

Appendix E: Establishment – activity definitions

The objective of having data definitions related to the activities of health care establishments is to enable a description of health service systems, including the type of care delivered by the establishment. The unit of enumeration is a separately administered establishment. The term 'establishment' is used in a very broad sense to mean organisational units, whether institutions, organisations or community-based services, which provide health services. Establishments are considered to be separately administered if the finances, budget and activities are managed as an independent unit. The term establishment thus covers conventional establishments such as hospitals, residential aged care facilities and community health centres, but is also used to cover organisations providing services in the community (e.g. domiciliary nursing services) or support services to other establishments (e.g. a centralised pathology laboratory service). The situation where establishment-level data for components of an area health service are not available separately at a central authority, is not grounds for treating such a group of establishments as a single establishment unless such data are not available at any level in the health care system.

Two major measures of service provision are defined for each establishment. They are the recording of services by type of episode (admitted patients) and by service type (non-admitted patients). As there are no nationally agreed data definitions at the person-level for non-admitted patients or for outreach/community clients, definitions for non-admitted patient activity are based on a cost centre or functional unit approach; that is, where the service was performed rather than the procedure or the diagnosis of the patient.

The activity for acute care hospitals is represented as a count of separations and patient-days for admitted patients according to the treatment mode categories same-day and overnight-stay.

The number of separations for renal dialysis and endoscopy and related procedures are identified separately for admitted and non-admitted patients. This enables comparison of the provision of these services across institutional settings, whether these patients are admitted or treated as non-admitted patients.

Separations and patient-days for admitted patients are contrasted with an occasion of service or group session as a measure of non-admitted patient activity. It is recognised that the comparison of these as a measure of activity is not ideal but it will be used until a more comprehensive set of definitions is developed to describe patients treated and non-admitted patient activity.

The number of separations, patient days and occasions of service is the measure of activity for same-day establishments and for acute hospitals.

The definition and counting of separations and patient-days for public psychiatric and alcohol and drug treatment centres is the same as for the acute care hospitals, except that the treatment mode category is expanded to distinguish between short-stay and long-stay patients. This is to reflect the greater percentage of patients with extended lengths of stay in these institutions.