

Public hospital establishments National Minimum Data Set

National Health Data Dictionary, Version 12

National Health Data Committee

2003

Australian Institute of Health and Welfare
Canberra

AIHW Cat. No. HWI 60

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Introduction

A National Minimum Data Set (NMDS) is a core set of data elements agreed by the National Health Information Management Group for mandatory collection and reporting at a national level. One NMDS may include data elements that are also included in another NMDS. A NMDS is contingent upon a national agreement to collect uniform data and to 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.

The *National Health Data Dictionary* contains definitions of data elements that are included in NMDS collections in the health sector, including data elements used to derive some of the performance indicators required under Australian Health Care Agreements (bilateral agreements between the Commonwealth and State/Territory governments about funding and delivery of health services).

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Public hospital establishments NMDS

Admin. status:	CURRENT	1/07/2000	Version number:	1
Metadata type:	NATIONAL MINIMUM DATA SET			
Start date:	1 July 1989			
End date:				
Latest evaluation date:				
Scope:	<p>The scope of this data set is establishment-level data for public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans' Affairs, and alcohol and drug treatment centres.</p> <p>From version 9, patient-level data remain in the new NMDS called Admitted patient care. These new NMDS replace the version 8 NMDS called Institutional health care.</p> <p>Similar data for private hospitals and freestanding day-hospital facilities is collected by the Australian Bureau of Statistics in the Private Health Establishments Collection.</p> <p>Hospitals operated by the Australian Defence Force, corrections authorities and Australia's external Territories are not currently included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.</p>			
Statistical units:	Public hospital establishments			
Collection methodology:	Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant State or Territory health authority on a regular basis (e.g. monthly).			
National reporting arrangements:	State and Territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation on an annual basis.			
Periods for which data are collected and nationally collated:	Financial years ending 30 June each year			
Data elements included:	<ul style="list-style-type: none"> Administrative expenses, version 1 Capital expenditure – gross (accrual accounting), version 2 Capital expenditure – net (accrual accounting), version 2 Depreciation, version 1 Domestic services, version 1 Drug supplies, version 1 Establishment identifier, version 4[∇] Establishment type, version 1 Food supplies, version 1 			

◆ new in NMDS this version

∇ modified this version

**Data elements included
(continued):**

Full-time equivalent staff, version 2
 Geographical location of establishment, version 2
 Group sessions, version 1
 Indirect health care expenditure, version 1
 Individual/group session, version 1
 Interest payments, version 1
 Medical and surgical supplies, version 1
 Number of available beds for admitted patients, version 2
 Occasions of service, version 1
 Other recurrent expenditure, version 1
 Other revenues, version 1
 Patient revenue, version 1
 Patient transport, version 1
 Payments to visiting medical officers, version 1
 Recoveries, version 1
 Repairs and maintenance, version 1
 Salaries and wages, version 1
 Specialised service indicators, version 1
 Superannuation employer contributions (including funding basis),
 version 1
 Teaching status, version 1
 Type of non-admitted patient care, version 1
 Type of non-admitted patient care (public psychiatric, alcohol and drug),
 version 1

**Supporting data
elements and data
element concepts:**

Establishment number, version 4
 Establishment sector, version 3
 Hospital boarder, version 1
 Hospital, version 1
 Non-admitted patient, version 1
 Overnight-stay patient, version 3
 Patient, version 2
 Region code, version 2
 Same-day patient, version 1
 Separation, version 3
 State/Territory identifier, version 3

**Data elements in
common with other
NMDSs:**

See Appendix D

Scope links with other NMDSs:

Episodes of care for admitted patients which occur partly or fully in designated psychiatric units of public acute hospitals or in public psychiatric hospitals:

Admitted patient care NMDS, version 2

Admitted patient mental health care NMDS, version 2

Admitted patient palliative care NMDS, version 2.

Source organisation:

National Health Information Management Group

Comments:

Statistical units are entities from or about which statistics are collected, or in respect of which statistics are compiled, tabulated or published.

Data elements included

Administrative expenses

Identifying and Definitional Attributes

Knowledgebase ID:	000244	Version No:	1
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/89		
Definition:	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 (including workers compensation).		
Context:	Health expenditure: Considered to be a sufficiently significant element of non-salary recurrent expenditure as to be separately identified at the national level and also readily and easily collectable.		

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Currency
Representational layout:	\$999,999,999
Minimum size:	2
Maximum size:	12
Data domain:	Australian dollars. Rounded to nearest whole dollar.
Guide for use:	Record values up to hundreds of millions of dollars.
Verification rules:	
Collection methods:	
Related metadata:	relates to the data element Establishment type vers 1

Administrative Attributes

Source document:		
Source organisation:	National Health Data Committee	
Information model link:		
	NHIM Recurrent expenditure	
Data Set Specifications:		Start date End date
	NMDS – Public hospital establishments	01/07/1989

Comments:

Capital expenditure – gross (accrual accounting)

Identifying and Definitional Attributes

Knowledgebase ID:	000325	Version No:	2
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/97		
Definition:	Expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets).		
Context:	Health expenditure: Gross capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.		

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Currency
Representational layout:	\$999,999,999
Minimum size:	2
Maximum size:	12
Data domain:	Amount of expenditure in Australian dollars rounded to the nearest dollar.
Guide for use:	Record values up to hundreds of millions of dollars. This definition is for use where the accrual method of accounting has been adopted. Calculate separately for each type of capital expenditure described below: <ol style="list-style-type: none"> 1 Land: A solid section of the earth's surface which is held by the entity under a certificate of title or reserve, leased in by the entity or allocated to the entity by another agency. 2 Buildings and building services (including plant): An edifice that has a service potential constructed, acquired or held by a financial lease for the specific purposes of the entity. Includes hospitals, residential aged care services and other buildings used for providing the service. Includes expenditure on installation, alteration and improvement of fixtures, facilities and equipment that are an integral part of the building and that contribute to the primary function of a building to either directly or indirectly support the delivery of products and services. Excludes repair and replacement of worn-out or damaged fixtures (to be treated as maintenance).

- 3 Constructions (other than buildings):
Expenditure on construction, major alterations and additions to fixed assets other than buildings such as car parks, roads, bridges, storm water channels, dams, drainage and sanitation systems, sporting facilities, gas, water and electricity mains, communication systems, landscaping and grounds reticulation systems. Includes expenditure on land reclamation, land clearance and raising or levelling of building sites.
- 4-7 Equipment:
An asset, not an integral part of any building or construction, used by an entity to support the delivery of products and services. Items may be fixed or moveable.
- 4 Information technology:
Computer installations and equipment such as mainframe and mini-computers, personal computer networks and related hardware.
- 5 Major medical equipment:
Major items of medical equipment such as medical imaging (CT scanners, MRI, radiology), ICU monitors and transplant equipment.
- 6 Transport:
Expenditure on vehicles or equipment used for transport such as motor vehicles, aircraft, ships, railway, tramway rolling stock, and attachments (such as trailers). Includes major parts such as engines.
- 7 Other equipment:
Includes machinery and equipment not elsewhere classified, such as furniture, art objects, professional instruments and containers.
- 8 Intangible:
An asset which does not have physical substance, such as copyright, design, patent, trademark, franchise or licence.

Verification rules:	Must be in currency format
Collection methods:	
Related metadata:	supersedes previous data element Capital expenditure vers 1 relates to the data element Capital expenditure – net (accrual accounting) vers 2

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Capital expenditure

Data Set Specifications:	Start date	End date
NMDS – Public hospital establishments	01/07/1997	

Comments: The capital expenditure data elements on an accrual accounting basis and on a cash accounting basis will remain in use until all health authorities have adopted accrual accounting.

Capital expenditure – net (accrual accounting)

Identifying and Definitional Attributes

Knowledgebase ID:	000396	Version No:	2
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/97		
Definition:	Gross capital expenditure less trade-in values of replaced items and receipts from the sale of replaced or otherwise disposed items.		

Context:	Health expenditure: Net capital expenditure is a significant, though variable, element of total health establishment expenditure. Just as recurrent expenditure is broken down into a number of major categories to enable a proper analysis of health expenditure at the national level, so capital expenditure is to be broken down into a number of major categories. Capital expenditure in the context of hospitals and closely related establishments is a relatively undeveloped area. Nevertheless, there is a considerable interest in health establishment capital expenditure data at the national level from many different potential users.
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Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Currency
Representational layout:	\$999,999,999
Minimum size:	2
Maximum size:	12
Data domain:	Amount of expenditure in Australian dollars rounded to the nearest dollar.
Guide for use:	Record values up to hundreds of millions of dollars. This definition is for use where the accrual method of accounting has been adopted. Calculate separately for each type of capital expenditure described below: <ol style="list-style-type: none"> 1 Land: A solid section of the earth's surface which is held by the entity under a certificate of title or reserve, leased in by the entity or allocated to the entity by another agency. 2 Buildings and building services (including plant): An edifice that has a service potential constructed, acquired or held by a financial lease for the specific purposes of the entity. Includes hospitals, residential aged care services and other buildings used for providing the service. Includes expenditure on installation, alteration and improvement of fixtures, facilities and equipment that are an integral part of the building and that contribute to the primary function of a building to either directly or indirectly support the delivery of products and services.

Excludes repair and replacement of worn-out or damaged fixtures (to be treated as maintenance).

3 Constructions (other than buildings):

Expenditure on construction, major alterations and additions to fixed assets other than buildings such as car parks, roads, bridges, storm water channels, dams, drainage and sanitation systems, sporting facilities, gas, water and electricity mains, communication systems, landscaping and grounds reticulation systems. Includes expenditure on land reclamation, land clearance and raising or levelling of building sites.

4-7 Equipment:

An asset, not an integral part of any building or construction, used by an entity to support the delivery of products and services. Items may be fixed or moveable.

4 Information technology:

Computer installations and equipment such as mainframe and mini-computers, personal computer networks and related hardware.

5 Major medical equipment:

Major items of medical equipment such as medical imaging (CT scanners, MRI, radiology), ICU monitors and transplant equipment.

6 Transport:

Expenditure on vehicles or equipment used for transport such as motor vehicles, aircraft, ships, railway, tramway rolling stock, and attachments (such as trailers). Includes major parts such as engines.

7 Other equipment:

Includes machinery and equipment not elsewhere classified, such as furniture, art objects, professional instruments and containers.

8 Intangible:

An asset which does not have physical substance, such as copyright, design, patent, trademark, franchise or licence.

Verification rules: Must be in Currency format

Collection methods:

Related metadata: supersedes previous data element Capital expenditure vers 1
relates to the data element Capital expenditure – gross (accrual accounting) vers 2

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Capital expenditure

Data Set Specifications:

NMDS – Public hospital establishments

Start date

End date

01/07/1997

Comments:

Depreciation

Identifying and Definitional Attributes

Knowledgebase ID: 000246 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: Depreciation represents the expensing of a long-term asset over its useful life and is related to the basic accounting principle of matching revenue and expenses for the financial period. Depreciation charges for the current financial year only should be shown as expenditure. Where intangible assets are amortised (such as with some private hospitals) this should also be included in recurrent expenditure.

Context: Health expenditure:
This item has been retained for national minimum data sets because of its significance for the private sector. Current period depreciation charges form a significant component of expenditure for any health establishment whose financial statements are based on accrual accounting.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record values up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recurrent expenditure

Data Set Specifications:	Start date	End date
NMDS - Public hospital establishments	01/07/1989	

Comments:

With the long-term trend towards accrual accounting in the public sector, this item will ultimately become significant for public sector establishments. Public sector establishments in some States have adopted modified accrual accounting identifying depreciation only, before reaching full accrual accounting. Depreciation is now reported for most public sector establishments and should be reported as a separate recurrent expenditure. Depreciation should be identified separately from other recurrent expenditure categories.

Domestic services

Identifying and Definitional Attributes

Knowledgebase ID: 000241 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: 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. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.

Context: Health expenditure:
This is a significant element of non-salary recurrent expenditure for most establishments within the data set and is thus required for any health expenditure analysis at the national level.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record values up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recurrent expenditure

Data Set Specifications: **Start date** **End date**

NMDS – Public hospital establishments 01/07/1989

Comments:

The possibility of separating fuel, light and power from domestic services which would bring the overall non-salary recurrent expenditure categories closer to the old Hospitals and Allied Services Advisory Council categories was briefly considered by the Resources Working Party but members did not hold strong views in this area.

Drug supplies

Identifying and Definitional Attributes

Knowledgebase ID:	000238	Version No:	1
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/89		
Definition:	The cost of all drugs including the cost of containers. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.		
Context:	Health expenditure: This is a significant element of non-salary recurrent expenditure and also national level data on drug expenditure in hospitals is of considerable interest in its own right to a wide range of persons and organisations.		

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Currency
Representational layout:	\$999,999,999
Minimum size:	2
Maximum size:	12
Data domain:	Australian dollars. Rounded to nearest whole dollar.
Guide for use:	Record values up to hundreds of millions of dollars.
Verification rules:	
Collection methods:	
Related metadata:	relates to the data element Establishment type vers 1

Administrative Attributes

Source document:		
Source organisation:	National Health Data Committee	
Information model link:	NHIM Recurrent expenditure	
Data Set Specifications:		
NMDS - Public hospital establishments	Start date	End date
	01/07/1989	

Comments:

Establishment identifier

Identifying and Definitional Attributes

Knowledgebase ID: 000050 **Version No:** 4

Metadata type: Derived Data Element

Admin. status: Current
01/07/03

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:

Relational and Representational Attributes

Datatype: Alphanumeric

Representational form: Code

Representational layout: NNA(N)NNNNN

Minimum size: 9

Maximum size: 9

Data domain: Concatenation of:
State/Territory identifier (character position 1)
Establishment sector (character position 2)
Region code (character positions 3 – 4)
Establishment number (character positions 5 – 9)

Guide for use:

Verification rules:

Collection methods:

Related metadata: supersedes previous data element Establishment identifier vers 3
is composed of Establishment number vers 4
is composed of Establishment sector vers 3
relates to the data element Person identifier vers 1
relates to the data element Person identifier type – health care vers 1
is composed of Region code vers 2
is composed of State/territory identifier vers 3

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Organisation characteristic

Data Set Specifications:

	Start date	End date
NMDS – Admitted patient care	01/07/2003	
NMDS – Admitted patient mental health care	01/07/2003	
NMDS – Admitted patient palliative care	01/07/2003	
NMDS – Alcohol and other drug treatment services	01/07/2003	
NMDS – Community mental health care	01/07/2003	
NMDS – Community mental health establishments	01/07/2003	
NMDS – Elective surgery waiting times	01/07/2003	
NMDS – Non-admitted patient emergency department care	01/07/2003	
NMDS – Perinatal	01/07/2003	
NMDS – Public hospital establishments	01/07/2003	
DSS – Health care client identification	01/01/2003	

Comments:

Establishment identifier should be able to distinguish between all health care establishments nationally.

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 health care system.

This item is now being used to identify hospital contracted care. The use of this item will lead to reduced duplication in reporting patient activity and will enable linkage of services to one episode of care.

Establishment type

Identifying and Definitional Attributes

Knowledgebase ID: 000327 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

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 (e.g. public hospitals, residential aged care services) for reporting and analysis.

Relational and Representational Attributes

Datatype: Alphanumeric

Representational form: Code

Representational layout: AN.N.N

Minimum size: 2

Maximum size: 6

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 inpatient 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 inpatients with psychiatric, mental, or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the Health Insurance Act 1973 (Commonwealth) (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 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 metadata:****Administrative Attributes****Source document:**

Source organisation: National Health Data Committee

Information model link:

NHIM Organisation characteristic

Data Set Specifications:

	Start date	End date
NMDS – Alcohol and other drug treatment services	01/07/2002	30/06/2003
NMDS – Public hospital establishments	01/07/1989	

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 which 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.

Food supplies

Identifying and Definitional Attributes

Knowledgebase ID: 000240 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.

Context: Health expenditure:
This is a significant element of non-salary recurrent expenditure for most establishments within the data set and is thus required for any health expenditure analysis at the national level.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record values up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recurrent expenditure

Data Set Specifications: **Start date** **End date**

NMDS - Public hospital establishments 01/07/1989

Comments:

Geographical location of establishment

Identifying and Definitional Attributes

Knowledgebase ID: 000260 **Version No:** 2

Metadata type: Data Element

Admin. status: Current
01/07/97

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

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

Relational and Representational Attributes

Datatype: Numeric

Representational form: Code

Representational layout: NNNNN

Minimum size: 5

Maximum size: 5

Data domain: Australian Standard Geographical Classification (Australian Bureau of Statistics, catalogue number 1216.0)

Guide for use: The geographical location is reported using a five digit numerical code to indicate the Statistical Local Area (SLA) within the reporting State or Territory, as defined in the Australian Standard Geographical Classification (ASGC). It is a composite of State identifier and SLA (first digit = State identifier, next four digits = SLA) for service delivery outlet.

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:**Collection methods:**

Related metadata: relates to the data element Establishment type vers 1
 supersedes previous data element Geographic location vers 1

Administrative Attributes

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

Source organisation: National Health Data Committee

Information model link:

NHIM Address element

Data Set Specifications:	Start date	End date
NMDS - Alcohol and other drug treatment services	01/07/2002	30/06/2003
NMDS - Public hospital establishments	01/07/1997	
NMDS - Community mental health establishments	01/07/1998	

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

Group sessions

Identifying and Definitional Attributes

Knowledgebase ID: 000210 **Version No:** 1

Metadata type: Derived Data Element

Admin. status: Current
01/07/89

Definition: The number of groups of patients/clients receiving services. Each group is to count once, irrespective of size or the number of staff providing services.

Context: The resources required to provide services to groups of patients are different from those required to provide services to an equivalent number of individuals. Hence services to groups of non-admitted patients or outreach clients should be counted separately from services to individuals.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Quantitative value

Representational layout: NNNNNN

Minimum size: 1

Maximum size: 6

Data domain: Calculated number of group sessions

Guide for use:

Verification rules:

Collection methods: At present, occasions of service to groups are counted in an inconsistent manner. The numbers of occasions of service should be collected for both individual and group sessions for public psychiatric hospitals and alcohol and drug hospitals.

Related metadata:

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Service provision event

Data Set Specifications: **Start date** **End date**

Comments: This data element is derived from data elements that are not currently specified in the National Health Data Dictionary, but which are recorded in various ways by hospitals and/or outpatient departments. Examples include identifiers of individual consultations/visits, diagnostic tests, etc.

Indirect health care expenditure

Identifying and Definitional Attributes

Knowledgebase ID: 000326 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: Expenditures on health care that cannot be directly related to programs operated by a particular establishment (that is, can only be indirectly related to particular establishments). To be provided at the State level but disaggregated into patient transport services, public health and monitoring services, central and statewide support services, central administrations and other indirect health care expenditure.

Context: Health expenditure:
To improve and substantiate financial reporting in relation to indirect health care expenditure and assist in understanding differences in costs for similar establishments in different States and regions, due to differences in the extent to which support services and other services to residents/inpatients and outpatients of establishments may be provided by the establishment itself or by other bodies.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars to the nearest whole dollar

Guide for use: Record values up to hundreds of millions of dollars.
Indirect health care expenditure is to be reported separately for each of the following categories:

1 Patient transport services:

Public or registered non-profit organisations which provide patient transport (or ambulance) for services associated with inpatient or residential episodes at residential establishments within the scope of this data set.

This category excludes patient transport services provided by other types of establishments (for example, public hospitals) as part of their normal services. This category includes centralised and statewide patient transport services (for example, Queensland Ambulance Transport Brigade) which operate independently of individual inpatient establishments.

2 Public health and monitoring services:

Public or registered non-profit services and organisations with centralised, statewide or national public health or monitoring services. These include programs concerned primarily with preventing the

occurrence of diseases and mitigating their effect, and includes such activities as mass chest X-ray campaigns, immunisation and vaccination programs, control of communicable diseases, ante-natal and post-natal clinics, preschool and school medical services, infant welfare clinics, hygiene and nutrition advisory services, food and drug inspection services, regulation of standards of sanitation, quarantine services, pest control, anti-cancer, anti-drug and anti-smoking campaigns and other programs to increase public awareness of disease symptoms and health hazards, occupational health services, Worksafe Australia, the Australian Institute of Health and Welfare and the National Health and Medical Research Council.

Included here would be child dental services comprising expenditure incurred (other than by individual establishments) or dental examinations, provision of preventive and curative dentistry, dental health education for infants and school children and expenditure incurred in the training of dental therapists.

3 Central and statewide support services:

Public or registered services which provide central or statewide support services for residential establishments within the scope of this data set. These include central pathology services, central linen services and frozen food services and blood banks provided on a central or statewide basis such as Red Cross.

4 Central administrations:

Expenditures relating to central health administration, research and planning for central and regional offices of State, Territory and Commonwealth health authorities and related departments (for example, the Department of Veterans' Affairs).

5 Other:

Any other indirect health care expenditure as defined above not catered for in the above categories. This might include such things as family planning and parental health counselling services and expenditure incurred in the registration of notifiable diseases and other medical information.

Verification rules:

Collection methods:

Related metadata:

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recurrent expenditure

Data Set Specifications:

NMDS - Public hospital establishments

Start date **End date**

01/07/1989

Comments:

Resources Working Party members were concerned about the possibility that double-counting of programs at the hospital and again at the State level and were also concerned at the lack of uniformity between States. Where possible expenditure relating to programs operated by hospitals should be at the hospital level.

Individual/group session

Identifying and Definitional Attributes

Knowledgebase ID: 000235 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: A group is defined as two or more patients receiving services at the same time from the same hospital staff. However, this excludes the situation where individuals all belong to the same family. In such cases, the service is being provided to the family unit and as a result the session should be counted as a single occasion of service to an individual.

Context: Required to distinguish between those occasions of service on an individual patient basis and those servicing groups of patients. This distinction has resource implications.

Relational and Representational Attributes

Datatype: Alphanumeric

Representational form: Code

Representational layout: ANN.N

Minimum size: 5

Maximum size: 5

Data domain: A12.1 Individual sessions
A12.2 Group sessions

Guide for use:

Verification rules:

Collection methods:

Related metadata:

Administrative Attributes

Source document:

Source organisation:

Information model link:

NHIM Service provision event

Data Set Specifications:	Start date	End date
NMDS - Public hospital establishments	01/07/1989	

Comments:

Interest payments

Identifying and Definitional Attributes

Knowledgebase ID:	000245	Version No:	1
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/89		
Definition:	Payments made by or on behalf of the establishment in respect of borrowings (e.g. interest on bank overdraft) provided the establishment is permitted to borrow. This does not include the cost of equity capital (i.e. dividends on shares) in respect of profit-making private establishments.		
Context:	Health expenditure: This item has been retained in the data set because of its significance for the private sector. Private profit-making establishments will seek to fund their operations either by loan borrowings (debt capital) or raising shares (equity capital). The cost of either can be significant, although the cost of the latter (that is, dividends on shares) would come out of profits.		

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Currency
Representational layout:	\$999,999,999
Minimum size:	2
Maximum size:	12
Data domain:	Australian dollars, rounded to nearest whole dollar.
Guide for use:	Record values up to hundreds of millions of dollars.
Verification rules:	
Collection methods:	
Related metadata:	relates to the data element Establishment type vers 1

Administrative Attributes

Source document:		
Source organisation:	National Health Data Committee	
Information model link:	NHIM Recurrent expenditure	
Data Set Specifications:		
NMDS – Public hospital establishments	01/07/1989	Start date
NMDS – Community mental health establishments	01/07/1998	End date

Comments:

The item would not have been retained if the data set was restricted to the public sector. In some States, public hospitals may not be permitted to borrow funds or it may be entirely a State treasury matter, not identifiable by the health authority. Even where public sector establishment borrowings might be identified, this appears to be a sensitive area and also of less overall significance than in the private sector.

Medical and surgical supplies

Identifying and Definitional Attributes

Knowledgebase ID: 000239 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. Gross expenditure should be reported with no revenue offsets, except for inter-hospital transfers.

Context: Health expenditure:
As for the data element Drug supplies, this is a significant element of non-salary expenditure and national-level data on medical and surgical supplies is of considerable interest in its own right to a wide range of persons and organisations.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record values up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recurrent expenditure

Data Set Specifications: **Start date** **End date**

NMDS – Public hospital establishments 01/07/1989

Comments:

Number of available beds for admitted patients

Identifying and Definitional Attributes

Knowledgebase ID: 000255 **Version No:** 2

Metadata type: Data Element

Admin. status: Current
01/07/97

Definition: An available bed is a bed which is immediately available to be used by an admitted patient or resident if required. A bed is immediately available for use if it is located in a suitable place for care with nursing and auxiliary staff available within a reasonable period.

Inclusions: both occupied and unoccupied beds are included. For residential aged care services, the number of approved beds includes beds approved for respite care.

Exclusions: surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded and beds designated for same-day non-admitted patient care are excluded. Beds in wards which were closed for any reason (except weekend closures for beds/wards staffed and available on weekdays only) are also excluded.

Context: Necessary to provide an indicator of the availability and type of service for an establishment.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Quantitative value

Representational layout: NNNN

Minimum size: 1

Maximum size: 4

Data domain: Average available beds, rounded to the nearest whole number

Guide for use: The average bed is to be calculated from monthly figures.

Verification rules:

Collection methods:

Related metadata: relates to the data element concept Admitted patient vers 3
supersedes previous data element Number of available beds for admitted patients vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Aggregate resource

Data Set Specifications:

NMDS – Public hospital establishments

Start date

End date

01/07/1997

NMDS – Community mental health establishments

01/07/1998

Comments:

This National Health Data Dictionary entry was amended during 1996-97. Until then, both average and end-of-year counts of available beds were included, and the end-of-year counts used as surrogates for the average counts if the latter were unavailable. The average count is more useful for accurate characterisation of establishments and comparisons.

Occasions of service

Identifying and Definitional Attributes

Knowledgebase ID:	000209	Version No: 1
Metadata type:	Derived Data Element	
Admin. status:	Current	
	01/07/89	
Definition:	The number of occasions of examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.	
Context:	Occasions of service are required as a measure of non-admitted patient service provision.	

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Quantitative value
Representational layout:	NNNNNNN
Minimum size:	1
Maximum size:	7
Data domain:	Count of the number of occasions of service

Guide for use:

Verification rules:

Collection methods:	<p>The definition does not distinguish case complexity for non-admitted patients.</p> <p>For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average Diagnosis Related Group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition.</p> <p>For admitted patients the concept of a separation is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.</p>
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Related metadata:

Administrative Attributes

Source document:	
Source organisation:	National minimum data set working parties

National Minimum Data Set

Public hospital establishments

Information model link:

NHIM Performance indicator

Data Set Specifications:

NMDS - Public hospital establishments

Start date

End date

01/07/1989

Comments:

Other recurrent expenditure

Identifying and Definitional Attributes

Knowledgebase ID:	000247	Version No: 1
Metadata type:	Data Element	
Admin. status:	Current	
	01/07/89	
Definition:	Other payments are all other recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. Gross expenditure should be reported with no revenue offsets (except for inter-hospital transfers).	
Context:	Health expenditure: This category is required for balancing purposes and to capture all those additional expenditures which can be significant in aggregate.	

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Currency
Representational layout:	\$999,999,999
Minimum size:	2
Maximum size:	12
Data domain:	Australian dollars. Rounded to nearest whole dollar.
Guide for use:	Record as currency up to hundreds of millions of dollars.
Verification rules:	
Collection methods:	
Related metadata:	relates to the data element Establishment type vers 1

Administrative Attributes

Source document:		
Source organisation:	National minimum data set working parties	
Information model link:	NHIM Recurrent expenditure	
Data Set Specifications:	Start date	End date
NMDS – Public hospital establishments	01/07/1989	

Comments:

Other revenues

Identifying and Definitional Attributes

Knowledgebase ID: 000323 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: 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.
See text relating to offsetting practices. Gross revenue should be reported (except in relation to payments for inter-hospital transfers of goods and services).

Context: Health services:
In aggregate, other revenues as defined above constitute a significant source of income for many establishments and are necessary to complete the revenue picture for health financing studies or analyses at the national level.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record as currency up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Financial resource item

Data Set Specifications:	Start date	End date
NMDS – Public hospital establishments	01/07/1989	

Comments:

Patient revenue

Identifying and Definitional Attributes

Knowledgebase ID: 000296 **Version No:** 1

Metadata type: Data Element

Admin. status: Current

01/07/89

Definition: Patient revenue comprises all revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. All patient revenue is to be grouped together regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether inpatient or non-inpatient, private or compensable). Gross revenue should be reported.

Note: The Commonwealth contribution in respect of residential aged care service patients should be included under patient revenue.

Context: Health expenditure:

Patient revenue is a significant source of income for most establishments. For some establishments (principally the private sector) it is the major source of income. Patient revenue data is important for any health financing analyses or studies at the national level.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record as currency up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Financial resource item

Data Set Specifications: **Start date** **End date**

NMDS – Public hospital establishments 01/07/1989

Comments:

Patient transport

Identifying and Definitional Attributes

Knowledgebase ID:	000243	Version No: 1
Metadata type:	Data Element	
Admin. status:	Current	
	01/07/89	
Definition:	The direct cost of transporting patients excluding salaries and wages of transport staff.	
Context:	Health expenditure: Considered to be a significant element of non-salary recurrent expenditure for many establishments within the data set and is thus required for any health expenditure analysis at the national level.	

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Currency
Representational layout:	\$999,999,999
Minimum size:	2
Maximum size:	12
Data domain:	Australian dollars. Rounded to nearest whole dollar.
Guide for use:	Record as currency up to hundreds of millions of dollars.
Verification rules:	
Collection methods:	
Related metadata:	relates to the data element Establishment type vers 1

Administrative Attributes

Source document:		
Source organisation:	National minimum data set working parties	
Information model link:	NHIM Recurrent expenditure	
Data Set Specifications:	Start date	End date
NMDS - Public hospital establishments	01/07/1989	
Comments:		

Payments to visiting medical officers

Identifying and Definitional Attributes

Knowledgebase ID: 000236 **Version No:** 1

Metadata type: Data Element

Admin. status: Current

01/07/89

Definition: All payments made by an institutional health care establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid, or fee for service basis.

A visiting medical officer is 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. This category includes the same Australian Standard Classification of Occupations codes as the salaried medical officers category.

Context: Health expenditure:

This is a significant element of expenditure for many hospitals (although not for other establishments) and needed for health financing and health expenditure analysis at the national level. Any analysis of health expenditures at the national level would tend to break down if significant components of expenditure were not available.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record as currency up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Recurrent expenditure

Data Set Specifications:

NMDS – Public hospital establishments

Start date

End date

01/07/1989

NMDS – Community mental health establishments

01/07/1998

Comments:

Although accepting the need to include visiting medical officer payments, the Resources Working Party decided not to include data on visiting medical officer services (whether hours or number of sessions or number of services provided) due to collection difficulties and the perception that use of visiting medical officers was purely a hospital management issue.

Recoveries

Identifying and Definitional Attributes

Knowledgebase ID: 000295 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: All revenue received that is in the nature of a recovery of expenditure incurred. This would include:

- income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors)
- 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
- 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.

Generally, gross revenues should be reported but, where inter-hospital payments for transfers of goods and services are made, offsetting practices are acceptable to avoid double counting. Where a range of inter-hospital transfers of goods and services is involved and it is not possible to allocate the offsetting revenue against particular expenditure categories, then it is acceptable to bring that revenue in through recoveries.

Context: Health expenditure:

Recoveries represent a significant source of income for many establishments and, as well as assisting in completing the picture in any health financing studies or analysis at the national level, are relevant in relation to the determination of net costs and output costs.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars to the nearest whole dollar.

Guide for use: Record as currency up to hundreds of millions of dollars.
This data element relates to all revenue received by establishments except for general revenue payments received from State or Territory governments.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes**Source document:**

Source organisation: National minimum data set working parties

Information model link:

NHIM Financial resource item

Data Set Specifications:

NMDS - Public hospital establishments

Start date

End date

01/07/1989

Comments:

The Resources Working Party had considered splitting recoveries into staff meals and accommodation, and use of hospital facilities (private practice) and other recoveries.

Some States had felt that use of facilities was too sensitive as a separate identifiable item in a national minimum data set. Additionally, it was considered that total recoveries was an adequate category for health financing analysis purposes at the national level.

Repairs and maintenance

Identifying and Definitional Attributes

Knowledgebase ID: 000242 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

Definition: The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works. Expenditure of a capital nature should not be included here. Do not include salaries and wages of repair and maintenance staff. Gross expenditure should be reported with no revenue offsets (except for inter-hospital transfers).

Context: Health expenditure:
This is a significant element of non-salary recurrent expenditure for most establishments within the data set and is thus required for any health expenditure analysis at the national level.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record as currency up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Recurrent expenditure

Data Set Specifications: **Start date** **End date**

NMDS - Public hospital establishments 01/07/1989

Comments:

Salaries and wages

Identifying and Definitional Attributes

Knowledgebase ID: 000254 **Version No:** 1

Metadata type: Data Element

Admin. status: Current

01/07/89

Definition: Salary and wage payments for all employees of the establishment (including contract staff employed by an agency, provided staffing (ME) data is also available). This is to include all paid leave (recreation, sick and long-service) and salary and wage payments relating to workers compensation leave for the following staffing categories (see below).

Generally, salary data by staffing categories should be broadly consistent with full-time equivalent staffing numbers. Where staff provide services to more than one hospital, their salaries should be apportioned between all hospitals to whom services are provided on the basis of hours worked in each hospital.

Salary payments for contract staff employed through an agency should be included under salaries for the appropriate staff category provided they are included in full-time equivalent staffing. If they are not salary, payments should be shown separately.

Context: Health expenditure:

Salaries and wages invariably constitute the major component of recurrent and, indeed, total expenditure for the establishments forming part of this data set and are vital to any analysis of health expenditure at the national level. The categories correspond with those relating to full-time equivalent staffing which is a requirement for any proper analysis of average salary costs.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record as currency up to hundreds of millions of dollars.
Figures should be supplied for each of the staffing categories:

- C1.1 Salaried medical officers
- C1.2 Registered nurses
- C1.3 Enrolled nurses
- C1.4 Student nurses

- C1.5 Trainee/pupil nurses
- C1.6 Other personal care staff
- C1.7 Diagnostic and health professionals
- C1.8 Administrative and clerical staff
- C1.9 Domestic and other staff

Verification rules:**Collection methods:**

For contract staff, see comments under the data element Total full-time equivalent staff. Salary data for contract staff, provided the contract is for the supply of labour (e.g. nursing) rather than products (e.g. photocopier maintenance), should be shown under the appropriate staff salary category provided that corresponding staffing (full-time equivalent) data is available. If not, it should be shown separately.

Related metadata:

relates to the data element Establishment type vers 1

relates to the data element Full-time equivalent staff vers 2

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Recurrent expenditure

Data Set Specifications:

	<i>Start date</i>	<i>End date</i>
NMDS – Public hospital establishments	01/07/1989	
NMDS – Community mental health establishments	01/07/1998	

Comments:

Specialised service indicators

Identifying and Definitional Attributes

Knowledgebase ID:	000321	Version No: 1
Metadata type:	Data Element	
Admin. status:	Current	
	01/07/89	
Definition:	Specialised services provided in establishments.	

Context: Health services:
Essential to provide a broad picture of the availability of these key specialised services by State and region and to assist with planning if services are over supplied in one region relative to another.

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Code
Representational layout:	AN.NN
Minimum size:	1
Maximum size:	5

Data domain:	1	Yes
	2	No

Guide for use: Each of the following specialised services should be coded separately.

E4.1 Obstetric/maternity service:
A specialised facility dedicated to the care of obstetric/maternity patients.

E4.2 Specialist paediatric service:
A specialised facility dedicated to the care of children aged 14 or less.

E4.3 Psychiatric unit/ward:
A specialised unit/ward dedicated to the treatment and care of admitted patients with psychiatric, mental, or behavioural disorders.

E4.4. Intensive care unit (level III):
A specialised facility dedicated to the care of paediatric and adult patients requiring intensive care and sophisticated technological support services.

E4.5 Hospice care unit:
A facility dedicated to the provision of palliative care to terminally ill patients.

E4.6 Nursing home care unit:
A facility dedicated to the provision of nursing home care.

E4.7 Geriatric assessment unit:
Facilities dedicated to the Commonwealth-approved assessment of the level of dependency of (usually) aged individuals either for purposes of initial admission to a long-stay institution or for purposes of reassessment of dependency levels of existing long-stay institution residents.

E4.8 Domiciliary care service:

A facility/service dedicated to the provision of nursing or other professional paramedical care or treatment and non-qualified domestic assistance to patients in their own homes or in residential institutions not part of the establishment.

E4.9 Alcohol and drug unit:

A facility/service dedicated to the treatment of alcohol and drug dependence.

E4.10 Acute spinal cord injury unit (SS):

A specialised facility dedicated to the initial treatment and subsequent ongoing management and rehabilitation of patients with acute spinal cord injury, largely conforming to Australian Health Minister's Advisory Council guidelines for service provision.

E4.11 Coronary care unit:

A specialised facility dedicated to acute care services for patients with cardiac diseases.

E4.12 Cardiac surgery unit (SS):

A specialised facility dedicated to operative and peri-operative care of patients with cardiac disease.

E4.13 Acute renal dialysis unit (SS):

A specialised facility dedicated to dialysis of renal failure patients requiring acute care.

E4.14 Maintenance renal dialysis centre (SS):

A specialised facility dedicated to maintenance dialysis of renal failure patients. It may be a separate facility (possibly located on hospital grounds) or known as a satellite centre or a hospital-based facility but is not a facility solely providing training services.

E4.15 Burns unit (level III) (SS):

A specialised facility dedicated to the initial treatment and subsequent rehabilitation of the severely injured burns patient (usually >10 per cent of patients body surface affected).

E4.16 Major plastic/reconstructive surgery unit (SS):

A specialised facility dedicated to general purpose plastic and specialised reconstructive surgery, including maxillofacial, microsurgery and hand surgery.

E4.17 Oncology (cancer treatment) unit (SS):

A specialised facility dedicated to multidisciplinary investigation, management, rehabilitation and support services for cancer patients. Treatment services include surgery, chemotherapy and radiation.

E4.18 Neonatal intensive care unit (level III) (SS):

A specialised facility dedicated to the care of neonates requiring care and sophisticated technological support. Patients usually require intensive cardiorespiratory monitoring, sustained assistance ventilation, long-term oxygen administration and parenteral nutrition.

E4.19 In-vitro fertilisation unit:

A specialised facility dedicated to the investigation of infertility provision of in-vitro fertilisation services.

E4.20 Comprehensive epilepsy centre (SS):

A specialised facility dedicated to seizure characterisation, evaluation of therapeutic regimes, pre-surgical evaluation and epilepsy surgery for patients with refractory epilepsy.

E4.21 Transplantation unit:

A specialised facility dedicated to organ retrieval, transplantation and ongoing care of the transplant recipient.

bone marrow

renal

heart, including heart-lung

liver

pancreas.

E4.22 Clinical genetics unit (SS):

A specialised facility dedicated to diagnostic and counselling services for clients who are affected by, at risk of or anxious about genetic disorders.

E4.23 Sleep centre:

A specialised facility linked to a sleep laboratory dedicated to the investigation and management of sleep disorders.

E4.24 Neuro surgical unit:

A specialised facility dedicated to the surgical treatment of neurological conditions.

E4.25 Infectious diseases unit:

A specialised facility dedicated to the treatment of infectious diseases.

E4.26 AIDS unit:

A specialised facility dedicated to the treatment of AIDS patients.

E4.27 Diabetes unit:

A specialised facility dedicated to the treatment of diabetics.

E4.28 Rehabilitation unit:

Dedicated units within recognised hospitals which provide post-acute rehabilitation and are designed as such by the State health authorities (see data element Care type).

Verification rules:**Collection methods:**

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes**Source document:**

Source organisation: National Health Data Committee

Information model link:

NHIM Organisation characteristic

Data Set Specifications:

NMDS – Public hospital establishments

Start date

End date

01/07/1989

Comments:

Superannuation employer contributions (including funding basis)

Identifying and Definitional Attributes

Knowledgebase ID: 000237 **Version No:** 1

Metadata type: Data Element

Admin. status: Current

01/07/89

Definition: 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 health authority, to a superannuation fund providing retirement and related benefits to establishment employees.

The following different funding bases are identified:

paid by hospital to fully funded scheme

paid by Commonwealth Government or State government to fully funded scheme

unfunded or emerging costs schemes where employer component is not presently funded.

Fully funded schemes are those in which employer and employee contributions are paid into an invested fund. Benefits are paid from the fund. Most private sector schemes are fully funded.

Emerging cost schemes are those in which the cost of benefits is met at the time a benefit becomes payable i.e. there is no ongoing invested fund from which benefits are paid. The Commonwealth superannuation fund is an example of this type of scheme as employee benefits are paid out of general revenue.

Context: Health expenditure:

Superannuation employer contributions are a significant element of establishment expenditure and, as such, are required for health expenditure analysis at the national level. The funding basis is required for cost comparison purposes particularly in the case of unfunded or emerging cost schemes where no actual contribution is being presently made but ultimately employer liability will have to be funded.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Currency

Representational layout: \$999,999,999

Minimum size: 2

Maximum size: 12

Data domain: Australian dollars. Rounded to nearest whole dollar.

Guide for use: Record as currency up to hundreds of millions of dollars.

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Recurrent expenditure

Data Set Specifications:	Start date	End date
NMDS – Public hospital establishments	01/07/1989	

Comments: The definition specifically excludes employee superannuation contributions (not a cost to the establishment) and superannuation final benefit payments. In private enterprise some superannuation schemes are partially funded but this is considered too complex a distinction for national minimum data sets. It is noted that the emergence of salary sacrifice schemes allows employees to forego salary for higher superannuation contributions. If these become significant, national minimum data sets may have to take them into account at a future stage.

Teaching status

Identifying and Definitional Attributes

Knowledgebase ID: 000322 **Version No:** 1

Metadata type: Data Element

Admin. status: Current
01/07/89

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 inpatient 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

Representational layout: N

Minimum size: 1

Maximum size: 1

Data domain:

1	Yes
2	No
9	Unknown

Guide for use:

Verification rules:

Collection methods:

Related metadata: relates to the data element Establishment type vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Organisation characteristic

Data Set Specifications:

NMDS – Public hospital establishments

Start date**End date**

01/07/1989

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
- 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).

Type of non-admitted patient care

Identifying and Definitional Attributes

Knowledgebase ID:	000231	Version No: 1
Metadata type:	Derived Data Element	
Admin. status:	Current	
	01/07/94	
Definition:	This data element concept identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.	
Context:	Required to describe the broad types of services provided to non-admitted patients, community patients and outreach clients.	

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Quantitative value
Representational layout:	NNNNNNNN
Minimum size:	1
Maximum size:	7
Data domain:	Count of number of non-admitted patient occasions of service.
Guide for use:	<p>A count is required for each of the following categories (definitions of each are given below):</p> <p>Emergency department and emergency services:</p> <p>A9.1 Emergency services</p> <p>Outpatient services:</p> <p>A9.2 Dialysis</p> <p>A9.3 Pathology</p> <p>A9.4 Radiology and organ imaging</p> <p>A9.5 Endoscopy and related procedures</p> <p>A9.6 Other medical/surgical/diagnostic</p> <p>A9.7 Mental health</p> <p>A9.8 Drug and alcohol</p> <p>A9.9 Dental</p> <p>A9.10 Pharmacy</p> <p>A9.11 Allied health services</p> <p>Other non-admitted services:</p> <p>A9.12 Community health services</p> <p>A9.13 District nursing services</p> <p>A9.14 Other outreach services</p>

Definitions:**A9.1 Emergency services:**

Services to patients who are not admitted and who receive treatment that was either unplanned or carried out in designated emergency departments within a hospital. Unplanned patients are patients who have not been booked into the hospital before receiving treatment. In general it would be expected that most patients would receive surgical or medical treatment. However, where patients receive other types of treatment that are provided in emergency departments these are to be included. The exceptions are for dialysis and endoscopy and related procedures which have been recommended for separate counting.

A9.2 Dialysis:

This represents all non-admitted patients receiving dialysis within the establishment. Where patients receive treatment in a ward or clinic classified elsewhere (for example, an emergency department), those patients are to be counted as dialysis patients and to be excluded from the other category. All forms of dialysis which are undertaken as a treatment necessary for renal failure are to be included.

A9.3 Pathology:

This includes all occasions of service to non-admitted patients from designated pathology laboratories. Occasions of service to all patients from other establishments should be counted separately.

A9.4 Radiology and organ imaging:

This includes all occasions of service to non-admitted patients undertaken in radiology (X-ray) departments as well as in specialised organ imaging clinics carrying out ultrasound, computerised tomography and magnetic resonance imaging.

A9.5 Endoscopy and related procedures:

This should include all occasions of service to non-admitted patients for endoscopy including:

cystoscopy

gastroscopy

oesophagoscopy

duodenoscopy

colonoscopy

bronchoscopy

laryngoscopy.

Where one of these procedures is carried out in a ward or clinic classified elsewhere, for example in the emergency department, the occasion is to be included under endoscopy and related procedures, and to be excluded from the other category. Care must be taken to ensure procedures on admitted patients are excluded from this category.

A9.6 Other medical/surgical/diagnostic:

Any occasion of service to a non-admitted patient given at a designated unit primarily responsible for the provision of medical/surgical or diagnostic services which has not been covered in the above. These include ECG, obstetrics, nuclear medicine, general medicine, general surgery, fertility and so on.

A9.7 Mental health:

All occasions of service to non-admitted patients attending designated psychiatric or mental health units within hospitals.

A9.8 Alcohol and drug:

All occasions of service to non-admitted patients attending designated drug and alcohol units within hospitals.

A9.9 Dental:

All occasions of service to non-admitted patients attending designated dental units within hospitals.

A9.10 Pharmacy:

This item includes all occasions of service to non-admitted patients from pharmacy departments. Those drugs dispensed/administered in other departments such as the emergency department, or outpatient departments, are to be counted by the respective departments.

A9.11 Allied health services:

This includes all occasions of service to non-admitted patients where services are provided at units/clinics providing treatment/counselling to patients. These include units primarily concerned with physiotherapy, speech therapy, family planning, dietary advice, optometry, occupational therapy and so on.

A9.12 Community health services:

Occasions of service to non-admitted patients provided by designated community health units within the establishment. Community health units include:

baby clinics

immunisation units

aged care assessment teams

other.

A9.13 District nursing service: Occasions of service to non-admitted patients which:

are for medical/surgical/psychiatric care

are provided by a nurse, paramedic or medical officer

involve travel by the service provider*

are not provided by staff from a unit classified in the community health category above.

A9.14 Other outreach services: Occasions of service to non-admitted patients which:

involve travel by the service provider*

are not classified in allied health or community health services above.

*Travel does not include movement within an establishment, movement between sites in a multi-campus establishment or between establishments. Such cases should be classified under the appropriate non-admitted patient category.

It is intended that these activities should represent non-medical/surgical/psychiatric services. Activities such as home cleaning, meals on wheels, home maintenance and so on should be included.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted should be identified as a subset of the total occasions of service.

Verification rules:**Collection methods:**

The list of categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Related metadata:**Administrative Attributes****Source document:**

Source organisation: National minimum data set working parties

Information model link:

NHIM Performance indicator

Data Set Specifications:

NMDS – Public hospital establishments

Start date

End date

01/07/1989

Comments:

Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients. This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.

For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Type of non-admitted patient care (public psychiatric, alcohol and drug)

Identifying and Definitional Attributes

Knowledgebase ID: 000233 **Version No:** 1

Metadata type: Derived Data Element

Admin. status: Current
01/07/89

Definition: Emergency patients and outpatients are persons who receive non-admitted care. Non-admitted care is care provided to a person who receives direct care within the emergency department or other designated clinics within the hospital and who is not formally admitted at the time when the care is provided. A person who first contacts the hospital and receives non-admitted care, for example through the emergency department, and is subsequently admitted should have both components of care enumerated separately.

For outreach/community patients, care delivered by hospital employees to the patient in the home, place of work or other non-hospital site.

A group is defined as two or more patients receiving a service together, where all individuals are not members of the same family. Family services are to be treated as occasions of service to an individual.

Context: Required to adequately describe the services provided to non-admitted patients in public psychiatric hospitals and alcohol and drug hospitals.

Relational and Representational Attributes

Datatype: Numeric

Representational form: Quantitative value

Representational layout: NNNNNNN

Minimum size: 1

Maximum size: 7

Data domain: Count occasions of service for each of the categories.

Guide for use: A count is required for each of the following categories:

Emergency and outpatient occasions of service:

- 1 Individual patients
- 2 Groups

Outreach/community occasions of service:

- 3 Individual patients
- 4 Groups

Verification rules:

Collection methods:

The working party discussed the need to distinguish different types of psychiatric outpatient services in psychiatric hospitals. South Australia outlined its categories of psychiatric outpatients:

- day patients (not admitted but are day program patients)
- outpatients (typically 20 minutes consultation)
- community/outreach (outreach services provided by staff off the hospital site, including community health service provided off-site and domiciliary care)
- casualty patients (designated casualty area, mirroring usual hospital set up).

These categories also applied to mental health clinics in South Australia. The working party agreed that the South Australian categories were useful, but that outpatient and casualty categories should be collapsed as there was a boundary problem between these two categories.

The working party initially recommended the following categories for activity data for outpatient services at establishment level:

- day program patients
- emergency and other outpatients
- outreach/community.

The first two of the above categories cover all outpatients treated on the hospital site, the latter covers outreach services provided by the staff off the hospital site. It includes community health services provided by hospital staff off-site.

The working party then discussed the unit of counting for activity data. The Psychiatric Working Party reviewed the recommendation of the Inpatient/Non-inpatient Working Party that occasions of service should be the appropriate unit of counting. The following points were raised:

The method of counting the number of group sessions in a psychiatric setting was difficult because a day patient is always a group patient. Also, groups would have a mixture of inpatients and outpatients.

Counting occasions of service for a day patient was difficult because a patient could have up to eight treatment encounters in one day.

From a client perspective, groups should be ignored and information should be collected on every individual.

Queensland counted the number of days on which contact is made, irrespective of intensity of service.

It was suggested that occasions of service (or individuals) be counted but that the information should be divided into one-on-one sessions or group sessions, for resource implications.

Some members thought that, in terms of resources, groups of staff and type of provider were more important than number of clients.

Victoria proposed a bare-bones approach, and recommended that only occasions of service be counted. All the other points raised were important dimensions, but Victoria felt that to do justice to them, it would be necessary to include community services, phone consultations and so on, which was not feasible at this stage.

The Psychiatric Working Party foreshadowed the need to categorise outpatients further into child, adult and other. It was generally agreed that while this aspect would be worthwhile flagging in a policy statement, it was not necessary to consider it at this stage.

The Psychiatric Working Party also agreed that occasions of service was the preferred counting unit for non-admitted patient activity data. It was noted that the acute sector had opted for this unit.

The Psychiatric Working Party recommended that a family was to be counted as one occasion of service (individual session) not as a group, and that a family unit was to be determined as a group of people which identified themselves as such.

The Psychiatric Working Party agreed that the unit of counting of services should be as follows:

- day program attendances
- other outpatient occasions of service
- outreach occasions of service.

Day program patients should be counted as number of attendances to a day program (patient days). Day program patient occasions of service with other staff should be counted separately as other outpatient occasions of service.

Related metadata:

Administrative Attributes

Source document:

Source organisation: National minimum data set working parties

Information model link:

NHIM Performance indicator

Data Set Specifications:

NMDS - Public hospital establishments

Start date

End date

01/07/1989

Comments:

In general, establishments other than acute hospitals provide a much more limited range of services for non-admitted patients and outreach/community patients/clients. Therefore, disaggregation by type of non-admitted patient care is not relevant to psychiatric and alcohol/drug hospitals.

Supporting data elements and data element concepts

Establishment number

Identifying and Definitional Attributes

Knowledgebase ID:	000377	Version No:	4
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/03		
Definition:	An identifier for an establishment, unique within the State or Territory.		
Context:	All health services.		

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Identification number
Representational layout:	NNNNN
Minimum size:	5
Maximum size:	5
Data domain:	Valid establishment number
Guide for use:	
Verification rules:	
Collection methods:	
Related metadata:	is a composite part of Establishment identifier vers 4 supersedes previous data element Establishment number vers 3

Administrative Attributes

Source document:		
Source organisation:		
Information model link:	NHIM Organisation characteristic	
Data Set Specifications:		
		Start date
		End date
NMDS – Elective surgery waiting times		01/07/2003
NMDS – Emergency department waiting times		01/07/2003
NMDS – Public hospital establishments		01/07/2003
DSS – Health care client identification		01/01/2003

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 NMDS – Emergency department waiting times. Establishment number should be a unique code for the health care establishment used in that State/Territory or uniquely at a national level .
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Establishment sector

Identifying and Definitional Attributes

Knowledgebase ID:	000379	Version No:	3
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/01		
Definition:	A section of the health care industry with which a health care establishment can identify.		

Context:

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Code
Representational layout:	N
Minimum size:	1
Maximum size:	1

Data domain:	1	Public
	2	Private

Guide for use:

Verification rules:

Collection methods:

Related metadata: is a composite part of Establishment identifier vers 4
supersedes previous data element Establishment sector vers 2

Administrative Attributes

Source document:

Source organisation:

Information model link:

NHIM Organisational setting

Data Set Specifications:	Start date	End date
NMDS – Admitted patient care	01/07/2001	
NMDS – Elective surgery waiting times	01/07/2002	
NMDS – Admitted patient mental health care	01/07/2001	
NMDS – Perinatal	01/07/2001	
NMDS – Public hospital establishments	01/07/2001	
NMDS – Community mental health establishments	01/07/2001	
DSS – Health care client identification	01/01/2003	

Comments:

Hospital

Identifying and Definitional Attributes

Knowledgebase ID:	000064	Version No:	1
Metadata type:	Data Element Concept		
Admin. status:	Current		
	01/07/94		
Definition:	A health care facility established under Commonwealth, State or Territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients.		
Context:	Admitted patient care, admitted patient palliative care, admitted patient mental health care and public hospital establishments.		

Relational and Representational Attributes

Datatype:	
Representational form:	
Representational layout:	
Minimum size:	
Maximum size:	
Data domain:	
Guide for use:	
Verification rules:	
Collection methods:	
Related metadata:	relates to the data element Establishment sector vers 3

Administrative Attributes

Source document:			
Source organisation:	National Health Data Committee		
Information model link:	NHIM Service delivery setting		
Data Set Specifications:		Start date	End date

Comments:	<p>A hospital thus defined may be located at one physical site or may be a multicampus hospital. A multicampus hospital treats movements of patients between sites as ward transfers.</p> <p>For the purposes of these definitions, the term hospital includes satellite units managed and staffed by the hospital.</p> <p>This definition includes, but is not limited to, hospitals as recognised under Australian Health Care Agreements.</p> <p>Residential aged care services as approved under the <i>National Health Act 1953</i> (Commonwealth) or equivalent State legislation are excluded from this definition.</p> <p>This definition includes entities with multipurpose facilities (e.g. those which contain both recognised and non-recognised components).</p>
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Hospital boarder

Identifying and Definitional Attributes

Knowledgebase ID: 000065 **Version No:** 1

Metadata type: Data Element Concept

Admin. status: Current
01/07/94

Definition: A person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.

Context: Admitted patient care.

Relational and Representational Attributes

Datatype:

Representational form:

Representational layout:

Minimum size:

Maximum size:

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related metadata:

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recipient role

Data Set Specifications: **Start date** **End date**

Comments: A boarder thus defined is not admitted to the hospital. However, a hospital may register a boarder.

Babies in hospital at age 9 days or less cannot be boarders. They are admitted patients with each day of stay deemed to be either a qualified or unqualified day.

Non-admitted patient

Identifying and Definitional Attributes

Knowledgebase ID: 000104 **Version No:** 1

Metadata type: Data Element Concept

Admin. status: Current
01/07/94

Definition: A patient who does not undergo a hospital's formal admission process.

There are three categories of non-admitted patient:

- emergency department patient
- outpatient
- other non-admitted patient (treated by hospital employees off the hospital site - includes community/outreach services)

Context: Non-admitted patient care.

Relational and Representational Attributes

Datatype:

Representational form:

Representational layout:

Minimum size:

Maximum size:

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related metadata: relates to the data element concept Patient vers 1

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recipient role

Data Set Specifications: **Start date** **End date**

Comments:

Overnight-stay patient

Identifying and Definitional Attributes

Knowledgebase ID:	000116	Version No: 3
Metadata type:	Data Element Concept	
Admin. status:	Current	
	01/07/01	
Definition:	A patient who, following a clinical decision, receives hospital treatment for a minimum of one night, i.e. who is admitted to and separated from the hospital on different dates.	
Context:	Admitted patient care.	

Relational and Representational Attributes

Datatype:

Representational form:

Representational layout:

Minimum size:

Maximum size:

Data domain:

Guide for use:

An overnight-stay patient in one hospital cannot be concurrently an overnight-stay patient in another hospital, unless they are receiving contracted care. If not under a hospital contract, a patient must be separated from one hospital and admitted to the other hospital on each occasion of transfer.

An overnight-stay patient of a hospital (originating hospital) who attends another hospital (the destination hospital) on a contracted basis is to be regarded by the originating hospital as an overnight-stay patient, as if the patient had not left for contracted hospital care.

Treatment provided to an intended same-day patient who is subsequently classified as an overnight-stay patient is regarded as part of the overnight episode.

A non-admitted (emergency/outpatient) service provided to a patient who is subsequently classified as an admitted patient shall be regarded as part of the admitted episode. Any occasion of service should be recorded and identified as part of the admitted patient's episode of care.

Patients who leave of their own accord, die or are transferred on their first day in hospital are not overnight-stay patients.

Verification rules:

Collection methods:

Related metadata:

relates to the data element concept Admitted patient vers 3

supersedes previous data element Overnight-stay patient vers 2

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recipient role

Data Set Specifications:

Start date

End date

Comments:

Patient

Identifying and Definitional Attributes

Knowledgebase ID: 000117 **Version No:** 1

Metadata type: Data Element Concept

Admin. status: Current
01/07/95

Definition: A patient is a person for whom a hospital accepts responsibility for treatment and/or care. There are two categories of patient, admitted and non-admitted patients. Boarders are not patients.

Context: Admitted patient care and public hospital establishments.

Relational and Representational Attributes

Datatype:

Representational form:

Representational layout:

Minimum size:

Maximum size:

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related metadata: relates to the data element concept Admitted patient vers 3

Administrative Attributes

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recipient role

Data Set Specifications: **Start date** **End date**

Comments: While the concept of a person for whom a service provider accepts responsibility for treatment or care is also applicable to non-admitted patient and public hospital establishments care and to welfare services, different terminology is often used in these other care settings e.g. client, resident.

Region code

Identifying and Definitional Attributes

Knowledgebase ID:	000378	Version No: 2
Metadata type:	Data Element	
Admin. status:	Current	
	01/07/97	
Definition:	An identifier for location of health services in a defined geographic or administrative area.	
Context:	All health services.	

Relational and Representational Attributes

Datatype:	Alphanumeric
Representational form:	Code
Representational layout:	AN
Minimum size:	1
Maximum size:	2
Data domain:	Any valid region code created by a jurisdiction.
Guide for use:	Domain values are specified by individual States/Territories. Regions may also be known as Areas or Districts.
Verification rules:	
Collection methods:	
Related metadata:	is a composite part of Establishment identifier vers 4

Administrative Attributes

Source document:

Source organisation:

Information model link:

NHIM Organisation characteristic

Data Set Specifications:	Start date	End date
NMDS - Admitted patient care	01/07/2000	
NMDS - Elective surgery waiting times	01/07/2000	
NMDS - Admitted patient mental health care	01/07/2000	
NMDS - Perinatal	01/07/1997	
NMDS - Public hospital establishments	01/07/2000	
NMDS - Community mental health establishments	01/07/2001	
DSS - Health care client identification	01/01/2003	

Comments:

Same-day patient

Identifying and Definitional Attributes

Knowledgebase ID: 000146 **Version No:** 1

Metadata type: Data Element Concept

Admin. status: Current
01/07/94

Definition: A same-day patient is a patient who is admitted and separates on the same date, and who meets one of the following minimum criteria:

That the patient receive same-day surgical and diagnostic services as specified in bands 1A, 1B, 2, 3, and 4 but excluding uncertified type C Professional Attention Procedures within the Health Insurance Basic Table as defined in s.4 (1) of the *National Health Act 1953* (Commonwealth)

That the patient receive type C Professional Attention Procedures as specified in the Health Insurance Basic Table as defined in s.4 (1) of the *National Health Act 1953* (Commonwealth) with accompanying certification from a medical practitioner that an admission was necessary on the grounds of the medical condition of the patient or other special circumstances that relate to the patient.

Context: Admitted patient care.

Relational and Representational Attributes

Datatype:

Representational form:

Representational layout:

Minimum size:

Maximum size:

Data domain:

Guide for use: Same-day patients may be either intended to be separated on the same day, or intended overnight-stay patients who left of their own accord, died or were transferred on their first day in the hospital.

Treatment provided to an intended same-day patient who is subsequently classified as an overnight-stay patient shall be regarded as part of the overnight episode.

Non-admitted (emergency or outpatient) services provided to a patient who is subsequently classified as an admitted patient shall be regarded as part of the admitted episode. Any occasion of service should be recorded and identified as part of the admitted patient's episode of care.

Data on same-day patients are derived by a review of admission and separation dates.

Verification rules:

Collection methods:

Related metadata: relates to the data element concept Admitted patient vers 3

Administrative Attributes

National Minimum Data Set

Public hospital establishments

Source document:

Source organisation: National Health Data Committee

Information model link:

NHIM Recipient role

Data Set Specifications:

Start date

End date

Comments:

Separation

Identifying and Definitional Attributes

Knowledgebase ID:	000148	Version No:	3
Metadata type:	Data Element Concept		
Admin. status:	Current		
	01/07/00		
Definition:	<p>Separation is the process by which an episode of care for an admitted patient ceases. A separation may be formal or statistical.</p> <p>Formal separation: The administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.</p> <p>Statistical separation: The administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay.</p>		
Context:	Admitted patient care.		

Relational and Representational Attributes

Datatype:	
Representational form:	
Representational layout:	
Minimum size:	
Maximum size:	
Data domain:	
Guide for use:	This treatment and/or care provided to a patient prior to separation occurs over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).
Verification rules:	
Collection methods:	
Related metadata:	<p>relates to the data element concept Admission vers 3</p> <p>relates to the data element concept Admitted patient vers 3</p> <p>relates to the data element Care type vers 4</p> <p>supersedes previous data element Separation vers 2</p> <p>relates to the data element Separation date vers 5</p>

Administrative Attributes

Source document:			
Source organisation:	National Health Data Committee		
Information model link:	NHIM Exit/leave from service event		
Data Set Specifications:		Start date	End date

Comments: While this concept is also applicable to non-Admitted patient care and welfare services, terminology different from 'separation' is often used in these other care settings.

State/Territory identifier

Identifying and Definitional Attributes

Knowledgebase ID:	000380	Version No:	3
Metadata type:	Data Element		
Admin. status:	Current		
	01/07/03		
Definition:	An identifier for Australian State or Territory.		
Context:	Public health care.		

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	Code
Representational layout:	N
Minimum size:	1
Maximum size:	1
Data domain:	<ul style="list-style-type: none"> 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 metadata:	relates to the data element Address type vers 1
	relates to the data element Australian postcode vers 1
	relates to the data element Postal delivery point identifier vers 1
	is a composite part of Establishment identifier vers 4
	supersedes previous data element State identifier vers 2
	relates to the data element Suburb/town/locality vers 1

Administrative Attributes

Source document: Adapted from Australian Standard Geographic Classification, Australian Bureau of Statistics, Catalogue Number 1216.0

Source organisation: National Health Data Committee

Information model link:

NHIM Address element

Data Set Specifications:	Start date	End date
NMDS – Admitted patient care	01/07/2003	
NMDS – Admitted patient mental health care	01/07/2003	
NMDS – Perinatal	01/07/2003	
NMDS – Public hospital establishments	01/07/2003	
DSS – Health care client identification	01/01/2003	

Comments: