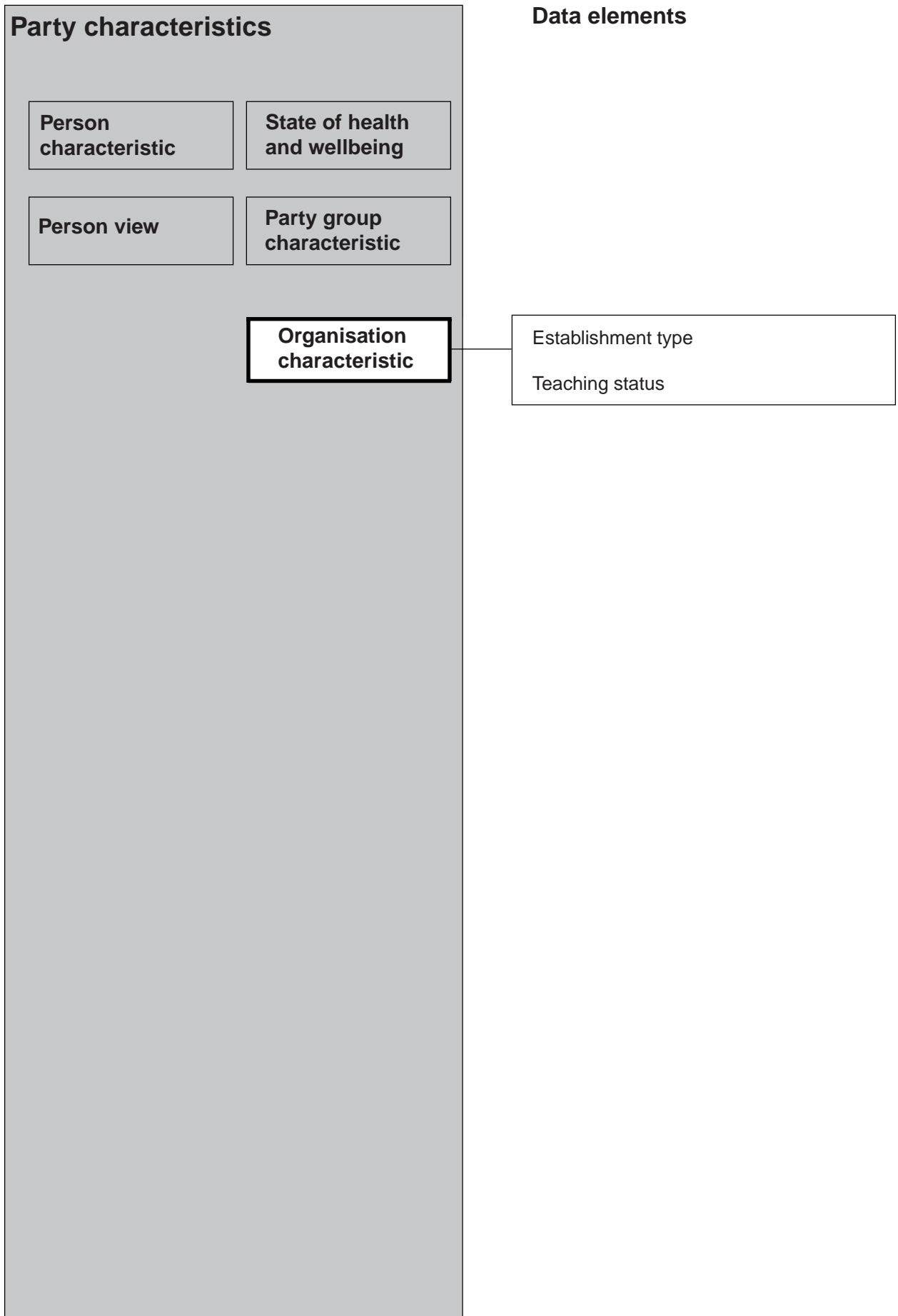


## National Health Information Model entities



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## Establishment type

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

### Identifying and definitional attributes

**NHIK identifier:** 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 health care 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 the 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

**Datatype:** 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

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## Establishment type (*continued*)

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### **Data domain (cont'd):**

- 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.

## Establishment type (*continued*)

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

### R3 Nursing homes

Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent persons or senile in-patients. 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 in-patient 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.

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## Establishment type (*continued*)

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

**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 National Minimum Data Project) 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 which 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:**

**Collection methods:**

**Related data:**

**Administrative attributes**

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care from 1/07/89 to

**Comments:**

The Taskforce on National Hospital Statistics (1988) recommended that each health authority maintain the key establishment characteristics in its database for each separately administered health care establishment. These data provide a basic inventory of health services and they can be used to facilitate reporting by category of establishment. The rationale for collecting such an inventory is that the number and location of establishment influences availability and accessibility of services. These are believed to influence utilisation of services.

## Establishment type (*continued*)

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**Comments (cont'd):** The final report of the taskforce used the term establishment 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 which may provide services in the community.

The report recommended the inclusion of the following two data items:

- establishment type (e.g. acute hospital, nursing home)
- ownership (e.g. Commonwealth/State/private).

The working party decided to delete ownership as an establishment characteristic and insert subcategories within the establishment codes relating to establishment type.

The Australia Bureau of Statistics (ABS) has expressed a desire that at some stage, national minimum data set establishment type categories be mapped to the Australian and New Zealand Standard Industrial Classification categories.

In the light of recent structural reforms in the nursing homes sector, the data element will be reviewed during 1998.

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## Teaching status

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

### Identifying and definitional attributes

**NHIK identifier:** 000322 **Version number:** 1

**Data element type:** DATA ELEMENT

**Definition:** An indicator (yes / no) to identify the non-direct patient care activity of teaching for a particular establishment. This is where teaching (associated with a university) is a major program activity of the establishment. It is primarily intended to relate to teaching hospitals affiliated with universities providing undergraduate medical education as advised by the relevant State health authority.

**Context:** Health services: the non-direct care activity of teaching can involve the consumption of considerable resources. In comparisons of cost in relation to establishment output, it is important to be aware of particular establishments which are devoting substantial resources to activities not relating to output as measured in terms of either in-patient bed days or outpatient occasions of service. Teaching can be one of the variables in any regression analysis undertaken.

In this context, teaching relates to teaching hospitals affiliated with universities providing undergraduate medical education as advised by the relevant State health authority.

### Relational and representational attributes

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

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

**Data domain:**

1	Yes
2	No
9	Unknown

**Guide for use:**

**Verification rules:**

**Collection methods:**

**Related data:** relates to the data element Establishment type, version 1

### Administrative attributes

**Source document:**

**Source organisation:** National Health Data Committee

**National minimum data sets:**

Institutional health care from 1/07/89 to

**Comments:** The initial intention based on the Taskforce on National Hospital Statistics approach had been to have non-direct care activity indicators for all of the following non-direct patient care activities:

- teaching,

## Teaching status (*continued*)

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- Comments (cont'd):**
- research,
  - group or community contacts,
  - public health activities,
  - mobile centre and/or part-time service.

However, the Resources Working Party decided to delete 2, 3, 4 and 5 and place the emphasis on teaching where teaching (associated with a university) was a major program activity of the hospital. The working party took the view that it was extremely difficult to identify research activities in health institutions because many staff consider that they do research as part of their usual duties. The research indicator was thus deleted and the teaching indicator was agreed to relate to teaching hospitals affiliated with universities providing undergraduate medical education, as advised by the relevant State health authority. If a teaching hospital is identified by a yes/no indicator then it is not necessary to worry about research (based on the assumption that if you have teaching, you have research).