Australian Government

**Australian Institute of
Health and Welfare**

Alcohol and Other Drug Treatment Services National Minimum Data Set 2012–13
specifications and collection manual

Alcohol and Other Drug Treatment Services National Minimum Data Set 2012–13

Specifications and collection manual

June 2012

Australian Institute of Health and Welfare
Canberra
Cat. No. HSE 123

The Australian Institute of Health and Welfare is a major national agency
which provides reliable, regular and relevant information and statistics
on Australia's health and welfare. The Institute's mission is
authoritative information and statistics to promote better health and wellbeing.

Suggested citation

Australian Institute of Health and Welfare 2012. Alcohol and Other Drug Treatment Services National Minimum Data Set 2012–13: Specifications and collection manual. Drug Treatment Series number 17. Cat. no. HSE 123. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair
Dr Andrew Refshauge
Director
David Kalisch
Any enquiries about or comments on this publication should be directed to:
Communications, Media and Marketing Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1032
Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

**Please note that there is the potential for minor revisions of data in this report.
Please check the online version at <www.aihw.gov.au> for any amendments.**

Contents

Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AODP	Alcohol and Other Drugs Program (Northern Territory)
AODTS–NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
AR-DRG	Australian Redefined Diagnosis Related Groups
ASCDC	Australian Standard Classification of Drugs of Concern
ASCL	Australian Standard Classification of Languages
ASGC	Australian Standard Geographical Classification
CPSS	child protection and support services
CSV	comma separated values
DE	data element
DEC	data element concept
DoHA	Department of Health and Ageing (Australian Government)
DSS	data set specification
IGCD	Intergovernmental Committee on Drugs
IPPs	Information Privacy Principles
METeOR	Metadata Online Registry (of the AIHW)
NCSDD	National community services data dictionary
NCSIMG	National Community Services Information Management Group
NDARC	National Drug and Alcohol Research Centre
n.e.c.	not elsewhere classified
NEHIPC	National E-Health Information Principal Committee
n.f.d.	not further defined
NHDD	National health data dictionary
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NHISSC	National Health Information Standards and Statistics Committee
NLI	National Localities Index
NMDS	national minimum data set
NPPs	National Privacy Principles

SAAP	Supported Accommodation Assistance Program
SACC	Standard Australian Classification of Countries
SLA	Statistical Local Area
SLK–581	*Statistical linkage key 581*

Summary

This document is a guide for drug treatment agencies, state and territory health departments and other people involved in collecting and transmitting data for the 2012–13 Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). It contains definitions of the data elements in the collection, and guidelines about collecting and transmitting the data in 2012–13. This document is one of a series of similar documents that provide information to assist participants in each year of the collection.

1 Introduction

1.1 How to use this document

These guidelines have been prepared as a reference for all those involved in collecting and supplying data for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). They should be useful to staff in Australian Government and state and territory government departments, and alcohol and other drug treatment agency staff directly involved in the collection and reporting of the data set.

Information about the meaning of specific data elements is found in Chapter 4. That is the place to go for questions such as: 'What is a closed treatment episode?' and 'How is "expiation" defined when it's recorded as a reason for cessation?'

Chapter 4 includes detailed data item definitions (which remain the same even when the data item is used in other data collections), additional information specifically for alcohol and other drug treatment services data collectors, and examples of how the data items are used in AODTS–NMDS publications from the Australian Institute of Health and Welfare (AIHW).

Chapter 5 provides information on the submission and validation of data by state and territory health authorities. This will be updated before 30 June 2013 to incorporate instructions for Validata™ tool, which is in development and will be used for the 2012–13 data submission.

This publication also provides a comprehensive guide to the AODTS–NMDS collection, including:

- some history on the collection's purpose and development
- the scope of the national data set
- information about changes and variations made to the data set over time
- information about the data validation procedures that the AIHW undertakes
- the privacy and data principles that govern the collection
- data release guidelines.

1.2 Why do we need a national collection?

The aim of the AODTS–NMDS is to combine standardised Australian Government, state and territory data so that national information about clients accessing alcohol and other drug treatment service usage and treatment programs can be reported. It is also expected that the collection will provide agencies with access to basic data about drug problems and treatment responses in their areas. The data derived from the national collection are used, with information from other sources (for example, admitted patient data and national surveys), to inform debate, policy decisions and strategies that occur within the alcohol and other drug treatment sector.

National minimum data sets (NMDSs) for health collections are minimum sets of data elements to which the relevant national data committee agrees. The AODTS–NMDS was originally agreed by the then National Health Information Management Group (NHIMG) for mandatory collection and reporting at the national level. One NMDS may include data elements that are included in another NMDS, thereby extending consistency of data standards across related fields. An NMDS depends on a national agreement to collect a complete set of uniform data and supply them as part of the national collection, but does

not preclude health jurisdictions and individual agencies and service providers from collecting additional data to meet their own specific needs. In fact, for most states and territories the AODTS–NMDS is a subsection of a larger data set that the health jurisdiction collects for management purposes. The intention, however, is that the AODTS–NMDS data items have standardised definitions and collection methods in all states and territories so that this information may be compared and used to inform planning and policy developments for reducing drug-related harm.

1.3   Brief history of the national collection

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

On completion of the feasibility study, the National Drug Strategy Unit in the then Commonwealth Department of Health and Aged Care took responsibility for overseeing the carriage of phase two—the development of the AODTS–NMDS. In September 1998, the Intergovernmental Committee on Drugs (IGCD) recommended the establishment of an interim working group to implement phase two. The initial working group comprised representatives from four states (New South Wales, Victoria, Queensland and South Australia), the AIHW, NDARC and the then Australian Government Department of Health and Aged Care.

The AODTS–NMDS has since become a national project of the IGCD AODTS–NMDS Working Group. Current membership consists of representatives from all states and territories, the Australian Bureau of Statistics (ABS), NDARC, the Australian Government Department of Health and Ageing (DoHA) and the AIHW. Development of the data elements for the national collection continued throughout 1999 and the IGCD subsequently endorsed the data set. In December 1999, the Australian Government and state and territory governments, through the NHIMG, endorsed the AODTS–NMDS and collection began on 1 July 2000.

Output from the NMDS each year includes an annual report, a national bulletin, state and territory data briefings, and interactive data cubes. The full range of reports, plus data from the interactive electronic data cubes (multidimensional representations of data that provide fast retrieval and drill-down facilities), are available from the AIHW website: <http://www.aihw.gov.au/drugs/index.cfm>.

The IGCD has supported the continued development of the AODTS–NMDS since its inception. The AIHW has maintained a coordinating role in the project, including providing the secretariat and, until 2004, the chair for the IGCD AODTS–NMDS Working Group. The AIHW is responsible for collating, analysing and reporting on AODTS–NMDS data, undertaking data development work, and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the national collection.

1.4 Roles and responsibilities

1.4.1 IGCD AODTS–NMDS Working Group

The IGCD AODTS–NMDS Working Group is responsible for developing and implementing the AODTS–NMDS. Members include representatives from each state and territory, the AIHW, the ABS, NDARC and the Australian Government's Drug Strategy Branch in DoHA. The AODTS–NMDS Working Group works closely with expert national health information bodies such as the National Health Information Standards and Statistics Committee (NHISSC). The majority of working group members play a role in coordinating the collation of data from service providers within their jurisdiction, then forwarding these data to the AIHW for the national data set. The working group also has a large input into the national annual report that the AIHW produces. Working group members are responsible for providing approval for their jurisdiction's data to be analysed. The AIHW provides the secretariat for the AODTS–NMDS Working Group and the roles of chair and deputy chair are rotated among working group members. Since the establishment of the working group, members from New South Wales, South Australia, Victoria, the Northern Territory and Western Australia have each filled the role of chair. The names and contact details of the working group (at April 2012) are in Appendix B.

Related groups

The AODTS–NMDS was developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Australian Government, states and territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA aims to ensure that the compilation and interpretation of national information is appropriate to government and community requirements, and that data are collected and reported efficiently. The NHIA operates under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The National E-health Information Principal Committee (NEHIPC) and the NHISSC, together with other national working groups such as the IGCD AODTS–NMDS Working Group, provide the mechanism for state and territory endorsement of data standards and collections.

The NHISSC and the NEHIPC endorse all data elements and supporting items that form the AODTS–NMDS. For additional information regarding data development and governance mechanisms, see AIHW's publication on creating nationally consistent health information (AIHW 2010) at <http://www.aihw.gov.au/publication-detail/?id=6442468336>.

> **Box 1: Committees involved in the National Health Information Agreement and the development of the AODTS–NMDS**
>
> AHMAC is a committee of the heads of the Australian Government, state and territory health authorities and the Australian Government Department of Veterans' Affairs.
>
> IGCD is responsible for implementing the *National Drug Strategy 2010–2015*. It consists of senior officers who represent health, law enforcement, education and customs agencies in Australian jurisdictions and New Zealand.
>
> NEHIPC advises AHMAC on e-health and information strategies, and facilitates collaboration among the Australian Government and states and territories to implement these strategies.
>
> NHISSC endorses national information standards and specifications for statistical collections for health information.

1.4.2 Government health authorities

The AODTS–NMDS is a set of standard data elements that the Australian Government and state and territory health authorities have agreed to collect. All health authorities have custodianship of their own data collections under the NHIA. It is the responsibility of each health authority to establish and coordinate the collection of data from their publicly funded alcohol and other drug treatment service providers. To ensure that the AODTS–NMDS is effectively implemented and collected, these authorities need to:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate
- assign agencies with appropriate codes (after consultation) for the data element *Geographical location of service delivery outlet*
- establish a coding system to be used for the *Person identifier*, whether it be unique to the agency or be implemented in cooperation with other agencies in the region, the district, or across the state or territory
- establish a suitable process for collecting client-level information (for example, use of data entry software) and a process for agencies to deliver the data to the Australian Government, or state or territory authority
- establish timelines for the delivery of data to the relevant health authority
- establish a process to check and validate data at the state and territory level and, where possible, assist and advise on data quality at the agency level.

Governmental health authorities also need to ensure that appropriate information security and privacy procedures are in place. Health authorities are responsible for ensuring that the collection, use, disclosure, storage and handling of the information contained in the AODTS–NMDS complies with the standards outlined in the Information Privacy Principles (IPPs) for Commonwealth agencies, and the National Privacy Principles (NPPs) for private sector organisations. In particular, data custodians are responsible for ensuring that their data holdings are protected from unauthorised access, alteration or loss. Health authorities are also responsible for ensuring that their procedures comply with any existing legislation in their state or territory.

1.4.3 Alcohol and other drug treatment providers

Drug treatment agencies whose data will be included in the national collection are responsible for collecting the agreed data elements and forwarding this information to the appropriate health authority as arranged. Agencies are responsible for ensuring that:

- the required information is accurately recorded, and should inform their health authority if they have difficulty collecting the information
- their clients are generally aware of the purpose for which the information is being collected, the fact that the collection of the information is authorised or required, and if any personal information will be passed on to another agency
- their data collection and storage methods comply with the standards as outlined in the IPPs (for Commonwealth agencies) and the NPPs (for private sector organisations). In particular, they are responsible for maintaining the confidentiality of their clients and need to ensure that their procedures comply with any existing legislation in their state or territory.

1.4.4 Australian Institute of Health and Welfare

The AIHW is responsible for collating and validating data from jurisdictions into a national data set and analysing and reporting on that data. The IGCD AODTS–NMDS Working Group is responsible for overseeing the development, implementation and collection of the AODTS–NMDS. The AIHW is responsible for coordinating and managing this process as well as secretariat duties for the working group. The AIHW is also the data custodian of the national collection and is responsible for the timely reporting of the information as well as facilitating research access to the data, subject to confidentiality constraints. As national data custodian, the AIHW is responsible for ensuring that appropriate security procedures are in place for the storage, use and release of the information (see the AIHW's privacy of data page <http://www.aihw.gov.au/privacy-of-data/>).

2 Scope of the AODTS–NMDS

It is critical that drug treatment agencies know whether they need to report their activities under the NMDS and, if they are required to report, which of their service components are included in the AODTS–NMDS collection.

Some alcohol and other drug treatment agencies, such as prison-based treatment services, are not required to report because they are outside the scope of the collection.

Other agencies provide treatment activities that fall both inside and outside the intended scope of the national data set. In these situations, only the information recorded for clients accessing a treatment activity that falls within the intended scope should be forwarded to a health authority for inclusion in the AODTS–NMDS collection.

It is also important to note that alcohol and other drug treatment services are constantly changing and improving. If a new service does not clearly fit into the scope lists below, the relevant state or territory health authority will consult with the AODTS–NMDS Working Group (through the AIHW) to clarify whether the service should report to the collection.

Details about which agencies, clients and activities are to be included or excluded from the AODTS–NMDS collection are below. The scope of the collection has remained unchanged since the collection's inception. Wording changes between different years' specifications have sought only to clarify practice rather than to change the scope in any way.

2.1 Which agencies?

2.1.1 Included

- All publicly funded (at state, territory and Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or drug treatment services are included, including residential and non-residential agencies.
- Acute care hospitals or psychiatric hospitals are included if they have specialist alcohol and drug units that provide treatment to non-admitted patients (for example, outpatient services).
- Aboriginal or mental health services may also be included if they provide specialist alcohol and other drug treatment.

2.1.2 Excluded

- Agencies whose sole function is to prescribe and/or provide dosing for opioid pharmacotherapy treatment are excluded. These services are excluded only because of the complexity of the service delivery structure, and the range of agencies and practitioners in private and general practice settings.
- Agencies that provide primarily accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters' are excluded.
- Agencies that provide services concerned primarily with health promotion (for example, needle and syringe programs) are excluded.
- Treatment services based in prison or other correctional institutions are excluded.
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients are excluded.

- Private treatment agencies that do not receive public funding are excluded.
- The majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the collection.

However, the AIHW is working with the Department of Health and Ageing to include Australian Government-funded Indigenous substance use services in the collection in the future.

2.2 Which clients?

2.2.1 Included

- All clients who are assessed and/or accepted for one or more types of treatment for their own, or another person's, alcohol and other drug problem from an alcohol and other drug treatment service are included. See the data elements *Main treatment type for alcohol and other drugs* and *Client type (alcohol and other drug treatment services)*.

2.2.2 Excluded

- Clients who are on an opioid pharmacotherapy program and who are not receiving any other form of treatment that falls within the scope of the AODTS–NMDS are excluded.
- People who seek advice or information but have not been formally assessed and accepted for treatment where such an assessment is required for the relevant treatment type are excluded. (Note that some treatment episodes entail 'assessment only'. See *Main treatment type for alcohol and other drugs* in Chapter 4 for more information.)
- Admitted patients in acute care or psychiatric hospitals are excluded.
- Clients treated in agencies that are excluded from the collection are excluded.
- Clients receiving support solely from the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems are excluded.
- Clients aged less than 10 years are excluded, irrespective of whether they were provided with services or received these services from agencies included in the collection.

2.3 Which activities?

Treatment activities in the alcohol and other drug sector are varied and range from preventive programs through to intense individual interventions such as long-term rehabilitation. The AODTS–NMDS covers treatment activities that focus on an individual client and have an identifiable beginning and end date. For example, community education programs and group counselling are generally not included. Treatments reported to the NMDS include assessment, counselling (including brief interventions), support and case management, withdrawal management, rehabilitation, information and education, pharmacotherapy and other interventions.

The unit of measurement used for treatment activities in the collection is the 'closed treatment episode'. A treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment provider. Treatment episodes vary in length from one day to several months or longer depending on the type of treatment provided. A treatment episode is considered to be closed when the treatment

plan has been completed; when there is a change in main treatment type, principal drug of concern or delivery setting; or for other reasons such as imprisonment. (See *Reason for cessation of treatment episode for alcohol and other drugs* in Chapter 4 for more information.)

2.3.1 Included

- All closed treatment episodes for the types of treatment specified in the data element *Main treatment type for alcohol and other drugs* that have been completed within the 2012–13 financial year are included. (See the data element *Date of cessation of treatment episode for alcohol and other drugs* in Chapter 4 for more information.)

2.3.2 Excluded

- Any methadone or other opioid pharmacotherapy dosage or prescription that a client receives where no other treatment type is received is excluded.
- All treatment episodes that are still open (that is, treatment episodes that have not ended) are excluded.
- Needle and syringe exchange activities are excluded.

3   What's new for 2012–13?

Over the period of time that the collection has been operating, the AODTS–NMDS Working Group has refined and improved the data elements. (See 'Appendix A: A history of data element changes' for a detailed history of data element changes.)

3.1   Changes in 2012–13

The majority of data elements have not changed between 2011–12 and 2012–13 and their definitions have not changed.

Key changes to the 2012–13 collection include:

- The transition from the Australian Standard Classification of Drugs of Concern (ASCDC) 2000 to the ASCDC 2010.

In 2011, the ABS updated the Australian Standard Classification of Drug of concern, which was first released in 2000. The updated version incorporates newer psychoactive substances, most notably there is a new category for 'cannabinoid agonists'.

More detail of the ASCDC 2011 can be found in Appendix F.

- The inclusion of the *Statistical linkage key 581* (SLK–581)

The inclusion of SLK–581 will allow estimation of the number of clients accessing treatment. The SLK–581 also facilitates analysis to provide information on patterns of service usage, treatment pathways and the characteristics of groups of clients and agencies.

The SLK–581 is made up of selected letters of the client's given name and surname, together with their date of birth and sex. 'Date of birth' and 'Sex' are already defined and supported by metadata within the AODTS–NMDS. More detail can be found in section 3.2.

- The inclusion of *Date accuracy indicator*

This element is collected to assist with the client number derivation carried out using the SLK–581. The estimation method relies on the date of birth of the client being the same for all episodes. Dates of birth of the same clients are unlikely to match if the date of birth has been estimated or is unknown. This could lead to a failure to identify all of a client's records or to false positives, where two episode are identified as belonging to the same client when this is not the case. For this reason, it is necessary to mark episodes where the date of birth is anything less than entirely accurate so that they can be accounted for in the client number derivation processes.

- The collection of both *Geographical location of service delivery outlet* and *Statistical area level 2 (SA2)*

In previous collections, the AIHW has collected the location of AODTS service delivery outlets using the element *Geographical location of service delivery outlet*. This element uses the ABS classification system Australian Standard Geographical Classification (ASGC) to classify treatment service locations.

The ABS is phasing out the Australian Standard Geographical Classification (ASGC) to be replaced by a new classification scheme: the Australian Statistical Geography Standard (ASGS).

To facilitate this transition and minimise disruption to time series data, the AODTS–NMDS will include two data elements that collect the location of AODTS service

delivery outlets in the 2012–13 collection: *Geographical location of service delivery outlet* and *Statistical area level 2 (SA2)*. The final release of the ASGC (ASGC 2011) will continue to be collected through the element *Geographical location of service delivery outlet.* The new scheme (ASGS 2011) will be collected using the element *Statistical area level 2 (SA2).*

More detail on these elements can be found in appendices C and D.

- The AIHW will continue to monitor the length of assessment-only and information only treatments and will provide information to jurisdictions on episode duration of 30–89 days, and 90 days and longer.

- The AIHW will be utilising the Validata™ tool for the 2012–13 collection. The Validata™ is a web-based portal which enables users to upload their data files and have them validated against the business rules set for that particular data collection. The Validata™ tool will allow jurisdictions to clean and validate data at their own pace as data becomes available, submitting data to the AIHW when the Validata™ tool states it is clean. Jurisdictions will be able to load data and receive a validation report as often as they wish any time after 30 June. A complete data set can be loaded for cleaning, or data from select agencies can be loaded and cleaned as jurisdictions receive them. It is hoped that the implementation of the new Validata™ tool will greatly increase both the quality and timeliness of data submissions. The 2012–13 AODTS–NMDS Specifications and Collection manual will be updated prior to 30 June 2013 to include information about Validata™ data submission and validation. The majority of updates will be in chapter 5.

- *Country of birth* has been updated to use the Standard Australian Classification of Countries (SACC), 2011.

- *Preferred language* has been updated to use Australian Standard Classification of Languages (ASCL), 2011.

This document will be updated prior to 30 June 2013 to contain information about the data loading and validation processes using the Validata™ tool. The majority of updates will be in chapter 5.

3.2 The Statistical linkage key 581 (SLK–581)

3.2.1 What is the SLK–581?

The SLK–581 is a client identifier that is based on information that is likely to be:

- unique to each client
- relatively stable across a client's lifetime
- reliably reported by clients across multiple treatment settings.

This means that records with the same SLK–581 value are likely to belong to the same client. By including the SLK–581 in the collection, it will be possible to estimate the number of clients who use AODT services and analyse how clients move between agencies over time. At present the collection is limited to reporting episode numbers.

3.2.2 Structure

The structure of the complete SLK–581 element is XXXXXDDMMYYYYN.
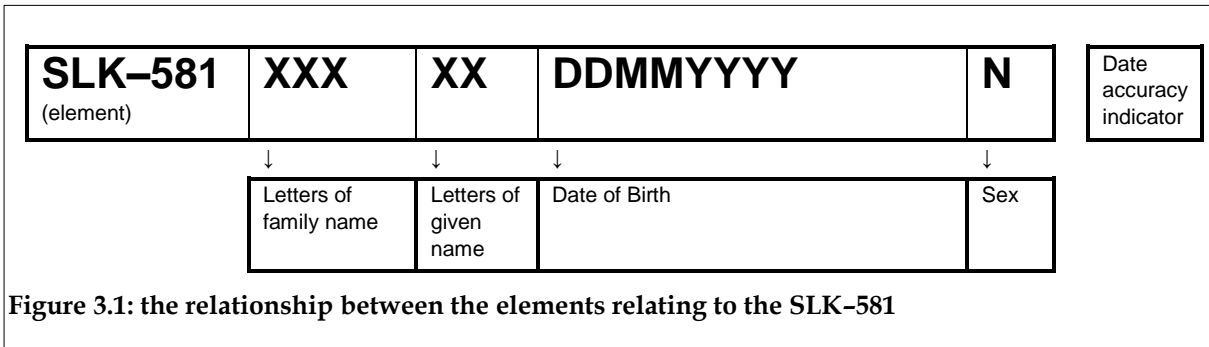
The SLK–581 is made up of four elements:

- *Letters of family name*
- *Letters of given name*

- *Date of birth*

- *Sex.*

Additionally, the SLK–581 is to be submitted with a companion element: *Date accuracy indicator*. Because client number derivation depends on dates of birth matching, the Date accuracy indicator specifies if the date of birth has been estimated or is unknown, as this will influence the accuracy of client number derivation.

Figure 3.1 shows the relationships between the elements that make up the SLK–581. Jurisdictions can either submit the completed SLK–581 element or the individual components. More information on the components can be found below and more information on the Date accuracy indicator can be found in chapter 4.5.

SLK–581 (element)	XXX	XX	DDMMYYYY	N	Date accuracy indicator
	↓	↓	↓	↓	
	Letters of family name	Letters of given name	Date of Birth	Sex	

Figure 3.1: the relationship between the elements relating to the SLK–581

3.2.3 Component elements

[XXX]XXDDMMYYYYN – Letters of the family name

In the first three characters of the SLK–581, the agency should record the second, third and fifth letters of the client's family name.

For example: If the client's family name is Smith the reported value should be MIH. If the client's family name is Jones the reported value should be ONS.

Cases where the family name has less than five letters:

Regardless of the length of a person's name, the reported value should always be three characters long. If the family name is not long enough to supply the requested letters (that is a family name of less than five letters), then agencies should substitute the number '2' to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the 3-digit string. A number (rather than a letter) is used for such a substitution in order to clearly indicate that an appropriate corresponding letter from the person's name is not available.

If a person's family name is Farr, then value reported would be AR2 because the 2 is substituting for a missing fifth letter of the family name. Similarly, if the person's family name was Hua, then the value reported would be UA2 because the 2 is substituting for the missing fifth letter of the family name.

Cases where family name is missing:

If a client's family name is missing altogether, the agency should record the number 999 in all three fields associated with the family name (not the number 2).

Cases where family name is usually stated first:

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies should always ask the person to specify their first given name and their family name separately. These

should then be recorded as first given name and family name as appropriate, regardless of the order in which the client usually states them.

Cases where the family name contains non-alphabetic characters:

If the client's family name includes non-alphabetic characters—for example hyphens (as in Lee-Archer), apostrophes (as in O'Mara) or blank spaces (as in De Vries)—these non-alphabetic characters should be ignored when counting the position of each character. For instance, if a person's family name is O'Ram-Wilson, the value reported would be RAW, because the apostrophe and the hyphen would not be counted.

XXX[XX]DDMMYYYYN – Letters of given name

In the fourth and fifth characters of the SLK–581, the agency should record the second and third letters of the client's given name.

For example: If the client's given name is Elizabeth the reported value should be LI. If the client's given name is Robert the reported value should be OB.

Cases where the given name has less than three letters:

Regardless of the length of a person's given name, the reported value should always be two characters long. If the given name of the person is not long enough to supply the requested letters (i.e. a name of less than three letters), then agencies should substitute the number '2' to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the 2-digit field. A number (rather than a letter) is used for such substitutions in order to clearly indicate that an appropriate corresponding letter from the person's name is not available.

For example, if the person's given name was Jo then the value reported would be O2 because the 2 is substituting for the missing third letter of the given name.

Cases where given name is missing:

If the person's given name is missing altogether, the agency should record 99 for the two fields associated with the given name.

Cases where given name is not usually stated first:

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies should always ask the person to specify their given name and their family name separately. These should then be recorded as given name and family name as appropriate, regardless of the order in which the client usually states them.

Cases where the given name contains non-alphabetic characters:

If the client's given name includes non-alphabetic characters—for example hyphens (as in Jo-Anne) or apostrophes (as in D'Arcy), these non-alphabetic characters should be ignored when counting the position of each character. For example, if a person's given name is Ri-Anna, the reported value would be IA.

XXXXX[DDMMYYYY]N – *Date of birth*

The sixth through to the thirteenth characters of the SLK–581 represent the person's date of birth:

- DD represents the day in the month a person was born
- MM represents the month in the year a person was born
- YYYY represents the year a person was born.

For example if a client was born on February eight, 1977, their *Date of birth* would read '08021977'.

If date of birth is not known or cannot be obtained, attempts should be made to collect or estimate age, as per instructions in the *Date of birth* element description in chapter 4.5. Additionally, a date accuracy indicator (see *Date accuracy indicator* element description in chapter 4.5) is to be reported in conjunction with all dates of birth.

XXXXXDDMMYYY[N] – *Sex*

The fourteenth character in the SLK–581 represents the sex of a person.

In the AODTS–NMDS, acceptable values for sex are:

Code   Value

1   Male

2   Female

9   Unknown

Operationally, sex is the distinction between male and female, as reported by a person or as determined by an interviewer.

When collecting data on sex by personal interview, asking the sex of the respondent is usually unnecessary and may be inappropriate, or even offensive. It is usually a simple matter to infer the sex of the respondent through observation, or from other cues such as the relationship of the person(s) accompanying the respondent, or first name. The interviewer may ask whether persons not present at the interview are male or female.

A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment. Throughout this process, which may be over a considerable period of time, the person's sex could be recorded as either Male or Female.

Code 9   Not stated/inadequately described

Code 9 is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

3.2.4 Submission Options

Jurisdictions can submit the SLK–581 in two ways. All jurisdictions must submit the two elements that have previous been collected, *Sex* and *Date of birth*, as well as the new element, *Date accuracy indicator*. Jurisdictions may then either submit the completed SLK–581 element or the remaining elements required for the creation of the SLK–581: *Letters of family name* and *Letters of given name*. These submission options are illustrated in figure 3.2.
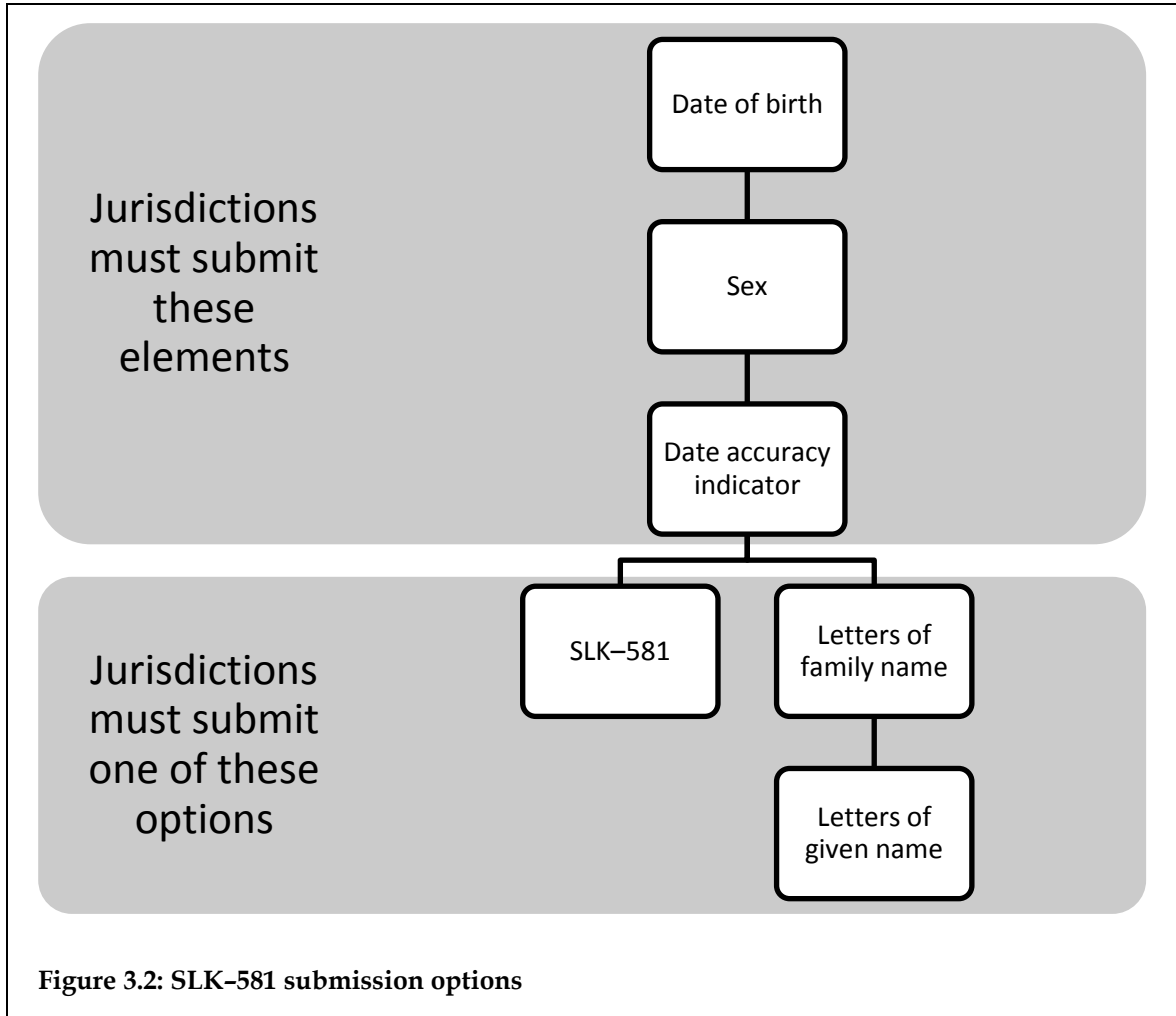

Figure 3.2: SLK–581 submission options

3.2.5 Privacy

The SLK–581 is included in the AODTS-NMDS in accordance with the AIHW's privacy policies. More information on these policies can be found on AIHW's privacy of data information page <http://www.aihw.gov.au/privacy-of-data/>.

4   AODTS data items

4.1   Overview of data items in the NMDS

The AODTS–NMDS collects two types of data items: establishment-level elements and episode-level elements. Establishment-level items relate to the agencies that provide treatment for alcohol and other drugs. They are reported to the AIHW by state and territory health departments and DoHA. Episode-level items include demographic information about the person receiving treatment, together with information about the drugs of concern and the treatment provided. Treatment agencies collect episode-level items and transmit them to health departments, which combine them with establishment-level items and then send them to the AIHW for collation. Table 4.1 shows data items collected in the AODTS–NMDS.

Table 4.1: Data items collected in the AODTS–NMDS

Treatment agency items	Episode items
Establishment identifier (including):	SLK–581 (consisting of)*
Establishment sector	Date of birth
Region code	Letters from family name
Establishment number	Letters form first name
Geographical location of service delivery outlet (ASGC)	Sex
Statistical area level 2 (SA2)	Person identifier
	Sex
	Date of birth
	Country of birth
	Indigenous status
	Preferred language
	Client type (alcohol and other drug treatment services)
	Source of referral to alcohol and other drug treatment service
	Date accuracy indicator
	Date of commencement of treatment episode for alcohol and other drugs
	Date of cessation of treatment episode for alcohol and other drugs
	Reason for cessation of treatment episode for alcohol and other drugs
	Treatment delivery setting for alcohol and other drugs
	Method of use for principal drug of concern
	Injecting drug use status
	Principal drug of concern
	Other drug of concern (first)
	Other drug of concern (second)
	Other drug of concern (third)
	Other drug of concern (fourth)
	Other drug of concern (fifth)
	Main treatment type for alcohol and other drugs
	Other treatment type for alcohol and other drugs (first)
	Other treatment type for alcohol and other drugs (second)
	Other treatment type for alcohol and other drugs (third)
	Other treatment type for alcohol and other drugs (fourth)

*This information can either be submitted in the form of the completed *SLK–581* or its component elements. See Chapter 3.2 for more information on submission options.

4.2   Key definitions

Underpinning the AODTS–NMDS collection are some key definitions or supporting data element concepts. These definitions allow data collectors to answer the questions: 'What is a treatment episode?' and 'How do I know when a treatment episode starts and finishes?' The data elements that follow are extracts from the AODTS–NMDS 2012–13 data set specifications on the AIHW's Metadata Online Register (METeOR™) <http://meteor.aihw.gov.au/content/index.phtml/itemId/466861>.

4.2.1   Structure of the data elements section

The listing of data elements is structured at the hierarchical classification level consisting of Key definitions, Establishment-level items and Episode-level items.

4.2.2   Key definitions

The first section consists of the key data definitions that provide the broad definitions for the main concepts of the collection. The broad definitions are listed for the concepts of an episode, treatment commencement and cessation reason.

4.2.3   Establishment-level items

The second section details the establishment-level data elements.

The *Establishment identifier* is a nationally unique identifier for each treatment agency for alcohol and other drugs included in the AODTS–NMDS. The *Establishment identifier* is constructed by a combination of four other data elements. Each data element contains detail on the identifying and definitional attributes of the particular data element and includes specific additional information for the AODTS–NMDS data collectors.

Establishment-level items are listed in the order used to construct *Establishment identifier*.

Table 4.2: Establishment-level items

Establishment-level items
Establishment identifier (constructed from the following data elements):
Australian state/territory identifier (first number)
Establishment sector (second number)
Region code (third and fourth number)
Establishment number (uses the organisation identifier–final five digits)
Geographical location of service delivery outlet (ASGC)
Statistical area level 2 (SA2)

4.3   Episode-level items

The third section details the episode-level data elements that are used for the collection of the AODTS–NMDS. Each data element contains detail on the identifying and definitional attributes of the particular data element and includes specific additional information for AODTS–NMDS data collectors where applicable.

Episode-level items are listed in alphabetical order.

Table 4.3: Episode-level items (alphabetical order)

Episode-level items
SLK–581 (consisting of)*
Date of birth
Letters from family name
Letters from first name
Sex
Client type (alcohol and other drug treatment services)
Country of birth
Date accuracy indicator
Date of birth
Date of cessation of treatment episode for alcohol and other drugs
Date of commencement of treatment episode for alcohol and other drugs
Indigenous status
Injecting drug use status
Main treatment type for alcohol and other drugs
Method of use for principal drug of concern
Other drug of concern (1st)
Other drug of concern (second)
Other drug of concern (third)
Other drug of concern (fourth)
Other drug of concern (fifth)
Other treatment type for alcohol and other drugs (1st)
Other treatment type for alcohol and other drugs (second)
Other treatment type for alcohol and other drugs (third)
Other treatment type for alcohol and other drugs (fourth)
Person identifier
Preferred language
Principal drug of concern
Reason for cessation of treatment episode for alcohol and other drugs
Sex
Source of referral to alcohol and other drug treatment service
Treatment delivery setting for alcohol and other drugs

*This information can either be submitted in the form of the completed SLK–581 or its component elements. See Chapter 3.2 for more information on submission options.

Episode of treatment for alcohol and other drugs

Identifying and definitional attributes

Metadata item type: Object Class

METeOR identifier: 268961

Registration status: Health, Standard 01/03/2005

Definition: The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than 3 months.

Context: Alcohol and drug treatment services. This concept is required to provide the basis for a standard approach to recording and monitoring patterns of service utilisation by clients.

Specialisation of: Episode of care (Episode of treatment for alcohol and other drugs status)

Collection and usage attributes

Guide for use: A treatment episode must have a defined date of commencement of treatment episode for alcohol and other drugs and a date of cessation of treatment episode for alcohol and other drugs.

                             A treatment episode can have only one main treatment type for alcohol and other drugs and only one principal drug of concern. If the main treatment or principal drug changes then the treatment episode is closed and a new treatment episode is opened.

                             A treatment episode may also be considered closed (ceased) if there is a change in the treatment delivery setting or the service delivery outlet. Where the change reflects a substantial alteration in the nature of the treatment episode, for instance where an agency operates in more than one treatment setting (or outlet) they may consider that a change from one setting (or outlet), to another necessitates closure of one episode and commencement of a new one.

Collection methods: Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes <Treatment episode for alcohol and other drugs, version 2, DEC, NHDD, NHIMG, Superseded 01/03/2005.pdf> (15.1 KB)

Data element concepts implementing this object class: Episode of treatment for alcohol and other drugs—cessation reason Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—client type Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—drug of concern Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—number of service contacts Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—referral source Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—service delivery setting Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—treatment cessation date Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—treatment commencement date Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs—treatment type Health, Standard 01/03/2005

4.4 Establishment-level items

This section details the establishment-level data elements agreed for collection under the AODTS–NMDS. The data elements are referred to by their short or commonly used names. There are only two establishment-level items in the NMDS—*Establishment identifier* and *Geographical location of service delivery outlet*. *Establishment identifier* is made up of four other elements (see table 4.2). These are detailed directly after *Establishment identifier* in this section.

The establishment-level items are presented in two parts. The first part contains a copy of the user friendly version of the data element from METeOR (AIHW 2012). This version and a 'technical' version of each element can be accessed via the AIHW's online metadata repository METeOR at <http://www.meteor.aihw.gov.au>. Note that data elements can be found in METeOR under their technical names.

Data elements in the NHDD may be used in multiple data collections. Therefore, these specifications contain general information for use in health data sets.

> Please refer to the additional information for AODTS–NMDS data collectors for further clarification on data element use in the collection.

Establishment identifier

Identifying and definitional attributes

Technical name: Establishment—organisation identifier (Australian), NNX[X]NNNNN

METeOR identifier: 269973

Registration status: Health, Standard 01/03/2005

Definition: The 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.

Data Element Concept: Establishment—organisation identifier

Value domain attributes

Representational attributes

Representation class: Identifier

Data type: String

Format: NNX[X]NNNNN

Maximum character length: 9

Data element attributes

Collection and usage attributes

Guide for use: Concatenation of:

Australian state/territory identifier (character position 1);

Sector (character position 2);

Region identifier (character positions 3–4); and

Organisation identifier (state/territory), (character positions 5–9).

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

Source and reference attributes

Origin: National Health Data Committee

Relational attributes

Related metadata references: Supersedes Establishment identifier, version 4, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.0 KB)

Is formed using Establishment—Australian

state/territory identifier, code N Health, Standard 01/03/2005

Is formed using Establishment—organisation identifier (state/territory), NNNNN Health, Standard 01/03/2005

Is formed using Establishment—region identifier, X[X] Health, Standard 01/03/2005

Is formed using Establishment—sector, code N Health, Standard 01/03/2005

See also Hospital—hospital identifier, XXXXX Health, Standardisation pending 16/11/2011

Implementation in Data Set Specifications:	Acute coronary syndrome (clinical) DSS Health, Standard
	Admitted patient mental health care NMDS 2012-2013 Health, Standard 07/12/2011
	Admitted patient palliative care NMDS 2011-12 Health, Standard 21/12/2010
	Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011
	Community mental health care 2004-2005 Health, Superseded 08/12/2004
	Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010
	Elective surgery waiting times (census data) DSS 1 January 2012-30 June 2012 Health, Standard 13/12/2011
	Elective surgery waiting times (census data) NMDS 2009-2012 Health, Standard 03/12/2008
	Elective surgery waiting times (removals data) DSS 1 January 2012-30 June 2012 Health, Standard 13/12/2011
	Elective surgery waiting times (removals data) NMDS 2009-2012 Health, Standard 03/12/2008
	Elective surgery waiting times cluster Health, Standard 07/12/2011
	Health care client identification DSS Health, Standard 03/12/2008
	Non-admitted patient DSS 2012–13 Health, Standard 07/12/2011
	Non-admitted patient emergency department care DSS 1 January 2012-30 June 2012 Health, Standard 13/12/2011
	Non-admitted patient emergency department care NMDS 2011-2012 Health, Standard 18/01/2011
	Non-admitted patient emergency department care NMDS 2012-2013 Health, Standardisation pending

27/01/2012

Outpatient care NMDS Health, Standard 04/07/2007

Perinatal NMDS 2011–2012 Health, Standard 21/12/2010

Public hospital establishment address details DSS Health, Standard 07/12/2011

Public hospital establishments NMDS 2012-2013 Health, Standard 07/12/2011

Radiotherapy waiting times DSS 2012- Health, Standard 07/12/2011

Residential mental health care NMDS 2011-2012 Health, Standard 21/12/2010

Implementation in Indicators:

Used as numerator
National Healthcare Agreement: P34-Waiting times for elective surgery, 2010 Health, Superseded 08/06/2011
National Healthcare Agreement: PI 34-Waiting times for elective surgery, 2011 Health, Superseded 31/10/2011
National Healthcare Agreement: PI 34-Waiting times for elective surgery, 2012 Health, Standard 31/10/2011

Data set specification specific attributes

Implementation start date:	01/07/2012
Implementation end date:	30/06/2013

Additional information for AODTS–NMDS data collectors

Establishment identifier is a nationally unique identifier for each alcohol and other drug treatment agency included in the AODTS–NMDS collection. It is the responsibility of each jurisdiction's health authority to assign a unique establishment identifier to each agency and to ensure the same unique establishment identifier is used for that agency over time. The stability of the establishment identifier over time is particularly important for the client number derivations arising from the SLK–581.

Classification

NNX[X]NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

The *Establishment identifier* is a combination of four other data elements:

- Australian state/territory identifier—which gives the first 'N'
- Establishment sector—which gives the second 'N'
- Region code—which gives 'X[X]'
- Establishment number—which gives the final 'NNNNN'.

An example establishment identifier is '32AB12346':

3	2	AB	12346
Queensland	Public sector	Queensland area health services region	Establishment number

All establishment identifiers in the 'establishment file' should match one establishment identifier in the 'client file'.

There should be the same number of establishment identifiers in both the 'establishment file' and the 'client file' (allowing for repetition of establishment identifiers in the 'client file').

Why is this data item collected?

When constructed from its four constituent parts, the *Establishment identifier* provides an identifier of the establishment that provides the service for each closed treatment episode in the collection. This identifier includes the state or territory in which the establishment is located, if the establishment is public or private, the region it is in, and a further unique identifying number.

Australian state/territory identifier (establishment)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—Australian state/territory identifier, code N
METeOR identifier:	269941
Registration status:	Health, Standard 01/03/2005
Definition:	An identifier of the Australian state or territory in which an establishment is located, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	<Establishment—Australian state/territory identifier>
METeOR identifier:	269461
Registration status:	Community Services, Standard 01/03/2005 Health, Standard 01/03/2005
Definition:	An identifier of the Australian state or territory in which an establishment is located.
Object class:	<Establishment>
Property:	<Australian state/territory identifier>

Value domain attributes

Identifying and definitional attributes

Value domain:	<Australian state/territory code N>
METeOR identifier:	304682
Registration status:	Community Services, Standard 03/08/2005 Housing assistance, Standard 03/08/2005 Health, Standard 03/08/2005
Definition:	The code set representing Australian states and territories.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1
Permissible values:	Value Meaning

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)

Collection and usage attributes

Guide for use: The order presented here is the standard for the Australian Bureau of Statistics (ABS). Other organisations (including the Australian Institute of Health and Welfare) publish data in state order based on population (that is, Western Australia before South Australia and Australian Capital Territory before Northern Territory).

Source and reference attributes

Reference documents: ABS. <Australian Standard Geographical Classification (ASGC). Cat No. 1216.0.> Canberra: ABS.

Data element attributes

Collection and usage attributes

Guide for use: This metadata item applies to the location of the establishment and not to the patient's area of usual residence.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: National Health Data Committee

National Community Services Data Committee

Relational attributes

Related metadata references: Supersedes <Australian State/Territory identifier, version 4, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005.pdf> (18.8 KB)

Is used in the formation of <Service delivery outlet—geographic location, code (ASGC 2010) NNNNN> Health, Standard 17/12/2010

Is used in the formation of <Establishment—geographical

location, code (ASGC 2010) NNNNN> Community Services, Standard 17/12/2010, Health, Standard 17/12/2010

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> *No registration status*

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> Health, Standard 01/03/2005

Implementation in Data Set Specifications:	Admitted patient care NMDS 2011-2012 Health, Standard 18/01/2011

> *Implementation start date:* 01/07/2011
>
> *Information specific to this data set:*
> This data element applies to the location of the establishment and not to the patient's area of usual residence.

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

> *Implementation start date:* 01/07/2011

Mental health establishments NMDS 2011-2012 Health, Standard 01/12/2010

> *Implementation start date:* 01/07/2011

Prison entrants DSS Health, Standardisation pending 04/11/2010

Prison establishments DSS Health, Standardisation pending 04/11/2010

Residential mental health care NMDS 2011-2012 Health, Standard 21/12/2010

> *Implementation start date:* 01/07/2011

Data set specification specific attributes

Implementation start date:	01/07/2012
Implementation end date:	30/06/2013

Additional information for AODTS–NMDS data collectors

Australian state/territory identifier is the first 'N' in *Establishment identifier*, which follows the format '**N**NX[X]NNNNN'.

Missing values

Missing values are not permitted for this data item.

Why is this data item collected?

This data item is one of four items which make up the overall data element *Establishment identifier*. It allows the analysis of data by state and territory. These analyses provide information about issues such as the treatments provided and drugs of concern in each state and territory.

Example of how *Australian state/territory identifier (establishment)* is used

In 2009–10, over half of treatment episodes in Victoria, Western Australia and Tasmania were for counselling. There was substantial variation in the proportion of information and education only episodes provided, from less than 1% in Victoria to 42% in Queensland (AIHW 2011).

Establishment sector

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—sector, code N
METeOR identifier:	269977
Registration status:	Health, Standard 01/03/2005
Definition:	A section of the health care industry with which a health care establishment can identify, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	<Establishment—sector>
METeOR identifier:	269458
Registration status:	Health, Standard 01/03/2005
Definition:	A section of the health care industry with which a health care establishment can identify.
Context:	Health services.
Object class:	<Establishment>
Property:	<Sector>

Value domain attributes

Identifying and definitional attributes

Value domain:	<Sector code N>
METeOR identifier:	270572
Registration status:	Health, Standard 01/03/2005
Definition:	A code set representing sectors.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:	Value Meaning

1	Public
2	Private

Data element attributes

Collection and usage attributes

Guide for use:

This data element is used to differentiate between establishments run by the government sector (code 1) and establishments that receive some government funding but are run by the non-government sector (code 2).

CODE 1 is to be used when the establishment:

- operates from the public accounts of a Commonwealth, state or territory government or is part of the executive, judicial or legislative arms of government,
- is part of the general government sector or is controlled by some part of the general government sector,
- provides government services free of charge or at nominal prices, and
- is financed mainly from taxation.

CODE 2 is to be used only when the establishment:

- is not controlled by government,
- is directed by a group of officers, an executive committee or a similar body,
- elected by a majority of members, and
- may be an income tax exempt charity.

Relational attributes

Related metadata references:

Supersedes <Establishment sector, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf> (15.8 KB)

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> *No registration status*

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> Health, Standard 01/03/2005

Implementation in Data Set Specifications:

Admitted patient care NMDS 2011-2012 Health, Standard 18/01/2011

> *Implementation start date:* 01/07/2011

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

> *Implementation start date:* 01/07/2011

Health care client identification DSS Health, Standard

03/12/2008

Residential mental health care NMDS 2011-2012 Health,
Standard 21/12/2010

Implementation start date: 01/07/2011

Information specific to this data set:

CODE 1 is to be used for government-operated
residential mental health care services.

CODE 2 is to be used for residential mental health
care services operated by non-government
organisations.

Implementation in Indicators: Used as numerator
National Healthcare Agreement: P43-
Unplanned/unexpected readmissions within 28 days of
selected surgical admissions, 2010 Health, Standard
07/07/2010
Used as denominator
National Healthcare Agreement: P43-
Unplanned/unexpected readmissions within 28 days of
selected surgical admissions, 2010 Health, Standard
07/07/2010

Data set specification specific attributes

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Additional information for AODTS–NMDS data collectors

Establishment sector is the second 'N' in *Establishment identifier* (N**N**A[A]NNNNN).

Missing values

Missing values are not permitted for this data item.

Why is this data item collected?

This data item provides information about the location of treatment agencies in the public
(government) or private (non-government) sectors. In practice, 'private' agencies (agencies
that do not receive any government funding) are excluded as they are not within scope for
the collection.

Example of how *Establishment sector* is used

In 2009–10, the number of agencies in the non-government sector and government sector
were 364 and 307, respectively.

Government sector agencies were more prominent in New South Wales (76%) and South
Australia (71%), whereas in Victoria all 138 agencies were in the non-government sector
(AIHW 2011).

Region code

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Establishment—region identifier, X[X]

METeOR identifier: 269940

Registration status: Health, Standard 01/03/2005

Definition: An alphanumeric identifier for the location of health services in a defined geographic or administrative area.

Data element concept attributes

Identifying and definitional attributes

Data element concept: <Establishment—region identifier>

METeOR identifier: 269459

Registration status: Health, Standard 01/03/2005

Definition: An identifier for the location of health services in a defined geographic or administrative area.

Context: All health services.

Object class: <Establishment>

Property: <Region identifier>

Value domain attributes

Identifying and definitional attributes

Value domain: <Identifier X[X]>

METeOR identifier: 270574

Registration status: Health, Standard 01/03/2005

Definition: A combination of alphanumeric characters that identify an entity.

Representational attributes

Representation class: Identifier

Data type: String

Format: X[X]

Maximum character length: 2

Data element attributes

Collection and usage attributes

Guide for use: Domain values are specified by individual states/territories. Regions may also be known as Areas or Districts. Any valid region code created by a jurisdiction is permitted.

Relational attributes

Related metadata references: Supersedes <Region code, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf> (14.3 KB)

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> *No registration status*

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> Health, Standard 01/03/2005

Implementation in Data Set Specifications: Admitted patient care NMDS 2011-2012 Health, Standard 18/01/2011

   Implementation start date: 01/07/2011

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

   Implementation start date: 01/07/2011

Health care client identification DSS Health, Standard 03/12/2008

Mental health establishments NMDS 2011-2012 Health, Standard 01/12/2010

   Implementation start date: 01/07/2011

Residential mental health care NMDS 2011-2012 Health, Standard 21/12/2010

Data set specification specific attributes

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Additional information for AODTS–NMDS data collectors

Region code makes up the 'XX' in *Establishment identifier* (NN**X**[**X**]NNNNN). *Region code* identifies the area health services region in which each alcohol and other drug treatment agency is located in the state or territory.

Classification

X[X]

Missing values

Missing values are not permitted for this data item.

Other information

Domain values are specified by individual states and territories as the health authority allocates the relevant region code.

The field size for this data element will be one alpha character (A) between A and Z if there are fewer than 26 regions in the state or territory.

If there are more than 26 regions in the state or territory the field size will be two alpha characters (XX). For example, the twenty-seventh region would be 'AA' and twenty-eighth region 'AB'.

Also, this **field is case-sensitive** so the same case (upper or lower) needs to be used for the establishment identifier in both the Establishment file and the Episode file for data transmission.

Why is this data item collected?

This data item is one of four items which make up the overall data element *Establishment identifier*.

Example of how *Region code* is used

This data item helps with the administration of the collection and does not directly affect any published information.

Establishment number

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—organisation identifier (state/territory), NNNNN
METeOR identifier:	269975
Registration status:	Health, Standard 01/03/2005
Definition:	An identifier for an establishment, unique within the state or territory.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	<Establishment—organisation identifier (state/territory)>
METeOR identifier:	269922
Registration status:	Health, Standard 01/03/2005
Definition:	An identifier for an establishment, unique within the state or territory.
Context:	All health services.
Object class:	<Establishment>
Property:	<Organisation identifier>

Value domain attributes

Identifying and definitional attributes

Value domain:	<Identifier NNNNN>
METeOR identifier:	270570
Registration status:	Community Services, Recorded 27/03/2007 Health, Standard 01/03/2005
Definition:	A combination of numeric characters that identify an entity.

Representational attributes

Representation class:	Identifier
Data type:	Number
Format:	NNNNN
Maximum character length:	5

Data element attributes

Collection and usage attributes

Comments: Identifier should be a unique code for the health care establishment used in that state/territory.

Relational attributes

Related metadata references: Supersedes <Establishment number, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf> (14.6 KB)

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> *No registration status*

Is used in the formation of <Establishment—organisation identifier (Australian), NNX[X]NNNNN> Health, Standard 01/03/2005

Implementation in Data Set Specifications: 18/01/2011

Admitted patient care NMDS 2011-2012 Health, Standard 18/01/2011

   Implementation start date: 01/07/2011

Cancer (clinical) DSS Health, Standard 22/12/2009

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

   Implementation start date: 01/07/2011

Health care client identification DSS Health, Standard 03/12/2008

Residential mental health care NMDS 2011-2012 Health, Standard 21/12/2010

Data set specification specific attributes

Implementation start date: 01/07/2012
Implementation end date: 30/06/2013

Additional information for AODTS–NMDS data collectors

Establishment number is the last 'NNNNN' of *Establishment identifier* (NNX[X]**NNNNN**). *Establishment number* **uniquely** identifies an alcohol and other drug treatment agency within a state or territory. It is the responsibility of each jurisdiction's health authority to assign an establishment number to each agency and to ensure that the **same establishment number is used for that agency over time**. Some agencies have separate administrative offices and service delivery outlets, or more than one service delivery outlet. The IGCD AODTS–NMDS Working Group has agreed that a code will be included in *Establishment number* to identify individual service delivery outlets where there is more than one for an agency.

Definition

An identifier for an establishment, unique within the state or territory.

Classification

NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

Establishment number **must be unique for each establishment** or service delivery outlet. For example, the fictitious agency DrugHelp has central offices in Adelaide city. These offices contain both administrative staff for the whole DrugHelp organisation and alcohol and other drugs staff to provide counselling to people in the local area. DrugHelp also has two smaller sites in the Adelaide suburbs to provide services to people in those areas. Appropriate establishment identifiers for DrugHelp would be:

DrugHelp (central Adelaide)   12345

DrugHelp (suburban Adelaide)   12346

DrugHelp (second suburban outlet)   12347

The *Establishment number* **must be unique over time**. For example the establishment identifier used to identify an agency for the 2012–13 collection period must be the same establishment identifier used to identify that agency in previous and future collection periods.

Why is this data item collected?

This data item is one of four items which make up the overall data element *Establishment identifier*.

Example of how *Establishment number* is used

This data item assists with administration of the collection. For example, it assists the AIHW to track changes in agencies over collection periods. It may also be available to researchers if appropriate to their projects, and the AIHW Ethics Committee and all jurisdictions agree.

Geographical location of service delivery outlet

Identifying and definitional attributes

Technical name: Service delivery outlet—geographic location, code (ASGC 2011) NNNNN

METeOR identifier: 455547

Registration status: Health, Standard 07/12/2011

Definition: Geographical location of a site from which a health/community service is delivered, as represented by a code.

Data Element Concept: Service delivery outlet—geographic location

Value domain attributes

Representational attributes

Classification scheme: Australian Standard Geographical Classification 2011

Representation class: Code

Data type: Number

Format: NNNNN

Maximum character length: 5

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

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) (Australian Bureau of Statistics (ABS), catalogue number 1216.0). It is a composite of state/territory identifier and SLA (first digit = state/territory identifier, next four digits = SLA).

The Australian Standard Geographical Classification (ASGC) is updated by the ABS on an annual basis, with a date of effect of 1 July each year.

Up until 2007, the ABS's National Localities Index (NLI) (catalogue number 1252.0.55.001) was available as a coding tool designed to assist users assign the ASGC Main Structure codes to street address information. However, the NLI is no longer produced by the ABS. To replace the Localities file of the NLI, the ABS has created a

Locality to SLA correspondence file for 2011. This file is available on request by contacting ABS Geography at <geography@abs.gov.au>.

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

Source and reference attributes

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

Origin: Australian Standard Geographical Classification (ABS catalogue number 1216.0)

Relational attributes

Related metadata references: Is formed using Establishment—Australian state/territory identifier, code N Health, Standard 01/03/2005

Supersedes Service delivery outlet—geographic location, code (ASGC 2010) NNNNN Health, Superseded 07/12/2011

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Additional information for AODTS–NMDS data collectors

Geographical location of service delivery outlet relates to the site from which a drug treatment service is delivered. As with *Establishment identifier*, it is the responsibility of each jurisdiction's health authorities to identify and assign the relevant Statistical Local Area (SLA) code to each agency. For agencies with more than one location, **the geographical location relates to the service delivery outlet.**

Classification

NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

In 2012–13, data collectors should collect *Statistical area level 2 (SA2)* as well as *Geographical location of service delivery outlet*. This is to minimise data quality issues arising from the transition to *Statistical area level 2 (SA2)*. See page 41 for information about SA2.

Responses to this data item should come in the format given in the ASGC (ABS cat. no. 1216.0, ABS 2011c). The ASGC is updated on an annual basis with a date of effect of 1 July each year. The 2011 edition will be used for the 2012–13 collection period because of the timing of updates to the ASGC and their incorporation into the METeOR data element. If it is not possible to use the 2011 version, state and territory health authorities are requested to advise the AIHW which version has been used (on the Attachment A form with their data submission). For more information of the ASGC, see Appendix C.

Some jurisdictions have used the ABS's National Localities Index to assist with assigning SLAs to their treatment agencies in previous years. This index will no longer be updated (with the last version applicable until 30 June 2008). For the 2012–13 data collection, please use the 'Locality to SLA 2011 Concordance' on the ABS website or contact the AIHW for assistance.

The first digit for *Geographical location of service delivery outlet* must be the same as the Australian state/territory identifier in the *Establishment identifier*.

Why is this data item collected?

This data item is collected to get an understanding about the location of agencies and of how different variables pertaining to closed treatment episodes, such as the principal drug of concern and the type of treatment, appear in different geographical locations.

Example of how Geographical location of service delivery outlet is used

In 2009–10, treatment agencies were again mostly located in *Major cities* (51%) and *Inner regional* areas (28%). The number of agencies in *Major cities* may be over-represented because of agencies reporting small, non-metropolitan outlets or outreach activities against the central agency location. Thus services may look less remote than they actually are (AIHW 2011).

Statistical area level 2 (SA2)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Address—statistical area, level 2 (SA2) code (ASGS 2011) N(9)
Synonymous names:	SA2
METeOR identifier:	457289
Registration status:	Community Services, Standard 06/12/2011 Health, Standard 07/12/2011
Definition:	A designated region describing location and contact details that represents a medium-sized area built from a number of Statistical Area 1 localities, as represented by a code. The aim is to represent a community that interacts together socially and economically.
Data Element Concept:	Address—statistical area

Value domain attributes

Representational attributes

Classification scheme:	Australian Statistical Geography Standard 2011
Representation class:	Code
Data type:	String
Format:	N(9)
Maximum character length:	9

Collection and usage attributes

Guide for use:

SA2 coding structure:

An SA2 is identifiable by a 9-digit fully hierarchical code. The SA2 identifier is a 4-digit code, assigned in alphabetical order within an SA3. An SA2 code is only unique within a state/territory if it is preceded by the state/territory identifier.

For example:

State/territory	SA4	SA3	SA2
N	NN	NN	NNNN

Comments:

There are 2,196 SA2 spatial units. In aggregate, they cover the whole of Australia without gaps or overlaps. Jervis Bay Territory, the Territory of the Cocos (Keeling) Islands and the Territory of Christmas Island are each represented by an SA2.

Source and reference attributes

Origin: 1270.0.55.001 - Australian Statistical Geography Standard (ASGS): Volume 1 - Main Structure and Greater Capital City Statistical Areas, July 2011
http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.001July%202011?OpenDocument

Data element attributes

Relational attributes

Related metadata references: See also Address—Australian postcode, code (Postcode datafile) {NNNN} Community Services, Standard 06/02/2012, Health, Standard 07/12/2011, Early Childhood, Standard 09/03/2012

See also Address—suburb/town/locality name, text X[46] Community Services, Standard 06/02/2012, Health, Standard 07/12/2011, Early Childhood, Standard 09/03/2012

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

> *Implementation start date:* 01/07/2012

> *Implementation end date:* 30/06/2013

Public hospital establishments NMDS 2012-2013 Health, Standard 07/12/2011

> *Implementation start date:* 01/07/2012

> *Implementation end date:* 30/06/2013

> *Information specific to this data set:*
> To be reported for the address of each hospital establishment.

Radiotherapy waiting times DSS 2012- Health, Standard 07/12/2011

> *Implementation start date:* 01/07/2012

> *Information specific to this data set:*
> In the Radiotherapy waiting times DSS, this data element describes the geographic code that indicates the service provider organisation's geographic location.

Additional information for AODTS–NMDS data collectors

Statistical area level 2 (SA2) relates to the site from which a drug treatment service is delivered. As with *Establishment identifier*, it is the responsibility of each jurisdiction's health authorities to identify and assign the relevant *Statistical Local Area (SA2)* code to each agency. *Statistical Local Area (SA2)* uses the Australian Statistical Geography Standard (ASGS) (ABS 2011d) coding system. For agencies with more than one location, the *Statistical area level 2 (SA2)* relates to the service delivery outlet. For more information the ASGS, see appendix D.

Classification

N(9)

Missing values

Missing values are not permitted for this data item.

Other information

In 2012–13, data collectors should collect *Statistical area level 2 (SA2)* as well as *Geographical location of service delivery outlet*. This is to minimise data quality issues arising from the transition to *Statistical area level 2 (SA2)*.

Responses to this data item should come in the format given in the ASGS (ABS cat. no. 1270.0). The ASGS is the newest continuing ABS geographical coding system and is updated on an annual basis with a date of effect of 1 July each year. The 2011 edition will be used for the 2012–13 collection period because of the timing of updates to the ASGS and their incorporation into the METeOR data element.

The first digit for *Statistical area level 2 (SA2)* must be the same as the Australian state/territory identifier in the *Establishment identifier*.

Why is this data item collected?

This data item is collected to get an understanding about the location of agencies and of how different variables pertaining to closed treatment episodes, such as the principal drug of concern and the type of treatment, appear in different geographical locations.

Example of how Statistical area level 2 (SA2) is used

In 2009–10, treatment agencies were again mostly located in *Major cities* (51%) and *Inner regional areas* (28%). The number of agencies in *Major cities* may be over-represented because of agencies reporting small, non-metropolitan outlets or outreach activities against the central agency location. Thus services may look less remote than they actually are (AIHW 2011).

4.5 Episode-level items

This section details the episode-level data elements agreed for collection under the AODTS–NMDS. The data elements are referred to by their short or commonly used names. For ease of use, the items are listed alphabetically.

As for establishment-level items, the data element information for episode-level data is presented in two parts. The first part contains a copy of the 'user-friendly' version of the data element from the NHDD. This version and a 'technical' version of each element can be accessed via the AIHW's online metadata repository METeOR at <www.meteor.aihw.gov.au>. Note that elements can be found in METeOR under their technical names.

This section also contains information on each of the elements that make up the SLK–581. For more on the submitting the SLK–581, either in its whole or component form, see chapter 3.2.

> Data elements are frequently used in multiple collections, therefore these specifications contain general information for use in health data sets. Please refer to the additional information for AODTS–NMDS data collectors for further clarification on data element use in the collection.

Client type (alcohol and other drug treatment services)

Identifying and definitional attributes

Technical name: Episode of treatment for alcohol and other drugs—client type, code N

METeOR identifier: 270083

Registration status: Health, Standard 01/03/2005

Definition: The status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person, as represented by a code.

Data Element Concept: Episode of treatment for alcohol and other drugs—client type

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Own alcohol or other drug use
2	Other's alcohol or other drug use

Collection and usage attributes

Guide for use: CODE 1   Own alcohol or other drug use

Use this code for a client who receives treatment or assistance concerning their own alcohol and/or other drug use.

Use this code where a client is receiving treatment or assistance for both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person.

CODE 2   Other's alcohol or other drug use

Use this code for a client who receives support and/or assistance in relation to the alcohol and/or other drug use of another person.

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

Data element attributes

Collection and usage attributes

Guide for use:

Where Code 2 Other's alcohol or other drug use is reported, do not collect the following data elements:

- Episode of treatment for alcohol and other drugs— drug of concern (principal), code (ASCDC 2000 extended) NNNN;
- Episode of treatment for alcohol and other drugs— drug of concern (other), code (ASCDC 2000 extended) NNNN;
- Client—injecting drug use status, code N; and
- Client—method of drug use (principal drug of concern), code N.

Comments:

Required to differentiate between clients according to whether the treatment episode concerns their own alcohol and/or other drug use or that of another person to provide a basis for description of the people accessing alcohol and other drug treatment services.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references:

Supersedes Client type - alcohol and other drug treatment services, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.5 KB)

Implementation in Data Set Specifications:

Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date:

01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

Client type (alcohol and other drug treatment services) refers to the status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person.

Missing values

Missing values are not permitted for this data item.

Other information

- Where *Client type* is coded 2 (Other's alcohol or other drug use), neither Main treatment type nor other (additional) treatment types should be coded 1 (Withdrawal management (detoxification)), 3 (Rehabilitation) or 4 (Pharmacotherapy).
- Where *Client type* is coded 2 do not collect (leave blank) Principal drug of concern, other drug of concern, Injecting drug use status and Method of use.

Why is this data item collected?

This data item is collected to get an understanding of whether clients are accessing alcohol and other drug treatment services for assistance with their own drug use or for assistance with issues associated with another person's drug use.

Example of how Client type (alcohol and other drug treatment services) is used

As in previous reporting periods, clients in 2009–10 most often sought treatment for their own drug use. A small proportion (4%) of episodes pertained to clients receiving treatment related to someone else's drug use.

There were 140,769 episodes reported in 2009–10 for clients seeking treatment for their own drug use (AIHW 2011); 6,017 treatment episodes were provided to people seeking assistance related to another person's drug use (AIHW 2011).

Country of birth

Identifying and definitional attributes

Technical name: Person—country of birth, code (SACC 2011) NNNN

METeOR identifier: 459973

Registration status: Community Services, Standard 13/10/2011
Housing assistance, Standard 13/10/2011
Health, Standard 13/10/2011
Homelessness, Standard 13/10/2011

Definition: The country in which the person was born, as represented by a code.

Data Element Concept: Person—country of birth

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: NNNN

Maximum character length: 4

Collection and usage attributes

Guide for use: The Standard Australian Classification of Countries 2011 (SACC) is a four-digit, three-level hierarchical structure specifying major group, minor group and country.

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

Data element attributes

Collection and usage attributes

Collection methods: Some data collections ask respondents to specify their country of birth. In others, a pre-determined set of countries is specified as part of the question, usually accompanied by an 'other (please specify)' category.

Recommended questions are:

In which country were you/was the person/was (name) born?

Australia

Other (please specify)

Alternatively, a list of countries may be used based on, for example, common Census responses.

In which country were you/was the person/was (name) born?

Australia

England

New Zealand

Italy

Vietnam

India

Scotland

Philippines

Greece

Germany

Other (please specify)

In either case coding of data should conform to the SACC.

Sometimes respondents are simply asked to specify whether they were born in either 'English speaking' or 'non-English speaking' countries but this question is of limited use and this method of collection is not recommended.

Comments:	This metadata item is consistent with that used in the ABS collection methods and is recommended for use whenever there is a requirement for comparison with ABS data (last viewed 2/6/2008).

Relational attributes

Related metadata references:	Supersedes Person—country of birth, code (SACC 2008) NNNN Community Services, Standard 02/06/2008, Housing assistance, Standard 24/11/2008, Health, Standard 01/10/2008, Homelessness, Standard 23/08/2010, Tasmanian Health, Proposed 28/09/2011
Implementation in Data Set Specifications:	Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date:	01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

The country in which the client was born.

Classification

NNNN (as coded in the ABS Standard Australian Classification of Countries, ABS cat. no. 1269.0, Appendix D—SACC). The SACC is updated from time to time. The latest version is revision 1 of the second edition and was released on 22 August 2011. This edition should be used unless otherwise advised to the AIHW on the Attachment A form that accompanies the data submission. The main changes since the previous version of the SACC result from the dissolution of the Netherlands Antilles and the resultant new countries of 'Bonaire, Sint Eustatius and Saba', 'Curacao' and 'Sint Maarten (Dutch part)'.

Missing values

Use code 0003 for missing values.

Other information

Responses to this data item should be provided in the format given in the SACC four-digit (individual country) level (ABS 2011e: Appendix E).

Why is this data item collected?

This data item is collected to get an understanding of the countries of birth of clients accessing alcohol and other drug treatment services. *Country of birth* is used in demographic analysis of clients in the collection.

Example of how *Country of birth* is used

The majority (87%) of AODTS–NMDS episodes in 2009–10 involved clients born in Australia.

Clients born in other countries were represented in only a small proportion of episodes, with England (2%) and New Zealand (2%) being the next most common countries of birth (AIHW 2011).

Date accuracy indicator

Identifying and definitional attributes

Technical name:	Date—accuracy indicator, code AAA
METeOR identifier:	294429
Registration status:	Community Services, Standard 30/09/2005 Housing assistance, Standard 23/08/2010 Health, Standard 04/05/2005 Early Childhood, Standard 21/05/2010 Homelessness, Standard 23/08/2010
Definition:	An indicator of the accuracy of the components of a reported date, as represented by a code.
Data Element Concept:	Date—accuracy indicator

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	AAA
Maximum character length:	3

Permissible values:

Value	Meaning
AAA	Day, month and year are accurate
AAE	Day and month are accurate, year is estimated
AAU	Day and month are accurate, year is unknown
AEE	Day is accurate, month and year are estimated
AEU	Day is accurate, month is estimated, year is unknown
AUU	Day is accurate, month and year are unknown
AUA	Day is accurate, month is unknown, year is accurate
AUE	Day is accurate, month is unknown, year is estimated
AEA	Day is accurate, month is estimated, year is accurate

EAA	Day is estimated, month and year are accurate	
EAE	Day is estimated, month is accurate, year is estimated	
EAU	Day is estimated, month is accurate, year is unknown	
EEA	Day and month are estimated, year is accurate	
EEE	Day, month and year are estimated	
EEU	Day and month are estimated, year is unknown	
EUA	Day is estimated, month is unknown, year is accurate	
EUE	Day is estimated, month is unknown, year is estimated	
EUU	Day is estimated, month and year are unknown	
UAA	Day is unknown, month and year are accurate	
UAE	Day is unknown, month is accurate, year is estimated	
UAU	Day is unknown, month is accurate, year is unknown	
UEA	Day is unknown, month is estimated, year is accurate	
UEE	Day is unknown, month and year are estimated	
UEU	Day is unknown, month is estimated, year is unknown	
UUA	Day and month are unknown, year is accurate	
UUE	Day and month are unknown, year is estimated	
UUU	Day, month and year are unknown	

Collection and usage attributes

Guide for use: Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.

This data element consists of a combination of three codes, each of which denotes the accuracy of one date

component:

- A – the referred date component is accurate
- E – the referred date component is not known but is estimated
- U – the referred date component is not known and not estimated.

This data element contains positional fields (DMY) that reflects the order of the date components in the format (DDMMYYYY) of the reported date:

- Field 1 (D) – refers to the accuracy of the day component;
- Field 2 (M) – refers to the accuracy of the month component;
- Field 3 (Y) – refers to the accuracy of the year component.

Data domain	Date component (for a format DDMMYYYY)		
	(D)ay	(M)onth	(Y)ear
Accurate	A	A	A
Estimated	E	E	E
Unknown	U	U	U

This data element is valid only for use with dates that are reported/exchanged in the format (DDMMYYYY).

Example 1: A date has been sourced from a reliable source and is known as accurate then the Date accuracy indicator should be informed as (AAA).

Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the Date accuracy indicator should be informed as (UUE). That is the day and month are "unknown" and the year is "estimated".

Example 3: If a person was brought in unconscious to an emergency department of a hospital and the only information available was from a relative who was certain of the age and the birthday's 'month' then the Date accuracy indicator should be informed as (UAA). A year derived from an accurate month and accurate age is always an accurate year.

The Date accuracy indicator can be useful for operational purposes to indicate the level of accuracy that a date has been collected at any point in time. It can indicate whether the stored date needs to be followed up until it reaches the intended minimal required accuracy. For example, if a person was brought in unconscious to an

emergency department of a hospital the level of accuracy of the date collected at that point may not be satisfactory. It is likely that the correct date of birth can be obtained at a later date. The Date accuracy indicator provides information on the accuracy of the entered dates that may require further action.

For future users of the data it may also be essential they know the accuracy of the date components of a reported date.

Data element attributes

Collection and usage attributes

Collection methods:

Collection constraints:

If constraints for the collection of the date are imposed, such as 'a valid date must be input in an information system for unknown date components', the Date accuracy indicator should be used along with the date as a way of avoiding the contamination of the valid dates with the same value on the respective date components.

Example:

Some jurisdictions use 0107YYYY and some use 0101YYYY when only the year is known. When month and year are known some use the fifteenth day as the date i.e. 15MMYYYY. Where this occurs in a data collection that is used for reporting or analysis purposes there will be dates in the collection with the attributes 0107YYYY etc. that are accurate and some that are not accurate. Without a corresponding flag to determine this accuracy the analysis or report will be contaminated by those estimated dates.

Comments:

Provision of a date is often a mandatory requirement in data collections.

Most computer systems require a valid date to be recorded in a date field i.e. the month part must be an integer between 1 and 12, the day part must be an integer between 1 and 31 with rules about the months with less than 31 days, and the year part should include the century. Also in many systems, significant dates (e.g. date of birth) are mandatory requirements.

However, in actual practice, the date or date components are often not known (e.g. date of birth, date of injury) but, as stated above, computer systems require a valid date. This means that a date MUST be included and it MUST follow the rules for a valid date. It therefore follows that, while such a date will contain valid values according to the rules for a date, the date is in fact an 'unknown' or 'estimated' date. For future users of the data it is essential they know that a date is accurate, unknown or estimated

and which components of the date are accurate, unknown or estimated.

Source and reference attributes

Submitting organisation: Standards Australia

Reference documents: AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia

Relational attributes

Related metadata references: See also Health-care incident—date health-care incident occurred, DDMMYYYY Health, Standard 07/12/2011

See also Individual service provider—occupation end date, DDMMYYYY Community Services, Standard 30/09/2005, Health, Standard 04/05/2005

See also Individual service provider—occupation start date, DDMMYYYY Community Services, Standard 30/09/2005, Health, Standard 04/05/2005

See also Medical indemnity claim management episode—medical indemnity claim finalisation date, DDMMYYYY Health, Standard 07/12/2011

See also Medical indemnity claim management episode—reserve placement date, DDMMYYYY Health, Standard 07/12/2011

See also Medical indemnity claim—medical indemnity claim commencement date, DDMMYYYY Health, Standard 07/12/2011

See also Person—date of birth, DDMMYYYY Community Services, Standard 25/08/2005, Housing assistance, Standard 20/06/2005, Health, Standard 04/05/2005, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010, Tasmanian Health, Proposed 28/09/2011

See also Person—date of birth, MMYYYY Health, Standard 10/12/2009

See also Record—linkage key, code 581 XXXXXDDMMYYYYN Community Services, Standard 21/05/2010, Housing assistance, Standard 23/08/2010, Health, Standard 07/12/2011, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010

See also Statistical linkage key 581 cluster Community Services, Standard 21/05/2010, Housing assistance, Standard 23/08/2010, Health, Standard 07/12/2011, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010

Implementation in Data Set Specifications: Cancer (clinical) DSS Health, Standard 07/12/2011

Health care client identification DSS Health, Standard

03/12/2008

Health care provider identification DSS Health, Standard
03/12/2008

Medical indemnity DSS Health, Standard 07/12/2011

Specialist Homelessness Services NMDS 2011 Housing
assistance, Standard 23/08/2010
Homelessness, Standard 23/08/2010

Statistical linkage key 581 cluster Community Services,
Standard 21/05/2010
Housing assistance, Standard 23/08/2010
Health, Standard 07/12/2011
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Data set specification specific attributes

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Additional information for AODTS–NMDS data collectors

Definition

Date accuracy indicator indicates the accuracy of a client's date of birth, as supplied in their
AODTS data record.

Missing values

Missing values are not permitted for this data item.

Other information

AODTS–NMDS data submitters whose systems do not easily fit this coding structure
should contact the AIHW to discuss alternative coding structures.

Why is this data item collected?

This element is collected to assist with the client number derivation procedures carried out
using the SLK–581. The client number derivation method relies on the *Date of birth* of the
client being the same for all episodes. Dates of birth of the same clients are unlikely to
match if the date of birth has been estimated or is unknown. This could lead to a failure to
identify all of a client's records or to false positives, where two episodes are identified as
belonging to the same client when this is not the case. For this reason, it is necessary to
mark episodes where the date of birth is anything less than entirely accurate so that they
can be accounted for in the client number derivation processes.

Example of how *Date accuracy indicator* is used

Date accuracy indicator will not be reported in any AODTS–NMDS output and does not
affect any reporting of age, as derived from date of birth.

Date of birth

Identifying and definitional attributes

Technical name:	Person—date of birth, DDMMYYYY
METeOR identifier:	287007
Registration status:	Community Services, Standard 25/08/2005 Housing assistance, Standard 20/06/2005 Health, Standard 04/05/2005 Early Childhood, Standard 21/05/2010 Homelessness, Standard 23/08/2010 Tasmanian Health, Proposed 28/09/2011
Definition:	The date of birth of the person.
Data Element Concept:	Person—date of birth

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years. Additionally, an estimated date flag or a date accuracy indicator should be reported in conjunction with all estimated dates of birth.
	For data collections concerned with children's services, it is suggested that the estimated date of birth of children aged under 2 years should be reported to the nearest 3-month period, i.e. 0101, 0104, 0107, 0110 of the estimated year of birth. For example, a child who is thought to be aged 18 months in October of one year would have his/her estimated date of birth reported as 0104 of the previous year. Again, an estimated date flag or date accuracy indicator should be reported in conjunction with all estimated dates of birth.
Collection methods:	Information on date of birth can be collected using the

one question:

What is your/(the person's) date of birth?

In self-reported data collections, it is recommended that the following response format is used:

Date of birth: _ _ / _ _ / _ _ _ _

This enables easy conversion to the preferred representational layout (DDMMYYYY).

For record identification and/or the derivation of other metadata items that require accurate date of birth information, estimated dates of birth should be identified by a date accuracy indicator to prevent inappropriate use of date of birth data. The linking of client records from diverse sources, the sharing of patient data, and data analysis for research and planning all rely heavily on the accuracy and integrity of the collected data. In order to maintain data integrity and the greatest possible accuracy an indication of the accuracy of the date collected is critical. The collection of an indicator of the accuracy of the date may be essential in confirming or refuting the positive identification of a person. For this reason it is strongly recommended that the data element Date—accuracy indicator, code AAA also be recorded at the time of record creation to flag the accuracy of the data.

Comments: Privacy issues need to be taken into account in asking persons their date of birth.

Wherever possible and wherever appropriate, date of birth should be used rather than age because the actual date of birth allows a more precise calculation of age.

When date of birth is an estimated or default value, national health and community services collections typically use 0101 or 0107 or 3006 as the estimate or default for DDMM.

It is suggested that different rules for reporting data may apply when estimating the date of birth of children aged under 2 years because of the rapid growth and development of children within this age group which means that a child's development can vary considerably over the course of a year. Thus, more specific reporting of estimated age is suggested.

Source and reference attributes

Origin: National Health Data Committee

National Community Services Data Committee

Reference documents: AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia

AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

Related metadata references: See also Date—accuracy indicator, code AAA
Community Services, Standard 30/09/2005, Housing
assistance, Standard 23/08/2010, Health, Standard
04/05/2005, Early Childhood, Standard 21/05/2010,
Homelessness, Standard 23/08/2010

See also Date—estimate indicator, code N Community
Services, Standard 27/04/2007, Tasmanian Health,
Proposed 28/09/2011

Is used in the formation of Episode of admitted patient
care (antenatal)—length of stay (including leave days),
total N[NN] Health, Superseded 04/07/2007

Is used in the formation of Episode of admitted patient
care (postnatal)—length of stay (including leave days),
total N[NN] Health, Superseded 04/07/2007

Is used in the formation of Episode of admitted patient
care—diagnosis related group, code (AR-DRG v 6)
ANNA Health, Standard 22/12/2009, Tasmanian
Health, Proposed 28/09/2011

Is used in the formation of Episode of admitted patient
care—diagnosis related group, code (AR-DRG v5.1)
ANNA Health, Superseded 22/12/2009

Is used in the formation of Episode of admitted patient
care—length of stay (including leave days) (antenatal),
total N[NN] Health, Standard 04/07/2007

Is used in the formation of Episode of admitted patient
care—length of stay (including leave days) (postnatal),
total N[NN] Health, Standard 04/07/2007

Is used in the formation of Episode of admitted patient
care—major diagnostic category, code (AR-DRG v 6) NN
Health, Standard 22/12/2009, Tasmanian Health,
Proposed 28/09/2011

Is used in the formation of Episode of admitted patient
care—major diagnostic category, code (AR-DRG v5.1)
NN Health, Superseded 22/12/2009

Supersedes Person—date of birth, DDMMYYYY
Community Services, Superseded 25/08/2005, Health,
Superseded 04/05/2005

Is used in the formation of Record—linkage key, code
581 XXXXXDDMMYYYYN Community Services,
Standard 21/05/2010, Housing assistance, Standard
23/08/2010, Health, Standard 07/12/2011, Early
Childhood, Standard 21/05/2010, Homelessness,
Standard 23/08/2010

Implementation in Data Set   Acute coronary syndrome (clinical) DSS Health,
Specifications: Standard 01/10/2008

Admitted patient care NMDS 2011-2012 Health,

Standard 28/03/2012

Admitted patient care NMDS 2012-2013 Health, Standard 11/04/2012

Admitted patient mental health care NMDS 2012-2013 Health, Standard 07/12/2011

Admitted patient palliative care NMDS Health, Superseded 07/12/2005

Admitted patient palliative care NMDS 2011-12 Health, Standard 21/12/2010

Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Cancer (clinical) DSS Health, Standard 07/12/2011

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Child protection and support services (CPSS) client cluster Community Services, Standard 30/04/2008

Child protection and support services (CPSS) sibling cluster Community Services, Standard 30/04/2008

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

Community mental health care NMDS 2012-2013 Health, Standardisation pending 16/11/2011

Computer Assisted Telephone Interview demographic module DSS Health, Standard 03/12/2008

Diabetes (clinical) DSS Health, Standard 21/09/2005

Disability Services NMDS 2011-12 Community Services, Standard 15/12/2011

Early Childhood Education and Care: Unit Record Level NMDS 2012 Early Childhood, Standard 09/03/2012

Health care client identification DSS Health, Standard 03/12/2008

Health care provider identification DSS Health, Standard 03/12/2008

Juvenile Justice Client file cluster Community Services, Standard 14/09/2009

Medical indemnity DSS Health, Standard 07/12/2011

Non-admitted patient DSS 2012-13 Health, Standard 07/12/2011

Non-admitted patient emergency department care DSS 1 January 2012-30 June 2012 Health, Standard 13/12/2011

Non-admitted patient emergency department care NMDS 2011-2012 Health, Standard 18/01/2011

Non-admitted patient emergency department care NMDS 2012-2013 Health, Standardisation pending 27/01/2012

Perinatal NMDS 2011-2012 Health, Standard 21/12/2010

Perinatal NMDS 2012-2013 Health, Candidate 07/12/2011

Person details data dictionary Community Services, Standard 06/02/2012

Prison clinic contact DSS Health, Standard 25/08/2011

Prison entrants DSS Health, Standard 25/08/2011

Prisoners in custody repeat medications DSS Health, Standard 25/08/2011

Radiotherapy waiting times DSS 2012- Health, Standard 07/12/2011

Residential mental health care NMDS 2011-2012 Health, Standard 21/12/2010

Residential mental health care NMDS 2012-2013 Health, Standardisation pending 16/11/2011

Specialist Homelessness Services NMDS 2011 Housing assistance, Standard 23/08/2010
Homelessness, Standard 23/08/2010

Statistical linkage key 581 cluster Community Services, Standard 21/05/2010
Housing assistance, Standard 23/08/2010
Health, Standard 07/12/2011
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Surveillance of healthcare associated infection: Clostridium difficile infection DSS Health, Candidate 27/03/2012

Surveillance of healthcare associated infection: Staphylococcus aureus bacteraemia DSS Health, Candidate 27/03/2012

Implementation in Indicators:	**Used as numerator**

National Healthcare Agreement: PI 56-People aged 65 years or over receiving sub-acute services, 2012 Health, Standard 31/10/2011
National Healthcare Agreement: PI 61-Teenage birth rate, 2012 Health, Standard 31/10/2011
National Indigenous Reform Agreement: PI 01-Estimated life expectancy at birth, 2011 Community Services, Standard 31/03/2011
National Indigenous Reform Agreement: PI 02-Mortality rate (and excess deaths) by leading causes, 2011 Community Services, Standard 31/03/2011
National Indigenous Reform Agreement: PI 04-Rates of current daily smokers, 2011 Community Services, Standard 31/03/2011
National Indigenous Reform Agreement: PI 10-Mortality rates (and excess deaths) by leading causes for children under 5, 2011 Community Services, Standard

31/03/2011
National Indigenous Reform Agreement: PI 11-Child
under 5 hospitalisation rates by principal diagnosis, 2011
Community Services, Standard 31/03/2011
Used as denominator
National Indigenous Reform Agreement: PI 04-Rates of
current daily smokers, 2011 Community Services,
Standard 31/03/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Information specific to this data set:

This field must not be null.

National Minimum Data Sets:

For the provision of state and territory hospital data to
Commonwealth agencies this field must:

- be less than or equal to Admission date, Date patient
  presents or Service contact date

- be consistent with diagnoses and procedure codes,
  for records to be grouped.

Additional information for AODTS–NMDS data collectors

Definition

The day, month and year when the person seeking drug treatment was born.

Classification

ddmmyyyy

Missing values

Use code 01011900 for missing values. Where 01011900 is used, *Date accuracy indicator* must
be 'UUU'.

Other information
- Where *Date of birth* is accurately recorded *Date accuracy indicator* should be 'AAA'(accurate
  day, accurate month, accurate year).
- Where the *Date of birth* is not provided directly by the client, other records such as referral
  documents may be used to establish or estimate the *Date of birth*.
- Where the *Date of birth* is estimated *Date accuracy indicator* should be 'EEE'(estimate day,
  estimate month, estimate year).
- Where the day and/or month of birth is unknown, estimate the year of birth and enter
  '0101' as the day and month. (Please do not use 0107 or 3006 of the relevant year to
  estimate the date of birth. These codes are not used for AODTS–NMDS date estimation
  purposes.) The corresponding *Date accuracy indicator* for this scenario would be 'UUE'
  (unknown day, unknown month, estimated year).
- Where the *Date of birth* is unknown, and year of birth cannot be estimated, enter

'01011900'. If this date is used, *Date accuracy indicator* should be 'UUU' (unknown day, unknown month, unknown year).

- For privacy reasons, 'age in years' will be the output data item rather than 'date of birth'.
- The *Date of birth* should be before the date of commencement and before the date of cessation.
- There should be no clients where the date of birth for the client equates to the client being aged less than 10 years (when age is calculated using the *Date of birth* and the *Date of cessation*).

Why is this data item collected?

Date of birth is required to derive the age of clients for demographic analyses, and for analysis by age (or age group) at a point in time. Age is used for analysis of service utilisation, and comparison with population data.

This data item is also used to create the SLK–581 in cases where the component elements are provided.

Example of how *Date of birth* is used

The median age of all clients was 32 years and a large majority of clients were male.

Table 3.2: Client type by age group, 2009–10 (per cent)

	Age group (years)						Total[a]	Total (no.)	Median age
	10–19	**20–29**	**30–39**	**40–49**	**50–59**	**60+**			
Own drug use	12.4	29.8	28.3	18.7	7.8	2. 9	100.0	140,769	32
Other's drug use	19.5	12.8	17.1	20.3	18.4	11.7	100.0	6,017	40
Total persons	12.7	29.1	27.8	18.8	8.2	3.3	100.0	. .	32
Total (number)	**18,621**	**42,769**	**40,824**	**27,558**	**12,031**	**4,846**	**. .**	**146,786**	**. .**

(AIHW 2011)

Date of cessation of treatment episode for alcohol and other drugs

Identifying and definitional attributes

Technical name: Episode of treatment for alcohol and other drugs—treatment cessation date, DDMMYYYY

METeOR identifier: 270067

Registration status: Health, Standard 01/03/2005

Definition: The date on which a treatment episode for alcohol and other drugs ceases.

Data Element Concept: Episode of treatment for alcohol and other drugs—treatment cessation date

Value domain attributes

Representational attributes

Representation class: Date

Data type: Date/Time

Format: DDMMYYYY

Maximum character length: 8

Data element attributes

Collection and usage attributes

Guide for use: Refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there a plan in place for further contact, the date of last service contact should be used. Refer to the glossary item **Cessation of treatment episode for alcohol and other drugs** to determine when a treatment episode ceases.

The date must be later than or the same as the treatment commencement date for the episode of treatment for alcohol and other drugs.

Comments: Required to identify the cessation of a treatment episode by an alcohol and other drug treatment service.

Source and reference attributes

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

Relational attributes

Implementation in Data Set Specifications:

Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date:

01/07/2012

Information specific to this data set:

The date must be later than or the same as the treatment commencement date for the episode of treatment for alcohol and other drugs.

Additional information for AODTS–NMDS data collectors

Definition

The day, month and year when a treatment episode for alcohol and other drugs ceases.

Classification

ddmmyyyy

Missing values

Missing values are not permitted for this data item.

Other information

- Months with less than 31 days should not have the date of cessation recorded as the 31st.
- No date of cessation should be recorded as 30 or 31 February.
- There should be no date of cessation recorded as 29 February in a non-leap year.
- The date of cessation must fall within the financial year of the collection (1 July 2011 to 30 June 2012).

Why is this data item collected?

Date of cessation of treatment episode for alcohol and other drugs is required to derive the duration of treatment episodes. Duration can then be related to other variables such as demographics, principal drug of concern and treatment type.

Example of how Date of cessation of treatment episode for alcohol and other drugs is used

Counselling episodes were longer than most other treatment types, with a median length of 44 days. Support and case management only was the only other treatment type that took place over a longer period (47 days) (AIHW 2011).

Date of commencement of treatment episode for alcohol and other drugs

Identifying and definitional attributes

Technical name:
Episode of treatment for alcohol and other drugs—treatment commencement date, DDMMYYYY

METeOR identifier:
270069

Registration status:
Health, Standard 01/03/2005

Definition:
The date on which the first service contact within the treatment episode when assessment and/or treatment occurs.

Data Element Concept:
Episode of treatment for alcohol and other drugs—treatment commencement date

Value domain attributes

Representational attributes

Representation class:
Date

Data type:
Date/Time

Format:
DDMMYYYY

Maximum character length:
8

Data element attributes

Collection and usage attributes

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

- they are a new client,
- they are a client recommencing treatment after they have had had no contact with the treatment provider for a period of three months or had any plan in place for further contact,
- their principal drug of concern for alcohol and other drugs has changed,
- their main treatment type for alcohol and other drugs has changed,
- their treatment delivery setting for alcohol and other drugs has changed.

Comments:
Required to identify the commencement of a treatment episode by an alcohol and other drug treatment service.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Commencement of treatment episode for
alcohol and other drugs, version 2, DEC, NHDD,
NHIMG, Superseded 01/03/2005.pdf (13.5 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2012-
2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Information specific to this data set: The date must be earlier than or the same as the treatment
cessation date for the episode of treatment for alcohol and
other drugs.

Additional information for AODTS–NMDS data collectors

Definition

The day, month and year when a treatment episode for alcohol and other drugs commences.

Classification

ddmmyyyy

Missing values

Missing values are not permitted for this data item.

Other information

- The commencement of a treatment episode is the first service contact between a client and a treatment provider when assessment and/or treatment occurs.
- The date of commencement should be earlier than or the same as the date of cessation and later than the date of birth.
- Months with less than 31 days should not have the date of commencement recorded as the 31st.
- No date of commencement should be recorded as 30 or 31 February.
- There should be no date of commencement recorded as 29 February in a non-leap year.

Why is this data item collected?

Date of commencement of treatment episode for alcohol and other drugs is used together with *Date of cessation* to derive the duration of treatment episodes.

Example of how Date of commencement of treatment episode for alcohol and other drugs is used

The median number of rehabilitation days for an episode increased to 46 for 2009–10 compared with 42 for 2008–09 (AIHW 2011).

Indigenous status

Identifying and definitional attributes

Technical name: Person—Indigenous status, code N

METeOR identifier: 291036

Registration status: Community Services, Standard 25/08/2005
                               Housing assistance, Standard 15/04/2010
                               Health, Standard 04/05/2005
                               Early Childhood, Standard 21/05/2010
                               Homelessness, Standard 23/08/2010
                               Tasmanian Health, Proposed 30/09/2011

Definition: Whether a person identifies as being of Aboriginal or
                               Torres Strait Islander origin, as represented by a code. This
                               is in accord with the first two of three components of the
                               Commonwealth definition.

Data Element Concept: Person—Indigenous status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Aboriginal but not Torres Strait Islander origin
2	Torres Strait Islander but not Aboriginal origin
3	Both Aboriginal and Torres Strait Islander origin
4	Neither Aboriginal nor Torres Strait Islander origin

Supplementary values: 9   Not stated/inadequately described

Collection and usage attributes

Guide for use: This metadata item is based on the Australian Bureau of
                               Statistics (ABS) standard for Indigenous status. For
                               detailed advice on its use and application please refer to
                               the ABS website as indicated in the Reference documents.

                               The classification for Indigenous status has a hierarchical
                               structure comprising two levels. There are four categories

at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:

Indigenous:

- Aboriginal but not Torres Strait Islander origin.
- Torres Strait Islander but not Aboriginal origin.
- Both Aboriginal and Torres Strait Islander origin.

Non-Indigenous:

- Neither Aboriginal nor Torres Strait Islander origin.

Not stated/ inadequately described:

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

- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.
- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

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

Data element attributes

Collection and usage attributes

Collection methods:

The standard question for Indigenous Status is as follows:

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

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

No..

Yes, Aboriginal...............................

Yes, Torres Strait Islander............

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

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

This question must always be asked regardless of data

collectors' perceptions based on appearance or other factors.

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

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

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

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

This approach may be problematical in some data collections, for example when data are collected by interview or using screen based data capture systems. An additional response category

'Yes, both Aboriginal and Torres Strait Islander...'

may be included if this better suits the data collection practices of the agency or establishment concerned.

Comments:	The following definition, commonly known as 'The Commonwealth Definition', was given in a High Court judgement in the case of Commonwealth v Tasmania (1983) 46 ALR 625.

'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

There are three components to the Commonwealth definition:

- descent;
- self-identification; and
- community acceptance.

In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self-identification only.

Source and reference attributes

Origin:	National Health Data Committee
	National Community Services Data Committee
Reference documents:	Australian Bureau of Statistics 1999. Standards for Social, Labour and Demographic Variables. Cultural Diversity

Variables, Canberra. Viewed 3 August 2005.

Relational attributes

Related metadata references:

Supersedes Person—Indigenous status, code N Community Services, Superseded 25/08/2005, Health, Superseded 04/05/2005

See also Service provider organisation—number of Indigenous children attending a preschool program, total number N[NNNN] Early Childhood, Standard 07/06/2011

See also Service provider organisation—number of Indigenous children enrolled in a preschool program, total N[NNNN] Early Childhood, Standard 07/06/2011

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS Health, Standard 01/10/2008

Admitted patient care NMDS 2011-2012 Health, Standard 18/01/2011

Admitted patient mental health care NMDS 2011-2012 Health, Standard 18/01/2011

Admitted patient palliative care NMDS 2011-12 Health, Standard 21/12/2010

Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

AROC inpatient data set specification Health, Candidate 14/02/2007

Cancer (clinical) DSS Health, Standardisation pending 14/06/2011

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Child protection and support services (CPSS) - out-of-home care NMDS pilot (2008) Community Services, Standard 30/04/2008

Child protection and support services (CPSS) client cluster Community Services, Standard 30/04/2008

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

Computer Assisted Telephone Interview demographic module DSS Health, Standard 03/12/2008

Cultural and Language Diversity cluster Community Services, Candidate 01/04/2010

Diabetes (clinical) DSS Health, Standard 21/09/2005

Disability Services NMDS 2009-10 Community Services, Standard 11/11/2009

Disability Services NMDS 2010-11 Community Services, Standardisation pending 15/03/2011

Disability Services NMDS 2011-12 Community Services,

Candidate 13/09/2011

Early Childhood Education and Care: Aggregate NMDS 2011 Early Childhood, Standard 07/06/2011

Early Childhood Education and Care: Unit Record Level NMDS 2011 Early Childhood, Standard 07/06/2011

Elective surgery waiting times (census data) NMDS 2009- Health, Standard 03/12/2008

Elective surgery waiting times (removals data) NMDS 2009- Health, Standard 03/12/2008

Estimated resident population (ERP) cluster (early childhood education and care) Early Childhood, Standard 21/05/2010

Health care client identification DSS Health, Standard 03/12/2008

Indigenous primary health care DSS Health, Candidate 08/08/2011

Juvenile Justice Client file cluster Community Services, Standard 14/09/2009

Medical indemnity DSS Health, Candidate 31/10/2011

Non-admitted patient DSS 2011-12 Health, Standard

Non-admitted patient emergency department care NMDS 2011-2012 Health, Standard 18/01/2011

Perinatal NMDS 2011-2012 Health, Standard 21/12/2010

Prison clinic contact DSS Health, Standard 25/08/2011

Prison entrants DSS Health, Standard 25/08/2011

Prisoners in custody repeat medications DSS Health, Standard 25/08/2011

Registered chiropractic labour force DSS Health, Standard 10/12/2009

Registered dental and allied dental health professional labour force DSS Health, Standard 10/12/2009

Registered medical professional labour force DSS Health, Standard 10/12/2009

Registered midwifery labour force DSS Health, Standard 10/12/2009

Registered nursing professional labour force DSS Health, Standard 10/12/2009

Registered optometry labour force DSS Health, Standard 10/12/2009

Registered osteopathy labour force DSS Health, Standard 10/12/2009

Registered pharmacy labour force DSS Health, Standard 10/12/2009

Registered physiotherapy labour force DSS Health, Standard 10/12/2009

Registered podiatry labour force DSS Health, Standard
10/12/2009

Registered psychology labour force DSS Health, Standard
10/12/2009

Residential mental health care NMDS 2011-2012 Health,
Standard 21/12/2010

SAAP Client Collection National Minimum Data Set
Community Services, Retired 01/07/2011

SAAP Demand for Accommodation National Minimum
Data Set Community Services, Retired 01/07/2011

Specialist Homelessness Services NMDS 2011 Housing
assistance, Standard 23/08/2010
Homelessness, Standard 23/08/2010

Implementation in Indicators: **Used as numerator**
Indigenous primary health care: PI01a-Number of
Indigenous babies born within the previous 12 months
whose birthweight has been recorded, 2012 Health,
Candidate 08/08/2011
Indigenous primary health care: PI01b-Proportion of
Indigenous babies born within the previous 12 months
whose birth weight has been recorded, 2012 Health,
Candidate 08/08/2011
Indigenous primary health care: PI03a-Number of regular
clients who received an MBS Health Assessment for
Aboriginal and Torres Strait Islander People (MBS Item
715), 2012 Health, Candidate 08/08/2011
Indigenous primary health care: PI03b-Proportion of
regular clients who received an MBS Health Assessment
for Aboriginal and Torres Strait Islander People (MBS Item
715), 2012 Health, Candidate 08/08/2011
Indigenous primary health care: PI05a-Number of regular
clients with Type II diabetes who have had an HbA1c
measurement result recorded, 2012 Health, Candidate
08/08/2011
Indigenous primary health care: PI05b-Proportion of
regular clients with Type II diabetes who have had an
HbA1c measurement result recorded, 2012 Health,
Candidate 08/08/2011
Indigenous primary health care: PI06a-Number of regular
clients with Type II diabetes whose HbA1c measurement
result was within a specified level, 2012 Health, Candidate
08/08/2011
Indigenous primary health care: PI06b-Proportion of
regular clients with Type II diabetes whose HbA1c
measurement result was within a specified level, 2012
Health, Candidate 08/08/2011
Indigenous primary health care: PI07a-Number of regular
clients with a chronic disease who have received a GP
Management Plan (MBS Item 721), 2012 Health, Candidate
08/08/2011

Indigenous primary health care: PI07b-Proportion of regular clients with a chronic disease who have received a GP Management Plan (MBS Item 721), 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI08a-Number of regular clients with a chronic disease who have received a Team Care Arrangement (MBS Item 723), 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI08b-Proportion of regular clients with a chronic disease who have received a Team Care Arrangement (MBS Item 723), 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI09a-Number of regular clients whose smoking status has been recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI09b-Proportion of regular clients whose smoking status has been recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI12a-Number of regular clients who are classified as overweight or obese, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI12b-Proportion of regular clients who are classified as overweight or obese, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI16a-Number of regular clients whose alcohol consumption status has been recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI16b-Proportion of regular clients whose alcohol consumption status has been recorded, 2012 Health, Candidate 08/08/2011

National Disability Agreement: f(1)-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2011 Community Services, Standardisation pending 01/08/2011

National Disability Agreement: f(2)-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2011 Community Services, Standardisation pending 01/08/2011

National Disability Agreement: f-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2010 Community Services, Standard 23/07/2010

National Healthcare Agreement: PI 64a-Indigenous Australians in the health workforce, 2011 Health, Standard 08/06/2011

National Healthcare Agreement: PI 64b-Indigenous Australians in the health workforce, 2011 Health, Standard 08/06/2011

Used as denominator

Indigenous primary health care: PI01b-Proportion of Indigenous babies born within the previous 12 months whose birth weight has been recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI03b-Proportion of regular clients who received an MBS Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715), 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI05b-Proportion of regular clients with Type II diabetes who have had an HbA1c measurement result recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI06b-Proportion of regular clients with Type II diabetes whose HbA1c measurement result was within a specified level, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI07b-Proportion of regular clients with a chronic disease who have received a GP Management Plan (MBS Item 721), 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI09b-Proportion of regular clients whose smoking status has been recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI12b-Proportion of regular clients who are classified as overweight or obese, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI16b-Proportion of regular clients whose alcohol consumption status has been recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI23b-Proportion of regular clients with Type II diabetes who have had a blood pressure measurement result recorded, 2012 Health, Candidate 08/08/2011

Indigenous primary health care: PI24b-Proportion of regular clients with Type II diabetes whose blood pressure measurement result was less than or equal to 130/80 mmHg, 2012 Health, Candidate 08/08/2011

National Disability Agreement: f(1)-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2011 Community Services, Standardisation pending 01/08/2011

National Disability Agreement: f(2)-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2011 Community Services, Standardisation pending 01/08/2011

National Disability Agreement: f-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2010 Community Services, Standard 23/07/2010

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin.

Classification

1   Aboriginal but not Torres Strait Islander origin

2   Torres Strait Islander but not Aboriginal origin

3   Both Aboriginal and Torres Strait Islander origin

4   Neither Aboriginal nor Torres Strait Islander origin

9   Not stated/inadequately described

Missing values

The not stated/inadequately described category is not to be available as a valid answer to the question but may be used when the client refuses to answer.

Why is *Indigenous status* collected?

This data item is an essential demographic component of the AODTS–NMDS, along with items such as *Date of birth* and *Sex*. This data item is used to explore the relationship between the Indigenous status of clients and other data items in the AODTS–NMDS.

Example of how *Indigenous status* is used

Table 4.4: Treatment episodes by age group by Indigenous status and sex, 2009–10

Age group (years)	Indigenous			Non-Indigenous			Not stated			Total persons[b]
	Males	Females	Total[a]	Males	Females	Total[a]	Males	Females	Total[a]	
						(per cent)				
10–19	20.1	20.4	20.2	11.6	10.7	11.3	14.8	18.0	15.8	15.5
20–29	32.5	31.6	32.2	30.1	25.6	28.6	32.0	25.9	30.2	29.1
30–39	26.3	28.0	26.9	28.4	27.5	28.1	25.0	26.1	25.3	27.8
40–49	15.7	15.5	15.7	18.3	21.3	19.3	18.0	18.8	18.2	18.8
50–59	4.5	3.3	4.1	8.2	10.2	8.9	7.3	7.1	7.2	8.2
60+	0.7	1.1	0.9	3.3	4.6	3.7	2.9	3.6	3.1	3.3
Not stated	0.1	0.1	0.1	<0.1	0.1	0.1	0.1	0.4	0.2	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Proportion of treatment episodes	**8.0**	**4.5**	**12.6**	**54.4**	**27.1**	**81.5**	**4.1**	**1.8**	**5.9**	**100.0**

(a)   There were 12 episodes for Indigenous Australians where sex was 'not stated', 93 episodes for non-Indigenous people where sex was 'not stated' and 24 episodes where Indigenous status and sex were 'not stated'.

(b)   Includes 'not stated' for sex.

(AIHW 2011)

Injecting drug use status

Identifying and definitional attributes

Technical name: Client—injecting drug use status, code N

METeOR identifier: 270113

Registration status: Health, Standard 01/03/2005

Definition: The client's use of injection as a method of administering drugs, as represented by a code.

Data Element Concept: Client—injecting drug use status

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Last injected three months ago or less
2	Last injected more than three months ago but less than or equal to twelve months ago
3	Last injected more than twelve months ago
4	Never injected

Supplementary values:

9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

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

For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.

Comments: This metadata item has been developed for use in clinical settings. A code that refers to a three-month period to define 'current' injecting drug use is required as a clinically relevant period of time.

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

comparing clinical samples with population samples.

This metadata item is important for identifying patterns of drug use and harms associated with injecting drug use.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Injecting drug use status, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.8 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

The client's history of injection as a method of administering drugs, including intravenous, intramuscular and subcutaneous forms of injection. This element should be asked of everyone who is seeking treatment for their own drug use. The element is not asking about injecting drug use for the principal drug of concern.

Missing values

Use code 9 for missing values.

Other information

Where *Injecting drug use status* is coded 4 (Never injected), check that *Method of use* is not coded 3 (injects).

Why is this data item collected?

This data item is collected to explore the levels of injection or needle use associated with drug treatment clients. Potentially, this allows a measure of health risk in the treatment population.

Example of how *Injecting drug use* status is used

Injecting was the most common method of use among those seeking treatment for heroin (86% of episodes); a slight decrease from 89% in 2008–09. In 5% of episodes, clients reported that they most often smoked heroin. (AIHW 2011).

Letters of family name

Identifying and definitional attributes

Technical name: Person—letters of family name, text XXX

METeOR identifier: 349481

Registration status: Community Services, Standard 27/03/2007
                               Housing assistance, Standard 23/08/2010
                               Health, Standard 07/12/2011
                               Early Childhood, Standard 21/05/2010
                               Homelessness, Standard 23/08/2010

Definition: The combination of second, third and fifth letters of a
                               person's family name.

Data Element Concept: Person—letters of family name

Value domain attributes

Representational attributes

Representation class: Text

Data type: String

Format: XXX

Maximum character length: 3

Data element attributes

Collection and usage attributes

Guide for use: In the three spaces, the agency should record the second,
                               third and fifth letters of the client's family name.

                               For example: If the client's family name is Brown, the
                               reported value should be RON. If the client's family name
                               is Thompson, the reported value should be HOP.

                               If the client's family name includes non-alphabetic
                               characters—for example hyphens (as in Lee-Archer),
                               apostrophes (as in O'Mara) or blank spaces (as in De
                               Vries)—these non-alphabetic characters should be
                               ignored when counting the position of each character.

                               Regardless of the length of a person's name, the reported
                               value should always be three characters long. If the legal
                               family name is not long enough to supply the requested
                               letters (i.e. a legal family name of less than five letters)
                               then agencies should substitute the number '2' to reflect
                               the missing letters. The placement of a number '2' should
                               always correspond to the same space that the missing
                               letter would have within the 3-digit field. A number
                               (rather than a letter) is used for such a substitution in

order to clearly indicate that an appropriate corresponding letter from the person's name is not available.

For example: If a person's family name is Farr, then value reported would be AR2 because the 2 is substituting for a missing fifth letter of the family name. Similarly, if the person's family name was Hua, then the value reported would be UA2 because the 2 is substituting for the missing fifth letter of the family name.

If a client's family name is missing altogether the agency should record the number 999 for all three spaces associated with the family name (not the number 2). In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies should always ask the person to specify their legal first given name and their legal family name separately. These should then be recorded as first given name and family name as appropriate, regardless of the order in which they may be traditionally given.

Comments:

The selected *Letters of family name* can be used in combination with *Letters of given name, Date of birth* and *Sex* to develop a statistical linkage key to facilitate the linkage of records for statistical purposes only. This key will also enable linkage to other related databases that either have the same linkage key or the fundamental information to form the same key. The linkage is to assist research and analysis of the data, not for tracking of individuals through the system for case management.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with privacy principles.

Relational attributes

Related metadata references:

Is formed using Person (name)—family name, text X[X(39)] Community Services, Superseded 06/02/2012, Housing assistance, Standard 20/06/2005, Health, Standard 04/05/2005, Tasmanian Health, Proposed 28/09/2011

Is used in the formation of Record—linkage key, code 581 XXXXXDDMMYYYYN Community Services, Standard 21/05/2010, Housing assistance, Standard 23/08/2010, Health, Standard 07/12/2011, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010

Implementation in Data Set Specifications:

Child protection and support services (CPSS) client cluster Community Services, Standard 30/04/2008

Disability Services NMDS 2011-12 Community Services, Standard 15/12/2011

Early Childhood Education and Care: Unit Record Level NMDS 2012 Early Childhood, Standard 09/03/2012

Juvenile Justice Client file cluster Community Services, Standard 14/09/2009

SAAP Client Collection National Minimum Data Set Community Services, Retired 01/07/2011

Specialist Homelessness Services NMDS 2011 Housing assistance, Standard 23/08/2010
Homelessness, Standard 23/08/2010

Statistical linkage key 581 cluster Community Services, Standard 21/05/2010
Housing assistance, Standard 23/08/2010
Health, Standard 07/12/2011
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Additional information for AODTS–NMDS data collectors

Definition

Letters of family name refers to a three-letter sequence made up of the second, third and fifth letters of the client's family name (surname), in that order.

Missing values

Missing values are permitted for this data item **only** if the SLK– 581 element is submitted.

Where the client's family name is shorter than five letters, the number '2' should be used in place of the unavailable letter(s). For instance, if a client's family name was 'Lo' then their entry for this element would read 'O22'.

If a client's family name is missing altogether the agency should record the number 999 for all three spaces associated with the family name.

Other information

If the client's family name includes non-alphabetic characters—for example hyphens (as in Lee-Archer), apostrophes (as in O'Mara) or blank spaces (as in De Vries)—these non-alphabetic characters should be ignored when counting the position of each character. For example, if a client's family name was O'Mara then their entry for this element would read 'MAA'.

Why is this data item collected?

This data item is collected to contribute to the SLK– 581. These letter combinations are relatively unique and, when combined with the other elements of the SLK–581, allow for the identification of records belonging to the same client but not the identification of individual clients. This will allow reporting on client numbers, rather than episode numbers, and clients' movements in and out of multiple alcohol and other drug treatment services and across time.

Example of how *Letters of family name* is used

Letters of family name will not be directly reported in any AODTS–NMDS output. It will be used to create the SLK–581, which will be used to count the number of clients receiving AODTS treatment.

Letters of given name

Identifying and definitional attributes

Technical name: Person—letters of given name, text XX

METeOR identifier: 349483

Registration status: Community Services, Standard 27/03/2007
Housing assistance, Standard 23/08/2010
Health, Standard 07/12/2011
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Definition: The combination of the second and third letters of a person's given name.

Data Element Concept: Person—letters of given name

Value domain attributes

Representational attributes

Representation class: Text

Data type: String

Format: XX

Maximum character length: 2

Data element attributes

Collection and usage attributes

Guide for use: In the two spaces the agency should record the second and third letters of the client's given name.

For example: If the client's given name is Elizabeth the reported value should be LI. If the client's given name is Robert the reported value should be OB.

If the client's given name includes non-alphabetic characters—for example hyphens (as in Jo-Anne) or apostrophes (as in D'Arcy), these non-alphabetic characters should be ignored when counting the position of each character.

Regardless of the length of a person's given name, the reported value should always be two characters long. If the given name of the person is not long enough to supply the requested letters (i.e. a name of less than three letters) then agencies should substitute the number '2' to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the 2-digit field. A number (rather than a letter) is used for such substitutions in

order to clearly indicate that an appropriate corresponding letter from the person's name is not available.

For example: If the person's legal name was Jo then the value reported would be O2 because the 2 is substituting for the missing third letter of the given name.

If the person's given name is missing altogether the agency should record 99 for the two spaces associated with the given name. In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies should always ask the person to specify their given name and their family name separately. These should then be recorded as first given name and family name as appropriate, regardless of the order in which they may be traditionally given.

Comments: The selected Letters of given name can be used in combination with Letters of family name, Date of birth and Sex to develop a statistical linkage key to facilitate the linkage of records for statistical purposes only. This key will also enable linkage to other related databases that either have the same linkage key or the fundamental information to form the same key. The linkage is to assist research and analysis of the data, not for tracking of individuals through the system for case management.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with privacy principles.

Relational attributes

Related metadata references: Is formed using Person (name)—family name, text X[X(39)] Community Services, Superseded 06/02/2012, Housing assistance, Standard 20/06/2005, Health, Standard 04/05/2005, Tasmanian Health, Proposed 28/09/2011

Is formed using Person (name)—given name, text [X(40)] Community Services, Superseded 06/02/2012, Housing assistance, Standard 20/06/2005, Health, Standard

04/05/2005, Tasmanian Health, Proposed 28/09/2011Is used in the formation of Record—linkage key, code 581 XXXXXDDMMYYYYN Community Services, Standard 21/05/2010, Housing assistance, Standard 23/08/2010, Health, Standard 07/12/2011, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010

Implementation in Data Set Specifications: Child protection and support services (CPSS) client cluster Community Services, Standard 30/04/2008

Commonwealth State/Territory Disability Agreement NMDS (

Disability Services NMDS 2011-12 Community Services, Standard 15/12/2011

Early Childhood Education and Care: Unit Record Level NMDS 2012 Early Childhood, Standard 09/03/2012

Juvenile Justice Client file cluster Community Services, Standard 14/09/2009

SAAP Client Collection National Minimum Data Set Community Services, Retired 01/07/2011

Specialist Homelessness Services NMDS 2011 Housing assistance, Standard 23/08/2010
Homelessness, Standard 23/08/2010

Statistical linkage key 581 cluster Community Services, Standard 21/05/2010
Housing assistance, Standard 23/08/2010
Health, Standard 07/12/2011
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Additional information for AODTS–NMDS data collectors

Definition

Letters of given name is a two-letter sequence made up of the second and third letters of the client's given name, in that order.

Missing values

Missing values are permitted for this data item only if the SLK–581 element is submitted.

If a client's given name is shorter than three letters, the number '2' should be used in place of the unavailable letters. For instance, if a client's first name was Em, then their entry for this element would read 'M2'.

If the client's given name is missing altogether the agency should record 99 for the two spaces associated with the given name.

Other information

If the client's given name includes non-alphabetic characters—for example hyphens (as in Jo-Anne) or apostrophes (as in D'Arcy), these non-alphabetic characters should be ignored when counting the position of each character. For instance, if a client's first name was Jo-Anne, then their entry for this element would read 'OA'.

Why is this data item collected?

This data item is collected to contribute to the SLK– 581. These letter combinations are relatively unique and, when combined with the other elements of the SLK–581, allow for the identification of records belonging to the same client but not the identification of individual clients. This will allow reporting on client numbers, rather than episode numbers, and clients' movements in and out of multiple alcohol and other drug treatment services and across time.

Example of how *Letters of given name* is used

Letters of given name will not be directly reported in any AODTS–NMDS output. It will be used to create the SLK–581, which will be used to count the number of client receiving AODTS treatment.

Main treatment type for alcohol and other drugs

Identifying and definitional attributes

Technical name: Episode of treatment for alcohol and other drugs—
                             treatment type (main), code N

METeOR identifier: 270056

Registration status: Health, Standard 01/03/2005

Definition: The main activity determined at assessment by the
                             treatment provider to treat the client's alcohol and/or
                             drug problem for the principal drug of concern, as
                             represented by a code.

Data Element Concept: Episode of treatment for alcohol and other drugs—
                             treatment type

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Withdrawal management (detoxification)
2	Counselling
3	Rehabilitation
4	Pharmacotherapy
5	Support and case management only
6	Information and education only
7	Assessment only
8	Other

Collection and usage attributes

Guide for use: CODE 1   Withdrawal management (detoxification)

                             This code refers to any form of withdrawal management,
                             including medicated and non-medicated, in any delivery
                             setting.

                             CODE 2   Counselling

                             This code refers to any method of individual or group
                             counselling directed towards identified problems with
                             alcohol and/or other drug use or dependency. This code

excludes counselling activity that is part of a rehabilitation program as defined in Code 3.

CODE 3   Rehabilitation

This code refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include counselling, behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings. Counselling that is included within an overall rehabilitation program should be coded to Code 3 for Rehabilitation, not to Code 2 as a separate treatment episode for counselling.

CODE 4   Pharmacotherapy

Refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, and methadone treatment) and those used as relapse prevention. Use Code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal. Note collection exclusions: excludes treatment episodes for clients who are on an opioid pharmacotherapy maintenance program and are not receiving any other form of treatment.

CODE 5   Support and case management only

Refers to when there is no treatment provided to the client other than support and case management (e.g. treatment provided through youth alcohol and drug outreach services). This choice only applies where support and case management treatment is recorded as individual client data and the treatment activity is not included in any other category.

CODE 6   Information and education only

Refers to when there is no treatment provided to the client other than information and education. It is noted that, in general, service contacts would include a component of information and education.

CODE 7   Assessment only

Refers to when there is no treatment provided to the client other than assessment. It is noted that, in general, service contacts would include an assessment component.

Data element attributes

Collection and usage attributes

Guide for use: Only one code to be selected.

To be completed at assessment or commencement of treatment.

The main treatment type is the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. The main treatment type for alcohol and other drugs is the principal focus of a single treatment episode. Consequently, each treatment episode will only have one main treatment type.

For brief interventions, the main treatment type may apply to as few as one contact between the client and agency staff.

Comments: Information about treatment provided is of fundamental importance to service delivery and planning.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Main treatment type for alcohol and other drugs, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.9 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2011-2012 Health, Standard 24/12/2010

Alcohol and other drug treatment services NMDS 2012-2013 No registration status

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

Main treatment type for alcohol and other drugs is the main activity determined necessary at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern.

Missing values

Missing values are not permitted for this data item.

Other information

- If *Main treatment type* is coded 5, 6 or 7, then *Other treatment type* 1–4 must be blank.
- If Main treatment type is coded 1, 3 or 4, then Client type (alcohol and other drug treatment services) must not be coded 2.
- A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of code 8 (Other).
- Code 7 (Assessment only): The AIHW will continue to monitor assessment-only duration and will provide information to jurisdictions on episode duration of 30–89 days, and 90 days or longer. In agreement with the AODTS–NMDS Working Group, the AIHW has added validation checks for assessment-only episodes of greater than six months.
- Code 8 (Other): refers to other main treatment types such as nicotine replacement therapy or outdoor therapy.
- If pharmacotherapy is the main treatment type (coded as 'other '), then an 'other (additional) treatment type' must be recorded.

Why is this data item collected?

This data item is collected to explore the types of treatments being accessed by clients. *Main treatment type* is then analysed with reference to other data set variables.

Example of how Main treatment type for alcohol and other drugs is used

Table 4.5: Treatment episodes by main treatment type, and state and territory, 2009–10 (per cent)

Main treatment type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total (no.)
Withdrawal management (detoxification)	19.8	19.3	5.5	8.4	18.8	0.6	20.7	7.3	15.4	22,534
Counselling	34.1	50.7	27.8	62.9	27.1	73.2	29.8	21.4	42.2	61,990
Rehabilitation	6.3	3.4	1.9	6.3	11.4	4.2	6.7	16.1	5.1	7,521
Support and case management only	9.9	12.9	3.8	4.8	2.8	0.5	12.9	1.6	8.7	12,718
Information and education only	1.2	0.7	41.7	5.6	7.3	16.0	10.9	5.2	8.9	13,034
Assessment only	15.5	10.0	17.2	4.9	25.6	2.9	13.1	38.6	13.5	19,803
Other[a]	13.2	3.0	2.1	7.1	6.9	2.6	5.9	9.9	6.3	9,186
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**
Total (number)	**35,202**	**52,133**	**23,090**	**17,187**	**9,092**	**2,699**	**3,585**	**3,798**	**..**	**146,786**

(a) In New South Wales, the 'Other' category includes outreach services provided to hospital patients by community-based alcohol and other drug treatment agencies. These 'consultation liaison' activities were excluded from the data in 2006–07. Consultation liaison was included in earlier years of the collection but increased substantially in 2007–08. The number of these episodes dropped in 2008–09 in proportion with all New South Wales main treatment types, owing to the under-reporting caused by system issues.(AIHW 2011).

Method of use for principal drug of concern

Identifying and definitional attributes

Technical name: Client—method of drug use (principal drug of concern), code N

METeOR identifier: 270111

Registration status: Health, Standard 01/03/2005

Definition: The client's self-reported usual method of administering the principal drug of concern, as represented by a code.

Data Element Concept: Client—method of drug use (principal drug of concern)

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Ingests
2	Smokes
3	Injects
4	Sniffs (powder)
5	Inhales (vapour)
6	Other

Supplementary values:

Value	Meaning
9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use: CODE   1

Refers to eating or drinking as the method of administering the principal drug of concern.

Collection methods: Collect only for principal drug of concern.

To be collected on commencement of treatment with a service.

Comments: Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing treatment

approaches.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Method of use for principal drug of concern,
version 1, DE, NHDD, NHIMG, Superseded
01/03/2005.pdf (14.7 KB)

Implementation in Data Set   Alcohol and other drug treatment services NMDS 2012-
Specifications: 2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2011

Additional information for AODTS–NMDS data collectors

Definition

The client's usual method of administering the principal drug of concern as stated by the
client.

Missing values

Use code 9 for missing values.

Other information

Where *Method of use for principal drug of concern* is coded 3 (Injects), check that *Injecting drug
use status* is not coded 4 (Never injected).

Why is this data item collected?

This data item is collected to get an understanding of the prevalence of the different
methods of drug use. This is then related to many other data items in the data set.

Example of use of Method of use for principal drug of concern

In almost all episodes (90%), clients reported ingesting tranquillisers or sleeping pills.
(AIHW 2011).

Other drug of concern

Identifying and definitional attributes

Metadata item type: Data Element

Technical name: Episode of treatment for alcohol and other drugs—drug
                                         of concern (other), (ASCDC 2011 extended) code NNNN

METeOR identifier: 467579

Registration status: Health, Standard 07/12/2011

Definition: A drug apart from the principal drug of concern which
                                         the client states as being a concern, as represented by a
                                         code.

Data Element Concept: Episode of treatment for alcohol and other drugs—drug
                                         of concern

Value domain attributes

Representational attributes

Classification scheme: Australian Standard Classification of Drugs of Concern
                                         2011

Representation class: Code

Data type: String

Format: NNNN

Maximum character length: 4

Supplementary values:

Value	Meaning
0005	Opioid analgesics not further defined
0006	Psychostimulants not further defined

Collection and usage attributes

Guide for use: The Australian Standard Classification of Drugs of
                                         Concern (ASCDC) provides a number of supplementary
                                         codes that have specific uses and these are detailed within
                                         the ASCDC, e.g. 0000 = inadequately described.

                                         Other supplementary codes that are not already specified
                                         in the ASCDC may be used in National Minimum Data
                                         Sets (NMDS) when required. In the Alcohol and other
                                         drug treatment service NMDS, two additional
                                         supplementary codes have been created which enable a
                                         finer level of detail to be captured:

                                         CODE 0005   Opioid analgesics not further defined

                                         This code is to be used when it is known that the client's
                                         principal drug of concern is an opioid but the specific
                                         opioid used is not known. The existing code 1000

combines opioid analgesics and non-opioid analgesics together into Analgesics n.f.d. and the finer level of detail, although known, is lost.

CODE 0006   Psychostimulants not further defined

This code is to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type. The existing code 3000 combines stimulants and hallucinogens together into Stimulants and hallucinogens nfd and the finer level of detail, although known, is lost.

Psychostimulants refer to the types of drugs that would normally be coded to 3100-3199, 3300-3399 and 3400-3499 categories plus 3903 and 3905.

Data element attributes

Collection and usage attributes

Guide for use:
Record each additional drug of concern (according to the client) relevant to the treatment episode. The other drug of concern does not need to be linked to a specific treatment type.

More than one drug may be selected. There should be no duplication with the principal drug of concern.

Collection methods:
Any other drug of concern for the client should be recorded upon commencement of a treatment episode.

For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.

Comments:
This item complements principal drug of concern. The existence of other drugs of concern may have a role in determining the types of treatment required and may also influence treatment outcomes.

Source and reference attributes

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

Relational attributes

Related metadata references:
Supersedes Episode of treatment for alcohol and other drugs—drug of concern (other), code (ASCDC 2000 extended) NNNN Health, Superseded 07/12/2011

Implementation in Data Set Specifications:
Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

>   *Implementation start date:* 01/07/2012

>   *Implementation end date:* 30/06/2013

Additional information for AODTS–NMDS data collectors

Definition

Other drug or drugs that are of concern to the client (apart from the principal drug of concern).

Classification

NNNN

Missing values

For a 'not stated' response, leave this item blank.

Other information

- Responses to this data item should come in the format given in the Australian Standard Classification of Drugs of Concern 2011 (ASCDC 2011), ABS cat. no. 1248.0 (ABS 2011a) (attached as Appendix G). This includes two supplementary codes:
  - code 0005 (Opioid analgesics not further defined): to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known.
  - code 0006 (Psychostimulants not further defined): to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type.
- Broader category codes xx00 can also be used to capture an *Other drug of concern* when more detailed information about the drug is not known. For example, code 2100 would be used when the *Other drug of concern* was an alcohol, but information about the specific alcohol type is not known.
- Check that the code chosen for *Principal drug of concern* is not repeated for *Other drug of concern* 1–5. A single client record cannot have the same drug code recorded more than once, with the exception of '9000'.
- If *Other drug of concern* 1 is coded '0000' or '0001' then other drugs 2–5 must be blank.
- Where Client type (alcohol and other drug treatment services) is coded 2, Other drug of concern 1-5 must be blank.

Why is this data item collected?

This data item is collected to get an understanding of the range of drugs that are of concern to clients.

Example of how *Other drug of concern* is used

Six in 10 episodes (58%) included at least one other drug of concern, a decrease from 63% in 2008–09. The most common other drug used in addition to ecstasy in 2009–10 was alcohol (AIHW 2011).

Other treatment type for alcohol and other drugs

Identifying and definitional attributes

Technical name: Episode of treatment for alcohol and other drugs—drug of concern (other), (ASCDC 2011 extended) code NNNN

METeOR identifier: 270076

Registration status: Health, Standard 01/03/2005

Definition: All other forms of treatment provided to the client in addition to the main treatment type for alcohol and other drugs, as represented by a code.

Data Element Concept: Episode of treatment for alcohol and other drugs—treatment type

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: [N]

Maximum character length: 1

Permissible values:

Value	Meaning
1	Withdrawal management (detoxification)
2	Counselling
3	Rehabilitation
4	Pharmacotherapy
5	Other

Collection and usage attributes

Guide for use: CODE 1   Withdrawal management (detoxification)

Refers to any form of withdrawal management, including medicated and non-medicated.

CODE 2   Counselling

Refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This selection excludes counselling activity that is part of a rehabilitation program as defined in code 3.

CODE 3   Rehabilitation

Refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include counselling, behavioural treatment approaches,

recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings. Counselling that is included within an overall rehabilitation program should be coded to Code 3 for Rehabilitation, not to Code 2 as a separate treatment episode for counselling.

CODE 4   Pharmacotherapy

Refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, and methadone treatment) and those used as relapse prevention. Use Code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal. Note collection exclusions: excludes clients who are on an opioid pharmacotherapy maintenance program and are not receiving any other form of treatment.

Data element attributes

Collection and usage attributes

Guide for use:	To be completed at cessation of treatment episode.
	Only report treatment recorded in the client's file that is in addition to, and not a component of, the main treatment type for alcohol and other drugs. Treatment activity reported here is not necessarily for principal drug of concern in that it may be treatment for other drugs of concern.
	More than one code may be selected.
Collection methods:	This field should be left blank if there are no other treatment types for the episode.
Comments:	Information about treatment provided is of fundamental importance to service delivery and planning.

Source and reference attributes

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

Relational attributes

Related metadata references:	Supersedes Other treatment type for alcohol and other drugs, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.7 KB)
Implementation in Data Set Specifications:	Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Additional information for AODTS–NMDS data collectors

Definition

All other forms of treatment for alcohol and other drugs provided to the client in addition to the *Main treatment type*.

Missing values

For a 'not stated' response, leave this item blank.

Other information

- A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of code 5 (other).
- There are a maximum of four other (additional) treatment types that can be entered.
- *Other treatment type* 1 should be blank if *Main treatment type* is coded 5, 6 or 7.
- If *Other treatment type* 1 is blank, then *Other treatment type* 2–4 must also be blank.
- If Other treatment type 1 is coded 1, 3 or 4, Client type (alcohol and other drug treatment services) must not be coded 2.
- If the *Main treatment type* is pharmacotherapy, an *Other treatment type* must be reported.

Why is this data item collected?

This data item is collected to get an understanding of the range of treatments that clients are undergoing.

Example of how Other treatment type for alcohol and other drugs is used

In 2009–10, 8,848 closed treatment episodes included at least one additional treatment type in 2009–10, fewer than in 2008–09 (14,663). Almost two in five (37%) episodes receiving rehabilitation as a main treatment type also received an additional treatment (AIHW 2011).

Person identifier

Identifying and definitional attributes

Technical name: Person—person identifier, XXXXXX[X(14)]

METeOR identifier: 290046

Registration status: Community Services, Standard 25/08/2005
                               Health, Standard 04/05/2005

Definition: Person identifier unique within an establishment or
                               agency.

Data Element Concept: Person—person identifier

Value domain attributes

Representational attributes

Representation class: Identifier

Data type: String

Format: XXXXXX[X(14)]

Maximum character length: 20

Data element attributes

Collection and usage attributes

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

                               Field cannot be blank.

Source and reference attributes

Reference documents: AS5017 Health Care Client Identification, 2002, Sydney:
                               Standards Australia

                               AS4846 Health Care Provider Identification, 2004, Sydney:
                               Standards Australia

Relational attributes

Related metadata references: Supersedes Person—person identifier (within
                               establishment/agency), XXXXXX[X(14)] Community
                               Services, Superseded 25/08/2005, Health, Superseded
                               04/05/2005

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS Health, Standard
                               01/10/2008

                               Admitted patient care NMDS 2011-2012 Health, Standard
                               18/01/2011

Admitted patient mental health care NMDS 2011-2012 Health, Standard 18/01/2011

Admitted patient palliative care NMDS 2011-12 Health, Standard 21/12/2010

Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

AROC inpatient data set specification Health, Candidate 14/02/2007

Cancer (clinical) DSS Health, Standard 22/12/2009

Cancer (clinical) DSS Health, Standardisation pending 14/06/2011

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

Health care client identification DSS Health, Standard 03/12/2008

Health care provider identification DSS Health, Standard 03/12/2008

Juvenile Justice Client file cluster Community Services, Standard 14/09/2009

Juvenile Justice Detention file cluster Community Services, Standard 14/09/2009

Juvenile Justice Order file cluster Community Services, Standard 14/09/2009

Non-admitted patient DSS 2011-12 Health, Standard 06/10/2010

Non-admitted patient emergency department care NMDS 2011-2012 Health, Standard 18/01/2011

Perinatal NMDS 2011-2012 Health, Standard 21/12/2010

Prison clinic contact DSS Health, Standard 25/08/2011

Prison entrants DSS Health, Standard 25/08/2011

Prisoners in custody repeat medications DSS Health, Standard 25/08/2011

Residential mental health care NMDS 2011-2012 Health, Standard 21/12/2010

Implementation in Indicators:

Used as numerator
National Healthcare Agreement: PI 03-Incidence of end-stage kidney disease, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 04-Incidence of selected cancers, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 28-Public sector community mental health services, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 34-Waiting times for elective surgery, 2011 Health, Standard 08/06/2011

National Healthcare Agreement: PI 41-Falls resulting in patient harm in hospitals, 2011 Health, Standard 08/06/2011

National Healthcare Agreement: PI 42-Intentional self-harm in hospitals, 2011 Health, Standard 08/06/2011

National Healthcare Agreement: PI 43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2011 Health, Standard 08/06/2011

Used as denominator

National Healthcare Agreement: PB 05-By 2012–13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australasian College of Emergency Medicine, 2011 Health, Standard 08/06/2011

National Healthcare Agreement: PI 35-Waiting times for emergency department care, 2011 Health, Standard 08/06/2011

National Indigenous Reform Agreement: PI 13-Tobacco smoking during pregnancy, 2011 Community Services, Standard 31/03/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

Person identifier is a unique code within the alcohol and other drug treatment establishment or agency.

Classification

Alphanumeric

Missing values

Missing values are not permitted for this data item.

Other information

- This identifier is not unique across agencies but must be unique within an agency.
- The person identifier should not include apostrophes, hyphens, inflections, dashes or spaces.
- The name of the client should not be used as their person identifier.
- The SLK–581 does not replace the *Person identifier*. Both the SLK-581 or its components and the *Person identifier* must be provided.

Why is this data item collected?

This data item is used for editing at the establishment or collection authority level. A *Person identifier* will only be released to persons who have met all the conditions of the AIHW Ethics Committee and received approval from all relevant jurisdictions.

Example of how *Person identifier* is used

This data item is administrative and does not directly affect any published information.

Preferred language, code (ASCL 2011)

Identifying and definitional attributes

Technical name: Person—preferred language, code (ASCL 2011) NN{NN}

METeOR identifier: 460123

Registration status: Community Services, Standard 13/10/2011
                                Housing assistance, Standard 13/10/2011
                                Health, Standard 13/10/2011
                                Homelessness, Standard 13/10/2011

Definition: The language (including sign language) most preferred by
                                the person for communication, as represented by a code.

Data Element Concept: Person—preferred language

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: NN{NN}

Maximum character length: 4

Collection and usage attributes

Guide for use: The Australian Standard Classification of Languages
                                (ASCL) has a three-level hierarchical structure. The most
                                detailed level of the classification consists of base units
                                (languages) which are represented by four-digit codes.
                                The second level of the classification comprises narrow
                                groups of languages (the Narrow group level), identified
                                by the first two digits. The most general level of the
                                classification consists of broad groups of languages (the
                                Broad group level) and is identified by the first digit. The
                                classification includes Australian Indigenous languages
                                and sign languages.

                                For example, the Lithuanian language has a code of 3102.
                                In this case 3 denotes that it is an Eastern European
                                language, while 31 denotes that it is a Baltic language. The
                                Pintupi Aboriginal language is coded as 8713. In this case
                                8 denotes that it is an Australian Indigenous language
                                and 87 denotes that the language is a Western Desert
                                language.

                                Language data may be output at the Broad group level,
                                Narrow group level or base level of the classification. If
                                necessary, significant languages within a Narrow group
                                can be presented separately while the remaining
                                languages in the Narrow group are aggregated. The same

principle can be adopted to highlight significant Narrow groups within a Broad group.

Data element attributes

Collection and usage attributes

Guide for use:

This may be a language other than English even where the person can speak fluent English.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare

Reference documents:

ABS cat. no. 1267.0. Australian Standard Classification of Languages (ASCL), 2011. Canberra: Australian Bureau of Statistics

Relational attributes

Related metadata references:

See also Person—main language other than English spoken at home, code (ASCL 2005) NN{NN} Community Services, Standard 29/04/2006, Housing assistance, Standard 10/02/2006, Health, Standard 08/02/2006

See also Person—main language other than English spoken at home, code (ASCL 2011) NN{NN} Community Services, Standard 13/10/2011, Housing assistance, Standard 13/10/2011, Health, Standard 13/10/2011, Homelessness, Standard 13/10/2011

Supersedes Person—preferred language, code (ASCL 2005) NN{NN} Community Services, Standard 29/04/2006, Health, Standard 08/02/2006, Tasmanian Health, Proposed 28/09/2011

Implementation in Data Set Specifications:

Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date:

01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

Preferred language is reported as a four-digit code (NNNN).

Missing values

Use code 0002 for 'not stated' responses.

Guide for use and validation checks

- Responses to this data item should be provided in the four-digit format given in the ASCL, ABS cat. no. 1267.0 (ABS 2011b). For more information of the ASCL 2011, see Appendix F.

From July 2007, the four-digit code for the data item *Preferred language* has been the appropriate level for collection at the agency level.

Why is this data item collected?

This data item is collected to get an understanding of the preferred language of clients accessing alcohol and other drug treatment services. *Preferred language* is used in demographic analysis of clients in the collection.

Example of how *Preferred language* is used

As in previous reporting periods, English was the most frequently reported preferred language in 2009–10 (95% of episodes). One per cent of episodes involved clients who reported an Australian Indigenous language as their preferred language (AIHW 2011).

Principal drug of concern

Identifying and definitional attributes

Technical name:	Episode of treatment for alcohol and other drugs—drug of concern (principal), (ASCDC 2011 extended) code NNNN
METeOR identifier:	467699
Registration status:	*No registration status*
Definition:	The main drug, as stated by the client, that has led a person to seek treatment from the service, as represented by a code.
Context:	Required as an indicator of the client's treatment needs.
Data Element Concept:	Episode of treatment for alcohol and other drugs—drug of concern

Value domain attributes

Representational attributes

Classification scheme:	Australian Standard Classification of Drugs of Concern 2011
Representation class:	Code
Data type:	String
Format:	NNNN
Maximum character length:	4
Supplementary values:	Value	Meaning

Value	Meaning
0005	Opioid analgesics not further defined
0006	Psychostimulants not further defined

Collection and usage attributes

Guide for use:

The Australian Standard Classification of Drugs of Concern (ASCDC) provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC e.g. 0000 = inadequately described.

Other supplementary codes that are not already specified in the ASCDC may be used in National Minimum Data Sets (NMDS) when required. In the Alcohol and other drug treatment service NMDS, two additional supplementary codes have been created which enable a finer level of detail to be captured:

CODE 0005   Opioid analgesics not further defined

This code is to be used when it is known that the client's principal drug of concern is an opioid but the specific

opioid used is not known. The existing code 1000 combines opioid analgesics and non-opioid analgesics together into Analgesics n.f.d. and the finer level of detail, although known, is lost.

CODE 0006   Psychostimulants not further defined

This code is to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type. The existing code 3000 combines stimulants and hallucinogens together into Stimulants and hallucinogens n.f.d. and the finer level of detail, although known, is lost.

Psychostimulants refer to the types of drugs that would normally be coded to 3100-3199, 3300-3399 and 3400-3499 categories plus 3903 and 3905.

Data element attributes

Collection and usage attributes

Guide for use: The principal drug of concern should be the main drug of concern to the client and is the focus of the client's treatment episode. If the client has been referred into treatment and does not nominate a drug of concern, then the drug involved in the client's referral should be chosen.

Collection methods: To be collected on commencement of the treatment episode.

For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Episode of treatment for alcohol and other drugs—drug of concern (principal), code (ASCDC 2000 extended) NNNN Health, Standard 01/03/2005

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

The main drug, as stated by the client that has led him or her to seek treatment from the service.

Classification

NNNN

Missing values

Missing values are not permitted for this data item, unless *Client type (alcohol and other drug treatment services)* is coded 2, which must be left blank.

Other information

- The ABS ASCDC (2011) ABS cat. no. 1248.0 (ABS 2011a) must be used to code this item (attached as Appendix G). This includes two supplementary codes:
    - code 0005 (Opioid analgesics not further defined): to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known
    - code 0006 (Psychostimulants not further defined): to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type.
- Broader category codes xx00 can also be used to capture an *Other drug of concern* when more detailed information about the drug is not known. For example, code 2100 would be used when the other drug of concern was an alcohol, but information about the specific alcohol type is not known.
- Check that the code chosen for *Principal drug of concern* is not the same as a code chosen for *Other drug of concern* 1–5 (with exception of '0001' coded as *Principal drug of concern* and first *Other drug of concern* and '9000'– miscellaneous drugs).
- For drug diversion treatment episodes, information about the principal drug of concern is sometimes not collected directly from the client. In such cases, the *Principal drug of concern* should be recorded as 0000 (inadequately described).
- Principal drug of concern is to be left blank where Client type (alcohol and other drug treatment services) is coded 2 (Other's alcohol or other drug use).

Why is this data item collected?

This data item is collected to get an understanding of the types of drugs of concern to clients. *Principal drug of concern* is then analysed with reference to other data set variables.

Example of how Principal drug of concern is used

As observed in previous years, in 2009–10, alcohol and cannabis were the most common principal drugs of concern nationally (accounting for 48% and 23% of treatment episodes, respectively). These were followed by opioids (15%, with heroin accounting for the majority of this figure) and amphetamines (7%). Benzodiazepines and nicotine each accounted for about 2% of episodes. Those receiving treatment for ecstasy represented 1% of episodes (AIHW 2011).

Reason for cessation of treatment episode for alcohol and other drugs

Identifying and definitional attributes

Technical name:	Episode of treatment for alcohol and other drugs—cessation reason, code N[N]
METeOR identifier:	270011
Registration status:	Health, Standard 01/03/2005
Definition:	The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service, as represented by a code.
Data Element Concept:	Episode of treatment for alcohol and other drugs—cessation reason

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:

Value	Meaning
1	Treatment completed
2	Change in main treatment type
3	Change in the delivery setting
4	Change in the principal drug of concern
5	Transferred to another service provider
6	Ceased to participate against advice
7	Ceased to participate without notice
8	Ceased to participate involuntary (non-compliance)
9	Ceased to participate at expiation
10	Ceased to participate by mutual agreement
11	Drug court and /or sanctioned by court diversion service
12	Imprisoned, other than drug court sanctioned
13	Died

	98	Other
Supplementary values:	99	Not stated/inadequately described

Collection and usage attributes

Guide for use: To be collected on cessation of a treatment episode. Codes 1 to 12 listed above are set out as follows to enable a clearer picture of which codes are to be used for what purpose:

Treatment completed as planned:

CODE 1   Treatment completed

Client ceased to participate:

CODE 6   Ceased to participate against advice

CODE 7   Ceased to participate without notice

CODE 8   Ceased to participate involuntary (non-compliance)

CODE 9   Ceased to participate at expiation

Ceased to participate at expiation:

CODE 11   Drug court and/or sanctioned by court diversion service

CODE 12   Imprisoned, other than drug court sanctioned

Treatment not completed (other):

CODE 2   Change in main treatment type

CODE 3   Change in the delivery setting

CODE 4   Change in the principal drug of concern

CODE 5   Transferred to another service provider

Treatment ceased by mutual agreement:

CODE 10   Ceased to participate by mutual agreement

CODE 1   Treatment completed

This code is to be used when all of the immediate goals of the treatment have been completed as planned. Includes situations where the client, after completing this treatment, either does not commence any new treatment, commences a new treatment episode with a different main treatment or principal drug, or is referred to a different service provider for further treatment.

CODE 2   Change in main treatment type

A treatment episode will end if, prior to the completion of the existing treatment, there is a change in the main treatment type for alcohol and other drugs. See also Code 10.

CODE 3   Change in the delivery setting

A treatment episode may end if, prior to the completion of the existing treatment, there is a change in the treatment delivery setting for alcohol and other drugs. See

also Code 10 and the Guide for use section in metadata item *Episode of treatment for alcohol and other drugs*.

CODE 4   Change in the principal drug of concern

A treatment episode will end if, prior to the completion of the existing treatment, there is a change in the principal drug of concern. See also Code 10.

CODE 5   Transferred to another service provider

This code includes situations where the service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment (use Code 1).

CODE 6   Ceased to participate against advice

This code refers to situations where the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest.

CODE 7   Ceased to participate without notice

This code refers to situations where the client ceased to receive treatment without notifying the service provider of their intention to no longer participate.

CODE 8   Ceased to participate involuntary (non-compliance)

This code refers to situations where the client's participation has been ceased by the service provider due to non-compliance with the rules or conditions of the program.

CODE 9   Ceased to participate at expiation

This code refers to situations where the client has fulfilled their obligation to satisfy expiation requirements (e.g. participate in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with further treatment.

CODE 10   Ceased to participate by mutual agreement

This code refers to situations where the client ceases participation by mutual agreement with the service provider even though the treatment plan has not been completed. This may include situations where the client has moved out of the area. Only to be used when Code 2, 3 or 4 is not applicable.

CODE 11   Drug court and/or sanctioned by court diversion service

This code applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-

compliance with the program.

CODE 12   Imprisoned, other than drug court sanctioned

This code applies to clients who are imprisoned for reasons other than Code 11.

Data element attributes

Collection and usage attributes

Comments: Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Reason for cessation of treatment episode for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (22.4 KB)

Implementation in Data Set   Alcohol and other drug treatment services NMDS 2012-
Specifications: 2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

The reason for ending the treatment episode from an alcohol and other drug treatment service.

Missing values

Use code 99 for missing values.

Other information

Refer to other data element information as appropriate, for example, *Main treatment type*.

Why is this data item collected?

This data item is collected to get an understanding of the reasons that episodes of treatment end. *Reason for cessation* is then analysed with reference to other data set variables.

Example of how *Reason for cessation of treatment episode* for alcohol and other drugs is used

'Treatment completed' has always been the most common reason reported, accounting for more than half of closed treatment episodes in each year, and 58% in 2009–10. The next most common has consistently been 'ceased to participate without notice' (14%) (AIHW 2011).

Sex

Identifying and definitional attributes

Technical name: Person—sex, code N

METeOR identifier: 287316

Registration status:
Community Services, Standard 25/08/2005
Housing assistance, Standard 10/02/2006
Health, Standard 04/05/2005
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Definition: The biological distinction between male and female, as represented by a code.

Data Element Concept: Person—sex

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Male
2	Female
3	Intersex or indeterminate

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use: Diagnosis and procedure codes should be checked against the national ICD-10-AM sex edits, unless the person is undergoing, or has undergone a sex change or has a genetic condition resulting in a conflict between sex and ICD-10-AM code.

CODE 3   Intersex or indeterminate

Intersex or indeterminate, refers to a person, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason.

Intersex or indeterminate, should be confirmed if reported for people aged 90 days or greater.

Comments: The definition for Intersex in Guide for use is sourced from

the ACT Legislation (Gay, Lesbian and Transgender)
Amendment Act 2003.

Source and reference attributes

Origin:	Australian Capital Territory 2003. *Legislation (Gay, Lesbian and Transgender) Amendment Act 2003*
Reference documents:	*Legislation (Gay, Lesbian and Transgender) Amendment Act 2003*. See http://www.legislation.act.gov.au/a/2003-14/20030328-4969/pdf/2003-14.pdf.

Data element attributes

Collection and usage attributes

Collection methods:

Operationally, sex is the distinction between male and female, as reported by a person or as determined by an interviewer.

When collecting data on sex by personal interview, asking the sex of the respondent is usually unnecessary and may be inappropriate, or even offensive. It is usually a simple matter to infer the sex of the respondent through observation, or from other cues such as the relationship of the person(s) accompanying the respondent, or first name. The interviewer may ask whether persons not present at the interview are male or female.

A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment. Throughout this process, which may be over a considerable period of time, the person's sex could be recorded as either Male or Female.

In data collections that use the ICD-10-AM classification, where sex change is the reason for admission, diagnoses should include the appropriate ICD-10-AM code(s) that clearly identify that the person is undergoing such a process. This code(s) would also be applicable after the person has completed such a process, if they have a procedure involving an organ(s) specific to their previous sex (e.g. where the patient has prostate or ovarian cancer).

CODE 3   Intersex or indeterminate

Is normally used for babies for whom sex has not been determined for whatever reason.

Should not generally be used on data collection forms completed by the respondent.

Should only be used if the person or respondent volunteers that the person is intersex or where it otherwise becomes clear during the collection process that the individual is neither male nor female.

CODE 9   Not stated/inadequately described

Is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Source and reference attributes

Origin: Australian Institute of Health and Welfare (AIHW) National Mortality Database 1997/98 AIHW 2001 National Diabetes Register, Statistical Profile, December 2000 (Diabetes Series No. 2.)

Reference documents: Australian Bureau of Statistics

AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia

In AS4846 and AS5017 alternative codes are presented. Refer to the current standard for more details.

Relational attributes

Related metadata references: Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 6) ANNA Health, Standard 22/12/2009, Tasmanian Health, Proposed 28/09/2011

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v5.1) ANNA Health, Superseded 22/12/2009

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v 6) NN Health, Standard 22/12/2009, Tasmanian Health, Proposed 28/09/2011

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v5.1) NN Health, Superseded 22/12/2009

Supersedes Person—sex (housing assistance), code N Housing assistance, Superseded 10/02/2006

Supersedes Person—sex, code N Community Services, Superseded 31/08/2005, Health, Superseded 04/05/2005

Is used in the formation of Record—linkage key, code 581 XXXXXDDMMYYYYN Community Services, Standard 21/05/2010, Housing assistance, Standard 23/08/2010, Health, Proposed 07/09/2011, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS Health, Standard 01/10/2008

Admitted patient care NMDS 2011-2012 Health, Standard 18/01/2011

Admitted patient mental health care NMDS 2011-2012

Health, Standard 18/01/2011

Admitted patient palliative care NMDS 2011-12 Health, Standard 21/12/2010

Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

AROC inpatient data set specification Health, Candidate 14/02/2007

Cancer (clinical) DSS Health, Standard 22/12/2009

Cancer (clinical) DSS Health, Standardisation pending 14/06/2011

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Child protection and support services (CPSS) client cluster Community Services, Standard 30/04/2008

Child protection and support services (CPSS) sibling cluster Community Services, Standard 30/04/2008

Community mental health care NMDS 2011-2012 Health, Standard 01/12/2010

Computer Assisted Telephone Interview demographic module DSS Health, Standard 03/12/2008

Diabetes (clinical) DSS Health, Standard 21/09/2005

Disability Services NMDS 2009-10 Community Services, Standard 11/11/2009

Disability Services NMDS 2010-11 Community Services, Standardisation pending 15/03/2011

Disability Services NMDS 2011-12 Community Services, Candidate 13/09/2011

Early Childhood Education and Care: Unit Record Level NMDS 2011 Early Childhood, Standard 07/06/2011

Health care client identification DSS Health, Standard 03/12/2008

Health care provider identification DSS Health, Standard 03/12/2008

Indigenous primary health care DSS Health, Candidate 08/08/2011

Juvenile Justice Client file cluster Community Services, Standard 14/09/2009

Medical indemnity DSS Health, Candidate 31/10/2011

Non-admitted patient DSS 2011-12 Health, Standard 06/10/2010

Non-admitted patient emergency department care NMDS 2011-2012 Health, Standard 18/01/2011

Perinatal NMDS 2011-2012 Health, Standard 21/12/2010

Prison clinic contact DSS Health, Standard 25/08/2011

Prison entrants DSS Health, Standard 25/08/2011

Prisoners in custody repeat medications DSS Health,
Standard 25/08/2011

Registered chiropractic labour force DSS Health, Standard
10/12/2009

Registered dental and allied dental health professional
labour force DSS Health, Standard 10/12/2009

Registered medical professional labour force DSS Health,
Standard 10/12/2009

Registered midwifery labour force DSS Health, Standard
10/12/2009

Registered nursing professional labour force DSS Health,
Standard 10/12/2009

Registered optometry labour force DSS Health, Standard
10/12/2009

Registered osteopathy labour force DSS Health, Standard
10/12/2009

Registered pharmacy labour force DSS Health, Standard
10/12/2009

Registered physiotherapy labour force DSS Health,
Standard 10/12/2009

Registered podiatry labour force DSS Health, Standard
10/12/2009

Registered psychology labour force DSS Health, Standard
10/12/2009

Residential mental health care NMDS 2011-2012 Health,
Standard 21/12/2010

SAAP Client Collection National Minimum Data Set
Community Services, Retired 01/07/2011

SAAP Demand for Accommodation National Minimum
Data Set Community Services, Retired 01/07/2011

Sex of prison entrants cluster Health, Standard 25/08/2011

Specialist Homelessness Services NMDS 2011 Housing
assistance, Standard 23/08/2010
Homelessness, Standard 23/08/2010

Statistical linkage key 581 cluster Community Services,
Standard 21/05/2010
Housing assistance, Standard 23/08/2010
Health, Proposed 07/09/2011
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Implementation in Indicators: **Used as numerator**
National Healthcare Agreement: PI 44-Survival of people
diagnosed with cancer, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 48-Rates of services:
Hospital procedures, 2011 Health, Standard 08/06/2011
Used as denominator
National Disability Agreement: c(1)-Proportion of the

potential population accessing disability services, 2011 Community Services, Standardisation pending 01/08/2011
National Disability Agreement: c(2)-Proportion of the potential population accessing disability services, 2011 Community Services, Standardisation pending 01/08/2011
National Disability Agreement: c-Proportion of the potential population accessing disability services, 2010 Community Services, Standard 23/07/2010
National Disability Agreement: f(1)-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2011 Community Services, Standardisation pending 01/08/2011
National Disability Agreement: f(2)-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2011 Community Services, Standardisation pending 01/08/2011
National Disability Agreement: f-Number of Indigenous people with disability receiving disability services as a proportion of the Indigenous potential population requiring services, 2010 Community Services, Standard 23/07/2010
National Disability Agreement: j-Proportion of people with disability receiving income support, 2010 Community Services, Standard 23/07/2010
National Disability Agreement: j-Proportion of people with disability receiving income support, 2011 Community Services, Standardisation pending 01/07/2011
National Healthcare Agreement: PI 04-Incidence of selected cancers, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 10-Breast cancer screening rates, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 32-Proportion of people with mental illness with GP treatment plans, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 44-Survival of people diagnosed with cancer, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 48-Rates of services: Hospital procedures, 2011 Health, Standard 08/06/2011
National Healthcare Agreement: PI 61-Teenage birth rate, 2011 Health, Standard 08/06/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

The biological sex of the person.

Missing values

Use code 9 for missing values.

Other information

- Code 3 is not used in the AODTS–NMDS.
- The term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females—masculinity and femininity. The ABS advises that the correct terminology for this data element is 'sex'.

Why is this data item collected?

This data item is collected to get an understanding of the sex of clients accessing treatment. *Sex* is then analysed with reference to other data set variables.

This data item is also used to create the SLK–581 in cases where the component elements are provided.

Example of how *Sex* is used

Table 4.6: Client type by sex by age group, 2009–10 (per cent)

	Age group (years)							Total (no.)	Median age
	10–19	20–29	30–39	40–49	50–59	60+	Not stated		
Males									
Own drug use	12.5	30.8	28.2	18.0	7.6	2.8	<0.1	95,496	32
Other's drug use	27.2	15.2	16.9	17.7	14.5	8.3	0.1	2,108	34
Total males	*12.8*	*30.5*	*28.0*	*18.0*	*7.7*	*2.9*	*<0.1*	*. .*	*32*
Total males (number)	*12,520*	*29,763*	*27,301*	*17,548*	*7,554*	*2,858*	*60*	*97,604*	*. .*
Females									
Own drug use	12.2	27.7	28.4	20.2	8.1	3.2	0.1	45,154	33
Other's drug use	15.3	11.4	17.1	21.6	20.5	13.6	0.4	3,899	42
Total females	*12.4*	*26.4*	*27.5*	*20.3*	*9.1*	*4.0*	*0.1*	*. .*	*33*
Total females (number)	*6,094*	*12,963*	*13,487*	*9,981*	*4,469*	*1,986*	*73*	*49,053*	*. .*
Persons[a]									
Own drug use	12.4	29.8	28.3	18.7	7.8	2.9	<0.1	140,769	32
Other's drug use	19.5	12.8	17.1	20.3	18.4	11.7	0.3	6,017	40
Total persons	**12.7**	**29.1**	**27.8**	**18.8**	**8.2**	**3.3**	**<0.1**	**. .**	**32**
Total (number)	**18,621**	**42,769**	**40,824**	**27,558**	**12,031**	**4,846**	**137**	**146,786**	**. .**

(a)   Includes 'not stated' for sex

(AIHW 2011)

Source of referral to alcohol and other drug treatment service

Identifying and definitional attributes

Technical name: Episode of treatment for alcohol and other drugs—referral source, code NN

METeOR identifier: 269946

Registration status: Health, Standard 01/03/2005

Definition: The source from which the person was transferred or referred to the alcohol and other drug treatment service, as represented by a code.

Data Element Concept: Episode of treatment for alcohol and other drugs—referral source

Value domain attributes

Representational attributes

Representation class: Code

Data type: String

Format: NN

Maximum character length: 2

Permissible values:

Value	Meaning
01	Self
02	Family member/friend
03	Medical practitioner
04	Hospital
05	Mental health care service
06	Alcohol and other drug treatment service
07	Other community/health care service
08	Correctional service
09	Police diversion
10	Court diversion
98	Other

Supplementary values:

99	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 03   Medical practitioner

Includes medical specialists, vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary-care medical practitioners in private practice.

CODE 04   Hospital

Includes public and private hospitals, hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes psychiatric hospitals, psychiatric units and drug and alcohol units located within or operating from hospitals, and outpatient clinics (see codes 05-07).

CODE 05   Mental health care service

Includes both residential and non-residential services. Includes psychiatric hospitals and psychiatric units within and outside of hospitals.

CODE 06   Alcohol and other drug treatment service

Includes both residential and non-residential services. Includes drug and alcohol units within and outside of hospitals.

CODE 07   Other community/health care service

Includes outpatient clinics and aged care facilities.

CODE 09   Police diversion

This code should be used when a person detained for a minor drug offence is formally referred to treatment by the police in order to divert the offender from the criminal justice pathway.

CODE 10   Court diversion

This code refers to the diversion of an offender into drug education, assessment and treatment at the discretion of a magistrate. This may occur at the point of bail or prior to sentencing.

CODE 98   Other

Includes persons referred under a legislative act (other than Drug Diversion Act) e.g. Mental Health Act.

Data element attributes

Collection and usage attributes

Comments: Source of referral is important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Source of referral to alcohol and other drug
                                    treatment service, version 3, DE, NHDD, NHIMG,
                                    Superseded 01/03/2005.pdf (17.2 KB)

Implementation in Data Set   Alcohol and other drug treatment services NMDS 2011-2012
Specifications: Health, Standard 24/12/2010

                                    Alcohol and other drug treatment services NMDS 2012-2013 *No
                                    registration status*

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Use code 99 for missing values.

Other information

- Code 98 (Other): Includes persons referred under a legislative act (other than Drug
  Diversion Act), for example state and territory mental health acts. This code may also
  include persons referred to treatment through community services, government
  departments, remand or prison, education (through teachers and schools), and the
  Australian Community Service Organisation/Community Offenders Advice and
  Treatment Service.
- Referrals from solicitors to treatment programs should be coded to 01 (self-referral).
- For drug diversion treatment episodes (*Source of referral* codes 09 (Police diversion), 10
  (Court diversion), 99 (not stated/inadequately described), information about the
  principal drug of concern is sometimes not collected directly from the client. In such
  cases, *Principal drug of concern* should be recorded as 0000 (inadequately described).

Why is this data item collected?

This data item is collected to get an understanding of the avenues through which clients
are referred to drug treatment services.

Example of how Source of referral to alcohol and other drug treatment service is used

- The majority of episodes were initiated either by a referral from court diversion (42%)
  or a police diversion (20%).
- Ecstasy-related episodes had a relatively low rate of self-referral (15%), a decrease
  from 18% in 2008–09 (AIHW 2011).

Statistical linkage key 581

Identifying and definitional attributes

Technical name: Record—linkage key, code 581 XXXXXDDMMYYYYN

METeOR identifier: 349895

Registration status: Community Services, Standard 21/05/2010
Housing assistance, Standard 23/08/2010
Health, Standard 07/12/2011
Early Childhood, Standard 21/05/2010
Homelessness, Standard 23/08/2010

Definition: A key that enables two or more records belonging to the
same individual to be brought together. It is represented
by a code consisting of the second, third and
fifth characters of a person's family name, the second and
third letters of the person's given name, the day, month
and year when the person was born and the sex of the
person, concatenated in that order.

Data Element Concept: Record—linkage key

Value domain attributes

Representational attributes

Representation class: Code

Data type: String

Format: XXXXXDDMMYYYYN

Maximum character length: 14

Data element attributes

Collection and usage attributes

Collection methods: Information about whether or not the person's date of
birth is accurate should be noted. By knowing that date of
birth is accurate it is possible to reduce underestimation
of total service user numbers and overestimation of
service users' ages.

Comments: The linkage key is designed to make it possible to count
number of clients and services they received, without
counting the same client more than once. It can also be
used for linking to other related data collections. It is for
statistical linkage purposes only, not for case
management or the tracking of individual persons. This
may be done using a range of identifiers and/or keys.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare.
Steward:	Australian Institute of Health and Welfare

Relational attributes

Related metadata references:	See also Date—accuracy indicator, code AAA Community Services, Standard 30/09/2005, Housing assistance, Standard 23/08/2010, Health, Standard 04/05/2005, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010
	See also Date—estimate indicator, code N Community Services, Standard 27/04/2007, Tasmanian Health, Proposed 28/09/2011
	Is formed using Person—date of birth, DDMMYYYY Community Services, Standard 25/08/2005, Housing assistance, Standard 20/06/2005, Health, Standard 04/05/2005, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010, Tasmanian Health, Proposed 28/09/2011
	Is formed using Person—letters of family name, text XXX Community Services, Standard 27/03/2007, Housing assistance, Standard 23/08/2010, Health, Standard 07/12/2011, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010
	Is formed using Person—letters of given name, text XX Community Services, Standard 27/03/2007, Housing assistance, Standard 23/08/2010, Health, Standard 07/12/2011, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010
	Is formed using Person—sex, code N Community Services, Standard 25/08/2005, Housing assistance, Standard 10/02/2006, Health, Standard 04/05/2005, Early Childhood, Standard 21/05/2010, Homelessness, Standard 23/08/2010
Implementation in Data Set Specifications:	Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011
	Early Childhood Education and Care: Unit Record Level NMDS 2012 Early Childhood, Standard 09/03/2012
	Statistical linkage key 581 cluster Community Services, Standard 21/05/2010 Housing assistance, Standard 23/08/2010 Health, Standard 07/12/2011 Early Childhood, Standard 21/05/2010 Homelessness, Standard 23/08/2010
Implementation in Indicators:	**Used as numerator** National Affordability Housing Agreement: 4: Proportion of people experiencing repeat periods of homelessness, 2010 Homelessness, Standard 16/02/2011 **Used as denominator**

National Affordability Housing Agreement: 4: Proportion of people experiencing repeat periods of homelessness, 2010 Homelessness, Standard 16/02/2011

Additional information for AODTS–NMDS data collectors

Definition

Statistical linkage key 581(SLK–581) is a code consisting of: the second, third and fifth characters of a client's family name; the second and third letters of the client's given name; the day, month and year of a client's birth; and the sex of the client, concatenated in that order.

Missing values

Missing values are permitted for this element only if there are no missing values in the following elements:

   – *Letters of family name*
   – *Letters of given name*

Why is this data item collected?

The SLK–581 allows for the identification of records belonging to the same client but not the identification of individual clients. This will allow reporting on client numbers, rather than episode numbers, and clients' movements in and out of multiple alcohol and other drug treatment services and across time.

Submission options

Jurisdictions can submit the SLK–581 in two ways. All jurisdictions must submit the two elements that have previously been collected in the AODTS–NMDS, sex and date of birth, as well as the new element, date accuracy indicator. Jurisdictions may then either submit the SLK–581 element or the remaining elements required for its creation: letters of family name and letters of given name. These submission options are illustrated in Figure 4.2.

Example of how Statistical linkage key 581 is used

The SLK–581 will be used to derive the number of client receiving AODTS treatment rather than the number of AODTS treatment episodes.

Treatment delivery setting for alcohol and other drugs

Identifying and definitional attributes

Technical Name: Treatment delivery setting for alcohol and other drugs

METeOR identifier: 270068

Registration status: Health, Standard 01/03/2005

Definition: The main physical setting in which the type of treatment that is the principal focus of a client's alcohol and other drug treatment episode is actually delivered irrespective of whether or not this is the same as the usual location of the service provider, as represented by a code.

Data Element Concept: Episode of treatment for alcohol and other drugs — service delivery setting

Value domain attributes

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Non-residential treatment facility
2	Residential treatment facility
3	Home
4	Outreach setting
8	Other

Collection and usage attributes

Guide for use: Only one code to be selected at the end of the alcohol and other drug treatment episode. Agencies should report the setting in which most of the main type of treatment was received by the client during the treatment episode.

CODE 1   Non-residential treatment facility

This code refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services and community health centres.

CODE 2   Residential treatment facility

This code refers to community-based settings in which clients reside either temporarily or long-term in a facility

that is not their home or usual place of residence to receive alcohol and other drug treatment. This does not include ambulatory situations, but does include therapeutic community settings.

CODE 3   Home

This code refers to the client's own home or usual place of residence.

CODE 4   Outreach setting

This code refers to an outreach environment, excluding a client's home or usual place of residence, where treatment is provided. An outreach environment may be any public or private location that is not covered by Codes 1-3. Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting.

Data element attributes

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Treatment delivery setting for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.8 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2012-2013 Health, Standard 07/12/2011

Data set specification specific attributes

Implementation start date: 01/07/2012

Additional information for AODTS–NMDS data collectors

Definition

The main physical setting in which the type of treatment that is the principal focus of a client's alcohol and other drug treatment episode is actually delivered to a client (irrespective of whether or not this is the same as the usual location of the service provider).

Missing values

Missing values are not permitted for this data item.

Guide for use and validation checks

Code 8 (Other): refers to other treatment delivery settings such as prison facilities or correctional settings.

Why is this data item collected?

This data item is collected to get an understanding of the kinds of settings in which clients are receiving treatment.

Example of how Treatment delivery setting for alcohol and other drugs is used

Treatment was most likely to occur in a residential treatment facility, with six in 10 withdrawal management episodes (59%) provided in this type of facility. Three in 10 episodes (31%) were provided via a non-residential setting, and almost one in 10 (8%) were provided at the home of the client (AIHW 2011).

4.6   Summary of data element changes

Table 4.4 presents a historical record of changes made to the data elements and the introduction of new elements, from 2001–02 to 2012–13. The ticks in the table represent changes to the data element in that year. For further information about these changes please refer to Appendix A.

Table 4.7: History of data elements in the AODTS–NMDS

Data element	METeOR ID	01–02	02–03	03–04	04–05	05–06	06–07	07–08[a]	08–09	09–10	10–11	11–12	12–13
						New/changed							
Establishment-level data elements													
Establishment identifier (comprising)	269973	✓											
Australian state/territory identifier (establishment)	269941			✓									
Establishment sector	269977	✓			✓								
Region code	269940												
Establishment number	269975	✓											
Geographical location of service delivery outlet	329151	—	—	New					✓	✓	✓	✓	✓
Statistical area level 2 (SA2)	457289	—	—	—	—	—	—	—	—	—	—	—	New
Episode (client-level) data elements													
Client type—alcohol & other drug treatment services	270083		✓	✓									
Country of birth	459973	✓											✓
Date accuracy indicator	294429	—	—	—	—	—	—	—	—	—	—	—	New
Date of birth	287007												
Date of cessation of treatment episode for alcohol & other drugs	270067	New											

(continued)

Table 4.7 (continued): History of data elements in the AODTS–NMDS

Data element	METeOR ID	01–02	02–03	03–04	04–05	05–06	06–07	07–08(a)	08–09	09–10	10–11	11–12	12–13
					New/changed								
Date of commencement of treatment episode for alcohol & other drugs	270069	✓											
Establishment identifier	269973	✓											
Indigenous status	291036			✓									
Injecting drug use	270113			✓									
Letters of family name	349481	—	—	—	—	—	—	—	—	—	—	—	New
Letters of given name	349483	—	—	—	—	—	—	—	—	—	—	—	New
Main treatment type for alcohol and other drugs	270056	New			✓								
Method of use for principal drug of concern	270111												
Number of service contacts within a treatment episode for alcohol and other drugs	270117	New	✓	✓	Removed	—	—	—	—	—	—	—	—
Other drugs of concern	467579			✓	✓								✓
Other treatment type for alcohol and other drugs	270076	New			✓								
Person identifier	290046												

Table 4.7 (continued): History of data elements in the AODTS–NMDS

Data element	METeOR ID	01–02	02–03	03–04	04–05	05–06	06–07	07–08[a]	08–09	09–10	10–11	11–12	12–13
					New/changed								
Episode (client-level) data elements (continued)													
Preferred language	460123						✓						✓
Principal drug of concern	467699			✓	✓								✓
Reason for cessation of treatment episode for alcohol and other drugs	270011	New			✓								
Sex	287316			✓									
Source of referral to alcohol and other drug treatment services	269946			✓	✓								
Statistical linkage key 581 (element)	349510	—	—	—	—	—	—	—	—	—	—	—	New
Treatment delivery setting for alcohol and other drugs	270068	New			✓								
Supporting items													
Cessation of treatment episode for alcohol and other drugs	327302	✓						✓					
Commencement of treatment episode for alcohol and other drugs	327216	✓						✓					
Episode of treatment for alcohol and other drugs	268961	New			✓			✓					
Service contact	268983	New			Removed	—	—	—	—	—	—	—	—
Service delivery outlet	268970	—	—	New				✓					

— Date element not present in dataset

(a) Changes in 2007–08 were a consequence of re-engineering the data elements for inclusion in METeOR. It is important to note that these changes do not alter the way data is collected for the AODTS–NMDS.

5   Collection procedures, data quality and validation checks

This section provides information on the data collection and transfer process for the 2012–13 collection and includes some data quality and validation checks. Jurisdictional health authorities should use the information contained in this section to prepare appropriate edit checks for the 2012–13 collection and for the cleaning of the 2012–13 data before transmission. Jurisdictions should also use this material to inform their agencies of the type and use of appropriate codes when collecting and collating the 2012–13 AODTS–NMDS data.

The Validata™ tool will be used to validate and submit data for the 2012–13 collection period. At the time of the publication of this document the Validata™ tool was still under development. Jurisdictions will not be accessing the Validata™ tool for submission of 2012–13 data until after 30 June 2013.

This document will be updated prior to 30 June 2013 to contain information about the data loading and validation processes using the Validata™ tool.

5.1   The Validata™ tool

The AIHW will be utilising the Validata™ tool for the 2012–13 collection period. The Validata™ tool is a web-based portal which enables users to upload their data files and have them validated against the business rule set for that particular data collection.

The Validata™ tool will allow jurisdictions to clean and validate data at their own pace as data becomes available, submitting data to the AIHW when the Validata™ tool states it is clean. Jurisdictions will be able to load data for the 2012–13 collection and receive a validation report as often as they wish any time after 30 June 2013.

A complete data set can be loaded for cleaning, or data from select agencies can be loaded and cleaned as jurisdictions receive them. Once jurisdictions are confident the data is clean, data will be submitted to the AIHW for a final validation. This will significantly reduce the burden the current cleaning and validation process places on the AIHW and jurisdictions, in turn increasing the timeliness of submissions. It is hoped that the implementation of the new Validata™ tool will greatly increase both the quality and timeliness of data submissions.

5.2   Collation of the national data set

The collation of a national data set involves five distinct stages (see Figure 5.1).

The first stage is the collection of the agreed data elements by service providers for each client who is eligible for inclusion in the collection. (See next paragraph for important information about privacy and confidentiality.) Service providers then forward their collected information to the designated health authority for collation. This process will differ across jurisdictions, as service providers in some states and territories are required to forward their data to an area or region coordinator, whereas in other states and territories the data are forwarded directly to the central authority.

Privacy and confidentiality must be considered whenever data about individuals or service provider organisations are collected or disseminated. The *Privacy Amendment (Private Sector) Act 2000* regulates the way that private sector organisations can collect, use, keep secure and disclose personal information. It gives individuals the right to know what information an organisation holds about them and a right to correct information if it is wrong. It is the responsibility of the service provider to inform every client that data about them will be sent to the relevant health authority in their state or territory and may, in a de-identified form, be collated into a national data set for statistical purposes (please also refer to Chapter 6 for information relating to the privacy and confidentiality of data).

The second stage involves the designated health authority collating the data (as per tables 5.2 and 5.3) that were forwarded by the service providers. At this stage, the data should also undergo a rigorous validation process to ensure the quality of the information using the validation checks in tables 5.4 and 5.5. Health authorities are required to allocate establishment-level data elements. The Validata™ tool will be used to assist with this rigorous validation process.

More information about the Validata™ tool and validation process will be included in an updated version of this document prior to 30 June 2013.

At stage three, the AIHW receives the collated Australian Government and state and territory data for validation. The first step is to load the data into an internal AIHW validator tool. Further corrections might be necessary depending on the results of the validation checks.

When the AIHW validation process is finished, the AIHW sends an electronic summary validation report to each Australian Government and state and territory health authority (which includes all queries and identified problems with their data relating to checks specified in tables 5.4 and 5.5) for resolution and clarification.

At stage four, Australian Government and state and territory health authorities assess which of the changes specified in the summary validation report need to be made to the data, and then make those changes. Details of the changes made are to be added to the appropriate section of the summary validation report and the report returned electronically to AIHW together with a revised data file. Frequency tables are provided by jurisdictions for checking once all other data issues are resolved.

AIHW checks that the changes have been made and the revised frequency tables are correct. Australian Government and state and territory health authorities can then approve their final data set (that is, send an email to AIHW authorising the loading of their data to the national database). The jurisdiction's data are then loaded to the national database where the AIHW stores all data ready for analysis and reporting.

Note that:

- no data are to be directly submitted by service providers to the AIHW
- the information transferred from service providers to health authorities and then to the AIHW does not include client names, only a *Person identifier code* that is generated by the service provider and the elements *Letters of family name* and *Letters of given name* that are used to create the SLK–581.

Please note: This process may change slightly following the implementation of the Validata™ tool. The 2012–13 data specifications manual will be updated prior to 30 June 2013 to contain information about the Validata™ tool.

Stage 1

Service providers

- Collect relevant client-level data
- Check quality of data
- Forward data to relevant health authority as agreed

Stage 2

Jurisdiction health authority utilising Validata™ tool

- Collate data forwarded by service providers
- Allocate establishment-level data elements
- Check quality of data (as specified in tables 5.3 and 5.4)
- Forward data to the AIHW

Annual NMDS data for alcohol and other drug treatment services

Stage 3

AIHW

- Data are received from jurisdictions
- Run internal validation and quality checks on the data
- Send electronic summary of validation report for resolution and clarification, including recommendations for action, to each jurisdiction

Stage 5

AIHW

- Check revised frequency tables, follow up discrepancies, and request frequency counts and information contained in 'Attachment A' from jurisdictions.
- Check frequency counts and request sign-off from jurisdiction when correct.
- Final national database is collated and stored by AIHW. Data are analysed and national report prepared

Stage 4

Jurisdiction health authority & service providers

- Jurisdictions check data queries and if necessary, obtain help from service providers to resolve problems
- Jurisdictions make changes to data, indicate changes on validation report where appropriate

Figure 5.1: The key stages in the AODTS–NMDS collection, collating and reporting process

5.3 Data transfer

5.3.1 Service providers to health authorities

Protocols for the transfer of data from alcohol and other drug treatment agencies to their jurisdictional health authority vary between states and territories. Each health authority responsible for the AODTS–NMDS collection will contact service providers within the scope of the collection to inform them of the required format and timing of the data transfer.

5.3.2 Health authorities to AIHW

The NMDS data are forwarded to the AIHW annually by each jurisdiction. Data are requested for a financial year reference period (1 July to 30 June).

Information about the data submission process and associated timing for the 2012–13 collection period will be updated to reflect the use of the Validata™ tool. The 2012–13 data specifications manual will be updated prior to 30 June 2013 to contain information about the Validata™ tool.

5.3.3 Files

Information about the file format, file transfer method, file content and accompanying information for the 2012–13 collection period will be updated to reflect the use of the Validata™ tool. The 2012–13 data specifications manual will be updated prior to 30 June 2013 to contain information about the Validata™ tool.
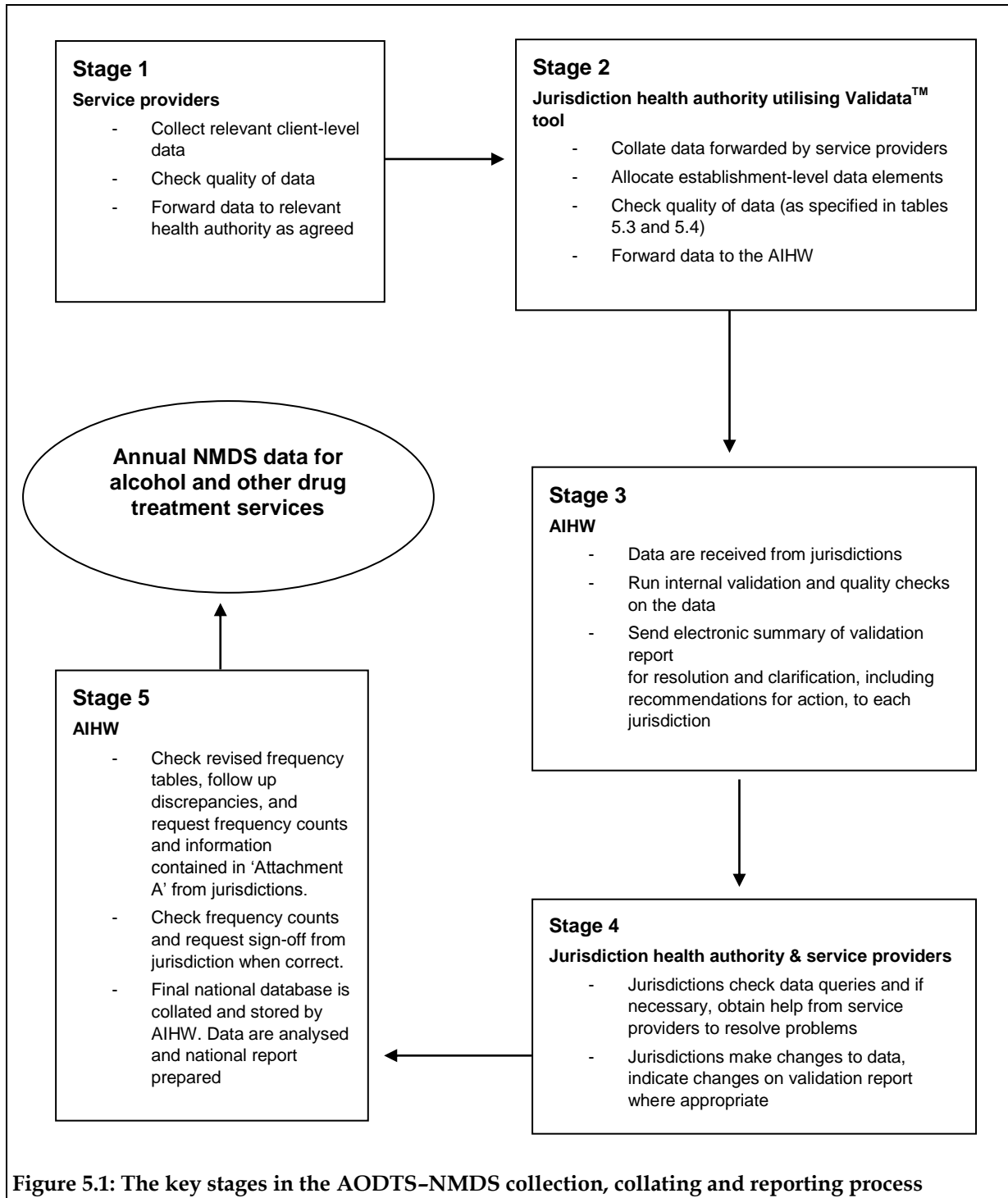
Table 5.1: Mandatory and conditional elements within the collection

Item	Mandatory	Conditional	Conditional element(s)
Establishment identifier	✓		
Client type	✓		
Country of birth	✓		
Date accuracy indicator	✓		
Date of birth	✓		
Date of cessation	✓		
Date of commencement	✓		
Indigenous status	✓		
Injecting drug user (IDU) status		✓	Can only be coded if *Client type* = 1. Where *Injecting drug use* is coded 4 (Never injected), ensure *Method of use* is **not** coded = 3 (Injects)
Letters of family name	✓		Missing values are permitted as long as *Statistical linkage key 581* is not missing
Letters of given name	✓		Missing values are permitted as long as *Statistical linkage key 581* is not missing
Main treatment type	✓		
Method of use for principal drug of concern		✓	Can only be coded if *Client type* = 1.
Other drug/s of concern		✓	Can only be coded if Client type = 1. Cannot be the same as *Principal drug of concern*. If *Other drug* 1 is blank or coded '0000' the *Other drugs* 2–5 must be blank.
Other treatment type	✓		
Person identifier	✓		
Preferred language	✓		
Principal drug of concern		✓	Can only be coded if *Client type* = 1.
Reason for cessation	✓		
Statistical linkage key 581 (element)	✓		Missing values are permitted for this element only if there are no missing values in the following elements: • *Letters from family name* • *Letters form first name*
Sex	✓		
Source of referral	✓		
Treatment delivery setting	✓		

Notes

1. For Principal drug of concern, where Client type (alcohol and other drug treatment services) is 'Other's alcohol or other drug use' (code 2), Principal drug of concern should be left blank.

2. Missing values are permitted for the SLK–581 only if there are no missing values in the following elements: *Letters from family name, Letters form first name.*

5.3.4 File specification

The establishment and episode elements to be submitted to the Validata™ tool are outlined below.

As noted earlier, specific information about the file specification, for the 2012–13 collection period will be updated to reflect the utilisation of the Validata™ tool. The 2012–13 data specifications manual will be updated prior to 30 June 2013 to contain information about the Validata™ tool.

Table 5.2: Specifications for establishment file

Label	Item	Data type	Format	Minimum size	Maximum size
1	Establishment identifier	Alphanumeric	XXXXXXXXX	9	9
2	Geographical location of service delivery outlet	Numeric	NNNNN	5	5
3	Statistical area level 2 (SA2)	Numeric	NNNNNNNNN	9	9

Table 5.3: Specifications for episode file

Label	Item	Data type	Format	Minimum size	Maximum size
1	Establishment identifier	Alphanumeric	XXXXXXXXX	9	9
2	Person identifier	Alphanumeric	XXXXXXXX	1*	12*
3	Sex	Numeric code	N	1	1
4	Date of birth	Date	ddmmyyyy	8	8
5	Country of birth	Numeric code	NNNN	1	4
6	Indigenous status	Numeric code	N	1	1
7	Preferred language	Numeric code	NNNN	1	4
8	Client type (alcohol and other drug treatment services)	Numeric code	N	1	1
9	Source of referral to alcohol and other drug treatment service	Numeric code	NN	1	2
10	Date of commencement of treatment episode for alcohol and other drugs	Date	ddmmyyyy	8	8
11	Date of cessation of treatment episode for alcohol and other drugs	Date	ddmmyyyy	8	8
12	Reason for cessation of treatment episode for alcohol and other drugs	Numeric code	NN	1	2
13	Treatment delivery setting for alcohol and other drugs	Numeric code	N	1	1
14	Method of use for principal drug of concern	Numeric code	N	1	1
15	Injecting drug use status	Numeric code	N	1	1
16	Principal drug of concern	Numeric code	NNNN	1	4
17a	Other drug of concern (1)	Numeric code	NNNN	1	4

(continued)

Table 5.3 (continued): Specifications for episode file

Label	Item	Data type	Format	Minimum size	Maximum size
17b	Other drug of concern (2)	Numeric code	NNNN	1	4
17c	Other drug of concern (3)	Numeric code	NNNN	1	4
17d	Other drug of concern (4)	Numeric code	NNNN	1	4
17e	Other drug of concern (5)	Numeric code	NNNN	1	4
18	Main treatment type for alcohol and other drugs	Numeric code	N	1	1
19a	Other treatment type for alcohol and other drugs (1)	Numeric code	N	1	1
19b	Other treatment type for alcohol and other drugs (2)	Numeric code	N	1	1
19c	Other treatment type for alcohol and other drugs (3)	Numeric code	N	1	1
19d	Other treatment type for alcohol and other drugs (4)	Numeric code	N	1	1
20	Date accuracy indicator	Text	XXX	3	3
21	Letters of family name	Text	XXX	3	3
22	Letters of given name	Text	XX	2	2
23	SLK–581	Alphanumeric	XXXXXDDMMYYYYYN	14	14

*The size limits for *Person identifier* are arbitrary and should be adjusted by jurisdictions to align with existing systems.

5.3.5 AIHW contacts for further information on file transfer

Ms Karen Webber   Drug Surveys and Services Unit
Phone: (02) 6249 1000
Email: karen.webber@aihw.gov.au

Ms Anna White   Drug Surveys and Services Unit
Phone: (02) 6244 1000
Email: anna.white@aihw.gov.au

Note: AIHW contacts for further information on file transfer change periodically. Please check the AIHW website to ensure the most up-to-date version of the specifications manual is used.

5.4 Data quality

Data collections require ongoing attention to quality. There is a need to attend to how questions are asked and information is obtained, data entry, the handling of missing and erroneous information, edit checking and following up with data providers to ensure the highest quality data possible.

To ensure that the AIHW is supplied with a useable national data set, it is essential that jurisdictions clean (edit) the data they receive from service providers before they transfer it to

the AIHW. The Validata™ tool will be utilised for this purpose. The quality of the NMDS data will also be enhanced if service providers check the quality of their data before sending it to their jurisdictional health authority. This can be done, for example, by jurisdictional health authorities undertaking the validation checks that are performed by the AIHW (tables 5.4 and 5.5).

General checks that should be conducted

Service providers and jurisdictions should perform the following quality checks before the data are sent to the AIHW:

- **Missing agencies**: Jurisdictions should ensure that all agencies within scope of the collection have sent data for the entire collection period. If an agency that is in scope for the collection period does not provide data to the collection, a reason as to why data was not included in the collection must be provided.

- **Missing data/records**: Jurisdictions should investigate missing data to ensure that agencies are reporting all AODTS–NMDS data items. A reasonable attempt should be made to resolve missing data issues, at both the agency level and the unit record level.

- **Incorrect codes**: Jurisdictions should ensure that agencies use the correct codes for all data items. This may involve mapping codes at the state or territory office before sending data to AIHW. Coding errors that cannot be corrected should be coded to the appropriate default value (for example, inadequately described).

- **Region codes**: The *Region code* component (AA) of the *Establishment identifier* is case sensitive. Where alpha characters are used the same case should be used in the establishment file as in the episode file, that is, both upper case or both lower case.

- **Duplicate records**: Jurisdictions should check for duplicate unit records. When records are identified as possible duplicates, the agency should be consulted to ensure that unit records have not been mistakenly submitted on more than one occasion. **The AIHW uses the following data items to check for duplicates:**
  - *Establishment identifier*
  - *Person identifier*
  - *Australian state/territory identifier*
  - *Date of birth*
  - *Date of commencement of treatment episode for alcohol and other drugs*
  - *Date of cessation of treatment episode for alcohol and other drugs*
  - *Principal drug of concern*
  - *Main treatment type for alcohol and other drugs*
  - *Treatment delivery setting for alcohol and other drugs.*

- **Reporting period:** The cessation dates of treatment episodes should be checked to ensure that only treatment episodes that closed within the valid reporting period (1 July 2012 to 30 June 2013) are included in the 2012–13 collection.

- **Data inclusion:** Jurisdictions should ensure that data not within scope of the AODTS–NMDS are excluded from the collated data set sent to the AIHW (for example methadone or other opioid pharmacotherapy treatment where there are no main or other treatment types).

- **Establishment identifiers:** Jurisdictions should ensure that establishment identifiers used on the establishment data file are the same as those used on the client data file and that there are the same number of establishments on each file.

- **Geographical location of service delivery outlet:** Jurisdictions should ensure that all *Geographical location of service delivery outlet* and *Statistical area level 2 (SA2)* codes begin with a valid state or territory identification number, and are a valid SLA/SA2 for the period in question, that is, 2012–13.

- **Client type (alcohol and other drug treatment services):** Jurisdictions should ensure that for clients who attend treatment because of another person's alcohol or other drug use (**client type = 2**), the following data elements are left blank:
  - *Method of use for principal drug of concern*
  - *Injecting drug use status*
  - *Principal drug of concern*
  - *Other drug of concern.*

5.5   AIHW validation checks

The AIHW will apply an editing process to validate the data before loading it into a national database. This process is broken into loading, cleaning and validation of submitted data. It is assumed that jurisdictions will also perform validation checks (as specified in tables 5.3 and 5.4) and fix any errors that they can before the data are sent to the AIHW. The editing process involves five types of checks (in consultation with the data providers).

Jurisdictions will use the Validata™ tool for the 2012–13 collection period. As a result, the validation checks and process that the AIHW performs may change. The 2012–13 data specifications manual will be updated prior to 30 June 2013 to contain information about the Validata™ tool.

1. **Data load checks** are used to ensure the jurisdiction data loads successfully onto the AIHW data validation tool. For example:
   - alpha characters in numeric fields
   - incorrect Date of Birth
   - incorrect Source of referral
   - incorrect Date of commencement
   - incorrect *Date of cessation* formats will prevent the data from loading.

2. Duplicate record checks are made.

3. Range checks are used to ensure that values entered for each data element are within a valid numeric range (see tables 5.4 and 5.5). For example, responses to the data element *Injecting drug use status* should only be coded within the range of 1–4 or as 9. A response that does not fall within this range is an error. Therefore, range edits should identify incorrect and missing codes.

4. Logic checks are used to ensure internal consistency between responses within individual unit records (see tables 5.4 and 5.5). For example, when the response for *Injecting drug use status* = 4 (never injected), the response for *Method of use for principal drug of concern* cannot = 3 (injects).

Tables 5.4 and 5.5 contain a range of validity checks applied to each state and territory data set. It describes the range of values considered valid in the AODTS–NMDS as well as the treatment of 'not stated' or 'null' responses for each data element in the establishment-level and client-level collections, together with any logic checks relevant for each data item.

The two tables below are in draft form and will be updated following the implementation of the Validata™ tool. The 2012–13 data specifications manual will be updated prior to 30 June 2013 to contain information about the Validata™ tool.

Table 5.4: Range and logic checks for data items in the establishment file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
1	Establishment identifier	Jurisdiction specified range, made up from the following four data items: Australian state/territory identifier Establishment sector Region code Establishment number	Not permitted	All establishment IDs in the 'establishment file' should match one establishment ID in the 'client file'. There should be the same number of establishments IDs in both the 'establishment file' and 'client file' (allowing for repetition of establishment IDs in the 'client file').
	Australian state/territory identifier (establishment)	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)	Not permitted	
	Establishment sector	1 Public 2 Private	Not permitted	
	Region code	Valid region code	Not permitted	
	Establishment number	Valid establishment number	Not permitted	
2	Geographical location of service delivery outlet	Five-digit valid code as defined in the Australian Standard Geographical Classification, which indicates the statistical local area of the service delivery outlet within a reporting state or territory.	Not permitted	The first digit for *Geographical location of service delivery outlet* must be the same as the *Australian state/territory identifier* in the *Establishment identifier* (this may differ in the DoHA data set).
3	Statistical area level 2 (SA2)	Nine-digit code as defined in the Australian Statistical Geography Standard, which indicates the statistical area of the service delivery outlet within a reporting state or territory.	Not permitted	The first digit for *Statistical area level 2 (SA2)* must be the same as the *Australian state/territory identifier* in the *Establishment identifier* (this may differ in the DoHA data set).

Table 5.5: Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
1	Establishment identifier	Jurisdiction specified range (as in previous table)	Not permitted	
2	Person identifier	Agency specified range	Not permitted	This identifier is not unique **across** agencies but must be unique **within** an agency. The *Person identifier* should not include apostrophes, hyphens, inflections, dashes or spaces. The name of the client should not be used as their *Person identifier*.
3	Sex	1 Male 2 Female 9 Not stated	9	
4	Date of birth	ddmmyyyy	01011900	Months with less than 31 days should not have dates of birth recorded as the 31st. No date of birth should be recorded as 30 or 31 February. There should be no dates of birth recorded as 29 February in a non-leap year. *Date of birth* should be before the *Date of commencement* and before the *Date of cessation*. Check if *Date of birth* is before 01011911 (excluding 01011900). There should be no records where the date of birth of a client equates to the client being aged less than 10 years (when age is calculated using the *Date of cessation*). If the SLK–581 is provided in full then the *Date of birth* must match the date of birth provided in the SLK–581. If the *Date of birth* is unknown or estimated then this must be reflected in the date accuracy indicator.
5	Country of birth	Numeric four-digit ABS code	0000 inadequately described 0003 missing	The ABS *Standard Australian Classifications of Countries* (ABS cat. no. 1269.0) 2011 second edition must be used when coding this item.

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
6	Indigenous status	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Both Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated	9	
7	Preferred language	A numeric four-digit ABS code 0002 Not stated	0002	The *ABS Australian Standard Classification of Languages 2011 (*ABS cat. no. 1267.0) four-digit codes must be used when coding this item.
8	Client type (alcohol and other drug treatment services)	1 Own alcohol or other drug use 2 Other's alcohol or other drug use	Not permitted	Where *Client type* is coded 2, check that *Main treatment type* is not coded 1 (withdrawal management), 3 (rehabilitation) or 4 (pharmacotherapy). If *Client type* is coded 2, check that Other treatment type 1–4 are not coded 1, 3 or 4. If *Client type* is coded 2, *Principal drug of concern, Method of use*, and *Injecting drug use* status should be left blank.
9	Source of referral to alcohol and other drug treatment service	1 Self 2 Family member/ friend 3 Medical practitioner 4 Hospital 5 Mental health care service 6 Alcohol and other drug treatment service 7 Other community/ health care service 8 Correctional service 9 Police diversion 10 Court diversion 98 Other 99 Not stated/ inadequately described	99	

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
10	Date of commencement of treatment episode for alcohol and other drugs	ddmmyyyy	Not permitted	Months with less than 31 days should not have *Date of commencement* recorded as the 31st. No *Date of commencement* should be recorded as 30 or 31 February. There should be no *Date of commencement* recorded as 29 February in a non-leap year. *Date of commencement* must be a date after *Date of birth*. *Date of commencement* must be a date before or the same as *Date of cessation*.
11	Date of cessation of treatment episode for alcohol and other drugs	ddmmyyyy	Not permitted	Months with less than 31 days should not have *Date of cessation* recorded as the 31st. No *Date of cessation* should be recorded as 30 or 31 February. There should be no *Date of cessation* recorded as 29 February in a non-leap year. *Date of cessation* must fall between 1 July 2010 and 30 June 2011. *Date of cessation* must be equal to or after *Date of commencement*. *Date of cessation* must be after Date of birth.
12	Reason for cessation of treatment episode for alcohol and other drugs	1 Treatment completed 2 Change in main treatment type 3 Change in the delivery setting 4 Change in the principal drug of concern 5 Transferred to another service provider 6 Ceased to participate against advice 7 Ceased to participate without notice 8 Ceased to participate involuntary (non-compliance) 9 Ceased to participate at expiation 10 Ceased to participate by mutual agreement 11 Drug court and/or sanctioned by court diversion service 12 Imprisoned, other than drug court sanctioned 13 Died 98 Other 99 Not stated	99	The following checks are performed at the AIHW for information only and are not followed up. When *Reason for cessation* is coded 2, check that the next treatment episode for the client reflects this reason. When *Reason for cessation* is coded 3, check that the next treatment episode for the client reflect this reason. When *Reason for cessation* is coded 4, check that the next treatment episode for the client reflects this reason. Where *Reason for cessation* is coded 9, identify all records where *Source of referral* is not coded 15, 16 or 17.

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
13	Treatment delivery setting for alcohol and other drugs	1 Non-residential treatment facility 2 Residential treatment facility 3 Home 4 Outreach setting 8 Other	Not permitted	Where *Treatment delivery setting* is coded 2, check that *Main treatment type* is not coded 5 (support and case management only), 6 (information and education only) or 7 (assessment only).
14	Method of use for principal drug of concern	1 Ingests 2 Smokes 3 Injects 4 Sniffs (powder) 5 Inhales (vapour) 6 Other 9 Not stated	9	Where *Method of use* is coded 3, check that *Injecting drug use status* is not coded 4.
15	Injecting drug use status	1 Last injected 3 months ago or less 2 Last injected more than 3 months ago but less than or equal to 12 months ago. 3 Last injected more than 12 months ago. 4 Never injected 9 Not stated	9	*Where Injecting drug use status* is coded 4, check that *Method of use* is not coded 3.
16	Principal drug of concern	A numeric four-digit ABS code	Not permitted Blank field permitted for Client type = 2	The ABS *Australian Standard Classification of Drugs of Concern 2011*(ABS cat. no. 1248.0) must be used to code this item. Note that code 0001 (not stated) is not permitted as this item is compulsory. Check that the code chosen for *Principal drug of concern* is not the same as a code chosen for *Other drug of concern* 1–5 (with exception of '9000' – miscellaneous drugs). If *Client type* is coded 2, *Principal drug of concern* should be left blank. If *Client type* if coded 1, *Principal drug of concern* must not be blank.

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
17	Other drug of concern (first)	A numeric four-digit ABS code	Blank	Check that the code chosen *for Principal drug of concern* is not repeated for *Other drug of concern 1*. A single client record cannot have the same drug code recorded more than once, with the exception of 9000. If *Other drug 1* is coded 0000 then *Other drug 2–5* must be blank. Where *Client type* is coded 2*, Other drug 1* must be blank.
18	Other drug of concern (second)	A numeric four-digit ABS code	Blank	A single client record cannot have the same drug code recorded more than once, with the exception of 9000. Where drug code 0000 has been recorded for *Other drug 1* then *Other drug 2* must be blank. If Other drug 1 is blank, then *Other drug 2–5* must also be blank.
19	Other drug of concern (third)	A numeric four-digit ABS code	Blank	A single client record cannot have the same drug code recorded more than once, with the exception of 9000. Where drug code 0000 has been recorded for *Other drug 1* -2 then *Other drug 3* must be blank. If *Other drug 2* is blank, then *Other drug 3–5* must also be blank.
20	Other drug of concern (fourth)	A numeric four-digit ABS code	Blank	A single client record cannot have the same drug code recorded more than once, with the exception of 9000. Where drug code 0000 has been recorded *for Other drug 1* -3 then *Other drug 4* must be blank. If Other drug 3 is blank, then Other drug 4–5 must also be blank.
21	Other drug of concern (fifth)	A numeric four-digit ABS code	Blank	A single client record cannot have the same drug code recorded more than once, with the exception of 9000. Where drug code 0000 has been recorded *for Other drug 1* -4then Other drug 5 must be blank.

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
22	Main treatment type for alcohol and other drugs	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Support and case management only 6 Information and education only 7 Assessment only 8 Other	Not permitted	If *Main treatment type* is coded 5, 6 or 7, then *Other treatment type 1–4* must be blank. If *Main treatment type* is coded 1, 3 or 4, then *Client type* must not be coded 2. If *Main treatment type* is coded 5, 6 or 7, check that *Treatment delivery setting* is not coded 2. A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of code 5.
23	Other treatment type for alcohol and other drugs (first)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of code 5. *Other treatment type 1* should be blank if *Main treatment type* is coded 5, 6 or 7. If *Other treatment type 1* is blank, then *Other treatment type 2–4* must also be blank. If *Other treatment type 1* is coded 1, 3 or 4, *Client type* must not be coded 2.
24	Other treatment type for alcohol and other drugs (second)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of code 5. If *Other treatment type 1* is blank, then *Other treatment type 2–4* must also be blank. If *Other treatment type 2* is coded 1, 3 or 4, *Client type* must not be coded 2.
25	Other treatment type for alcohol and other drugs (third)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of code 5. If *Other treatment type 2* is blank, then *Other treatment type 3–4* must also be blank. If *Other treatment type 3* is coded 1, 3 or 4, *Client type* must not be coded 2.
26	Other treatment type for alcohol and other drugs (fourth)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of code 5. If *Other treatment type 3* is blank, then *Other treatment type 4* must also be blank. If *Other treatment type 4* is coded 1, 3 or 4, *Client type* must not be coded 2.

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
27	Date accuracy indicator	AAA Day, month and year are accurate AAE Day and month are accurate, year is estimated AAU Day and month are accurate, year is unknown AEE Day is accurate, month and year are estimated AEU Day is accurate, month is estimated, year is unknown AUU Day is accurate, month and year are unknown AUA Day is accurate, month is unknown, year is accurate AUE Day is accurate, month is unknown, year is estimated AEA Day is accurate, month is estimated, year is accurate EAA Day is estimated, month and year are accurate EAE Day is estimated, month is accurate, year is estimated EAU Day is estimated, month is accurate, year is unknown EEA Day and month are estimated, year is accurate EEE Day, month and year are estimated EEU Day and month are estimated, year is unknown EUA Day is estimated, month is unknown, year is accurate EUE Day is estimated, month is unknown, year is estimated EUU Day is estimated, month and year are unknown	Not permitted	If *Date of birth* is the default date (01011900) *Date accuracy indicator* must be coded UUU.

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
		UAA Day is unknown, month and year are accurate UAE Day is unknown, month is accurate, year is estimated UAU Day is unknown, month is accurate, year is unknown UEA Day is unknown, month is estimated, year is accurate UEE Day is unknown, month and year are estimated UEU Day is unknown, month is estimated, year is unknown UUA Day and month are unknown, year is accurate UUE Day and month are unknown, year is estimated UUU Day, month and year are unknown		
28	Letters of family name	XXX second, third and fifth letters of the family name.	Blank permitted if SLK–581 is present	Must not contain numeral other than '2' or '9' nor any nonstandard characters, dashes, apostrophes etc. Jurisdictions should clarify unusual *Letters of family name* and *Letters of given name*. For example, if a client's *Letters of family name* are ZZZ this should be confirmed.
29	Letters of given name	XX second and third letters of given name	Blank permitted if SLK–581 is present	Must not contain numeral other than '2' or '9' nor any nonstandard characters, dashes, apostrophes etc. Jurisdictions should clarify unusual *Letters of given name* and *Letters of family name*. For example, if a client's *Letters of given name* are ZZ this should be confirmed.

(continued)

Table 5.5 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation
30	SLK–581 element	XXXXXDDMMYYYYN	Blank permitted if *Date of Birth Sex Letters of family name* and *Letters of given name* are present	If *Letters of family name* and *Letters of given name* are blank then *Statistical linkage key 581* must be complete. If *Statistical linkage key 581* is blank then *Letters of family name* and *Letters of given name* must be complete. The first 5 characters must not contain numeral other than '2' or '9' nor any non-standard characters, dashes, apostrophes etc. Characters 6–14 must be numerals. *Date of birth* in this element must be identical to the entry for the *Date of birth data element* and conform to all the checks for that element. *Sex* in this element must be identical to the entry in the *Sex* data element and conform to all checks for that element.

5.5.1   Database sign-off

Before the AIHW collates the validated data into a national database, each jurisdiction will be required to 'sign-off' their data.

Specific sign-off processes will be finalised following the implementation of the Validata™ tool. The 2012–13 data specifications manual will be updated prior to 30 June 2013 to contain information about the Validata™ tool and database sign-off procedures.

5.5.2   Collection output

The AIHW is responsible for producing:

- a comprehensive annual report on the AODTS–NMDS
- a report profile that highlights the national main findings of the full annual report
- state and territory bulletins, highlighting relevant findings at a more local level, for each interested jurisdiction
- interactive online 'data cubes', available on the AIHW website <http://www.aihw.gov.au/data/>.
- other outputs as agreed by the AIHW and the Department and Working Group members.

The AIHW also considers ad hoc data requests (subject to confidentiality constraints and ethical clearance where required).

All printed reports are available in both hard copy and electronic form (PDF format) on the AIHW's website <http://www.aihw.gov.au/alcohol-and-other-drugs-publications/>.

5.5.3 Future data development

Development of the AODTS–NMDS is directed by the requirements of the National Drug Strategy 2010–15, the IGCD AODTS–NMDS Strategic Plan, the IGCD and the IGCD AODTS–NMDS Working Group.

For the 2004–05 to 2012–13 collections the emphasis has been on consolidating the existing AODTS–NMDS. Enhancements to existing data elements may include refining data definitions and value domains, and modifying written guidance as stakeholders identify issues. Future development will include amending existing data elements and formulating new data elements when the need arises.

6   AODTS–NMDS privacy and data principles

6.1   Introduction

Those providing AODTS-NMDS data to the AIHW are expected to familiarise themselves with the AIHW privacy of data information page and undertake their role in the collection in accordance with these principles <http://www.aihw.gov.au/privacy-of-data/>.

The privacy and data principles are designed to apply to health and welfare data, including that collected for the AODTS–NMDS collection. That is, the principles apply to data collected by alcohol and other drug treatment agencies, transmitted to health authorities in each jurisdiction and to the AIHW for national collation and analysis.

6.1.1   Privacy Act and Information Privacy Principles

The *Privacy Act 1988* (Commonwealth) contains 11 IPPs that govern the conduct of Commonwealth agencies in the collection, management, use and disclosure of records containing personal information. More information on the Privacy Act and how it applies to the AIHW can be found on the AIHW's privacy of data information page < http://www.aihw.gov.au/privacy-of-data/>.

State and territory public authorities are bound by the requirements of specific state and territory privacy legislation.

6.1.2   The AIHW Act and the AIHW Ethics Committee

The AIHW and the AIHW Ethics Committee are established by the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). Data custodians are responsible for ensuring data holdings are protected from unauthorised access, alteration or loss.

For more information on the Act and role of the Ethics Committee see the AIHW Ethics Committee information page <http://www.aihw.gov.au/ethics/>.

6.1.3   The National Aboriginal and Torres Strait Islander Health Data Principles

All organisations with significant responsibilities in Aboriginal and Torres Strait Islander health data should encourage the application of these principles and establish meaningful partnerships with Aboriginal and Torres Strait Islander Australians. The principles can be found at < http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472790>.

6.1.4   Relevant state and territory policies and practices

Additional information about state and territory policies and practices can be found at:

New South Wales

<http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_593.pdf>

Victoria

<http://www.dhs.vic.gov.au/privacy-statement/**>**

Queensland

 <http://www.health.qld.gov.au/privacy/>

Western Australia

<http://www.health.wa.gov.au/healthdata/home/about.cfm>

South Australia

<http://www.health.sa.gov.au/Portals/0/Health-Code-July04.pdf>

Tasmania

<http://www.dhhs.tas.gov.au/mentalhealth/mhs_tas/service_files/dhhs_services/clare_house/your_privacy>

Australian Capital Territory

<http://health.act.gov.au/c/health?a=da&policy=1233299917&did=10107160&sid=>

Northern Territory

<http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/16/15.pdf&siteID=1&str_title=Departmental Privacy Policy.pdf>

6.1.5 Services provided under the Non-Government Organisation Treatment Grants Program

Services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Program (funded by the Australian Government) are required to comply with all relevant Commonwealth, state and local government statutes, regulations and by-laws as they apply to their particular project circumstances.

7   Data release guidelines for the AODTS–NMDS

7.1   Purpose

This chapter outlines the process to be followed by the AIHW upon receipt of data requests for the AODTS–NMDS collections. Data from the collections 2000–01 to 2009–10 were available at the time of writing and data for 2010–11 will be available from late 2012. This chapter is for the information of AIHW staff, IGCD AODTS–NMDS Working Group members and persons who wish to access AODTS–NMDS data.

7.2   Background

Jurisdictions are custodians of information collected from alcohol and other drug treatment agencies within their state or territory. The AIHW is the custodian of collated national information collected from alcohol and other drug treatment agencies and forwarded to AIHW from jurisdictions (the AODTS–NMDS collection). Custodianship for the AIHW means responsibility for protection, storage, analysis and dissemination of the data in accord with the purpose for which the data were collected, the AIHW Act 1987 and other relevant privacy principles. More information can be found on the AIHW's privacy of data information page <http://www.aihw.gov.au/privacy-of-data/>.

Data requests can be for summarised tables or for access to unit record data held in the national database.

7.3   Options to access published data

Published data are available for the AODTS–NMDS from the AIHW website or in the electronic data cubes also available on the AIHW website <http://www.aihw.gov.au/drugs/treatment/index.cfm>. The most recent publications for the NMDS available are:

* Alcohol and other drug treatment services in Australia 2009–10: Report on the National Minimum Data Set

* Report Profile: Alcohol and other drug treatment services in Australia 2009–10: Report on the National Minimum Data Set (a summary of the national report in a report profile form)

* Reports for each state and territory (excluding Tasmania) about treatment in their jurisdiction based on the NMDS 2009–10.

If the data requested are not available from the AODTS–NMDS, they may be available from the following other sources:

* National Opioid Pharmacotherapy Statistics Annual Data Collection
  (AIHW) Anna White (02) 6244 1000
  Australian Institute of Health and Welfare

- National Drug Strategy Household Survey
  (AIHW) Mr Justin Harvey (02) 6244 1000
  Australian Institute of Health and Welfare

7.4   Options for access to unpublished data

There are a number of options available for accessing the AODTS–NMDS data.

1. Request the specific table or tables of summarised data required and AIHW will
    produce the tables using the data request form (see below). This option is usually the
    fastest and most efficient way of obtaining one-off requests, even if a request is complex.
    For national data only, no approvals are required, assuming the request does not breach
    any privacy or confidentiality provisions. For data containing information specifically
    relating to one or more of the states or territories, approval from the relevant
    jurisdiction(s) is required. All requests will be subject to AIHW approval as stated on the
    AIHW's privacy of data information page <www.aihw.gov.au/privacy-of-data/>.

2. Request access to unit record data at AIHW premises with assistance from AIHW staff
    to run the required tables using the data request form (see below). This requires
    approval from all jurisdictions and from the AIHW Ethics Committee. Only agreed
    outputs can be taken off-site.

3. Request off-site access to unit record data using the data request form (see below). This
    requires approval from all jurisdictions and from the AIHW Ethics Committee This is a
    more useful option for those planning to spend a long time doing multiple analyses.

All requests to access unpublished AODTS-NMDS data either at the aggregate or unit record
level should be made using the data request form available on the AIHW website
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421903>.

If the request requires ethical clearance, the researcher will be required to complete the data
request form and relevant ethics data request forms
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442468870&libID=644246
8868>.

Data custodians within each jurisdiction will endeavour to process the data request within
2 weeks. The AIHW will then require 1–2 weeks to extract the data as specified in the
request. Some data requests—for example, those requiring AIHW Ethics Committee
approval—will require a longer time frame. A delivery timeframe will be established on a
case-by-case basis. At a minimum, the AIHW will contact the researcher to acknowledge
receipt of the data request. There may be a cost associated with data requests. Please contact
the AIHW for more information.

Appendix A: A history of data element changes

Presented below is specific information on the changes made to the data elements each year.

2012–13 changes

The majority of data elements have not changed between 2011–12 and 2012–13 and their definitions have not changed.

Key changes to the 2012–13 collection include:

- The transition from the Australian Standard Classification of Drugs of Concern (ASCDC) 2000 to the ASCDC 2010.

In 2011, the ABS updated the Australian Standard Classification of Drug of Concern, which was first released in 2000. The updated version incorporates newer psychoactive substances, most notably there is a new category for 'cannabinoid agonists'.

More detail of the ASCDC 2011 can be found in Appendix G.

- The inclusion of the Statistical Linkage Key 581 (SLK-581)

The inclusion of SLK–581 will allow estimation of the number of clients accessing treatment. The SLK-581 also facilitates analysis to provide information on patterns of service usage, treatment pathways and the characteristics of groups of clients and agencies.

The SLK–581 is made up of selected letters of the client's given name and surname, together with their date of birth and sex. 'Date of birth' and 'Sex' are already defined and supported by metadata within the AODTS–NMDS. More detail can be found in section 3.2.

- The inclusion of *Date accuracy indicator*

This element is collected to assist with the client number derivation carried out using the SLK–581. The estimation method relies on the date of birth of the client being the same for all episodes. Dates of birth of the same clients are unlikely to match if the date of birth has been estimated or is unknown. This could lead to a failure to identify all of a client's records or to false positives, where two episode are identified as belonging to the same client when this is not the case. For this reason, it is necessary to mark episodes where the date of birth is anything less than entirely accurate so that they can be accounted for in the client number derivation processes

- The collection of both *Geographical location of service delivery outlet* and *Statistical area level 2 (SA2)*

In previous collections, the AIHW has collected the location of AODTS service delivery outlets using the element *Geographical location of service delivery outlet*. This element uses the ABS classification system Australian Standard Geographical Classification (ASGC) to classify treatment service locations.

The ABS is phasing out the Australian Standard Geographical Classification (ASGC) and replacing it with a new classification scheme: the Australian Statistical Geography Standard (ASGS).

To facilitate this transition and minimise disruption to time series data, the AODTS–NMDS will include two data elements that collect the location of AODTS service delivery outlets in the 2012–13 collection: *Geographical location of service delivery outlet* and *Statistical area level 2 (SA2)*. The final release of the ASGC (ASGC 2011) will continue to be collected through the element *Geographical location of service delivery outlet*. The new scheme (ASGS 2011) will be collected using the element *Statistical area level 2 (SA2)*.

More detail on these elements can be found in appendices 3 and 4.

- The AIHW will continue to monitor the length of assessment-only and information and only episode and will provide information to jurisdictions on episode duration of 30–89 days, and 90 days and longer.

- The AIHW will be utilising the Validata™ tool for the 2012–13 collection. The Validata™ is a web-based portal which enables users to upload their data files and have them validated against the business rules set for that particular data collection. The Validata™ tool will allow jurisdictions to clean and validate data at their own pace as data becomes available, submitting data to the AIHW when the Validata™ tool states it is clean. Jurisdictions will be able to load data and receive a validation report as often as they wish any time after 30 June. A complete data set can be loaded for cleaning, or data from select agencies can be loaded and cleaned as they are received by jurisdictions. It is hoped that the implementation of the new Validata™ tool will greatly increase both the quality and timeliness of data submissions. The 2012–13 AODTS–NMDS Specifications and Collection Manual will be updated prior to 30 June 2013 to include information about Validata™ data submission and validation. The majority of updates will be in Chapter 5.

- *Country of birth* has been updated to use the Standard Australian Classification of Countries (SACC), 2011.

- *Preferred language* has been updated to use Australian Standard Classification of Languages (ASCL), 2011.

This document will be updated prior to 30 June 2013 to contain information about the data loading and validation processes using the Validata™ tool. The majority of updates will be in Chapter 5.

2011–12 changes

There are minimal changes to the collection in the 2011–12 year. The majority of data elements are the same as those used in 2010–11 and their definitions have not changed. The following changes may be of interest:

- The Classification scheme for the *Geographical location of service delivery outlet* data element in the AODTS–NMDS has been updated. Please see Appendix C for details.

- The AIHW will continue to monitor assessment-only duration and will provide information to jurisdictions on episode duration of 30–89 days, and 90 days and longer. In agreement with the AODTS–NMDS Working Group, the AIHW has added validation checks for assessment-only episodes of greater than 6 months.

The AIHW conducted the Review of the Alcohol and Other Drug Treatment Services National Minimum Data Set (the Review) at the request of the IGCD, and this was funded by DoHA.

The Review provided an opportunity to examine not only the operation of the collection within the alcohol and other drugs sector, but also to consider the wider operation, program and policy context of alcohol and other drugs treatment. It has highlighted the importance of a comprehensive, robust and consistent data collection about alcohol and other drugs treatment and that the AODTS–NMDS remains a key component of the data toolbox available to inform government, service provision and the public on alcohol and other drugs issues in Australia.

The Review, including its conclusions, potential solutions and suggested next steps for the development of the National Minimum Data Set, has been noted by the IGCD.

2010–11 changes

There were minimal changes to the collection in the 2010–11 year. The data elements were the same as those used in 2009–10. The following changes were of interest.

Scope guidelines were clarified, including:

- the need to consult the AODTS–NMDS Working Group about new service types to determine whether they are in scope and should be reporting to the collection.

Removal of the 'Attachment A' form from the specifications documentation:

- This form was removed from the specifications documentation and drafts to be provided at each August Working Group Meeting, with final documentation circulated before each data submission process.

Data load guidelines were clarified:

- Details were outlined in Section 5.4 AIHW validation checks, in regard to the loading process. This is a separate step in the cleaning and validation process. Jurisdictions are required to amend loading errors before validations can be applied.

Assessment-only episode duration:

- The AIHW will continue to monitor assessment-only duration and will provide information to jurisdictions on episode duration of 2–29 days, 1–3 months, and longer than 3 months. In agreement with the AODTS–NMDS Working Group, the AIHW has added a validation check for these episodes exceeding 90 days.

Two classifications used for data elements in the AODTS–NMDS have been updated. These updates have implications for the coding of *Geographical location of service delivery outlet* and *Country of birth* (see appendixes C and D for details).

2009–10 changes

- Country of birth
    - change to using the second edition of the Standard Australian Classification of Countries.

2008–09 changes

No changes were made.

2007–08 changes

The following changes were incorporated into version 13 of the NHDD (HWI 88) and are a consequence of re-engineering the data elements for inclusion in the AIHW's metadata repository METeOR. It is important to note that these changes do not alter the way data are collected for the AODTS–NMDS.

- Australian state/territory identifier
    - change of name from State/territory identifier to Australian state/territory identifier.

Supporting items:
- Cessation of treatment episode for alcohol and other drugs
    - change from data element concept to glossary item
- Commencement of treatment episode for alcohol and other drugs
    - change from data element concept to glossary item
- Episode of treatment for alcohol and other drugs
    - change of name from Treatment episode for alcohol and other drugs to Episode of treatment for alcohol and other drugs
    - change from data element concept to object class
- Service delivery outlet
    - change from data element concept to object class.

2006–07 changes

- Preferred language
    - change from using the ABS two-digit ASCL codes to the four-digit version 2 ASCL codes.

2005–06 changes

No changes were made.

2004–05 changes

The following changes were incorporated into the version 12 supplement of the NHDD (HWI 72):

- Establishment sector
    - additions to Guide for use to clarify distinctions between definitions of Public and Private.
- Main treatment type for alcohol and other drugs
    - additions to Guide for use to assist clinicians coding to these data domains
- Number of service contacts within a treatment episode for alcohol and other drugs
    - this data element no longer used in AODTS–NMDS
- Other drug of concern

- additions to Data domain and Guide for use describing two new supplementary ASCDC codes
- Other treatment type for alcohol and other drugs
  - additions to Guide for use to assist clinicians coding to these data domains
- Principal drug of concern
  - additions to Data domain and Guide for use describing two new supplementary ASCDC codes
- Reason for cessation of treatment episode for alcohol and other drugs
  - changes to Guide for use to clarify the correct use of the existing data domains
- Source of referral to alcohol and other drug treatment service
  - changes to Guide for use and refinement of data domains to add clarity
- Treatment delivery setting for alcohol and other drugs
  - rewording of Definition to clarify purpose of this data element
- Treatment episode for alcohol and other drugs
  - minor change to Definition and further clarification added to Guide for use
- Service contact
  - this data element concept no longer used in AODTS–NMDS.

2003–04 changes

The following changes were incorporated into version 12 of the NHDD (HWI 43):

- State/territory identifier
  - change of name from State identifier to State/territory identifier
- Sex
  - change to Data domain
- Indigenous status
  - change to Definition and Context to more accurately reflect what is being collected
  - change to Data domain and Guide for use to bring more clarity to the codes used
  - change to Collection methods, Source document and Comments for clarification purposes
- Client type (alcohol and other drug treatment services)
  - change to Definition and Context to reflect treatment episode
  - removal of code 3 in Data domain
  - modification to Guide for use and Collection methods to ensure consistency
- Injecting drug use status
  - revision of Data domain
  - additional information included in Collection methods and Related data
- Principal drug of concern
  - revised Data definition, Data domain and Guide for use
  - additional information added to Collection methods and Related data

- Other drug of concern
  - slight change to title and revised Data definition, Data domain and Guide for use additional information added to Collection methods and Related data
- Source of referral to alcohol and other drug treatment service
  - the Data domain and the Guide for use revised to more accurately capture the most common sources of referral and to make the categories more mutually exclusive
  - the separation of codes into Agency and Non-agency categories reflects the approach taken in the *National community services data dictionary* (NCSDD) data element *Referral source*
- Service delivery outlet
  - a new data element concept developed
  - designed to be generic so that it would apply to other community health areas while still adequately covering alcohol and other drugs treatment services' outlets
- Geographical location of service delivery outlet
  - a new derived data element developed to provide the geographic location of each alcohol and other drugs treatment service's outlet
  - designed to be generic so that it would apply to other community health areas
  - intended to function as a replacement for *Geographical location of establishment* in the AODTS–NMDS.

2002–03 changes

The following changes were incorporated into version 11 of the NHDD (HWI 36):

- Client type (alcohol and other drug treatment services)
  - change of title to include the term 'alcohol and other drug treatment services'
  - minor change made to Context
  - change to Data domain with the removal of code 9
  - change to Collection methods
  - inclusion of Related data
- Number of service contacts within a treatment episode for alcohol and other drugs
  - change to Definition
  - change to Guide for use
  - change to Collection methods.

2001–02 changes

The following changes were incorporated into version 10 of the NHDD (HWI 30):

- Establishment identifier
- Establishment number
- Establishment sector
- Country of birth (now uses latest ABS classification)
- Date of commencement of treatment episode for alcohol and other drugs.

Appendix B: Members of the IGCD AODTS–NMDS Working Group

Australian Government Department of Health and Ageing

Ms Kim McLachlan
Assistant Director
Substance Misuse and Treatment
Policy Section
Substance Misuse and Indigenous
Wellbeing Programs Branch
Mental Health and Drug
Treatment Division
Department of Health and Ageing
GPO Box 9848 (MDP 604)
CANBERRA ACT 2601

Phone: (02) 6289 4475
Email: kim.mclachlan@health.gov.au

New South Wales–Department of Health

Mr Kieron McGlone
Manager Systems Development
InforMH
PO BOX 169
North Ryde NSW 1670

Phone: (02) 8877 5129
Email: KMcGlone@nsccahs.health.nsw.gov.au

Ms Sandhya Waghulde
Senior Systems & Development Officer
InforMH
PO Box 169,
North Ryde NSW 1670

Phone: (02) 8877 5127
Email: SWaghulde@nsccahs.health.nsw.gov.au

Victoria–Department of Health

Mr Rob Knight
Senior Information Analyst
Policy, Planning & Strategy Branch
Mental Health, Drugs and Regions Division
Department of Health
Level 17, 50 Lonsdale Street
Melbourne VIC 3000

Phone: (03) 9096 5467
Email: rob.knight@health.vic.gov.au

Queensland–Health Department

Mr Andrew Dacey
Alcohol, Tobacco & Other Drug
Treatment Strategy Unit
Preventative Health Directorate
Division of the Chief Health Officer
Queensland Health
Level 2 | 15 Butterfield Street
Herston Qld 4006

Phone: (07) 3328 9852
Email: Andrew.Dacey@health.qld.gov.au

Western Australia–Health Department

Ms Allison Christou
Manager
Drug & Alcohol Office
Western Australia Health Department
7 Field Street
Mt Lawley WA 6050

Phone: (08) 9370 0348
Email: Allison.Christou@health.wa.gov.au

South Australia–Department of Drug and Alcohol Services South Australia

Mr Graeme Smith
Manager of Evaluation and Monitoring
Drug and Alcohol Services South Australia
161 Greenhill Road
Parkside SA 5063

Phone: (08) 8274 3308
Email: Graeme.Smith@health.sa.gov.au

Tasmania–Department of Health and Human Services

Ms Anita Reimann
Manager
Clinical Practice Development
& Performance
Level 1, 13 Mulgrave St
Launceston TAS 7250

Phone: (03) 6336 5571
Email: anita.reimann@dhhs.tas.gov.au

Northern Territory–Department of Health and Community Services

Mr Chris Moon
Manager, Research and Evaluation
Alcohol and Other Drugs Program
NT Department of Health and
Community Services
PO Box 40596
Casuarina NT 0811

Phone: (03) 9484 6648
Email: Christopher.Moon@nt.gov.au

Ms Susan Fong
Coordinator, Research and Evaluation
Alcohol and Other Drugs Program
NT Department of Health and
Community Services
PO Box 40596
Casuarina NT 0811

Phone: (08) 8999 2692
Email: Susan.fong@nt.gov.au

Australian Capital Territory–Department of Health

Ms Jennifer Taleski
Senior Policy Officer
Alcohol and Other Drug Unit
Policy Division
ACT Health
GPO Box 825
Canberra ACT 2601

Phone: (02) 6205 0932
Email: jennifer.taleski@act.gov.au

Australian Bureau of Statistics

Mr Peter Marion
Population Statistics Standards
Australian Bureau of Statistics
GPO Box 10
Belconnen ACT 2616

Phone: (02) 6252 5000
Email: peter.marion@abs.gov.au

National Drug and Alcohol Research Centre, University of New South Wales

Dr Jan Copeland
Senior Lecturer
University of New South Wales
Sydney NSW 2050

Phone: (02) 9385 0231
Email: j.copeland@unsw.edu.au

Australian Institute of Health and Welfare

Ms Anna White
Drug Surveys and Services Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1000
Email: anna.white@aihw.gov.au

Ms Kristina Da Silva
Drug Surveys and Services Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1000
Email: kristina.dasilva@aihw.gov.au

Ms Karen Webber
Drug Surveys and Services Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1000
Email: karen.webber@aihw.gov.au

Current April 2012

Appendix C: Australian Standard Geographical Classification (ASGC)

The ASGC (ABS 2011c) is a tool for collecting and disseminating geographically classified statistics. These are statistics with a 'where' dimension. The classification has been updated annually during the period in which the AODTS–NMDS has been operating. The ASGC is a hierarchical classification system consisting of six interrelated classification structures:

- Main Structure

- Local Government Area Structure

- Statistical District Structure

- Statistical Region Structure

- Urban Centre/Locality Structure

- Section of State Structure.

- These structures are hierarchical, and are made up of geographical spatial units. The SLA is a general purpose spatial unit. It is the base unit used to collect and disseminate statistics other than those collected from the population censuses. In non-census years, the SLA is the smallest unit defined in the ASGC. In census years, a SLA consists of one or more whole census collection districts. In aggregate, SLAs cover the whole of Australia without gaps or overlaps.

SLAs are identified by four-digit codes. These codes are unique only within a state or territory. For unique Australia-wide identification the four-digit SLA code must be preceded by the unique one-digit state/territory code. For example:

Barraba   10400 (in New South Wales) (state/territory code 1)

Barcaldine   30400 (in Queensland) (state/territory code 3).

Note that for the data element *Geographical location of service delivery outlet* the location is reported using a five-digit code, which comprises the unique one-digit state/territory code and the four-digit SLA. In the past, jurisdictions have incorrectly provided Statistical Subdivision (SSD), a five-digit code aggregated at a higher level, which is unsuitable for AODTS–NMDS requirements.

The correct version of the ASGC to use for the 2012–13 AODTS–NMDS data is 2011 (ABS 2011). Please advise the AIHW if you use a different year.

The NLI was previously used to identify a locality or address in Australia to an SLA. This index is no longer available on the ABS website, but the AIHW will provide the correct version for jurisdictions needing assistance.

The ABS reviewed the ASGC and, in 2011, replaced it with a new classification, the Australian Statistical Geography Standard (ASGS). In the 2012-13 AODTS–NMDS, both the ASGC and the ASGS will be collected simultaneously to minimise disruption to time series caused by the transition between standards.

Appendix D: Australian Statistical Geography Standard (ASGS)

The Australian Standard Geographical Classification (ASGC) is being replaced by the Australian Statistical Geography Standard (ASGS) (ABS 2011d) as the Australian Bureau of Statistics' new geographical framework. The ASGS will be used for release of data from the 2011 Census of Population and Housing, however 2011 Census data will also be available on ASGC Statistical Local Areas (SLAs). The vast majority of ABS spatial data will be based on the ASGS by 2014.

Improved data sources and technology has allowed the ABS the opportunity to create a better Geography optimised for the release of ABS statistics. A new robust and stable structure means that changes over time are minimised, assisting in the maintenance of quality time-series data. In addition, the ASGS together with improved methods will allow for more accurate correspondences to translate ABS data to non-ABS administrative and geographic regions.

Regions of the ASGS

The ASGS brings all the regions used by the ABS to output data under the one umbrella. They are divided into two broad categories:
1. **ABS Structures**, those regions which are defined and maintained by the ABS.
2. **Non-ABS Structures**, those regions defined and maintained by other organisations, but for which the ABS supplies data.

ABS Structures
The ABS Structures are a hierarchy of regions developed for the release of particular ABS statistics. Their components are described below.

Mesh Blocks (MBs) are the smallest area geographical region. There are approximately 340,000 mesh blocks covering the whole of Australia. They broadly identify land use such as: residential, commercial, agriculture and parks etc. Residential and agricultural Mesh Blocks usually contain 30 to 60 households. Mesh Blocks are the building block for all the larger regions of the ASGS. Only limited Census data, total population and dwelling counts will be released at the Mesh Block level.

Statistical Areas Level 1 (SA1s) are the smallest region for which a wide range of Census data will be released. They have an average population of about 400. They are built from whole Mesh Blocks and there are approximately 55,000 covering the whole of Australia.

Statistical Areas Level 2 (SA2s) have an average population of about 10,000, with a minimum population of 3,000 and a maximum of 25,000. The SA2s are the regions for which the majority of ABS sub-state intercensal data, for example Estimated Resident Population and Health and Vital Statistics, will be released. There are about 2,200 SA2s, built from whole SA1s. The AODTS–NMDS will collect agency location information at the SA2 level.

Statistical Areas Level 3 (SA3s) are a medium-sized region with a population of 30,000 to 130,000. They represent the functional areas of regional cities and large urban transport and service hubs. They are built from whole SA2s.

Statistical Areas Level 4 (SA4s) will be used for the release of Labour Force Statistics. They are built from whole SA3s.

Appendix E: Standard Australian Classification of Countries 2011

The ABS has developed the Standard Australian Classification of Countries (SACC) for use in the collection, storage and dissemination of all Australian statistical data classified by country. It provides a single classification framework for both population and economic statistics. Unlike the ASGC, the SACC is not updated annually, but only as necessary. The latest version (at the time of writing) is the *Standard Australian Classification of Countries (SACC), 2011* (ABS 2011e).

The SACC is a classification of countries essentially based on the concept of geographic proximity. In its main structure it groups neighbouring countries into progressively broader geographic areas on the basis of their similarity in terms of social, cultural, economic and political characteristics.

The SACC has a three-level hierarchical structure. The third, and most detailed, level (used in the AODTS–NMDS) consists of the base units, which are countries. The classification consists of 244 third-level units including five 'not elsewhere classified' categories, which contain entities that are not listed separately in the classification. A four-digit code represents each country. The second level of the main classification structure comprises 27 minor groups, which are groups of neighbouring countries similar in terms of social, cultural, economic and political characteristics. Each minor group lies wholly within the boundaries of a geographic continent. A two-digit code represents each minor group. The first, and most general, level of the classification structure comprises nine major groups that are formed by aggregating geographically proximate minor groups. A single-digit code represents each major group.

The 2012–13 AODTS–NMDS collection period will use the SACC 2011. ABS provides the following list of changes between the Standard Australian Classification of Countries (SACC) second edition and current edition:

Countries added to the classification

Code	Name
4111	South Sudan
8433	Bonaire, Sint Eustatius and Saba
8434	Curacao
8435	Sint Maarten (Dutch part)

Countries deleted from the classification

Code	Name
8418	Netherlands Antilles

Countries with a change of name

Code	Old name	New name
5101	Burma (Myanmar)	Burma (Republic of the Union of Myanmar)
5206	East Timor	Timor-Leste
8202	Bolivia	Bolivia, Plurinational State of

| 8216 | Venezuela | Venezuela, Bolivarian Republic of |
| 9107 | Congo | Congo, Republic of |

Changes to the population statistics index

Change in code

Name	Old code	New code
Netherland Antilles	8418	8400
Nederlandse Antillen	8418	8400
Netherlands West Indies	8418	8400
Central Africa	9000	9100

Additions to the index

Code	Name
3206	Republic of Macedonia
3215	Serbia Yugoslavia
4111	South Sudan
4111	Republic of South Sudan
6101	People's Republic of China
7105	Nepal, Federal Democratic Republic of
8202	Bolivia, Plurinational State of
8216	Venezuela, Bolivarian Republic of
8433	Bonaire, Sint Eustatius and Saba
8433	Saba
8434	Curacao
8435	Sint Maarten (Dutch part)
9107	Congo, Republic of
9222	St Helena, Ascension and Tristan da Cunha
9223	Seychelles Islands
9225	Republic of South Africa

There may also be other codes that need updating, depending on each jurisdiction's data.

Correspondences between second edition of the SACC and the 2011 edition are available on the ABS website.

Appendix F: Australian Standard Classification of Languages 2011

The ABS developed the Australian Standard Classification of Languages (ASCL) in response to a wide community interest in the language use of the Australian population, and to meet a growing statistical and administrative need. The ASCL is intended for use whenever demographic, labour and social statistics are classified by language. The ABS uses the classification in its own statistical work, for example, in the Census of Population and Housing. The ABS urges its use by other government agencies, community groups, and academic and private sector organisations that collect, analyse or use information relating to language use. This will improve the comparability of data from these sources.

In the ASCL, languages are grouped into progressively broader categories on the basis of their evolution from a common ancestral language, and on the basis of the geographic proximity of areas where particular languages originated. This results in a classification that is useful for the purposes of Australian social analysis by allowing populations of language speakers that are similar in terms of their ethnic and cultural origin to be grouped in a manner that is intuitively meaningful in the Australian context.

The ASCL has a three-level hierarchical structure. One-, two- and four-digit codes are assigned to the first-, second- and third-level units of the classification respectively. The first digit identifies the Broad Group in which each Language or Narrow Group is contained. The first two digits taken together identify the Narrow Group in which each Language is contained. The four-digit codes represent each of the Language or third-level units. The *Australian Standard Classification of Languages (ASCL), 2011* (ABS 2011b) was the latest release at the time of writing. This version should be used for the 2012–13 collection period.

Information on the changes between the *Australian Standard Classification of Languages (ASCL), 2005–06*, which was used in previous collections, and the *Australian Standard Classification of Languages (ASCL), 2011* can be found on the ABS website <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1267.0main+features82011>.

Appendix G: Australian Standard Classification of Drugs of Concern 2011

The Australian Standard Classification of Drugs of Concern (ASCDC) is the Australian statistical standard for classifying data relating to drugs that are considered to be of concern in Australian society (ABS 2011a). The ASCDC is essentially a classification of types of drugs of concern based on their chemical structure, mechanism of action and effect on physiological activity. The classification of type of drug is described as the 'main classification structure' throughout the ASCDC document. Because many collectors and users of drug-related data also require information on the form in which drugs are encountered and the method of drug use, the ASCDC also includes classifications for these elements of drug-related information. The ASCDC is intended for use in the collection, classification, storage and dissemination of all statistical, administrative and service delivery data relating to drugs of concern.

The ASCDC assists government planners, policy analysts and social researchers by providing a consistent framework for the classification of drug-related data. The use of the standard definitions, classifications and coding procedures detailed in the ASCDC helps to ensure the comparability and compatibility of data derived from a range of different statistical, administrative and service provision systems at both the state and national level.

The main classification of the ASCDC has a three-level hierarchical structure.

The third and most detailed level of the classification consists of the base units which are separately identified drugs of concern, aggregate groups of drugs of concern and residual categories of drugs of concern. The classification comprises 186 third-level units including 17 aggregate groups of drugs and 36 residual 'not elsewhere classified' (n.e.c.) categories (see Reserved Codes for Residual Categories below).

The 17 third-level aggregate units comprise drugs which do not support individual identification but which are aggregated to form single base-level units as they are chemically similar and, when grouped, represent useful categories.

The 36 n.e.c. categories contain drugs which are not sufficiently significant, in the current Australian context, to support separate identification or representation as an aggregate base level unit. All drugs which have been identified as drugs of concern, but which are not listed separately or contained within one of the aggregate base level units, are included in the n.e.c. category of the narrow group to which they relate.

The second level of the classification consists of 38 narrow groups which contain base level units which are similar in terms of the classification criteria. Included in the 38 narrow groups are six residual 'Other' categories. These residual categories contain base level units which do not belong in any of the alternative narrow groups contained within the broad group on the basis of the classification criteria.

The first and most general level of the classification comprises eight broad groups. The broad groups are formed, in the main, by aggregating narrow groups which are broadly similar in terms of the classification criteria. The classification has one 'Miscellaneous' broad group which comprises narrow groups of drugs which were considered to be of sufficient importance to be included in the classification structure but which do not fit into any of the other seven broad groups on the basis of the classification criteria.

Summary of changes in the 2011 ASCDC

One new group has been created at the broad group level. Six new narrow groups have been included in the 2011 Edition, and one narrow group previously included in the first edition of the ASCDC has been removed. Four base level categories that existed in the first edition have been moved to different narrow groups. Thirty-two new base level categories have been created, and one base level category has been expanded to include a drug formerly included in a 'not elsewhere classified' category.

These changes are detailed below:

- **Cannabinoids and Related Drugs Broad Group**
  Narrow Group 32 'Cannabinoids' has been removed from Broad Group 3 'Stimulants and Hallucinogens' and a new Broad Group 7 'Cannabinoids and Related Drugs' has been created. Many users of the ASCDC indicated that Cannabinoids did not fit well in the 'Stimulants and Hallucinogens' group. Given this, it was decided that the classification would be best served by the creation of a new broad group, Broad Group 7, 'Cannabinoids and Related Drugs' for these drugs. This new broad group will also allow for the inclusion of new base level categories for 'Cannabinoid' extracted from the plants (code 7101) and for synthesised 'Cannabinoid agonists' (7102), which stakeholders requested to have separately identified as the molecular similarity does not fit perfectly within any other base level unit.

- **GHB Type Drugs and Analogues**
  The 'GHB Type Drugs and Analogues' narrow group was created to reflect the rise in prevalence of a number of drugs that are similar to gamma-hydroxybutyrate (GHB) in action and composition that were not separately identified in the first edition of ASCDC. Stakeholder feedback indicated that use of drugs of this type is widespread enough to warrant the creation of a new narrow group. In the first edition of ASCDC, GHB-type drugs were included in Narrow Group 22, 'Anaesthetics'.

- **Cathinones**
  While 'Cathinone' and 'Methcathinone' were identified as separate base level categories in the first edition of ASCDC, stakeholders identified a number of related drugs that were not separately identified. The new narrow group 'Cathinones' groups all of these drugs together. Cathinones were included in Narrow Group 39, 'Other Stimulants and Hallucinogens' in the first edition of ASCDC.

- **Piperazines**
  Narrow Group 38, 'Piperazines', represents a category of stimulant whose use as a recreational drug has increased markedly since the publication of the original ASCDC. There was considerable interest from stakeholders in having this category of drug separately identified as a narrow group. No Piperazines were separately identified in the first edition of ASCDC, although conceptually they would have been in Narrow Group 39, 'Other Stimulants and Hallucinogens'.

- **Atypical Antipsychotics**
  Narrow Group 56, 'Atypical Antipsychotics', are a class of antipsychotic medication that had only recently been introduced when the first edition of ASCDC was published. Since then, their prescription has become commonplace and the opportunity for them to be misused and abused has consequently increased. In the first edition of ASCDC,

Atypical Antipsychotics were included in the n.e.c. category of Narrow Group 59, 'Other Antidepressants and Antipsychotics'.

- **Laxatives**
  Narrow Group 93 'Laxatives', comprises a type of drug that is frequently and increasingly abused, especially by people with eating disorders. The inclusion of 'Laxatives' was seen by stakeholders as a useful adjunct to the existing narrow group 'Diuretics'. Laxatives were not identified as a drug of concern in the first edition of ASCDC.

Movement of existing drugs of concern

With the creation of the new broad and narrow groups, several base level categories have been moved from existing narrow groups to these new groups. Specifically, 'Gamma-hydroxybutyrate' has moved from 2201 to 2501, 'Cannabinoids' from 3201 to 7101, 'Cathinone' from 3902 to 3701, and 'Methcathinone' from 3904 to 3702.

New drugs of concern

Due to the increasing incidence of their misuse and abuse and consequent need to individually identify them in statistics, the following base level categories have been included in the 2011 Edition ASCDC:

1307	Tramadol
1403	Ibuprofen
2205	Propofol
2502	Gamma-butyrolactone
2503	1,4-butanediol
2599	GHB Type Drugs and Analogues, n.e.c.
2904	Doxylamine
2905	Promethazine
2906	Zolpidem
3104	Amphetamine analogues
3411	DOI
3412	PMMA
3413	2C-B
3414	Phenethylamine analogues
3506	Tryptamine analogues
3703	Cathinone analogues
3799	Cathinones, n.e.c.
3801	1-Benzylpiperazine
3802	1-(3-Trifluoromethylphenyl)-piperazine

3803	1-(3-Chlorophenyl)-piperazine
3804	Phenylpiperazine analogues
3899	Piperazines, n.e.c.
5601	Amisulpride
5602	Aripriprazole
5603	Clozapine
5604	Olanzapine
5605	Quetiapine
5606	Risperidone
5607	Ziprasidone
5699	Atypical Antipsychotics, n.e.c.
7102	Cannabinoid agonists
7199	Cannabinoids and Related Drugs, n.e.c.
9301	Laxatives

- **Inclusion of Psilocin with Psilocybin**
  Psilocybin and Psilocin are two closely related tryptamines. The two drugs are most commonly found in hallucinogenic mushrooms, and the two can exist within the same mushroom. Stakeholder feedback has indicated that in most cases, a clinician would be unable to determine if a patient was affected by psilocybin or psilocin. Therefore 'Psilocin' has been moved from 3599 'Tryptamines, n.e.c.' and combined with the first edition base level category 3505 'Psilocybin' to form a single base level category of 3505 'Psilocybin or Psilocin'.

- **Precursor Substances**
  A number of stakeholders requested that the classification include a grouping for precursor substances. However, while researching the precursor substances, it became clear that this would not be possible as not all precursor substances are drugs, for example safrole (an oil used in making perfume), and some drugs, such as pseudoephedrine, would need to be included in two categories in the classification. This is not possible as all categories in a classification must be mutually exclusive.

Type of drug classification: broad groups, narrow groups and drugs of concern

The main classification structure is presented below. For detailed information, supplementary codes and the full version of the coding index, see ASCDC (ABS 2011a). Please note that codes 0000 (inadequately described) and 0001 (not stated) should not be used for *Client* type 1. The AODTS–NMDS also used code 0005 (Opioid analgesics not further defined) and code 0006 (Psychostimulants not further defined) where no more detailed information can be attained.

SUPPLEMENTARY CODES

0000   Inadequately Described

0001   Not Stated

1   ANALGESICS

    11   Organic Opiate Analgesics

        1101   Codeine

        1102   Morphine

        1199   Organic Opiate Analgesics, n.e.c.

    12   Semisynthetic Opioid Analgesics

        1201   Buprenorphine

        1202   Heroin

        1203   Oxycodone

        1299   Semisynthetic Opioid Analgesics, n.e.c.

    13   Synthetic Opioid Analgesics

        1301   Fentanyl

        1302   Fentanyl analogues

        1303   Levomethadyl acetate hydrochloride

        1304   Meperidine analogues

        1305   Methadone

        1306   Pethidine

        1307   Tramadol

        1399   Synthetic Opioid Analgesics, n.e.c.

    14   Non Opioid Analgesics

        1401   Acetylsalicylic acid

        1402   Paracetamol

        1403   Ibuprofen

        1499   Non Opioid Analgesics, n.e.c.

2   SEDATIVES AND HYPNOTICS

    21   Alcohols

        2101   Ethanol

3701   Cathinone

3702   Methcathinone

3703   Cathinone analogues

3799   Cathinones, n.e.c.

38   Piperazines

3801   1-Benzylpiperazine

3802   1-(3-Trifluoromethylphenyl)-piperazine

3803   1-(3-Chlorophenyl)-piperazine

3804   Phenylpiperazine analogues

3899   Piperazines, n.e.c.

39   Other Stimulants and Hallucinogens

3901   Caffeine

3903   Cocaine

3905   Methylphenidate

3906   Nicotine

3999   Other Stimulants and Hallucinogens, n.e.c.

4   ANABOLIC AGENTS AND SELECTED HORMONES

41   Anabolic Androgenic Steroids

4101   Boldenone

4102   Dehydroepiandrosterone

4103   Fluoxymesterone

4104   Mesterolone

4105   Methandriol

4106   Methenolone

4107   Nandrolone

4108   Oxandrolone

4111   Stanozolol

4112   Testosterone

4199   Anabolic Androgenic Steroids, n.e.c.

42   Beta2 Agonists

4201   Eformoterol

4202   Fenoterol

4203   Salbutamol

4299   Beta2 Agonists, n.e.c.

43   Peptide Hormones, Mimetics and Analogues

4301   Chorionic gonadotrophin

4302   Corticotrophin

	5505	Nortriptyline	
	5599	Tricyclic Antidepressants, n.e.c.	
56		Atypical Antipsychotics	
	5601	Amisulpride	
	5602	Aripriprazole	
	5603	Clozapine	
	5604	Olanzapine	
	5605	Quetiapine	
	5606	Risperidone	
	5607	Ziprasidone	
	5699	Atypical Antipsychotics, n.e.c.	
59		Other Antidepressants and Antipsychotics	
	5901	Butyrophenones	
	5902	Lithium	
	5903	Mianserin	
	5999	Other Antidepressants and Antipsychotics, n.e.c.	

6		VOLATILE SOLVENTS	
61		Aliphatic Hydrocarbons	
	6101	Butane	
	6102	Petroleum	
	6103	Propane	
	6199	Aliphatic Hydrocarbons, n.e.c.	
62		Aromatic Hydrocarbons	
	6201	Toluene	
	6202	Xylene	
	6299	Aromatic Hydrocarbons, n.e.c.	
63		Halogenated Hydrocarbons	
	6301	Bromochlorodifluoromethane	
	6302	Chloroform	
	6303	Tetrachloroethylene	
	6304	Trichloroethane	
	6305	Trichloroethylene	
	6399	Halogenated Hydrocarbons, n.e.c.	
69		Other Volatile Solvents	
	6901	Acetone	
	6902	Ethyl acetate	
	6999	Other Volatile Solvents, n.e.c.	

References

ABS (Australian Bureau of Statistics) 2011a. Australian Standard Classification of Drugs of Concern, 2011. ABS cat. no. 1248.0. Canberra: ABS.

ABS 2011b. Australian Standard Classification of Languages (ASCL), 2011. ABS cat. no. 1267.0. Canberra: ABS.

ABS 2011c. Australian Standard Geographical Classification (ASGC), July 2011. ABS cat. no. 1216.0. Canberra: ABS.

ABS 2011d. Australian Statistical Geography Standard (ASGS): Volume 1 - Main Structure and Greater Capital City Statistical Areas, July 2011. ABS cat. no. 1270.0.55.001, Canberra: ABS

ABS 2011e. Standard Australian Classification of Countries (SACC), 2011 cat. no. 1269.0. Canberra: ABS.

AIHW(Australian Institute of Health and Welfare) 2010. Creating nationally-consistent health information: engaging with the national health information committees. Data linkage series no. 8. Cat. no. CSI 8. Canberra: AIHW.

AIHW 2011. Alcohol and other drug treatment services in Australia 2009–10: report on the National Minimum Data Set. Drug treatment series no. 14. Cat. no. HSE 114. Canberra: AIHW.

List of tables

List of figures

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) data specifications and collection manual is a reference for those collecting and supplying data for the AODTS–NMDS, including Australian Government and state and territory government staff, and alcohol and other drug treatment agency staff. Major changes to this year's collection include an update to the 'Principal drug of concern' data item to align with the Australian Standard Classification of Drugs of Concern (2011), and the inclusion of additional data elements to enable the number of clients receiving treatment to be estimated.