

Glossary

For further information on the terms used in this report, refer to the definitions in use in 1997–98 in the *National Health Data Dictionary* version 6.0.

<i>Acute</i>	Having a short and relatively severe course.
<i>Acute hospitals</i>	<p>Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State or Territory health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.</p> <p>Public acute hospitals are funded by the State or Territory health authority and include both recognised and non-recognised hospitals. Recognised hospitals are those nominated by States and Territories and accepted by the Commonwealth and appear in schedules to each State/Territory Medicare Agreement (Schedule B in the 1993–98 Medicare Agreements).</p>
<i>Additional diagnoses</i>	Diagnoses or conditions that affect a person's care in terms of requiring therapeutic treatment, clinical evaluation, diagnostic procedure, extended length of hospital stay or increased nursing care and/or monitoring. Additional diagnoses include comorbid conditions (co-existing conditions) and/or complications (conditions that arose during the episode of care).
<i>Administrative and clerical staff</i>	Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers' compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process.
<i>Australian Bureau of Statistics Private Health Establishments Collection</i>	This collection includes data from all private acute and psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Aged Care. The data items and definitions are based on the <i>National Health Data Dictionary</i> published by AIHW. Information is collected for items such as bed supply, usage, occupancy and length of stay, type of patients, staff, and expenditure.
<i>Australian National Diagnosis Related Groups (AN-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs are a means of classifying hospital patients to provide a common basis for comparing factors such as cost-effectiveness and quality of care across hospitals. Each AN-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.

<i>Available beds</i>	Beds immediately available for use by admitted patients as required.
<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same-day are allocated a length of stay of one day.
<i>BEACH survey</i>	Bettering the Evaluation and Care of Health—General practice activity in Australia. A collaborative study between the AIHW and the University of Sydney.
<i>Diagnostic and allied health professionals</i>	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.
<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged in administrative duties. This category also includes all staff not elsewhere included (primarily maintenance staff, tradespersons and gardening staff).
<i>Domestic services expenditure</i>	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
<i>Drug supplies expenditure</i>	The cost of all drugs including the cost of containers.
<i>Enrolled nurses</i>	Second-level nurses who are enrolled in all States and Territories except Victoria where they are registered by the State registration board to practise in this capacity. Includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).
<i>Episode of care</i>	An episode of care is as a phase of treatment for an admitted patient. It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care of different types. See <i>Separation</i> .
<i>Food supplies expenditure</i>	The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery.
<i>Full-time equivalent staff</i>	Full-time equivalent units are on-job hours worked and hours of paid leave (sick, recreation, long service, workers' compensation) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
<i>General care</i>	Care given to a person outside of specialised psychiatric care, even if given within a specialised unit for other conditions. Calculated by subtracting the total psychiatric care days from the length of stay.
<i>General care separation</i>	Separation in which no days of specialised psychiatric care was received.
<i>Length of stay</i>	The length of stay of a patient is calculated by subtracting the date the patient is admitted from the date of separation. All leave days, including the day the patient went on leave, are excluded. A same-day patient is allocated a length of stay of one day.

<i>Long-stay separations</i>	Where a record shows a separation length of stay of 36 days or more.
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
<i>Mental Health Legal Status</i>	An indication that a person was treated on an involuntary basis under the relevant State or Territory mental health legislation, at some point during the hospital stay. Involuntary patients are persons who are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care. Mental health legal status applies only to records with some specialised psychiatric care.
<i>Mental Health Principal Diagnosis</i>	A separation is defined as having a mental health principal diagnosis if the principal diagnosis falls within the range listed in Appendix 2. These inclusions are drawn from the National Health Priority Areas tables, Chapter 7, <i>Australian Hospital Statistics, 1997–98 (AIHW 1999)</i> .
<i>National Hospital Morbidity Database</i>	The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospital are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. The data supplied for the database were based on the patient level data items of the National Minimum Data Set for Institutional Health Care and the National Minimum Data Set for Institutional Mental Health Care. They include demographic, administrative and length of stay data, and data on the diagnoses of the patient, the procedures they underwent in hospital and external causes of injury and poisoning.
<i>National Survey of Mental Health and Wellbeing of Adults</i>	The survey was conducted throughout Australia, from May to August 1997, by the Australian Bureau of Statistics. The survey was an initiative of, and funded by, the Mental Health Branch of the Commonwealth Department of Health and Family Service as part of the National Mental Health Strategy. The survey was designed to provide information on the prevalence of a range of mental disorders, the level of disability associated with these disorders, and health services used as a consequence of a mental health problem. The survey consisted of a representative sample of residents (18 years and over) of private dwellings in all States and Territories across both urban and rural areas. Sample excluded special dwellings (such as hospitals, nursing homes, hotels and hostels etc.) and dwellings in remote and sparsely settled parts of Australia.

<i>National Public Hospital Establishments Database</i>	The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories. Exceptions within the public sector are hospitals not within the jurisdiction of the State and Territory health authorities (e.g. hospitals run by correctional authorities in some jurisdictions and those in off-shore territories). Information is included on hospital resources, recurrent expenditure, non-appropriation revenue and services to admitted and non-admitted patients. Data on capital expenditure and depreciation are also collected for each jurisdiction. The collection is based on the establishment-level activity and resource data elements, and the system-level data elements, of the National Minimum Data Set for Institutional Health Care.
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital.
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable.
<i>Other personal care staff</i>	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wards persons, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories.
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory Governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.
<i>Patient days</i>	The number of full or partial days' stay for patients who were admitted for an episode of care and who underwent separation during the reporting period. A patient who is admitted and separated on the same-day is allocated one patient day.
<i>Patient days in general care</i>	The number of full or partial days' stay for patients who were admitted for an episode of care in a non-specialised unit or ward, and who underwent separation during the reporting period.
<i>Patient transport</i>	The direct cost of transporting patients excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public patients) on a sessionally paid or fee-for-service basis.

<i>People Living with Psychotic Illness Study</i>	The study consisted of a one-month census of 3,800 people aged 18 to 64 years of age with psychotic disorders, who attended mental health services in geographically defined areas in the Australian Capital Territory, Brisbane and adjacent areas, Melbourne and Perth. Secondly a sub-sample of 980 people were interviewed to obtain a profile of their sociodemographic characteristics, symptoms, functioning in daily life activities, use of various mental health services and experience of quality of life.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital.
<i>Principal procedure</i>	The most significant procedure that was performed for treatment of the principal diagnosis. If no procedure is performed for treatment of the principal diagnosis, other procedures can be reported as the principal procedure. In order, these are a procedure performed for treatment of an additional diagnosis, a diagnostic/exploratory procedure related to the principal diagnosis or a diagnostic/exploratory procedure related to an additional diagnosis.
<i>Private hospital</i>	Privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.
<i>Psychiatric hospitals</i>	Institutions which provide treatment and care for patients with psychiatric, mental or behavioural disorders.
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This would include: <ul style="list-style-type: none"> • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and • other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.
<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It may be contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.

<i>Region</i>	<ul style="list-style-type: none"> • Capital cities statistical division • Other metropolitan centres: urban centres with a population greater than or equal to 100,000 • Large rural centres (index of remoteness < 10.5): urban centres with a population between 25,000 and 99,000 • Small rural centres (index of remoteness < 10.5): urban centres with a population between 10,000 and 24,999 • Other rural areas (index of remoteness < 10.5): urban centres with a population less than 10,000 • Remote centres (index of remoteness > 10.5): urban centres with a population greater than 4,999 • Other remote areas (index of remoteness > 10.5): urban centres with a population less than 5,000. <p>For more information see <i>Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition</i> (DPIE & DSHS 1994).</p>
<i>Registered nurses</i>	Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a State or Territory registration board.
<i>Repairs and maintenance expenditure</i>	The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works.
<i>Salaried medical officers</i>	Medical officers engaged by the hospital on a full-time or part-time salaried basis.
<i>Same-day patients</i>	Same-day patients are admitted patients who are admitted and separate on the same date.
<i>Separation</i>	The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.
<i>Short-stay separations</i>	Where a record shows a separation length of stay of less than 36 days totalled within the institution and excluding same-day.
<i>Specialised psychiatric service</i>	A facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Specialised separation care</i>	Separation in which at least one day of specialised psychiatric care was received.
<i>Statistical division</i>	A general purpose spatial unit, it is the largest and most stable unit within the Australian Standard Geographical Classification. This classification has been developed by the ABS and covers all of Australia without gaps or overlaps or crossing of State or Territory boundaries.

<i>Student nurses</i>	Nurses employed by the establishment currently studying in years 1 to 3 of a 3-year certificate course. This includes any person commencing or undertaking a 3-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full-time general student nurses and specialist student nurses, such as mental deficiency nurses, but excludes practising nurses enrolled in post-basic training courses.
<i>Superannuation payments</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Total psychiatric care days</i>	Total psychiatric care days are the number of days or part-days a patient spent in a specialised psychiatric unit or ward. All leave days, including the day the patient went on leave, are excluded.
<i>Trainee/pupil nurses</i>	Nurses that are commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse on the State or Territory registration board (includes all trainee nurses).
<i>Type of admitted patient episode</i>	A classification of admitted patient episodes into broad groups based on principal diagnosis, principal procedure or status as a nursing home type or rehabilitation patient.
<i>Visiting medical officer</i>	A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.

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