

Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary* version 9.0 (NHDC 2000). Each definition contains an identification number (ID) from the Knowledgebase or Australia's Health and Community Services Data Registry. The Knowledgebase is an electronic storage site for Australian health, community services, housing and related data definitions and standards. It provides definitions for data for health- and community services-related topics, and specifications for related National Minimum Data Sets (NMDSs), such as the NMDS, which form the basis of this report. The Knowledgebase can be viewed on the Internet at

<http://www.aihw.gov.au/knowledgebase/index.html>

<i>Aboriginal or Torres Strait Islander status</i>	Aboriginal or Torres Strait Islander status of the person according to the following definition: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community with which he or she lives. Knowledgebase ID: 000001
<i>Activity when injured</i>	The type of activity being undertaken by the person when injured. Knowledgebase ID: 000002
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospitals</i>	See <i>Establishment type</i> .
<i>Additional diagnosis</i>	Conditions or complaints either co-existing with the principal diagnosis or arising during the episode of care. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources. Knowledgebase ID: 000005
<i>Administrative and clerical staff</i>	See <i>Full-time equivalent staff</i> .
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers' compensation). Knowledgebase ID: 000244
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital in the home patients). Knowledgebase ID: 000011
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the in-patient fraction or IFRAC.
<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .

<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
<i>Available beds</i>	Beds immediately available for use by admitted patients as required. Knowledgebase ID: 000255
<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of one day. Knowledgebase ID: 000119
<i>Care type</i>	The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care). Knowledgebase ID: 000168 <i>Admitted patient care</i> <i>Acute care</i> is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures. <i>Rehabilitation care</i> occurs when a person with a disability is participating in a multidisciplinary program aimed at an improvement in functional capacity, retraining in lost skills and/or change in psychosocial adaptation. <i>Palliative care</i> occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable, or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life for such a person. Interventions such as radiotherapy, chemotherapy and surgery are considered to be part of the palliative episode if they are undertaken specifically to provide symptomatic relief. <i>Geriatric evaluation and management</i> is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient. <i>Psychogeriatric care</i> is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. <i>Maintenance care</i> is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment.

<i>Care type (continued)</i>	<p><i>Newborn care</i> is initiated when the patient is 9 days old or less at the time of admission. Newborn episodes of care comprise qualified days only, separations with a mixture of qualified and unqualified days and separations with unqualified days only. Separations comprising only qualified days are considered to be the equivalent of episodes of acute care.</p> <p><i>Other care</i></p> <p><i>Other care</i> is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following:</p> <p><i>Organ procurement – posthumous</i> is the procurement of human tissue for the purpose of transplantation from a donor who has been declared brain dead.</p> <p><i>Hospital boarder</i> is a person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.</p>
<i>Clinical urgency</i>	<p>A clinical assessment of the urgency with which a patient requires elective hospital care.</p> <p>Knowledgebase ID: 000025</p>
<i>Compensable patients</i>	<p>A compensable patient is an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.</p> <p>Knowledgebase ID: 000026</p>
<i>Cost weights</i>	<p>Cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0 therefore, on average, costs 10 times as much as a separation with a cost weight of 0.5. There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. The cost weights used in this report are 1999–00 national public and private cost weights for AR-DRGs v. 4.1.</p>
<i>Department of Veterans' Affairs patient</i>	<p>A person whose charges for the hospital admission are met by the Department of Veterans' Affairs. These data are as supplied by the States and Territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the department.</p> <p>Knowledgebase ID: 000421</p>
<i>Diagnostic and allied health professionals</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic and other staff</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic services expenditure</i>	<p>The costs of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs.</p> <p>Knowledgebase ID: 000241</p>
<i>Drug supplies expenditure</i>	<p>The cost of all drugs, including the cost of containers.</p> <p>Knowledgebase ID: 000238</p>
<i>Elective care</i>	<p>Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours.</p> <p>Knowledgebase ID: 000348</p>

<i>Elective surgery</i>	<p>Elective care in which 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 and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. The procedures that are excluded are:</p> <ul style="list-style-type: none"> • organ or tissue transplant procedures; • procedures associated with obstetrics (for example, elective caesarean section, cervical suture); • cosmetic surgery (defined as the relevant procedures that do not attract a Medicare rebate); • biopsy of kidney (needle only); • biopsy of lung (needle only); • bronchoscopy (including fibre-optic bronchoscopy); • colonoscopy; • dental procedures; • endoscopic retrograde cholangio-pancreatography; • endoscopy of biliary tract, oesophagus, small intestine or stomach; • endovascular interventional procedures; • gastroscopy; • miscellaneous cardiac procedures; • oesophagoscopy; • panendoscopy (except when involving the bladder); • proctosigmoidoscopy; • sigmoidoscopy. <p>Knowledgebase ID: 000046</p>
<i>Emergency department waiting time to service delivery</i>	<p>The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse.</p> <p>Knowledgebase ID: 000347</p>
<i>Enrolled nurses</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Episode of care</i>	<p>The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>).</p> <p>Knowledgebase ID: 000168</p>
<i>Error DRGs</i>	<p>Seven AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.</p>
<i>Establishment type</i>	<p>Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.</p> <p>Knowledgebase ID: 000327</p> <p>Establishment types include:</p> <p><i>Acute care hospitals</i> – Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State or Territory health department, or controlled by government departments. Most of</p>

<i>Establishment type (continued)</i>	<p>the patients have acute conditions or temporary ailments and the average stay per admission is relatively short. Public acute care hospitals are funded and controlled by the State or Territory health authority. Private acute care hospitals are not controlled by the State or Territory health authority.</p> <p>Knowledgebase ID: 000327 (R1)<i>Psychiatric hospitals</i>— Establishments which provide treatment and care for patients with psychiatric, mental or behavioural disorders. Public psychiatric hospitals are funded and controlled by the State or Territory health authority. Private psychiatric hospitals are not controlled by the State or Territory health authority.</p> <p>Knowledgebase ID: 000327 (R2)</p> <p><i>Alcohol and drug treatment centres</i>— Free-standing centres for the treatment of drug dependence on an admitted patient basis.</p> <p>Knowledgebase ID: 000327 (R4)</p> <p><i>Hospices</i>— Establishments providing palliative care to terminally ill patients.</p> <p>Knowledgebase ID: 000327 (R6)</p> <p><i>Multi-purpose services</i>— Based on a legal definition rather than an operational one. The hospitals in this category are classified as such because they are part of a multi-purpose service health program. As a result some of the hospitals are whole MPSs, some are only the hospital part of an MPS and some are hospitals that are part of networks that are MPSs. This leads to some inconsistencies across jurisdictions.</p> <p><i>Public acute and psychiatric hospitals, or Public hospitals</i>— This category includes public acute hospitals, public psychiatric hospitals, public alcohol and drug treatment centres, public hospices and public multi-purpose services.</p>
<i>External cause</i>	<p>The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.</p> <p>Knowledgebase ID: 000053</p>
<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable).</p> <p>Knowledgebase ID: 000252</p> <p>Staffing categories include:</p> <p><i>Salaried medical officers</i>— Medical officers engaged by the hospital on a full-time or part-time salaried basis.</p> <p>Knowledgebase ID: 000252 (C1.1)</p> <p><i>Registered nurses</i>— Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a State or Territory registration board.</p> <p>Knowledgebase ID: 000252 (C1.2)</p> <p><i>Enrolled nurses</i>— Second-level nurses who are enrolled in all States and Territories, except Victoria where they are registered by the State registration board, to practise in this capacity. Includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).</p> <p>Knowledgebase ID: 000252 (C1.3)</p>

<i>Full-time equivalent staff (continued)</i>	<p><i>Other personal care staff</i>—This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wards persons, orderlies, ward assistants and nursing assistants, engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.</p> <p>Knowledgebase ID: 000252 (C1.6)</p> <p><i>Diagnostic and allied health professionals</i>—Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.</p> <p>Knowledgebase ID: 000252 (C1.7)</p> <p><i>Administrative and clerical staff</i>—Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals, and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.</p> <p>Knowledgebase ID: 000252 (C1.8)</p> <p><i>Domestic and other staff</i>—Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged in administrative duties. This category also includes all staff not elsewhere included (primarily maintenance staff, trades-persons and gardening staff).</p> <p>Knowledgebase ID: 000252 (C1.9)</p>
<i>Group session</i>	A group service is defined as a service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual
<i>HASAC</i>	For hospitals where the IFRAC was not available or was clearly inconsistent with the data, the admitted patient costs are estimated by the Health and Allied Services Advisory Council (HASAC) ratio (see Appendix 4).
<i>Hospice</i>	See <i>Establishment type</i> .
<i>Hospital boarder</i>	A person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care. A boarder is not admitted to the hospital, although a hospital may register a boarder.
	Knowledgebase ID: 000065
<i>IFRAC</i>	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
<i>Indicator procedure</i>	An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods.
	Knowledgebase ID:000073
<i>Interest payments</i>	Payments made by or on behalf of the establishment in respect of borrowings (e.g. interest on bank overdraft), provided the establishment is permitted to borrow.
	Knowledgebase ID: 000245
<i>Inter-hospital contracted care</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals.
	Knowledgebase ID: 000079

<i>Length of stay</i>	The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting the day the patient went on leave. A same day patient is allocated a length of stay of one day. Knowledgebase ID: 000119
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. Knowledgebase ID: 000088
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. Knowledgebase ID: 000239
<i>Multi-purpose service</i>	See <i>Establishment type</i> .
<i>Newborn care</i>	See <i>Care type</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service. Knowledgebase ID: 000209
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/ clinic of a hospital. Knowledgebase ID: 000104
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable.
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. Knowledgebase ID: 000247
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory Governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. Knowledgebase ID: 000323
<i>Palliative care</i>	See <i>Care type</i> .
<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated one patient day. Further information on patient days is included in Appendix 3. Knowledgebase ID: 000206
<i>Patient presentation to Emergency Department</i>	The presentation of a patient at an Emergency Department occurs following the arrival of the patient at the Emergency Department and is the earliest occasion of being: - registered clerically; or - triaged. Knowledgebase ID: 000349
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. Knowledgebase ID: 000296
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. Knowledgebase ID: 000243

<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public patients) on a sessionally paid or fee-for-service basis. Knowledgebase ID: 000236
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or violence occurred. Knowledgebase ID: 000384
<i>Pre-MDC</i>	Eight AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involved procedures that are particularly resource intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital. Knowledgebase ID: 000136
<i>Private hospital</i>	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See <i>Establishment type</i> .
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting. Knowledgebase ID: 000137
<i>Psychiatric hospitals</i>	See <i>Establishment type</i> .
<i>Qualified days</i>	Days within <i>Newborn</i> episodes of care are either qualified or unqualified. Days are qualified if the patient is the second or subsequent live-born infant of a multiple birth, whose mother is an admitted patient; is admitted to an intensive care facility in a hospital; or is admitted to, or remains in hospital without its mother.
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This would include: <ul style="list-style-type: none"> • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and • other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost. Knowledgebase ID: 000295
<i>Recurrent expenditure</i>	Expenditure which is not capital expenditure. Includes salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. Knowledgebase ID: 000533
<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative stay index</i>	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See Appendix 4 for further information.

<i>Removal from waiting list</i>	<p>A patient may be removed from a waiting list for a number of reasons. These are classified as:</p> <ul style="list-style-type: none"> • admission as an elective patient for awaited procedure at this hospital • admission as an emergency patient for awaited procedure at this hospital • 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) • treated elsewhere for awaited, declining the surgery or the surgery not being required, death or being unable to be contacted. <p>Knowledgebase ID: 000142</p>
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works.</p> <p>Knowledgebase ID: 000242</p>
<i>Salaried medical officers</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Same day patients</i>	<p>Same day patients are admitted patients who are admitted and separate on the same date.</p> <p>Knowledgebase ID: 000146</p>
<i>Separation</i>	<p>The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.</p> <p>Knowledgebase ID: 000205</p>
<i>Separation rate ratio</i>	<p>The separation rate for one population divided by the separation rate of another.</p>
<i>Specialised service</i>	<p>A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics.</p> <p>Knowledgebase ID: 000321</p>
<i>Statistical Division</i>	<p>A general purpose spatial unit, it is the largest and most stable unit within the Australian Standard Geographical Classification (ASGC). This classification has been developed by the Australian Bureau of Statistics and covers all of Australia without gaps or overlaps or crossing of State or Territory boundaries.</p> <p>Knowledgebase ID: 000260</p>
<i>Superannuation employer contributions</i>	<p>Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.</p> <p>Knowledgebase ID: 000237</p>
<i>Surgical procedure</i>	<p>A procedure used to define surgical Australian Refined Diagnosis Related Groups version 4.1 (Commonwealth of Australia 1998). This definition of surgical procedure is used for the purpose of estimating coverage of the National Elective Surgery Waiting Times Data Collection in this report.</p>
<i>Surgical specialty</i>	<p>The area of clinical expertise held by the doctor who will perform the elective surgery.</p> <p>Knowledgebase ID: 000161</p>

<i>Triage category</i>	The urgency of the patient's need for medical and nursing care in an Emergency department. Knowledgebase ID: 000355
<i>Type of non-admitted patient occasion of service</i>	A broad classification of services provided to non-admitted patients. See data element 000231 in the <i>National Health Data Dictionary</i> Version 9.0 for further details.
<i>Visiting medical officer</i>	A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis. Knowledgebase ID: 000236
<i>Waiting time at admission</i>	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 admitted to hospital for the procedure. Knowledgebase ID: 000413