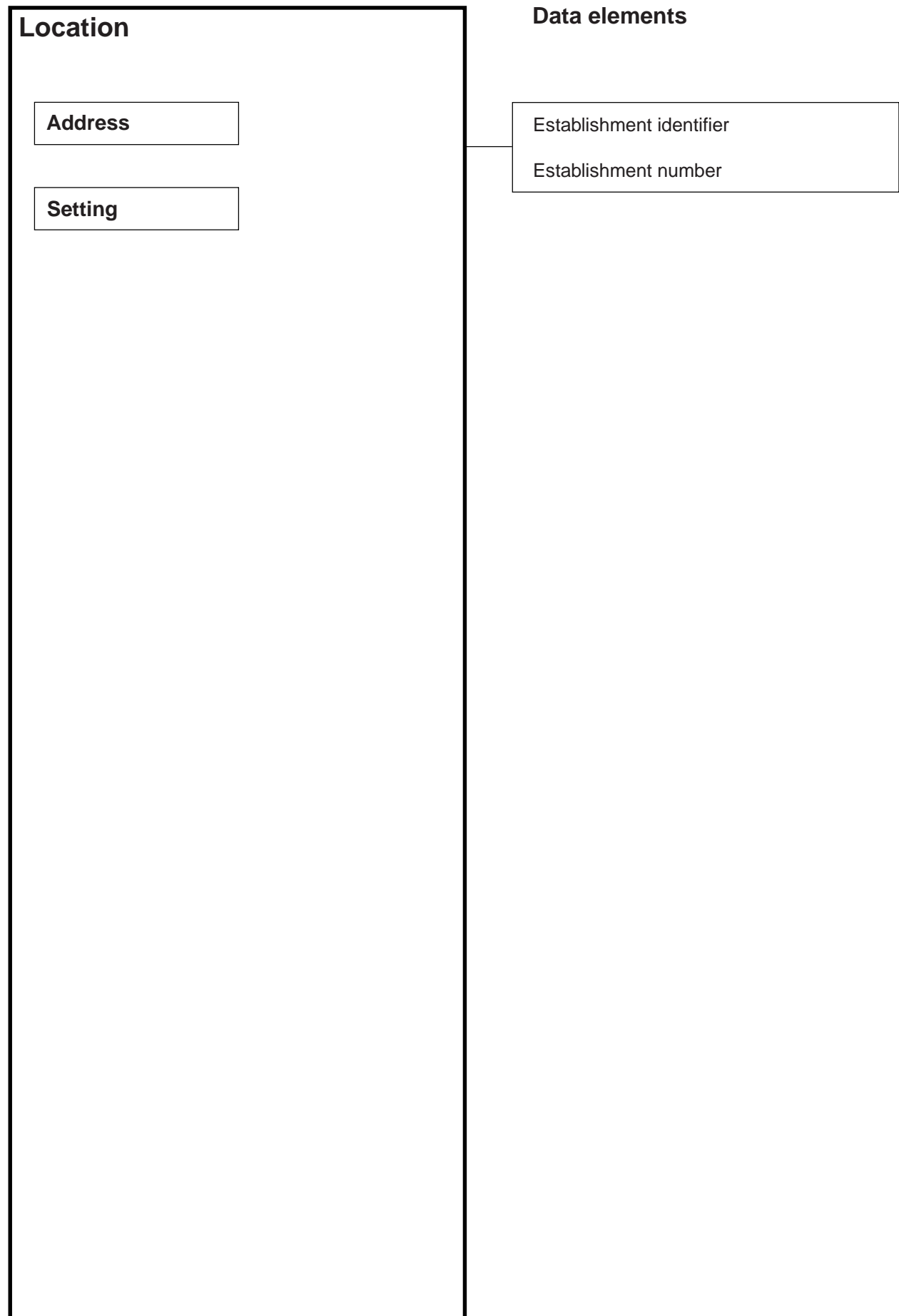


## National Health Information Model entities



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## Establishment identifier

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**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000050 **Version number:** 2

**Data element type:** COMPOSITE ELEMENT

**Definition:** Identifier for the establishment in which episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.

**Context:** Institutional health care

### Relational and representational attributes

**Datatype:** Alphanumeric **Representational form:** CODE

**Field size:** **Min.** 6 **Max.** 6 **Representational layout:** NNANNN

**Data domain:** Concatenation of:  
 N - State identifier  
 N - Establishment sector  
 A - Region code  
 NNN - Establishment number

**Guide for use:** If data is supplied on computer media, this item is only required once in the header information. If information is supplied manually, this item should be provided on each form submitted.

**Verification rules:**

**Collection methods:**

**Related data:** is composed of State identifier, version 2  
 is composed of Establishment sector, version 2  
 is composed of Region code, version 2  
 is composed of Establishment number, version 2

### Administrative attributes

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional mental health care	from 1/07/97 to
Perinatal collection	from 1/07/97 to
Community mental health care	from 1/07/98 to

**Comments:** A residential establishment is considered to be separately administered if managed as an independent institution for which there are financial, budgetary and activity statistics. For example, if establishment-level data for components of an area health service are not available separately at a central authority, this is not grounds for treating such components as a single

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## Establishment identifier (*continued*)

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**Comments (cont'd):** establishment unless such data are not available at any level in the health care system.

This item is now being used to identify hospital contracted care. The use of this item will lead to reduced duplication in reporting patient activity and will enable linkage of services to one episode of care. Used for quality assurance and auditing of data reported as contracted care.

## Establishment number

---

**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000377 **Version number:** 2

**Data element type:** DATA ELEMENT

**Definition:** An identifier for establishment, unique within the State or Territory.

**Context:** Institutional health care

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

**Field size:** **Min.** 3 **Max.** 3 **Representational layout:** NNN

**Data domain:**

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:** is a composite part of Establishment identifier, version 2

### Administrative attributes

**Source document:**

**Source organisation:**

**National minimum data sets:**

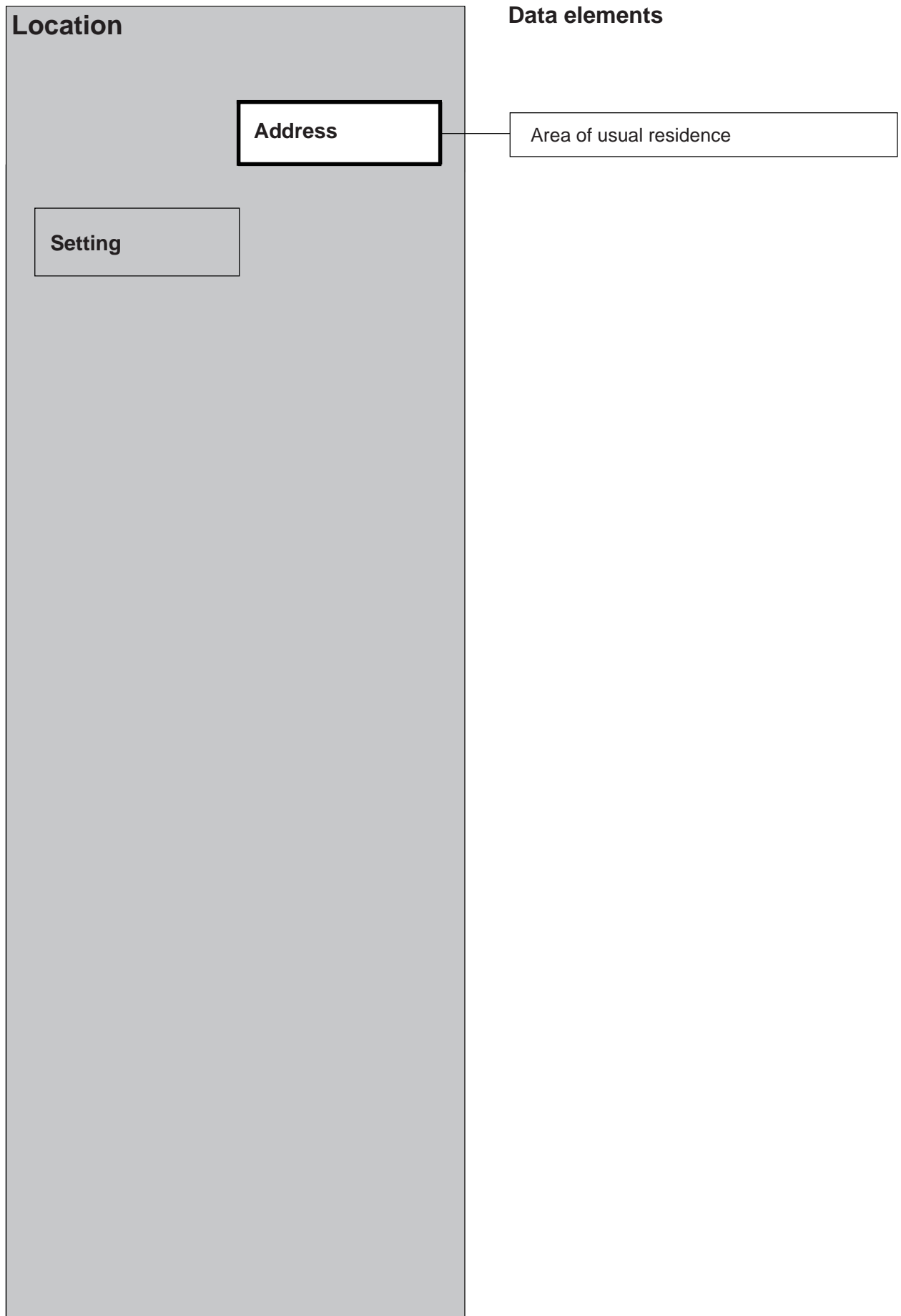
Institutional health care from 1/07/89 to

Institutional mental health care from 1/07/97 to

Perinatal collection from 1/07/97 to

**Comments:**

## National Health Information Model entities



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## Area of usual residence

---

**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000016 **Version number:** 3

**Data element type:** DATA ELEMENT

**Definition:** Geographical location of usual residence of the person.

**Context:** Geographical location is reported using Statistical Local Area to enable accurate aggregation of information to larger areas within the Australian Standard Geographical Classification (such as Statistical Subdivisions and Statistical Divisions) as well as detailed analysis at the Statistical Local Area level. The use of Statistical Local Areas also allows analysis relating the data to information compiled by the Australian Bureau of Statistics on the demographic and other characteristics of the population of each Statistical Local Area.

Analyses facilitated by the inclusion of Statistical Local Area information include

- comparison of the use of services by persons residing in different geographical areas,
- characterisation of catchment areas and populations for establishments for planning purposes, and
- documentation of the provision of services to residents of States or Territories other than the State or Territory of the provider.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:** The geographical location is reported using a five digit numerical code. The first digit is the single-digit code to indicate State or Territory. The remaining four digits are the numerical code for the Statistical Local Area (SLA) within the State or Territory.

The single digit codes for the States and Territories and the four digit codes for the SLAs are as defined in the Australian Standard Geographical Classification (Australian Bureau of Statistics, catalogue number 1216.0).

**Guide for use:** The Australian Standard Geographical Classification (ASGC) is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.

The codes for Statistical Local Areas are unique within each State and Territory, but not within the whole country. Thus, to define a unique location, the code of the State or Territory is required in addition to the code for the Statistical Local Area.

The Australian Bureau of Statistics' National Localities Index (NLI) (ABS Catalogue number 1252.0) can be used to assign each locality or address in

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## Area of usual residence (*continued*)

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

Australia to a Statistical Local Area. The NLI is a comprehensive list of localities in Australia with their full code (including State or Territory and Statistical Local Area) from the main structure of the ASGC.

For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign a Statistical Local Area. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the Statistical Local Area. In addition, other localities cross one or more Statistical Local Area boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the person's residence is used with the Streets Sub-index of the NLI to assign the Statistical Local Area.

If the information available on the person's address indicates that it is in a split locality but is insufficient to assign an Statistical Local Area, the code for the Statistical Local Area which includes most of the split locality should be reported. This is in accordance with the NLI assignment of Statistical Local Areas when a split locality is identified and further detail about the address is not available.

The NLI does not assign a Statistical Local Area code if the information about the address is insufficient to identify a locality, or is not an Australian locality. In these cases, the appropriate codes for undefined Statistical Local Area within Australia (State or Territory unstated), undefined Statistical Local Area within a stated State or Territory, no fixed place of abode (within Australia or within a stated State or Territory) or overseas should be used.

**Verification rules:**

**Collection methods:**

**Related data:** supersedes previous data element Area of usual residence, version 2

### Administrative attributes

**Source document:** Australian Standard Geographical Classification (ASGC) (1996)

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care from 1/07/89 to

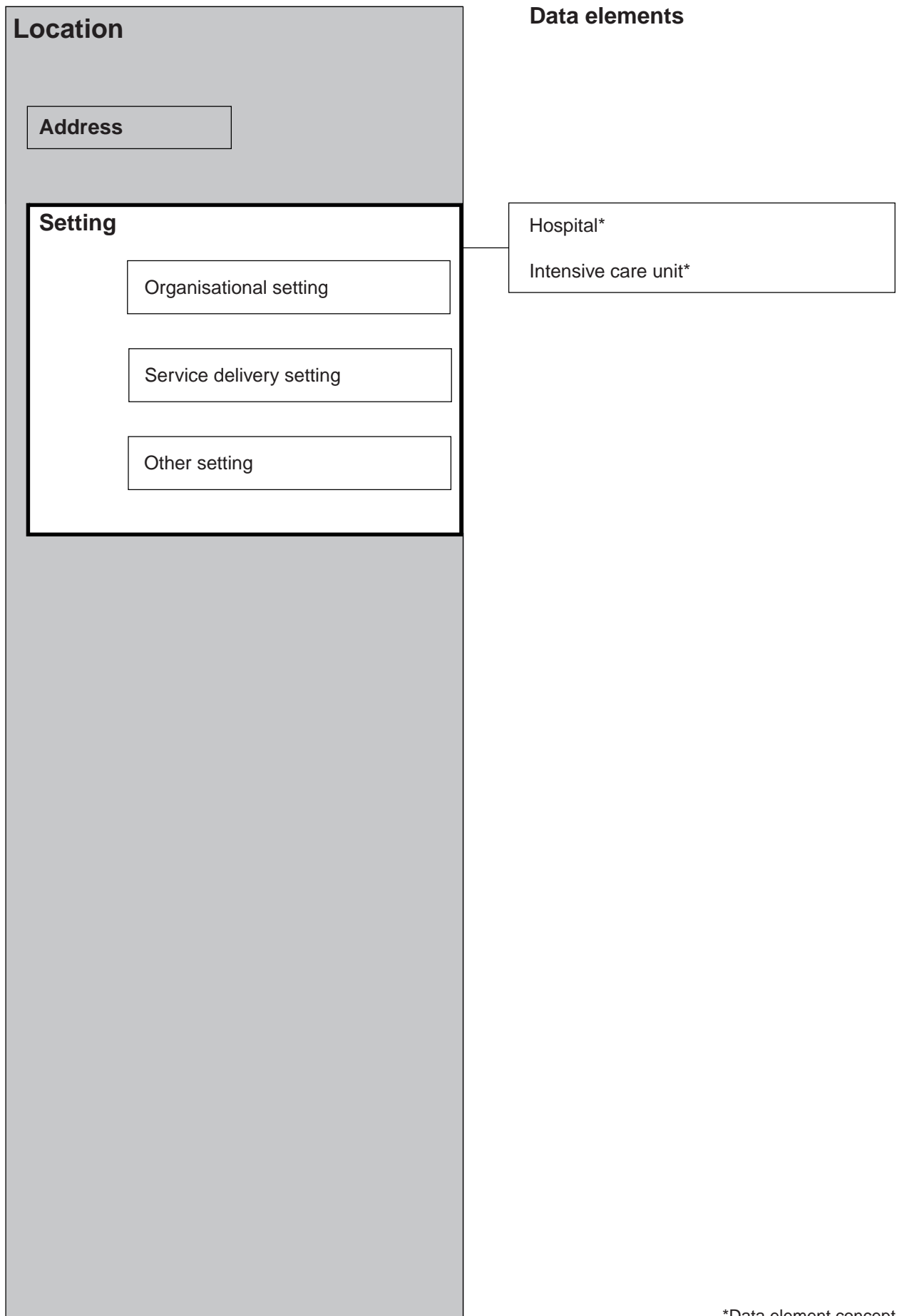
Institutional mental health care from 1/07/97 to

**Comments:**





## National Health Information Model entities



## Hospital

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**Admin. status:** CURRENT 1/07/94

### Identifying and definitional attributes

**NHIK identifier:** 000064 **Version number:** 1

**Data element type:** DATA ELEMENT CONCEPT

**Definition:** 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.

**Context:** Institutional health care

### Relational and representational attributes

**Datatype:** **Representational form:**

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

**Data domain:**

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:** relates to the data element Establishment sector, version 2

### Administrative attributes

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care from 1/07/89 to

**Comments:** A hospital thus defined may be located at one physical site or may be a multicampus hospital. A multicampus hospital treats movements of patients between sites as ward transfers.

For the purposes of these definitions, the term hospital includes satellite units managed and staffed by the hospital.

This definition includes, but is not limited to, hospitals as recognised under the 1993-1998 Medicare Agreements.

Nursing homes as approved under the National Health Act 1953 (Cwlth) or equivalent State legislation and hostels approved under the Aged or Disabled Persons Care Act 1954 (Cwlth) are excluded from this definition.

This definition includes entities with multipurpose facilities (e.g. those which contain both recognised and non-recognised components).

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## Intensive care unit

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**Admin. status:** CURRENT 1/07/96

### Identifying and definitional attributes

**NHIK identifier:** 000078 **Version number:** 1

**Data element type:** DATA ELEMENT CONCEPT

**Definition:** An intensive care unit (ICU) is a designated ward of a hospital which is specially staffed and equipped to provide observation, care and treatment to patients with actual or potential life-threatening illnesses, injuries or complications, from which recovery is possible. The ICU provides special expertise and facilities for the support of vital functions and utilises the skills of medical, nursing and other staff trained and experienced in the management of these problems.

**Context:** Institutional health care

### Relational and representational attributes

**Datatype:** **Representational form:**

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

**Data domain:**

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:**

### Administrative attributes

**Source document:**

**Source organisation:** National Intensive Care Working Group

**National minimum data sets:**

**Comments:** There are five different types and levels of ICU defined according to three main criteria: the nature of the facility, the care process and the clinical standards and staffing requirements. All levels and types of ICU must be separate and self-contained facilities in hospitals and, for clinical standards and staffing requirements, substantially conform to relevant guidelines of the Australian Council on Healthcare Standards. The five types of ICU are briefly described below:

**Adult intensive care unit .level 3:** must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for patients in need of intensive care services and have extensive backup laboratory and clinical service facilities to support the tertiary referral role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period; or care of a similar nature.

**Adult intensive care unit, level 2:** must be capable of providing complex, multisystem life support and be capable of providing mechanical ventilation,

## Intensive care unit (*continued*)

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**Comments (cont'd):** extracorporeal renal support services and invasive cardiovascular monitoring for a period of at least several days, or for longer periods in remote areas or care of a similar nature (see ACHS guidelines)

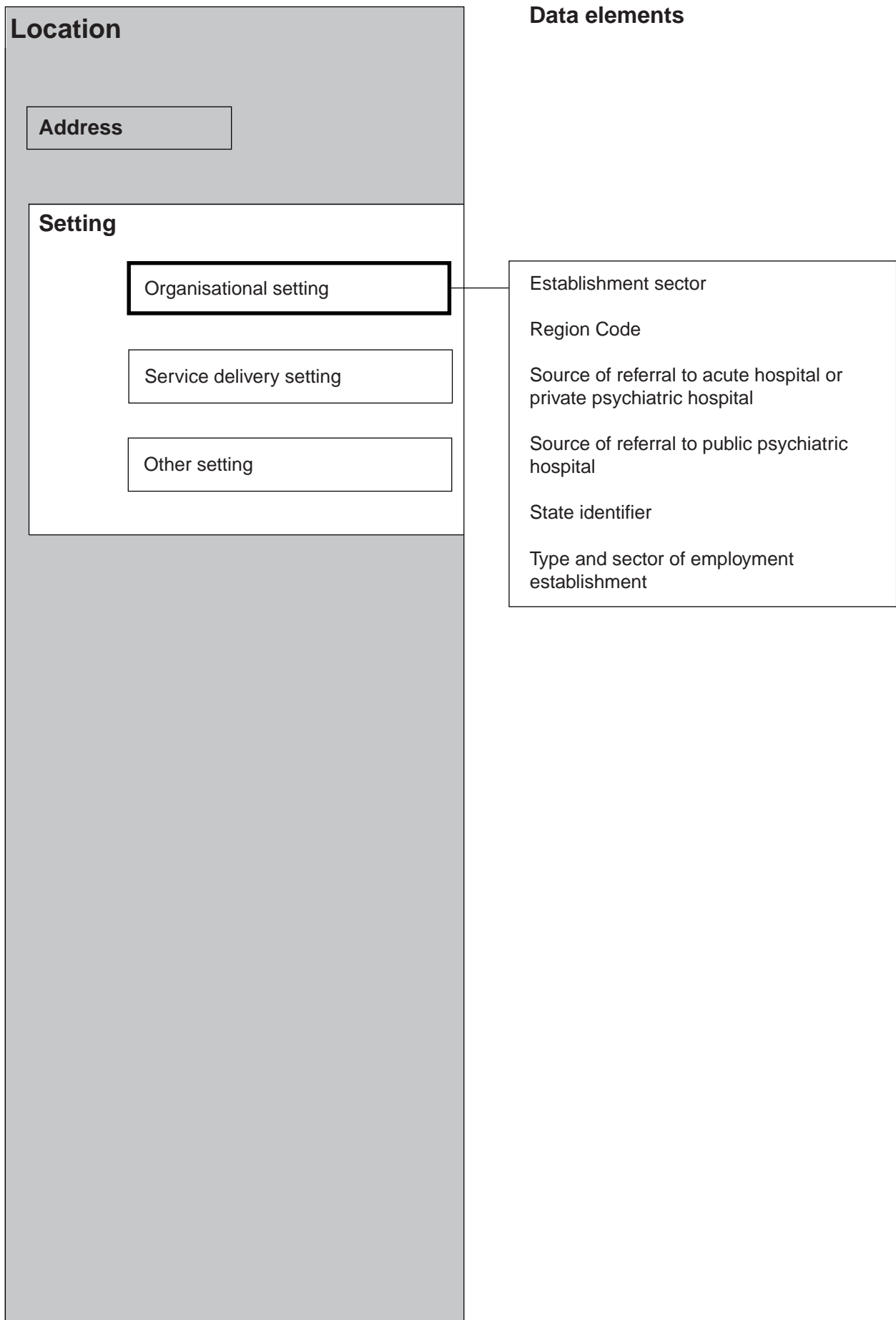
**Adult intensive care unit, level 1:** must be capable of providing basic multisystem life support usually for less than a 24 hour period. It must be capable of providing mechanical ventilation and simple invasive cardiovascular monitoring for a period of at least several hours; or care of a similar nature.

**Paediatric intensive care unit:** must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for children needing intensive care and have extensive backup laboratory and clinical service facilities to support this tertiary role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age; or care of a similar nature.

**Neonatal intensive care unit, level 3:** must be capable of providing complex, multisystem life support for an indefinite period. It must be capable of providing mechanical ventilation and invasive cardiovascular monitoring; or care of a similar nature.

Definitions for high-dependency unit, coronary care unit are under development.

## National Health Information Model entities



## Establishment sector

---

**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000379 **Version number:** 2

**Data element type:** DATA ELEMENT

**Definition:** A section of the health care industry.

**Context:** Institutional health care

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

1	Public
2	Private
3	Repatriation

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:** relates to the data element Hospital, version 1  
is a composite part of Establishment identifier, version 2

### Administrative attributes

**Source document:**

**Source organisation:**

**National minimum data sets:**

Institutional health care from 1/07/89 to

Institutional mental health care from 1/07/97 to

Perinatal collection from 1/07/97 to

**Comments:**

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## Region code

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**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000378 **Version number:** 2

**Data element type:** DATA ELEMENT

**Definition:** An identifier for location of health services in an area.

**Context:** Health services

### Relational and representational attributes

**Datatype:** Alphanumeric **Representational form:** CODE

**Field size:** *Min.* 1 *Max.* 2 **Representational layout:** A

**Data domain:**

**Guide for use:** Domain values are specified by individual States/Territories

**Verification rules:**

**Collection methods:**

**Related data:** is a composite part of Establishment identifier, version 2

### Administrative attributes

**Source document:**

**Source organisation:**

**National minimum data sets:**

Institutional health care from 1/07/89 to

Institutional mental health care from 1/07/97 to

Perinatal collection from 1/07/97 to

**Comments:**

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## Source of referral to acute hospital or private psychiatric hospital

---

**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000385 **Version number:** 3

**Data element type:** DATA ELEMENT

**Definition:** Source from which the person was transferred/referred to the acute hospital or private psychiatric hospital

**Context:** Institutional health care: to assist in analyses of intersectoral patient flow and health care planning.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

1	Admitted patient transferred from another hospital
2	Statistical admission - type change
3	Statistical admission from leave
4	Other

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:** supersedes previous data element Source of referral, version 1  
supplements the data element Mode of separation, version 2  
supplements the data element Mode of separation, version 1

### Administrative attributes

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care from 1/07/89 to

Institutional mental health care from 1/07/97 to

**Comments:** Due to recommendations of the Patient Abstracting and Coding Project regarding statistical admission and separation, it was necessary to modify source of referral accordingly. It will now be possible to identify patients returning to hospital after being statistically discharged on leave as distinct from patients who are statistically admitted on type change, that is, when the type of episode changes within the same hospital stay.



---

## Source of referral to public psychiatric hospital

---

**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000150 **Version number:** 3

**Data element type:** DATA ELEMENT

**Definition:** Source from which the person was transferred/referred to the public psychiatric hospital.

**Context:** Institutional health care: to assist in analyses of intersectoral patient flow and health care planning.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

01	Private psychiatric practice
02	Other private medical practice
03	Other public psychiatric hospital
04	Other health care establishment
05	Other private hospital
06	Law enforcement agency
07	Other agency
08	Outpatient department
09	Other
10	Unknown

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:** supersedes previous data element Source of referral, version 1  
 supplements the data element Mode of separation, version 2  
 supplements the data element Mode of separation, version 1

### Administrative attributes

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care from 1/07/89 to

Institutional mental health care from 1/07/97 to

**Comments:** Due to recommendations of the Patient Abstracting and Coding Project regarding statistical admission and separation, it was necessary to modify source of referral accordingly. It will now be possible to identify patients returning to hospital after being statistically discharged on leave as distinct from patients who are statistically admitted on type change, that is, when the type of episode changes within the same hospital stay.

## State identifier

---

**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000380 **Version number:** 2

**Data element type:** DATA ELEMENT

**Definition:** An identifier for State or Territory.

**Context:** Health services

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

1	New South Wales
2	Victoria
3	Queensland
4	South Australia
5	Western Australia
6	Tasmania
7	Northern Territory
8	Australian Capital Territory
9	Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:** is a composite part of Establishment identifier, version 2

### Administrative attributes

**Source document:** Domain values are derived from the Australian Standard Geographic Classification (Australian Bureau of Statistics, Catalogue Number 1216.0)

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care from 1/07/89 to

Institutional mental health care from 1/07/97 to

Perinatal collection from 1/07/97 to

**Comments:**

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## Type and sector of employment establishment

---

**Admin. status:** CURRENT 1/07/95

### Identifying and definitional attributes

**NHIK identifier:** 000166 **Version number:** 1

**Data element type:** DATA ELEMENT

**Definition:** For each health profession, type of employment establishment is a self reporting, condensed industry of employment classification that can be cross-referenced to the Australian and New Zealand Standard Industrial Classification.

Sector of employment establishment is government (public) or non-government (private), according to whether or not the employer is a Commonwealth, State or local government agency.

**Context:** Health labour force: to analyse distribution of service providers by setting (defined by industry of employer and sector), cross-classified with main type of work and/or specialty area.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

01	Private medical practitioner rooms/surgery (including 24-hour medical clinics)
02	Other public non-residential health care facility (e.g. Aboriginal health service, ambulatory centre, outpatient clinic, day surgery centre, medical centre, community health centre)
03	Other private non-residential health care (e.g. Aboriginal health service, ambulatory centre, outpatient clinic, day surgery centre, medical centre, community health centre)
04	Hospital - acute care* (including psychiatric or specialist hospital) hospital (public)
05	Hospital - acute care (including psychiatric or specialist hospital) hospital (private)
06	Residential health care (e.g. nursing home, hospice, physical disabilities residential centre) facility (public)
07	Residential health care (e.g. nursing home, hospice, physical disabilities residential centre) facility (private)
08	Tertiary education institution (public)
09	Tertiary education institution (private)
10	Defence forces
11	Government department or agency (e.g. laboratory, research organisation etc.)
12	Private industry/private enterprise (e.g. insurance, pathology, bank)
13	Other (specified) Public
14	Other (specified) Private
99	Unknown/ inadequately described/not stated

## Type and sector of employment establishment (*continued*)

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**Guide for use:** Establishments are coded into self reporting groupings in the public and private sectors. This can be seen below in the code list for medical practitioners.

Minor variations in ordering of sequence and disaggregation of the principal categories will be profession-specific as appropriate; where a more detailed set of codes is used, the essential criterion is that there should not be an overlap of the detailed codes across the Australian and New Zealand Standard Industrial Classification category definitions.

Note:

Public psychiatric hospitals are non-acute care facilities, whereas private psychiatric hospitals are acute care facilities. To minimise the possibility of respondent confusion and mis-reporting, public psychiatric hospitals are included in the grouping for acute care public hospitals.

Day surgery centres, outpatient clinics and medical centres approved as hospitals under the Health Insurance Act 1973 (Cwlth) have emerged as a new category for investigation. These will be included in a review of the National Health Labour Force Collection questions and coding frames.

**Verification rules:**

**Collection methods:**

**Related data:**

### Administrative attributes

**Source document:**

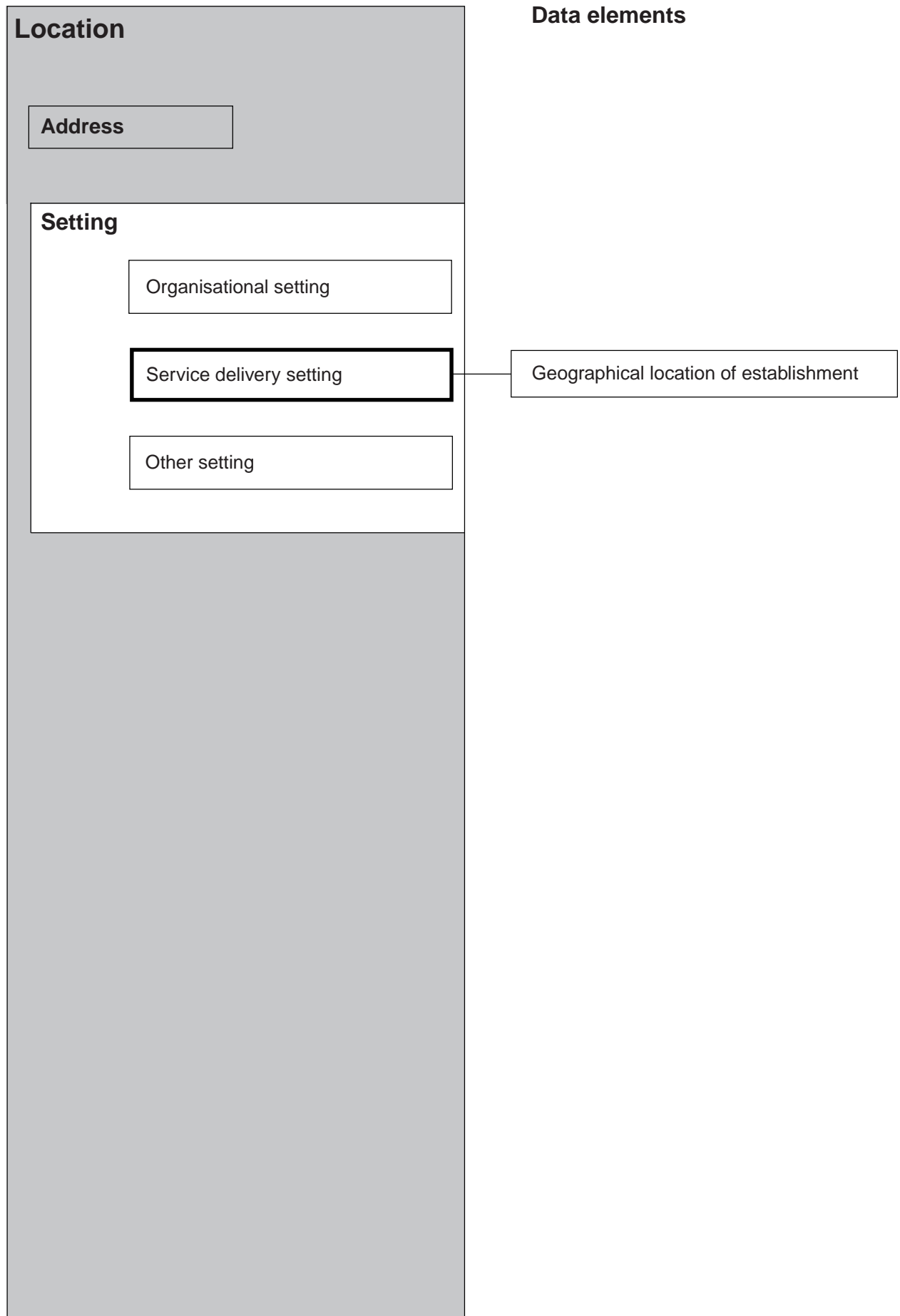
**Source organisation:** National Health Labour Force Data Working Group

**National minimum data sets:**

Health labourforce from 1/07/89 to

**Comments:**

## National Health Information Model entities



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## Geographical location of establishment

---

**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000260 **Version number:** 2

**Data element type:** DATA ELEMENT

**Definition:** Geographical location of the establishment. For establishments with more than one geographical location, the location is defined as that of the main administrative centre.

**Context:** Health services: To enable the analysis of service provision in relation to demographic and other characteristics of the population of a geographic area.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:** The geographical location is reported using a five digit numerical code to indicate the Statistical Local Area (SLA) within the reporting State or Territory, as defined in the Australian Standard Geographical Classification (Australian Bureau of Statistics, catalogue number 1216.0).

**Guide for use:** The Australian Standard Geographical Classification (ASGC) is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.

The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC.

For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.

In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.

**Verification rules:**

**Collection methods:**

**Related data:** supersedes previous data element Geographic location, version 1  
relates to the data element Establishment type, version 1

### Administrative attributes

**Source document:** Australian Standard Geographical Classification (Australian Bureau of Statistics Catalogue No. 1216.0)

**Source organisation:** National Health Data Committee

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## Geographical location of establishment (*continued*)

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***National minimum data sets:***

Institutional health care from 1/07/89 to

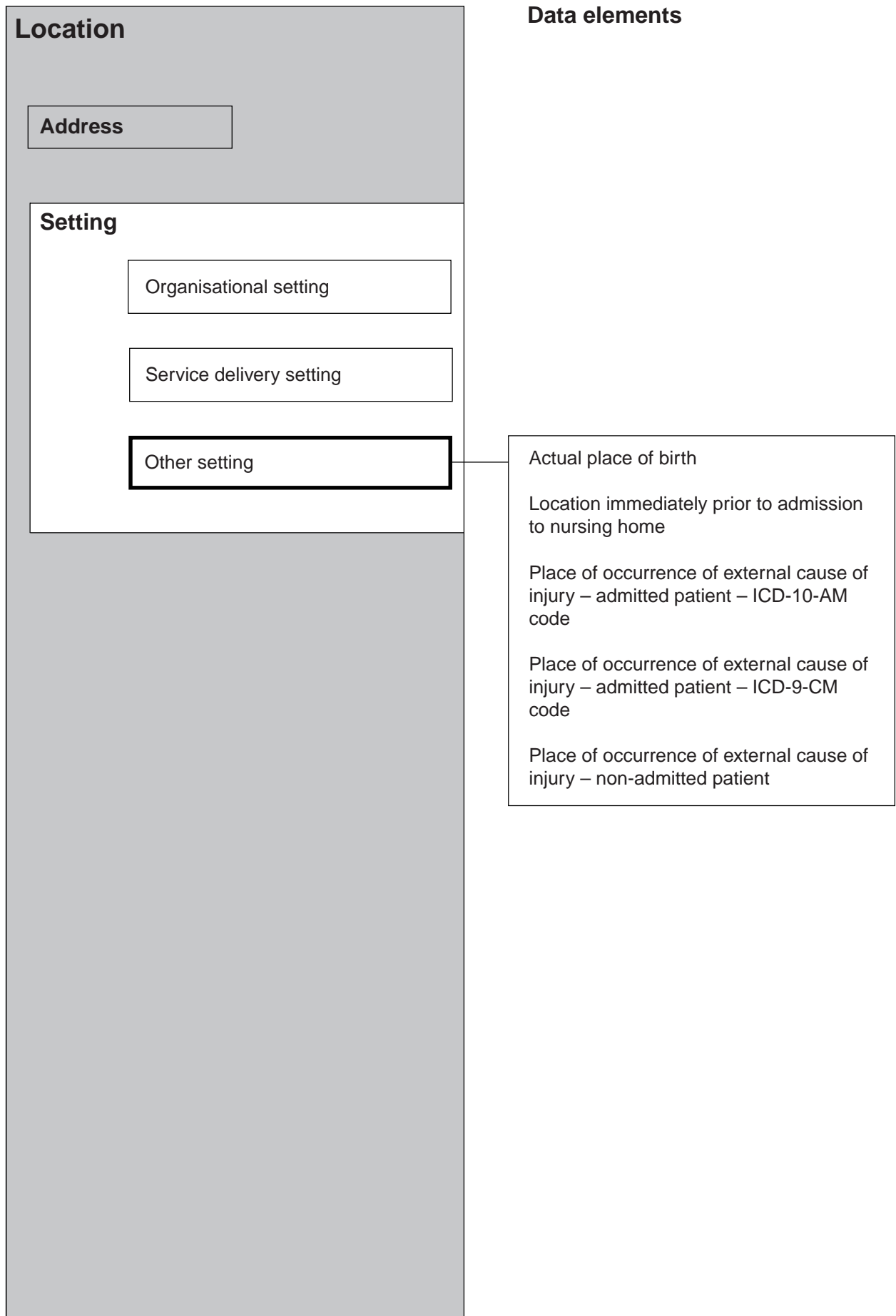
Community mental health care from 1/07/98 to

***Comments:*** The geographical location does not provide direct information on the geographical catchment area or catchment population of the establishment.





## National Health Information Model entities



## Actual place of birth

---

**Admin. status:** CURRENT 1/07/96

### Identifying and definitional attributes

**NHIK identifier:** 000003 **Version number:** 1

**Data element type:** DATA ELEMENT

**Definition:** The actual place where the birth occurred.

**Context:** Perinatal statistics: used to analyse the risk factors and outcomes by place of birth. While most deliveries occur within hospitals an increasing number of births now occur in other settings. It is important to monitor the births occurring outside hospitals and to ascertain whether or not the actual place of delivery was planned.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

1	Hospital
2	Birth centre, attached to hospital
3	Birth centre, free standing
4	Home
8	Other
9	Not stated

**Guide for use:** This is to be recorded for each baby the mother delivers from this pregnancy.

**Verification rules:**

**Collection methods:**

**Related data:** is a qualifier of Intended place of birth, version 1

### Administrative attributes

**Source document:**

**Source organisation:** National Perinatal Data Advisory Committee

**National minimum data sets:**

Perinatal collection from 1/07/97 to

**Comments:** The development of a definition of a birth centre is currently under consideration by the Commonwealth in conjunction with the States and Territories.

---

## Location immediately prior to admission to nursing home

---

**Admin. status:** CURRENT 1/07/89

### Identifying and definitional attributes

**NHIK identifier:** 000084 **Version number:** 1

**Data element type:** DATA ELEMENT

**Definition:** Source from which the patient was transferred/referred to the hospital.

**Context:** Nursing home statistics: to assist in analyses of intersectoral patient flow and health care planning.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

1	Home (usual residence)
2	Home of relative (but not usual residence)
3	Hostel
4	Other residence
5	Acute hospital
6	Other hospital
7	Nursing home (check on transfers)
8	Other location
9	Unknown

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:**

### Administrative attributes

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

**Comments:** This data element is subject to review during 1998 in the light of recent structural reform of nursing homes.

---

## Place of occurrence of external cause of injury - admitted patient - ICD-10-AM code

---

**Admin. status:** CURRENT 1/07/98

### Identifying and definitional attributes

**NHIK identifier:** 000384 **Version number:** 4

**Data element type:** DATA ELEMENT

**Definition:** The place where the external cause of injury, poisoning or adverse effect occurred.

**Context:** Admitted patients: enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:** ICD-10-AM

**Guide for use:** All admitted patients should be coded to the ICD-10-AM classification. In ICD-10-AM place of occurrence is the fourth digit of the external cause code.

A place of occurrence code must accompany those external cause codes specified in the range W00-Y34 (with the exception of Y06 and Y07. Refer to the Australian Coding Standards for ICD-10-AM, National Centre for Classification in Health, Sydney for further details.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory have implemented ICD-10-AM from 1 July 1998. Other States may continue to use ICD-9-CM until 30 June 1999.

**Verification rules:**

**Collection methods:**

**Related data:** supersedes previous data element Place of occurrence of external cause of injury - admitted patient - ICD-9-CM code, version 3  
is used in conjunction with External cause - admitted patient - ICD-10-AM code, version 4

### Administrative attributes

**Source document:** International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (1998) National Centre for Classification in Health, Sydney.

**Source organisation:** National Health Data Committee and National Centre for Classification in Health.

**National minimum data sets:**

Institutional health care from 1/07/89 to

**Comments:**

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## Place of occurrence of external cause of injury - admitted patient - ICD-9-CM code

---

**Admin. status:** SUPERSEDED 20/06/99

### Identifying and definitional attributes

**NHIK identifier:** 000384 **Version number:** 3

**Data element type:** DATA ELEMENT

**Definition:** The place where the external cause of injury, poisoning or violence occurred.

**Context:** Admitted patients: enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:** ICD-9-CM

**Guide for use:** ICD-9-CM is the preferred classification for this data item. All admitted patients should be coded to the ICD-9-CM classification. A single digit code or 4 digit code can be used.

A place of occurrence code must accompany each related external cause code. Refer to the Australian Coding Standards for ICD-9-CM, National Coding Centre, Sydney for further details.

Although this data element has been superseded by Place of occurrence of external cause of injury - admitted patient - ICD-10-AM, Version 4, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

#### **Verification rules:**

#### **Collection methods:**

**Related data:** is used in conjunction with External cause - major external cause, version 3  
is used in conjunction with External cause - human intent, version 3  
supersedes previous data element Place of occurrence of external cause, version 2  
is used in conjunction with External cause - admitted patient - ICD-9-CM code, version 3

### Administrative attributes

**Source document:** Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

**Source organisation:** National Health Data Committee Working Groups

#### **National minimum data sets:**

Institutional health care from 1/07/89 to

#### **Comments:**

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## Place of occurrence of external cause of injury - non-admitted patient

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**Admin. status:** CURRENT 1/07/97

### Identifying and definitional attributes

**NHIK identifier:** 000128 **Version number:** 3

**Data element type:** DATA ELEMENT

**Definition:** The place where the external cause of injury, poisoning or adverse effect occurred.

**Context:** Injury surveillance (non-admitted patients): enables categorisation of injury and poisoning according to factors important for injury control. Necessary for defining and monitoring injury control targets, injury costing and identifying cases for in-depth research.

### Relational and representational attributes

**Datatype:** Numeric **Representational form:** CODE

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

**Data domain:**

01	Home (includes farm house)
02	Residential institution (excludes hospital [04])
03	School, other institutional or public administrative area
04	Hospital or other health service
05	Place of recreation (mainly for informal recreational activities)
06	Sports and athletics area (mainly for formal sports etc.)
07	Street or highway
08	Trade or service area
09	Industrial or construction area
10	Mine or quarry
11	Farm (excludes farm house [01])
12	Other specified places
13	Unspecified place

**Guide for use:** To be used only for injury surveillance purposes for non-admitted patients when it is not possible to use ICD-10-AM codes. New South Wales, Australian Capital Territory, Victoria and the Northern Territory have implemented ICD-10-AM from 1 July 1998. Other States may continue to use ICD-9-CM until 30 June 1999.

Select the code which best characterises the type of place where the person was situated when injury occurred on the basis of the information available at the time it is recorded. If two or more categories are judged to be equally appropriate, select the one that comes first in the code list.

#### Verification rules:

#### Collection methods:

**Related data:** supersedes previous data element Place of occurrence of external cause, version 2  
is used in conjunction with External cause - non-admitted patient, version 4

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## Place of occurrence of external cause of injury - non-admitted patient (*continued*)

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### Administrative attributes

**Source document:**

**Source organisation:** AIHW National Injury Surveillance Unit and National Data Standards for Injury Surveillance Advisory Group

**National minimum data sets:**

Injury surveillance from 1/07/89 to

**Comments:** Place of occurrence for injury surveillance (type of place) has been extended to improve the identification of some important places where injuries occur. This also enables linking of the classification with ICD-10-AM. Use of the number '0' has been avoided to ensure there are fewer problems with the data collection.

Further information on the national injury surveillance program may be obtained from the National Injury Surveillance Unit, Flinders University, Adelaide.

