

Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary* version 11 (AIHW 2003b). Each definition contains an identification number (ID) from the Knowledgebase or Australia's Health and Community Services Data Registry and the title of the definition. 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 NMDSs, which form the basis of this report. The Knowledgebase can be viewed on the AIHW website at

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

<i>Activity when injured</i>	The type of activity being undertaken by a person at the time of injury. Knowledgebase ID: 000002, Title: Activity when injured
<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. Knowledgebase ID: 000005, Title: Additional diagnosis
<i>Adjustment</i>	A summarising procedure for a statistical measure in which the effects of differences in composition of the populations being compared have been minimised by statistical methods.
<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, Title: Administrative expenses
<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, Title: Admitted patient
<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>Adverse event</i>	An incident in which harm resulted to a person receiving health care.
<i>Age standardisation</i>	A set of techniques used to remove as far as possible the effects of differences in age when comparing two or more populations.
<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .

<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	<p>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.</p> <p>Knowledgebase ID: 000042, Title: Diagnosis related group</p>
<i>Available beds</i>	<p>Beds immediately available for use by admitted patients as required.</p> <p>Knowledgebase ID: 000255, Number of available beds for admitted patients</p>
<i>Average length of stay</i>	<p>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 1 day.</p> <p>Knowledgebase ID: 000119, Length of stay</p>
<i>Capital expenditure</i>	<p>Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years).</p> <p>Knowledgebase ID: 000248, Title: Capital expenditure</p>
<i>Care type</i>	<p>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).</p> <p>Admitted patient care consists of the following categories:</p> <ul style="list-style-type: none"> • Acute care • Rehabilitation care • Palliative care • Geriatric evaluation and management • Psychogeriatric care • Maintenance care • Newborn care <p>Other care 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> <ul style="list-style-type: none"> • Organ procurement – posthumous • Hospital boarder <p>Knowledgebase ID: 000168, Title: Care type</p>
<i>Casemix</i>	<p>The range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.</p>
<i>Chronic</i>	<p>Persistent and long lasting.</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, Title: Clinical urgency</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, Title: Compensable status</p>

<i>Cost weights</i>	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 2001–02 national public and private cost weights for AR-DRGs version 4.2.
<i>Department of Veterans' Affairs patient</i>	A person whose charges for the hospital admission are met by the Department of Veterans' Affairs. These patients include eligible veterans and war widow/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a Department of Veterans' Affairs patient may not necessarily have been confirmed by the Department. Knowledgebase ID: 000421, Title: Department of Veterans' Affairs patient
<i>Diagnosis related group (DRG)</i>	A widely used type of casemix classification system, used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals Australian Refined DRGs (AR-DRGs) are used. Knowledgebase ID: 000042, Title: Diagnosis related group
<i>Diagnostic and allied health professionals</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic and other staff</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic services expenditure</i>	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. Knowledgebase ID: 000241, Title: Domestic services
<i>Drug supplies expenditure</i>	The cost of all drugs, including the cost of containers. Knowledgebase ID: 000238, Title: Drug supplies
<i>Elective care</i>	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. Knowledgebase ID: 000348, Title: Elective care
<i>Elective surgery</i>	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. Knowledgebase ID: 000046, Title: Elective surgery
<i>Emergency department waiting time to service delivery</i>	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event. Knowledgebase ID: 000347, Title: Emergency department waiting time to service delivery
<i>Enrolled nurses</i>	See <i>Full-time equivalent staff</i> .

<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, Title: Care type</p> <p>Knowledgebase ID: 000455, Title: Episode of admitted patient care</p>
<i>Error DRGs</i>	<p>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>Establishment types include:</p> <ul style="list-style-type: none"> • Acute care hospitals • Psychiatric hospitals • Alcohol and drug treatment centres • Hospices <p>Knowledgebase ID: 000327, Title: Establishment type</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, Title: External cause</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>Staffing categories include:</p> <ul style="list-style-type: none"> • Salaried medical officers • Registered nurses • Student nurses • Enrolled nurses • Other personal care staff • Diagnostic and allied health professionals • Administrative and clerical staff • Domestic and other staff <p>Knowledgebase ID: 000252, Title: Full time equivalent staff</p>
<i>Funding source for hospital patient</i>	<p>Expected principal source of funds for an admitted patient episode or non-admitted patient service event.</p> <p>Knowledgebase ID: 000632, Title: Funding source for hospital patient</p>
<i>Geriatric evaluation and management</i>	<p>See <i>Care type</i>.</p>
<i>Group session</i>	<p>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.</p> <p>Knowledgebase ID: 000210, Title: Group sessions</p>

<i>HASAC (Health and Allied Services Advisory Council ratio)</i>	For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by HASAC (see Appendix 3: Technical notes).
<i>Hospice</i>	See <i>Establishment type</i> .
<i>Hospital</i>	A health care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. Knowledgebase ID: 000064, Title: Hospital
<i>Hospital boarder</i>	See <i>Care type</i> .
<i>Hospital in the home care</i>	Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary. Knowledgebase ID: 000633, Title: Hospital-in-the-home care
<i>IFRAC (Inpatient fraction)</i>	A measure used to calculate the cost per casemix adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion (see Appendix 3: Technical notes).
<i>Indicator procedure</i>	An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods. Waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision. Knowledgebase ID: 000073, Title: Indicator procedure
<i>Indigenous status</i>	Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives. Knowledgebase ID: 002009, Title: Indigenous status
<i>Inpatient</i>	Another term for admitted patient. Knowledgebase ID: 000011, Title: Admitted patient
<i>Interactive data cubes</i>	A data cube is a multidimensional representation of data which provides fast retrieval and drill down facilities.
<i>International Classification of Diseases</i>	The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th Revision, Australian Modifications (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.
<i>Inter-hospital contracted care</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) 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, Title: Inter-hospital contracted care
<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 1 day. Knowledgebase ID: 000119, Title: Length of stay
<i>Licensed bed</i>	A bed in a private hospital, licensed by the relevant state or territory health authority.

<i>Maintenance care</i>	See <i>Care type</i> .
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body. Knowledgebase ID: 000088, Title: Major diagnostic category
<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, Title: Medical and surgical supplies
<i>National Health Data Dictionary (NHDD)</i>	A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.
<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, Title: Occasions of service
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital. Knowledgebase ID: 000104, Title: Non-admitted patient
<i>Number of days of hospital-in-the-home care</i>	The number of hospital-in-the-home days occurring within an episode of care for an admitted patient. Knowledgebase ID: 000640, Title: Number of days of hospital-in-the-home care
<i>Outpatient</i>	Another term for non-admitted patient. Knowledgebase ID: 000104, Title: Non-admitted patient
<i>Organ procurement-posthumous</i>	See <i>Care type</i> .
<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, Title: Other recurrent expenditure
<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, Title: Other revenues
<i>Overnight-stay patients</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of one night, i.e. who is admitted to and separated from the hospital on different dates. Knowledgebase ID: 000116, Title: Overnight-stay patient
<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. Knowledgebase ID: 000206, Title: Patient days

<i>Patient election status</i>	Accommodation chargeable status elected by patient on admission. The categories are: <ul style="list-style-type: none"> • Public • Private <p>Knowledgebase ID: 000415, Title: Admitted patient election status</p>
<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. It is the earliest occasion of being registered clerically, or triaged. <p>Knowledgebase ID: 000349, Title: Patient presentation at emergency department</p>
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. <p>Knowledgebase ID: 000296, Title: Patient revenue</p>
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. <p>Knowledgebase ID: 000243, Title: Patient transport</p>
<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. <p>Knowledgebase ID: 000236, Title: Payments to visiting medical officers</p>
<i>Peer group</i>	Groupings of hospitals into broadly similar groups in terms of their range of admitted patient activities and their geographical location.
<i>Percentile</i>	Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.
<i>Performance indicator</i>	A statistic or other unit of information that reflects, directly or indirectly the extent to which an anticipated outcome is achieved or the quality of processes leading to that outcome.
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or violence occurred. <p>Knowledgebase ID: 000384, Title: Place of occurrence of external cause of injury</p>
<i>Potentially preventable hospitalisation</i>	Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.
<i>Pre-MDC (Pre-Major Diagnostic Category)</i>	Twelve AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involved procedures that are particularly resource intensive (transplants, tracheostomies or extracorporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. <p>Knowledgebase ID: 000136, Title: Principal diagnosis</p>
<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>Private patient</i>	Persons admitted to a private hospital; or persons admitted to a public hospital who decide to choose the doctor (s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation. <p>Knowledgebase ID: 000415, Title: Admitted patient election status</p>

<i>Procedure</i>	<p>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.</p> <p>Knowledgebase ID: 000137, Title: Procedure</p>
<i>Psychogeriatric care</i>	See <i>Care type</i> .
<i>Public hospital</i>	<p>A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients. See <i>Establishment type</i>.</p>
<i>Public patient</i>	<p>A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared accommodation. This means the patient is not charged.</p> <p>Knowledgebase ID: 000415, Title: Admitted patient election status</p>
<i>Qualified days</i>	<p>The number of days of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are nine days old or less. A newborn day is acute (qualified) when a newborn meets at least one of the following criteria:</p> <ul style="list-style-type: none"> • Is the second or subsequent live born infant of a multiple birth, whose mother is currently and admitted patient; • Is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care; • Remains in hospital without its mother; or • Is admitted to the hospital without its mother. <p>Knowledgebase ID: 000011, Title: Admitted patient <i>and</i></p> <p>Knowledgebase ID: 000343, Title: Newborn qualification status</p>
<i>Recoveries</i>	<p>All revenue received that is in the nature of a recovery of expenditure incurred. This would include:</p> <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. <p>Knowledgebase ID: 000295, Title: Recoveries</p>
<i>Recurrent expenditure</i>	<p>Expenditure on goods and services which are used up during the year, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers.</p> <p>Knowledgebase ID: 000533, Title: Recurrent expenditure</p>
<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative stay index (RSI)</i>	<p>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 3 for further information.</p>

<i>Remoteness Area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification remoteness structure, based on the Accessibility /Remoteness Index of Australia which measures the remoteness of a point based on the physical road distance to the nearest urban centre.</p> <p>The categories are:</p> <ul style="list-style-type: none"> • Major cities • Inner regional • Outer regional • Remote • Very remote • Migratory.
<i>Removal from waiting list</i>	<p>The reason the patient was removed from an elective surgery waiting list.</p> <p>Knowledgebase ID: 000798, Title: Reason for removal from elective surgery waiting list</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, Title: Repairs and maintenance</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, Title: Same-day patient</p>
<i>Separation</i>	<p>The term used to refer an episode of care for an admitted patient, 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). Separations also meant the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.</p> <p>Knowledgebase ID: 000148, Separation</p>
<i>Separation rate ratio</i>	<p>The separation rate for one population divided by the separation rate of another. This demonstrates the difference between one population and another.</p>
<i>Separations</i>	<p>The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period.</p> <p>Knowledgebase ID: 000205, Title: Separations</p>
<i>Service Related Group- (SRG)</i>	<p>A classification based on Australian Refined Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.</p>
<i>Specialised service</i>	<p>A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, for example, an intensive care unit.</p> <p>Knowledgebase ID: 000321 Title: Specialised service indicator</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. 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, Title: Geographical location of establishment</p>
<i>Superannuation employer contributions</i>	<p>Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority.</p> <p>Knowledgebase ID: 000237, Title: Superannuation employer contributions (including funding basis)</p>
<i>Surgical procedure</i>	<p>A procedure used to define surgical Australian-Refined Diagnosis Related Groups version 5.0 (DoHA 2002).</p>
<i>Surgical specialty</i>	<p>The area of clinical expertise held by the doctor who will perform the surgery of interest.</p> <p>Knowledgebase ID: 000161, Title: Surgical specialty</p>
<i>Triage category</i>	<p>The triage classification is used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients will be triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner.</p> <p>Knowledgebase ID: 000355, Title: Triage category</p>
<i>Type of non-admitted patient occasion of service</i>	<p>A broad classification of services provided to non-admitted patients.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Allied health and/or clinical nurse specialist • Surgical • Emergency department • Dental • Imaging • Medical • Obstetrics and gynaecology • Paediatrics • Pathology • Pharmacy • Psychiatric <p>Knowledgebase ID: 000209, Title: Occasions of service</p> <p>Knowledgebase ID: 000440, Title: Non admitted patient service type</p>
<i>Visiting medical officer</i>	<p>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.</p> <p>Knowledgebase ID: 000236, Title: Payments to visiting medical officers</p>
<i>Waiting time at admission</i>	<p>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.</p> <p>Knowledgebase ID: 000413, Title: Waiting time at admission</p>