Guidelines for the National Minimum Data Set for Alcohol and Other Drug Treatment Services 2000–01

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Guidelines for the National Minimum Data Set for Alcohol and Other Drug Treatment Services 2000–01

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. HSE 10

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ISBN 1 74024 057 X

Suggested citation

Australian Institute of Health and Welfare (AIHW) 2000. Guidelines for the National Minimum Data Set for Alcohol and Other Drug Treatment Services. AIHW cat. no. HSE 10. Canberra: AIHW.

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Published by Australian Institute of Health and Welfare

Printed by Ausdoc on Demand

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Background

The National Minimum Data Set (NMDS) emanated from the national forum *Treatment and research—where to from here?* held in 1995 by the Alcohol and other Drugs Council of Australia. Clinicians, researchers and government administrators attending the forum agreed that a lack of comparable data for alcohol and other drug treatment services was limiting the overall effectiveness of service provision. The Commonwealth Department of Health and Family Services then funded the first phase of the current NMDS project—a joint feasibility study conducted by the National Drug and Alcohol Research Centre and the Alcohol and other Drugs Council of Australia.

On completion of the feasibility study, the National Drug Strategy Unit in the Commonwealth Department of Health and Aged Care took responsibility to oversee carriage of phase two—the development of the NMDS for alcohol and other drug treatment services. In September 1998 the Intergovernmental Committee on Drugs (IGCD) recommended the establishment of an interim working group to implement phase two, comprising representatives from four jurisdictions (New South Wales, Victoria, Queensland and South Australia), the Australian Institute of Health and Welfare (AIHW), the National Drug and Alcohol Research Centre and the Commonwealth Department of Health and Aged Care.

The NMDS for alcohol and other drug treatment services has since become a national project of the IGCD Working Group. Current membership has increased with the inclusion of representatives from all other jurisdictions (Tasmania, West Australia, the Northern Territory and the Australian Capital Territory) and the Australian Bureau of Statistics (ABS). Development of the data elements for the NMDS continued throughout 1999 and the data set was subsequently endorsed by the IGCD. In December 1999 the Commonwealth and State and Territory Governments, through the National Health Information Management Group, endorsed the current version of the NMDS for alcohol and other drug treatment services and collection was agreed to commence on 1 July 2000.

What is a NMDS?

A NMDS is a minimum set of data elements agreed by the National Health Information Management Group for mandatory collection and reporting at the national level. One NMDS may include data elements that are included in another NMDS thereby extending consistency of data standards across related fields. A NMDS is contingent upon a national agreement to collect uniform data and supply it as part of the national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs (AIHW 2000).

Key words that describe a NMDS are:

Minimum—Standards—Agreement—Collection—Reporting

Arguably, the most important aspect of a NMDS is the *agreement*. Without agreement between all relevant parties, a NMDS does not exist. A NMDS agreement includes specified data elements as well as the scope of the application of those data elements. The agreement to collect a specified set of data elements is essentially a policy issue.

Justification for the NMDS

At present it is not possible to compare or combine data about the clients and activities of alcohol and other drug treatment service providers within different States and Territories (Rankin & Copeland 1997). The NMDS is essentially a response to this lack of nationally consistent information and ultimately aims to contribute national data that will be used to inform planning and policy developments designed to reduce drug-related harm.

The NMDS will make it possible to compare and aggregate information nationally on drug problems, service utilisation and treatment programs for a variety of clients, communities and service settings. It will also provide agencies with access to basic data relating to particular types of communities, drug problems and treatment responses that are relevant to their own circumstances. The data derived from this national collection will be considered in conjunction with other information sources to inform debate, policy decisions and strategies that occur within the alcohol and drug treatment sector.

An overview of the NMDS data elements

At present, the NMDS for alcohol and other drug treatment services is a registration-based data collection that consists of an establishment-level component and a patient-level component. The establishment-level data elements collect information about the type and location of the service provider. The patient-level data elements collect demographic and drug-related information about clients using the target services.

It is intended that the NMDS will continue to be developed, and in future more treatment-based and service delivery setting information is likely to be collected in comparison to the first round of data collection in 2000–01.

Below is a list of all data elements currently included in the NMDS for alcohol and other drug treatment services. See Appendix A for the complete definitions and collection details for each data element.

Establishment level

Establishment identifier (which consists of the following components):

- *State identifier:* a unique identifier for each State and Territory.
- *Establishment sector:* a section of the health care industry.
- *Region code:* a numeric code for the location of the service.
- *Establishment number:* a unique number for each service in a State or Territory.

Establishment type: the type of service provider.

Geographic location of establishment: an ABS numerical code for statistical local area that

includes the location of the service.

Patient level

Establishment identifier: as above.

Person identifier: a client's unique identifier within a service.

Sex: the sex of the client.

Date of birth: the date of birth of the client.

Country of birth: an ABS numeric code for the country in which the client was born.

Indigenous status: a numeric code indicating whether or not a client is of Aboriginal and / or Torres Strait Islander origin.

Preferred language: an ABS numeric code to indicate the language most preferred by the client for communication.

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

Date of commencement of treatment: the date on which treatment commences.

Source of referral to alcohol and other drug treatment service: the source from which the person was transferred or referred to the service.

Principal drug of concern: the drug that has led a person to seek treatment or seek advice from the service, as stated by the client.

Other drugs of concern: any drugs, apart from the principal drug of concern, which the client perceives as being a health concern.

Method of use for principal drug of concern: the client's usual method of administering the principal drug of concern as stated by the client.

Injecting drug use: the client's use of injection as a method of administering drugs.

The NMDS collection will include all new clients and former clients returning with a new or recurring problem in the reporting period. Data will be collected at assessment, and will be reported as a single unit record for each client commencing treatment (as defined by the data concept 'commencement of treatment') consisting of 14 patient-level data elements.

For each new registration of a client, the NMDS collects:

- an administrative data item that indicates the State / Territory, sector and region of the service provider;
- demographic items about the client; and
- case management items and information about why the client is accessing the service.

Figure 1 presents a diagrammatic representation of the data elements to be collected.

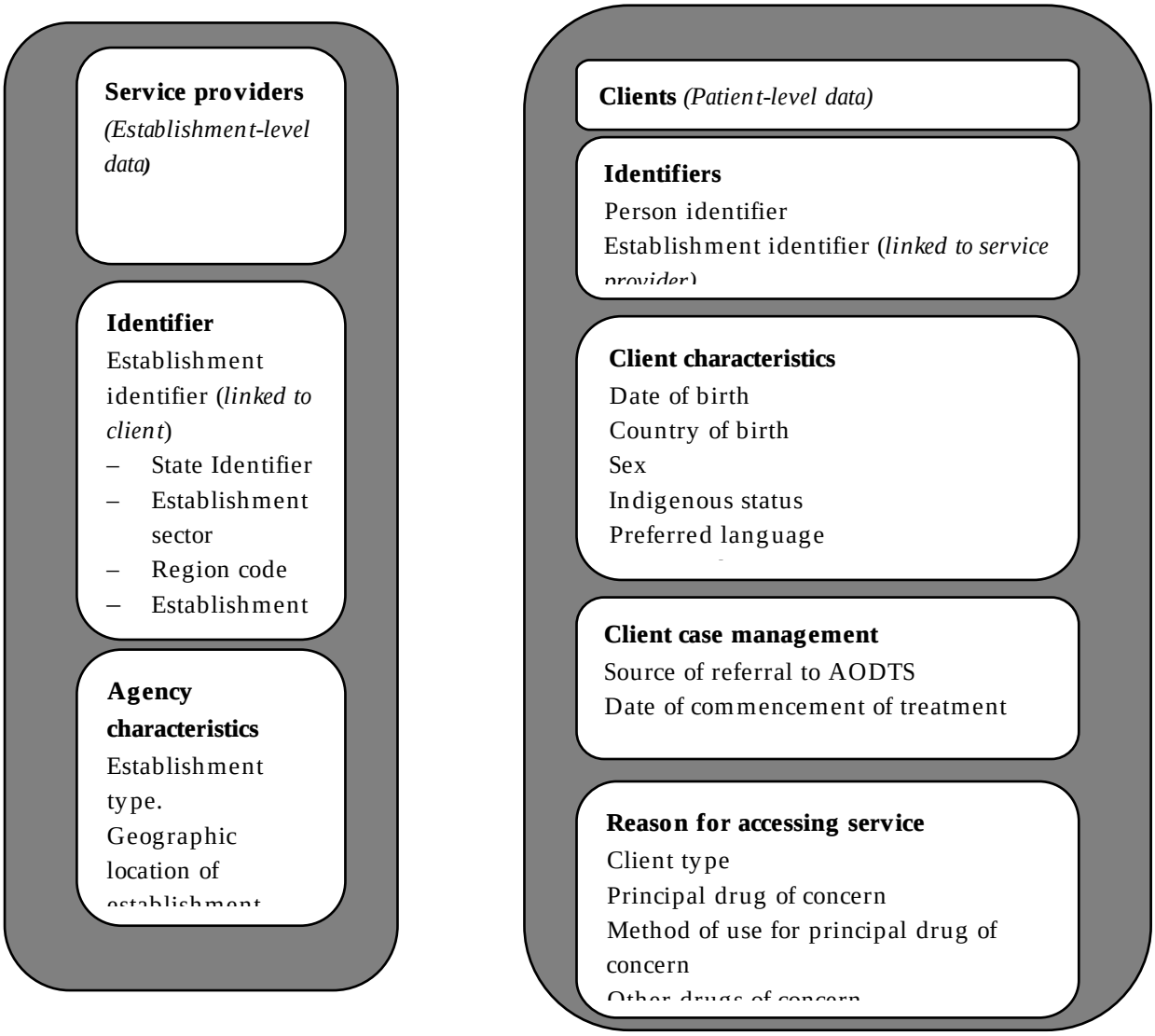

Figure 1: Information collected by the NMDS for service providers and for clients

Three steps for collection of the NMDS

The collection process for the NMDS data involves three distinct steps (Figure 2). The first step is the collection of the client's information at the initial registration or assessment stage by the service provider. The second step requires service providers to forward their collected information to the designated health authority for collation. The third step involves the designated health authority forwarding the collated data to the AIHW for national collation, validation, analysis and reporting**. No data is to be directly submitted by**

service providers to the AIHW. Note also that the information transferred from service providers to health authorities and then to the AIHW does not include client names, only a code that is generated by the service provider.

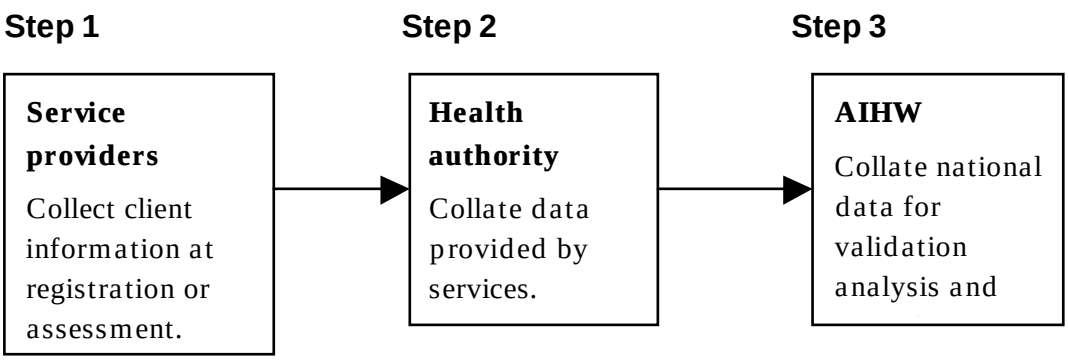

Figure 2: Progression of data from client registration to a national database managed by the Australian Institute of Health and Welfare

Key considerations for health authorities and service providers

It is the responsibility of the Commonwealth and State and Territory health authorities to establish and coordinate the collection of data from their alcohol and other drug treatment service providers. To ensure that the NMDS is effectively implemented, these authorities need to:

- allocate establishment identifiers. It is the responsibility of the relevant health authority to assign agencies with an establishment identifier. Health authorities should consult with agencies about this issue before assigning establishment type and geographical location of establishments;
- establish a coding system to be used for the person identifier, whether it be unique to the service, or be implemented in cooperation with other services in the region, the district or across the State or Territory;
- establish a suitable process for collecting client registration information (e.g. use of data entry software or registration document), and a process for delivering the data to the Commonwealth, State or Territory authority;
- establish timelines for the data delivery to the relevant health authority; and
- establish a process of data checking and validation.

Scope of the NMDS collection

It is critical that service providers are aware which of their component services are included in the NMDS collection. Agencies may provide services that fall both inside and outside the intended scope of the NMDS. In these situations, only clients accessing a service that falls

within the intended scope need to have their registration information recorded and forwarded.

Alcohol and other drug treatment service providers included within the scope of the NMDS comprise the following:

- All publicly funded (at State and / or Commonwealth level) government and non-government agencies that provide one or more specialist treatment services to people with alcohol and / or other drug problems. Treatment services can range from early, brief intervention to long-term residential treatment. The NMDS intends to cover a wide variety of treatment interventions and among others includes detoxification and rehabilitation programs, therapeutic communities and pharmacological and psychological treatments.

The following are *not* within the scope of the collection:

- agencies that provide primarily accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters';
- agencies that provide services primarily concerned with a preventative or educational emphasis such as needle and syringe exchanges;
- clients in treatment services based in prison or other correctional institutions;
- clients receiving methadone maintenance treatment; and
- admitted patients in psychiatric hospitals or general hospital wards.

Methadone treatment services are excluded because of the complexity of the service delivery structure and the range of agencies and practitioners in private and general practice settings. Information required about patients in hospitals will be extracted from currently available admitted patient data. Following initial implementation of the collection, consideration will be given to expanding the coverage to include prison treatment and other programs.

Figure 3 explains the step-by-step process for the NMDS collection by service providers.

Supply of data to AIHW

The data will need to be forwarded to the AIHW annually by each State and Territory. The data will be requested for each financial year reference period (1 July to 30 June). In collating the data into a national database, a formal validation process will be followed to maximise data quality. A report will then be prepared which will include results at both the national and at the State / Territory level. No individual service provider or individual client will be identified in the report.

Data for the period 1 July 2000 to 30 June 2001 will be requested by the AIHW early in 2001. It is expected that State and Territory health authorities will supply these data to the AIHW by December 2001. This data will then be reported during 2002.

Data security is vitally important to the AIHW. The *Australian Institute of Health and Welfare Act 1987* prescribes strict conditions to ensure the security of the data held and managed by the Institute. The AIHW Act provides for strict penalties (including imprisonment) for breaches of confidentiality. AIHW staff—including those in collaborating units—cannot be forced to reveal confidential AIHW data, even in a court of law.

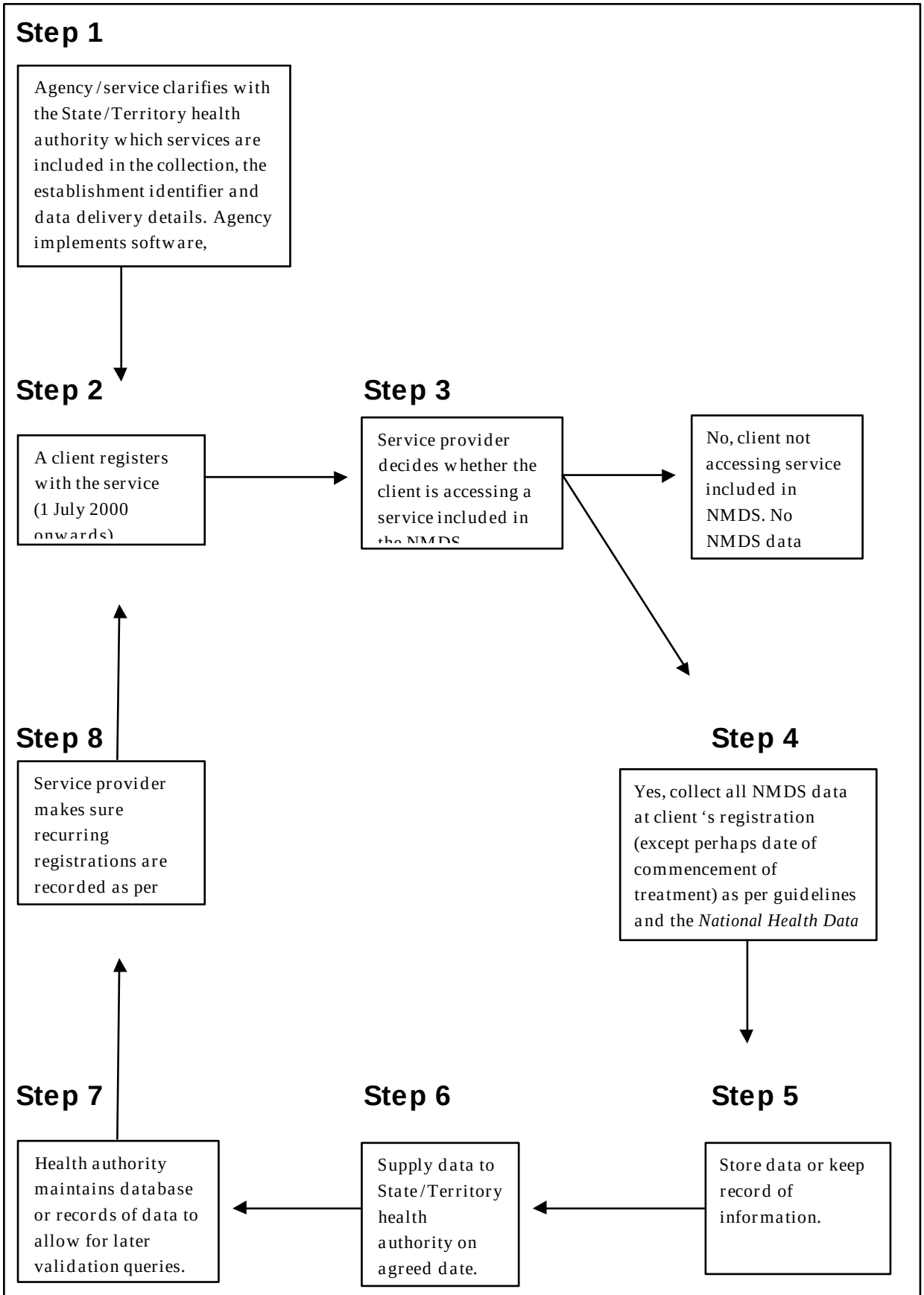

Figure 3: The step-by-step process for the NMDS data collection by service providers

To reinforce the protection of data, the AIHW Health Ethics Committee was established under the AIHW Act in 1987 to monitor access to identifiable data for health research purposes. The arrangements are similar to those applying to medical research authorised under section 95 of the *Privacy Act 1988*. Researchers who are given access to identifiable information must sign an undertaking that binds them to the confidentiality provisions of the AIHW Act.

Future data development

Further development of the NMDS for alcohol and other drug treatment services will be ongoing and directed by the requirements of the IGCD, in consultation with States and Territories and the AIHW. Development will include making amendments to existing data elements as well as formulating new data elements for inclusion. Development on existing data elements includes refining definitions, data domains, and the directions provided in the 'guide for use' sections as stakeholders identify problems. Development on potential data elements will be conducted with the aim of increasing both the quantity and quality of the data collected by the NMDS.

References

Australian Institute of Health and Welfare 2000. National health data dictionary. Version 9. AIHW Catalogue No. HWI 24. Canberra: Australian Institute of Health and Welfare.

Rankin J & Copeland J 1997. The National Minimum Data Set Project for Alcohol and Other Drug Treatment Services: Phase one report on current data management, phase two proposal to develop data standards. Kensington, NSW: National Drug and Alcohol Research Centre, University of New South Wales.

Appendix A: Data definitions

The detailed data definitions for the data elements of the NMDS for alcohol and other drug treatment services are published in the AIHW National Health Data Dictionary Version 9 (AIHW 2000) and on the AIHW Knowledgebase. The data element extracts from version 9 of the National Health Data Dictionary are provided on the following pages with the relevant page numbers provided in Table 1.

Table 1: Data elements for the NMDS for alcohol and other drug treatment services, for collection from 1 July 2000.

Data element	Knowledgebase identifier	Page number
Establishment-level data elements		
Establishment identifier	000050	19
State identifier	000380	48
Establishment sector	000379	22
Region code	000378	43
Establishment number	000377	21
Establishment type	000327	23
Geographic location of establishment	000260	28
Patient-level data elements		
Client type	000426	11
Country of birth	000035	14
Date of birth	000036	16
Date of commencement of treatment	000430	18
Establishment identifier	000050	19
Indigenous status	000001	30
Injecting drug use	000432	33
Method of use of principal drug of concern	000433	35
Other drugs of concern	000442	36
Person identifier	000127	37
Preferred language	000132	38
Principal drug of concern	000443	42
Sex	000149	44
Source of referral to alcohol & other drug treatment service	000444	46
Supporting data element concepts		
Cessation of treatment	000422	10
Commencement of treatment	000427	13

Notes

1. All data elements are defined in the National Health Data Dictionary, Version 9.0 (AIHW 2000)

2. The Knowledgebase: Australia's health and community services data registry can be accessed through the AIHW Internet home page at http://www.aihw.gov.au.

Cessation of treatment

Admin. status: CURRENT 01/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000422 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Cessation of treatment is the decision to complete treatment or to discontinue further service contact by either a client and/or a service provider.

Context: Alcohol and other drug treatment services

Relational and representational attributes

Data type: ***Representational form:***

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

Data domain:

Guide for use: A client is identified as ceasing treatment if one or more of the following apply:

—their need for the treatment service has ended;

—they have had no contact with the service for a period of three months nor plan in place for further contact;

—their Principal drug of concern has changed.

Verification rules:

Collection methods:

Related data: Relates to the data element Reason for cessation of treatment, version 1

Relates to the data element Date of cessation of treatment, version 1

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs National Minimum Data Set Working Group

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Client type

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000426 ***Version number:*** 1

Data element type: DATA ELEMENT

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

Context: Alcohol and other drug treatment services. Required to differentiate between clients to provide a basis for description of the people accessing alcohol and other drug treatment services.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

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

Data domain:

1	Own drug use
2	Other's drug use
3	Both own and other's drug use
9	Not stated/inadequately described

Guide for use:

Code 1 A client who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use. These clients are sometimes referred to as primary clients.

Code 2 A client who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person. These clients are sometimes referred to as secondary clients.

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

Verification rules:

Collection methods: To be collected on commencement of treatment with a service.

Related data:

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs National Minimum Data Set Working Group

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

Commencement of treatment

Admin. status: CURRENT 01/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000427 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Commencement of treatment is the first service contact when assessment and/or treatment occurs with the service provider.

Context: Alcohol and other drug treatment services

Relational and representational attributes

Data type: ***Representational form:***

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

Data domain:

Guide for use: A client is identified as commencing treatment if one or more of the following apply:
—they are a new client;

—they have had no contact with the service for a period of three months, nor plan in place for further contact;

—their Principal drug of concern has changed.

Commencement would not normally include client intake before assessment, for example those clients on waiting lists, nor would it include telephone or triage assessment.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs National Minimum Data Set Working Group

National minimum data sets:

Alcohol and other drug treatment services from 1/07/00 to

Comments:

Country of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

Knowledgebase ID: 000035 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

Context: Country of birth is important in the study of access to services by different population subgroups. Country of birth is the most easily collected and consistently reported of possible data items. The item provides a link between the Census of Population and Housing, other ABS statistical collections and regional data collections. Country of birth may be used in conjunction with other data elements such as period of residence in Australia, etc., to derive more sophisticated measures of access to services by different population subgroups.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Australian Standard Classification of Countries for Social Statistics (ASCCSS) 4-digit (individual country) level. ABS catalogue no. 1269.0

Guide for use: A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of
a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia in the ASCCSS.

Verification rules:

Related data: Supersedes previous data element Country of Birth, version 1.

Administrative attributes

Source document: ABS Catalogue No. 1269.0

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

The Australian Standard Classification of Countries for Social Statistics (ASCCSS) in ABS catalogue no. 1269.0 has been superseded by the Standard Australian Classification of Countries (SACC) (ABS 1269.0 1998).

While not formally adopted by the National Health Data Committee (NHDC), the use of SACC is consistent with the data domains described, as there is a direct concordance between the two classifications.

The NHDC will be evaluating this data element in 2000.

Date of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

Knowledgebase ID: 000036 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The date of birth of the person.

Context: Required to derive age for demographic analyses, for analysis by age at a point of time and for use to derive a Diagnosis Related Group (admitted patients).

Relational and representational attributes

Data type: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid dates

Guide for use: If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age.

Verification rules: For the provision of State and Territory hospital data to commonwealth agencies this field must:
— be <= Admission date, otherwise resulting in a fatal error;
— not be null;

— be consistent with diagnoses and procedure codes, for records to be grouped, otherwise resulting in a fatal error.

Collection methods: It is recommended that in cases where all components of the date of birth are not known or where an estimate is arrived at from age, a valid date be used together with a flag to indicate that it is an estimate.

Related data: Supersedes previous data element Date of Birth, version 1
Is used in the derivation of Diagnosis related group, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Health labour force	from 1/07/1989 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to

Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to

Comments:

Date of commencement of treatment

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000430 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Date on which commencement of treatment occurs.

Context: Alcohol and other drug treatment services. Required to identify the commencement of treatment in a service.

Relational and representational attributes

Data type: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid dates

Guide for use: The first date of treatment is the first service contact when assessment and/or treatment occurs.

Verification rules: Must be less than or equal to the Date of cessation of treatment.

Collection methods:

Related data: Relates to the data element concept Commencement of treatment, version 1

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs National Minimum Data Set Working Group

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

Establishment identifier

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 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: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: 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:

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

Supersedes previous data element Establishment identifier, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Public hospital establishments	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to

Admitted patient palliative care from 1/07/2000 to

Alcohol and other drug treatment services from 1/07/2000 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 establishment unless such data are not available at any level in the healthcare 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.

Establishment number

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000377 ***Version number:*** 2

Data element type: DATA ELEMENT

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

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

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

Data domain:

Guide for use:

Verification rules:

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

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Public hospital establishments	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to
Emergency department waiting times	from 1/07/1999 to

Comments: This data element supports the provision of unit record and/or summary level data by State and Territory health authorities as part of the Emergency Department Waiting Times National Minimum Data Set.

Establishment sector

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000379 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: A section of the health care industry.

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: 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:

Related data: Relates to the data element Hospital, version 1
Is composite part of Establishment identifier, version 2

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Public hospitals establishments	from 1/07/2000 to
Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to

Establishment type

Admin. status: CURRENT 01/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000327 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.
Residential establishments are considered to be separately administered if managed as an independent unit in terms of financial, budgetary and activity statistics. The situation where establishment-level data, say for components of an area health service, were not available separately at a central authority was not grounds for treating such a group of establishments as a single establishment unless such data were not available at any level in the healthcare system.
Non-residential health services are classified in terms of separately administered organisations rather than in terms of the number of sites at which care is delivered. Thus, domiciliary nursing services would be counted in terms of the number of administered entities employing nursing staff rather than in terms of the number of clinic locations used by the staff.
Establishments can cater for a number of activities and in some cases separate staff and financial details are not available for each activity. In these cases it is necessary to classify the establishment according to its predominant residential activity (measured by costs) and to allocate all the staff and finances to that activity. Where non-residential services only are provided at one establishment, that establishment is classified according to the predominant non-residential activity (in terms of costs).

Context: Health services: type of establishment is required in order to aggregate establishment-level data into meaningful summary categories (for example, public hospitals, nursing homes) for reporting and analysis.

Relational and representational attributes

Data type: Alphanumeric ***Representational form:*** CODE

Field size: ***Min.*** 2 ***Max.*** 6 ***Representational layout:*** AN.N.N

Data domain: N7.1 Public day centre/hospital

N7.2 Public freestanding day surgery centre

N7.3 Private day centre/hospital

N7.4 Private freestanding day surgery centre

N8.1.1 Public community health centre

N8.1.2 Private (non-profit) community health centre

N8.2.1 Public domiciliary nursing service

N8.2.2 Private (non-profit) domiciliary nursing service

N8.2.3 Private (profit) domiciliary nursing service

R1.1 Public acute care hospital

R1.2 Private acute care hospital

R1.3.1 Veterans Affairs hospital

R1.3.2 Defence force hospital

R1.3.3 Other Commonwealth hospital

R2.1 Public psychiatric hospital

R2.2 Private psychiatric hospital

R3.1 Private charitable nursing home for the aged

R3.2 Private profit nursing home for the aged

R3.3 Government nursing home for the aged

R3.4 Private charitable nursing home for young disabled

R3.5 Private profit nursing home for young disabled

R3.6 Government nursing home for young disabled

R4.1 Public alcohol and drug treatment centre

R4.2 Private alcohol and drug treatment centre

R5.1 Charitable hostels for the aged

R5.2 State government hostel for the aged

R5.3 Local government hostel for the aged

R5.4 Other charitable hostel

R5.5 Other State government hostel

R5.6 Other local government hostel

R6.1 Public hospice

R6.2 Private hospice

Guide for use: Establishments are classified into 10 major types subdivided into major groups:
— residential establishments (R)
— non-residential establishments (N)

R1 Acute care hospitals
Establishments which provide at least minimal medical, surgical or obstetric services for in-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 health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.
Hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care are included in this category.
Hospices (establishments providing palliative care to terminally ill patients) that are freestanding and do not provide any other form of acute care are classified to R6.

R2 Psychiatric hospitals
Establishments devoted primarily to the treatment and care of in-patients with psychiatric, mental or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the *Health Insurance Act 1973* (Cwlth) (now licensed / approved by each State health authority) catering primarily for patients with psychiatric or behavioural disorders are included in this category.
Centres for the non-acute treatment of drug dependence, developmental and intellectual disability are not included here (see below). This code also excludes institutions mainly providing living quarters or day care.

R3 Nursing homes
Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent persons or senile inpatients. They must be approved by the Commonwealth Department of Health and Family Services and / or licensed by the State, or controlled by government departments.
Private-profit nursing homes are operated by private profit-making individuals or bodies.
Private charitable nursing homes are participating nursing homes operated by religious and charitable organisations.
Government nursing homes are nursing homes either operated by or on behalf of a State or Territory government.

R4 Alcohol and drug treatment centres
Freestanding centres for the treatment of drug dependence on an inpatient basis.

R5 Hostels and residential services
Establishments run by public authorities or registered non-profit organisation to provide board, lodging or accommodation for the aged, distressed or disabled who cannot live independently but do not need nursing care in a hospital or nursing home. Only hostels subsidised by the Commonwealth are included.

Separate dwellings are not included, even if subject to an individual rental rebate arrangement. Residents are generally responsible for their own provisions, but may be provided in some establishments with domestic assistance (meals, laundry, personal care). Night shelters providing only casual accommodation are excluded.

R6 Hospices
Establishments providing palliative care to terminally ill patients. Only freestanding hospices which do not provide any other form of acute care are included in this category.

N7 Same-day establishments
Includes both the traditional day centre / hospital and also freestanding day surgery centres.
Day centres / hospitals are establishments providing a course of acute treatment on a full-day or part-day non-residential attendance basis at specified intervals over a period of time. Sheltered workshops providing occupational or industrial training are excluded.
Freestanding day surgery centres are hospital facilities providing investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.

N8 Non-residential health services
Services administered by public authorities or registered non-profit organisations which employ full-time equivalent medical or paramedical staff (nurses, nursing aides, physiotherapists, occupational therapists and psychologists, but not trade instructors or teachers). This definition distinguishes health services from welfare services (not within the scope of the NMDS) and thereby excludes such services as sheltered workshops, special schools for the intellectually disabled, meals on wheels and baby clinics offering advisory services but no actual treatment. Non-residential health services should be enumerated in terms of services or organisations rather than in terms of the number of sites at which care is delivered.
Non-residential health services provided by a residential establishment (for example domiciliary nursing service that is part of a public hospital) should not be separately enumerated.

N8.1 Community health centres
Public or registered non-profit establishments in which a range of non-residential health services is provided in an integrated and coordinated manner, or which provides for the coordination of health services elsewhere in the community.

N8.2 Domiciliary nursing service
Public or registered non-profit or profit-making establishments providing nursing or other professional paramedical care or treatment to patients in their own homes or in (non-health)

residential institutions. Establishments providing domestic or housekeeping assistance are excluded by the general definition above.

Note that national minimum data sets currently include only community health centres and domiciliary nursing services.

Verification rules:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Data Committee

Comments: In the current data element, the term establishment is used in a very broad sense to mean bases, whether institutions, organisations or the community from which health services are provided. Thus, the term covers conventional health establishments and also organisations that may provide services in the community.
This data element is currently under review by the Organisational Units Working Group of the National Health Data Committee. Recommendations will provide a comprehensive coverage of the health service delivery sector.

Geographic location of establishment

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 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

Data type: Numeric ***Representational form:*** CODE

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

Data domain: The geographical location is reported using a 5-digit numerical code to indicate the Statistical Local Area (SLA) within the reporting State or Territory, as defined in the Australian Standard Geographical Classification (ASGC) (Australian Bureau of Statistics, catalogue number 1216.0).

Guide for use: The 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:

Related data: Relates to the data element Establishment type, version 1
Supersedes previous data element Geographic location, version 1

Administrative attributes

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

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2000 to
Community mental health care	from 1/07/1998 to
Alcohol and other drug treatment services	from 1/07/2000 to

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

Indigenous status

Admin status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000001 ***Version number:*** 3

Data element type: DATA ELEMENT

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 in which he or she lives.

Context: Given the gross inequalities in health status between Indigenous and non-Indigenous peoples in Australia, the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on Indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

Relational and representational attributes

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

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

Data domain:

1 Aboriginal but not Torres Strait Islander origin

2 Torres Strait Islander but not Aboriginal origin

3 Aboriginal and Torres Strait Islander origin

4 Neither Aboriginal nor Torres Strait Islander origin

9 Not stated

Guide for use: There are three components to the definition:
–Descent;
–self-identification; and
–community acceptance.
The classification for 'Indigenous status' has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:

- Indigenous

–Aboriginal but not Torres Strait Islander origin
–Torres Strait Islander but not Aboriginal origin
–Both Aboriginal and Torres Strait Islander origin

- Non-indigenous

–Neither Aboriginal nor Torres Strait Islander origin

- Not stated

This category is not to be available as a valid answer to the questions but is intended for use:

–primarily when importing data from other data collections that do not contain mappable data;

–where an answer was refused; or

–where the question was not able to be asked prior to discharge because the patient was unable to communicate (e.g. patient unconscious) or a person who knows the patient was not available.

Only in the last two situations may the tick boxes on the questionaire be left blank.

Verification rules:

Collection methods:

The standard question for Indigenous status is as follows:

[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

This question is recommended for self-enumerated or interview-based collections. It can also be used in circumstances where a close relative, friend or another member of the household is answering on behalf of the subject.

When someone is not present, the person answering for them should be in a position to do so, i.e. this person must know the person about whom the question is being asked and feel confident to provide accurate information about them. However, it is strongly recommended that this question be asked directly wherever possible.

In circumstances where it is impossible to ask the person directly, such as in the case of death, the question should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.

This question should always be asked even if the person does not 'look' Aboriginal or Torres Strait Islander.

The Indigenous status question allows for more than one response. The procedure for coding multiple responses is as follows:

If the respondent marks 'No' and either 'Aboriginal' or 'Torres Strait Islander', then the response should be coded to either Aboriginal or Torres Strait Islander as indicated (i.e. disregard the 'No' response).

If the respondent marks both the 'Aboriginal' and 'Torres Strait Islander' boxes, then their response should be coded to 'Both Aboriginal and Torres Strait Islander origin'.

If the respondent marks all three boxes ('No', 'Aboriginal' and 'Torres Strait Islander'), then the response should be coded to 'Both Aboriginal and Torres Strait Islander Origin' (i.e. disregard the 'No' response).

Related data:

Administrative attributes

Source document: Standards for Statistics on Cultural and Language Diversity, ABS Catalogue Number. 1289.0, November 1999.

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from 1/07/1989 to
Institutional mental health care	from 1/07/1997 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

Injecting drug use

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000432 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The client's use of injection as a method of administering drugs. Includes intravenous, intramuscular and subcutaneous forms of injection.

Context: Alcohol and other drug treatment services. The data element is important for identifying patterns of drug use and harms associated with injecting drug use.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

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

Data domain:

1 Current injecting drug use (last injected within the previous three months)
2 Injecting drug use more than three months ago but less than twelve months ago
3 Injecting drug use more than twelve months ago (and not in last twelve months)
4 Never injected
9 Not stated/inadequately described

Guide for use:

Verification rules:

Collection methods: To be collected on commencement of treatment with a service.

Related data: Relates to the data element Principal drug of concern, version 1

Relates to the data element Method of use for principal drug of concern, version 1

Relates to the data element Other drugs of concern, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments: This data element is used in conjunction with Commencement of treatment for reporting the NMDS for alcohol and other drug

treatment services, and has been developed for use in clinical settings.

A code that refers to a three-month period to define 'current' injecting drug use is required as a clinically relevant period of time.

The data element may also be used in population surveys that require a longer timeframe, for example to generate 12-month prevalence rates, by aggregating codes 1 and 2. However, caution must be exercised when comparing clinical samples with population samples.

Method of use for principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000433 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The client's usual method of administering the 'Principal drug of concern' as stated by the client.

Context: Alcohol and other drug treatment services. Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing treatment approaches.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

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

Data domain:
1 Ingests
2 Smokes
3 Injects
4 Sniffs (powder)
5 Inhales (vapour)
6 Other
9 Not stated/inadequately described

Guide for use: Code 1 Refers to eating or drinking as the method of administering the 'Principal drug of concern'.

Verification rules:

Collection methods: Collect only for Principal drug of concern.
To be collected on commencement of treatment with a service.

Related data: Relates to the data element Principal drug of concern, version 1, relates to the data element Injecting drug use, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

Other drugs of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000442 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Any drugs apart from the 'Principal drug of concern' which the client perceives as being a health concern.

Context: Alcohol and other drug treatment services. This item complements 'Principal drug of concern'. The existence of other drugs of concern may have a role in determining the types of treatment required and may also influence treatment outcomes.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Australian standard classification of illicit drugs and other substances of concern

Guide for use: This is a multiple response data item to allow for the coding of polydrug use. The data element can be used in conjunction with Principal drug of concern.

Verification rules: There should be no duplication with 'Principal drug of concern'.

Collection methods: More than one drug may be selected.
To be collected on commencement of treatment with a service.

Related data: Relates to the data element Principal drug of concern, version 1.

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments: The Australian standard classification of illicit drugs and other substances of concern is being developed by the Australian Bureau of Statistics (ABS) and will be available from the end of July 2000. The ABS has also undertaken to develop a short form menu list of this classification for use by service providers that will be issued separately when finalised.

Person identifier

Admin. status: CURRENT 1/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000127 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Person identifier unique within establishment or agency.

Context: This item could be used for editing at the establishment or collection authority level and, potentially, for episode linkage. There is no intention that this item would be available beyond collection authority level.

Relational and representational attributes

Data type: Alphanumeric ***Representational form:*** CODE

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

Data domain:

Guide for use: Individual establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments: For admitted patient care statistics, person identifier is used in conjunction with other data elements recording individual episodes of care or events. To date, there has been limited development of patient-based data i.e. linking data within hospital morbidity collections about all episodes of care for individuals.

Preferred language

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000132 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The language (including sign language) most preferred by the person for communication. This may be a language other than English even where the person can speak fluent English.

Context: Health and welfare services: An important indicator of ethnicity, especially for persons born in non-English-speaking countries. Its collection will assist in the planning and provision of multilingual services and facilitate program and service delivery for migrants and other non-English speakers.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

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

Data domain:

00 Afrikaans
01 Albanian
02 Alyawarr (Alyawarra)
03 Arabic (including Lebanese)
04 Armenian
05 Arrernte (Aranda)
06 Assyrian (including Aramaic)
07 Australian Indigenous languages, not elsewhere classified
08 Bengali
09 Bisaya
10 Bosnian
11 Bulgarian
12 Burarra
13 Burmese
14 Cantonese
15 Cebuano
16 Croatian
17 Czech
18 Danish
19 English
20 Estonian
21 Fijian
22 Finnish
23 French
24 German
25 Gilbertese
26 Greek
27 Gujarati

28 Hakka
29 Hebrew
30 Hindi
31 Hmong
32 Hokkien
33 Hungarian
34 Indonesian
35 Irish
36 Italian
37 Japanese
38 Kannada
39 Khmer
40 Korean
41 Kriol
42 Kuurinji (Gurindji)
43 Lao
44 Latvian
45 Lithuanian
46 Macedonian
47 Malay
48 Maltese
49 Mandarin
50 Mauritian Creole
51 Netherlandic
52 Norwegian
53 Persian
54 Pintupi
55 Pitjantjatjara
56 Polish
57 Portuguese
58 Punjabi
59 Romanian
60 Russian
61 Samoan
62 Serbian
63 Sinhalese
64 Slovak
65 Slovene
66 Somali
67 Spanish
68 Swahili
69 Swedish
70 Tagalog (Filipino)
71 Tamil
72 Telugu
73 Teochew
74 Thai
75 Timorese
76 Tiwi
77 Tongan
78 Turkish
79 Ukranian

80 Urdu
81 Vietnamese
82 Walmajarri (Walmadjari)
83 Warlpiri
84 Welsh
85 Wik-Mungkan
86 Yiddish
95 Other languages, nfd
96 Inadequately described
97 Non-verbal, so described (including sign languages e.g. Auslan, Makaton)
98 Not stated

Guide for use: The classification used in this data element is a modified version of the 2-digit level Australian Standard Classification of Languages (ABS) classification.
All non-verbal means of communication, including sign languages, are to be coded to 97.
Code 96 should be used where some information, but insufficient, is provided.
Code 98 is to be used when no information is provided.
All Australian Indigenous languages not shown separately on the code list are to be coded to 07.

Verification rules:

Collection methods: This information may be collected in a variety of ways. It may be collected by using a predetermined shortlist of languages that are most likely to be encountered from the above code list accompanied by an open text field for 'Other language' or by using an open-ended question that allows for recording of the language nominated by the person. Regardless of the method used for data collection the language nominated should be coded using the above ABS codes.

Related data: Supersedes previous data element Preferred language, version 1

Administrative attributes

Source document: Australian Standard Classification of Languages (ASCL), Australian Bureau of Statistics, Catalogue number 1267.0

Source organisation: National Health Data Committee (NHDC), Australian Bureau of Statistics

National minimum data sets: Alcohol and other drug treatment services from 1/07/00

Comments: The ABS has developed a detailed 4-digit language classification of 193 language units which was used in the 1996 Census. Although it

is preferable to use the classification at a 4-digit level, the requirements of administrative collections have been recognised and the ABS has developed a classification of 86 languages at a two-digit level from those most frequently spoken in Australia. Mapping of this 2-digit running code system to the 4-digit Australian Standard Classification of Language is available from ABS. The classification used in this data element is a modified version of the 2-digit level ABS classification.

The NHDC considered that the grouping of languages by geographic region was not useful in administrative settings. Thus the data domain includes an alphabetical listing of the 86 languages from the ABS 2-digit level classification with only one code for 'Other languages, nfd'. By removing the geographic groupings from the classification information about the broad geographic region of languages that are not specifically coded is lost. However, the NHDC considered that the benefits to data collectors gained from simplifying the code listing outweighed this disadvantage.

Principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000443 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The drug that has led a person to seek treatment from the service, as stated by the client.

Context: Alcohol and other drug treatment services. Required as an indicator of the client's treatment needs.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Australian standard classification of illicit drugs and other substances of concern.

Guide for use: A principal drug of concern may be indicated on a client's referral, however the criterion for nominating the principal drug of concern is the identification by the client of the drug.

Verification rules:

Collection methods: To be collected on commencement of treatment with a service.

Related data: Relates to the data element Method of use for principal drug of concern, version 1

Relates to the data element Other drugs of concern, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs National Minimum Data Set-Working Group

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments: The Australian standard classification of illicit drugs and other substances of concern is being developed by the Australian Bureau of Statistics (ABS) and will be available from the end of July 2000. The ABS has also undertaken to develop a short form menu list of this classification for use by service providers that will be issued separately when finalised.

Region code

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 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

Data type: 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:

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

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Public hospital establishments	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

Sex

Admin. status: CURRENT 1/07/1998

Identifying and Definitional Attributes

Knowledgebase ID: 000149 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The sex of the person.

Context: Required for analyses of service utilisation, needs for services and epidemiological studies.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

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

Data domain:

1 Male
2 Female
3 Indeterminate
9 Not stated / inadequately described

Guide for use: An indeterminate sex category may be necessary for situations such as the classification of perinatal statistics when it is not possible for the sex to be determined.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies this field must be consistent with diagnosis and procedure codes, for records grouped in Major Diagnostic Categories 12, 13 and 14, for valid grouping, otherwise resulting in a fatal error for sex conflicts. For other Major Diagnostic Categories, sex conflicts result in a warning error.

Collection methods: It is suggested that the following format be used for data collection:
What is your (the person's) sex?
___ Male
___ Female

The term 'sex 'refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females—masculinity and femininity. The ABS advises that the correct terminology for this data element is sex. Information collection for transsexuals and people with transgender issues should be treated in the same manner. To avoid problems with edits, transsexuals undergoing a sex change operation should have their sex at time of hospital admission recorded.

Related data: Is used in the derivation of Diagnosis-related group, version 1

Supersedes previous data element Sex, version 1

Administrative attributes

Source document: ABS Directory of concepts and standards for social, labour and demographic statistics, 1993

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments: This item has been altered to enable standardisation of the collection of information relating to sex (to include indeterminate), gender, people with transgender issues and transsexuals.

Source of referral to alcohol & other drug treatment service

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgbase ID: 000444 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The source from which the person was transferred or referred care to the alcohol and other drug treatment service.

Context: Alcohol and other drug treatment services. Source of referral is important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

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

Data domain:

1	Self
2	Family member/friend
3	General practitioner
4	Medical specialist
5	Psychiatric hospital
6	Other hospital
7	Residential community mental health care unit
8	Residential alcohol and other drug treatment/care unit
9	Other residential community care unit
10	Non-residential medical and/or allied health care agency
11	Non-residential community mental health care agency or outpatient clinic
12	Non-residential alcohol and other drug treatment agency or outpatient clinic
13	Other non-residential community health care agency or outpatient clinic
14	Other community service agency
15	Community-based corrections
16	Police diversion
17	Court diversion
18	Other
99	Not stated/inadequately described

Guide for use: Code 3 General practitioner includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary-care medical practitioners in private practice.

Code 4 Includes specialists in private practice.

Code 6 Includes public and private hospitals, hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes outpatient clinics (which should be coded to 11–13), non-residential community healthcare agencies, or outpatient clinics.

Code 7–9 Includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability and drug and alcohol residential treatment units.

Code 10 Non-residential service centres that operate a range of medical and/or allied health services from a centre-based establishment, including blood donation centres, breast-screening clinics, dental clinics, general medical centres, HIV or AIDS clinics, sexual health clinics, day procedure centres or facilities, Aboriginal medical centres. Excludes any of the above operating from hospital outpatient clinics, which should be coded to 17 Other non-residential community health care agency or outpatient clinic.

Code 11–13 Non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, maternal and child health centres, migrant women's health centres, multipurpose health centres.

Code 14 Includes Home and Community Care agencies, Aged Care Assessment Teams, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, family support services, domestic violence and incest resource centres or services, Aboriginal co-operatives.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments: A working group of the National Health Data Committee will be convened to develop the source of referral data element for use in all settings, for use by July 2001.

State identifier

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000380 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: An identifier for State or Territory.

Context: Health Services

Relational and representational attributes

Data type: 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 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:

Admitted patient care	from 1/07/2000 to
Public hospital establishments	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments: