worked by medical practitioner, version 2										✓			
Total leave days, version 3		✓		✓									
Total psychiatric care days, version 2		✓		✓			✓						
Triage category, version 1									✓				
Type and sector of employment establishment, version 1										✓			

Data element	Concept	Admitted patient care	Public hospital establishments	Admitted patient mental health care	Alcohol and other drug treatment services	Community mental health care	Community mental health establishments	Elective surgery waiting times	Emergency Dept. waiting times	Health labour force	Injury surveillance	Admitted patient palliative care	Perinatal
Type of accommodation, version 2				✓									
Type of non-admitted patient care (public psychiatric, alcohol and drug), version 1			✓										
Type of non-admitted patient care, version 1			✓										
Type of usual accommodation, version 1				✓									
Type of visit, version 1									✓				
Urgency of admission, version 1		✓											
Waiting list category, version 3								✓					
Waiting time at a census date, version 1								✓					
Waiting time at admission, version 1								✓					

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