

# Glossary

For further information on the terms used in this report, refer to the definitions in use in 1999–00 in the *National Health Data Dictionary* Version 8.0.

<i>Aboriginal and Torres Strait Islander status</i>	<p>Aboriginal or Torres Strait Islander status of the person according to the following definition:</p> <p>An Aboriginal or Torres Strait Islander person 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.</p>
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care hospitals</i>	<p>Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State or Territory health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.</p> <p>Public acute hospitals are funded by the State or Territory health authority. Private acute care hospitals are not controlled by the State or Territory health authority.</p>
<i>Additional diagnoses</i>	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources.
<i>Administrative and clerical staff</i>	Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals, and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process.
<i>Area of usual residence</i>	The geographic location of the patient's usual residence. The location is included in the National Hospital Morbidity Database in Statistical Local Area format but aggregated to Rural, Remote and Metropolitan Areas for this report.

<i>Australian Bureau of Statistics Private Health Establishments Collection (ABS PHEC)</i>	This collection includes data from all private acute and psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing. The data items and definitions are based on the <i>National Health Data Dictionary</i> published by AIHW. Information is collected for items such as bed supply, usage, length of stay, type of patients, staff and expenditure.
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs are a means of classifying hospital patients to provide a common basis for comparing factors such as cost-effectiveness and quality of care across hospitals. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
<i>Available beds</i>	Beds immediately available for use by admitted patients as required.
<i>Average length of stay</i>	The average number of patient days for admitted patient overnight separations, after trimming outliers (Appendix 3). Averages were calculated using AR-DRGs as categories.
<i>Country of birth</i>	The country in which the patient was born. The category 'Other English-speaking country' includes United Kingdom, Ireland, New Zealand, United States of America and Canada. All other countries, apart from Australia, were included in the 'Non-English-speaking' category.
<i>Diagnostic and allied health professionals</i>	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.
<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged mainly in administrative duties. This category also includes all staff not elsewhere included (mainly maintenance staff, tradespersons and gardening staff).
<i>Domestic services expenditure</i>	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
<i>Drug supplies expenditure</i>	The cost of all drugs including the cost of containers.
<i>Encounter</i>	Any professional interchange between a patient and a general practitioner.
<i>Enrolled nurses</i>	Second-level nurses who are enrolled in all States and Territories except Victoria where they are registered by the State registration board to practise in this capacity. The category includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).

<i>Episode of care</i>	An episode of care is a phase of treatment for an admitted patient. It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care of different types. See <i>Separation</i> .
<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect.
<i>Food supplies expenditure</i>	The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery.
<i>Full-time-equivalent staff</i>	Full-time-equivalent units are on-job hours worked and hours of paid leave (sick, recreation, long-service, workers compensation) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
<i>Involuntary mental health legal status</i>	Involuntary patients are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.
<i>Marital status</i>	The current marital status of the patient.
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
<i>Mental health legal status</i>	Whether a person is treated on an involuntary basis under the relevant State or Territory mental health legislation, at any time during an episode of care for an admitted patient.
<i>Mental health-related principal diagnosis</i>	A separation is defined as having a mental health-related principal diagnosis if the principal diagnosis falls within the range of ICD-10-AM diagnosis codes listed in Appendix 2.
<i>Mode of separation</i>	The status of the person at separation (discharge, transfer or death) and, if applicable, the place to which the person is discharged.
<i>National Hospital Morbidity Database (NHMD)</i>	The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. The data supplied for the database are based on the patient-level data items of the National Minimum Data Set – Admitted Patient Health Care and the National Minimum Data Set – Admitted Patient Mental Health Care. They include demographic, administrative and length of stay data, and data on the diagnoses of the patient, the procedures the patient underwent in hospital, and external causes of injury and poisoning.

<i>National Public Hospital Establishments Database (NPHEd)</i>	The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories. Information is included on hospital resources, recurrent expenditure, non-appropriation revenue and services to admitted and non-admitted patients. Data on capital expenditure and depreciation are also collected for each jurisdiction. The collection is based on the establishment-level activity and resource data elements, and the system-level data elements of the National Minimum Data Set – Public Hospital Establishments.
<i>National Community Mental Health Establishments Database (NCMHED)</i>	The National Community Mental Health Establishments Database holds a record for each public community mental health establishment in Australia. It is collated from the routine administrative collections of public community mental health establishments in all States and Territories. Information is included on beds, staffing, recurrent expenditure, and services for residential care clients. The collection is based on the establishment-level activity and resource data elements of the National Minimum Data Set – Community Mental Health Establishments.
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital.
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service.
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable.
<i>Other personal care staff</i>	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wardspersons, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories.
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.
<i>Overnight separation</i>	The term used to refer to separations where the patient separates from hospital one or more nights after admission (i.e. who is admitted to and separated from the hospital on different dates). The length of an overnight separation is calculated by subtracting the date the patient is admitted from the date of the separation and deducting total leave days.

<i>Patient days</i>	The number of full or partial days' stay for patients who were admitted for an episode of care and who underwent separation. A patient who is admitted and separated on the same day is allocated one patient day.
<i>Patient transport expenditure</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis.
<i>Previous specialised treatment</i>	Whether the patient has had a previous admission or service contact for treatment in the speciality area within which treatment is now being provided. For this report, the speciality area referred to in the definition is specialised psychiatric care.
<i>Primary disability</i>	The disability category identified by the consumer or carer in the CSDA MDS as the disability most affecting their everyday life.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting.
<i>Private hospital</i>	Privately owned and operated hospital, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.
<i>Psychiatric care days</i>	Psychiatric care days are the number of days or part-days a patient spent in a specialised psychiatric unit or ward. All leave days, including the day the patient went on leave, are excluded.
<i>Psychiatric hospitals</i>	Institutions which provide treatment and care for patients with psychiatric, mental or behavioural disorders.
<i>Public community mental health establishments</i>	Establishments operated by State or Territory health authorities that provide specialised ambulatory and/or residential mental health care to non-admitted patients and clients. In addition to community-based services (e.g. Child and Adolescent Community Mental Health Services), these establishments also include hospital-based services such as specialist outpatient services and services managed by hospitals such as community outreach services.
<i>Reason for encounter</i>	The subjective reasons given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.

<i>Recoveries</i>	<p>All revenue received that is in the nature of a recovery of expenditure incurred. This includes:</p> <ul style="list-style-type: none"> <li>• income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and</li> <li>• other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.</li> </ul>
<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It is contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.
<i>Registered nurses</i>	Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a State or Territory registration board.
<i>Repairs and maintenance expenditure</i>	The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings and minor additional works.
<i>Rural, remote and metropolitan region</i>	<ul style="list-style-type: none"> <li>• <b>Capital cities</b> statistical division</li> <li>• <b>Other metropolitan centres:</b> urban centres with a population of 100,000 or more</li> <li>• <b>Large rural centres</b> (index of remoteness &lt; 10.5): urban centres with a population between 25,000 and 99,999</li> <li>• <b>Small rural centres</b> (index of remoteness &lt; 10.5): urban centres with a population between 10,000 and 24,999</li> <li>• <b>Other rural areas</b> (index of remoteness &lt; 10.5): urban centres with a population less than 10,000</li> <li>• <b>Remote centres</b> (index of remoteness &gt; 10.5): urban centres with a population greater than 4,999</li> <li>• <b>Other remote areas</b> (index of remoteness &gt; 10.5): urban centres with a population less than 5,000.</li> </ul> <p>For more information see <i>Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition</i> (DPIE &amp; DSHS 1994).</p>
<i>Salaried medical officers</i>	Medical officers engaged by the hospital on a full-time or part-time salaried basis.
<i>Same day patients</i>	Same day patients are admitted patients who are admitted and separate on the same date.

<i>Separation</i>	The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing the type of care (statistical separation). When the term is used in the context of the community residential mental health care, the term refers to periods of non-admitted patient mental health care.
<i>Source of referral to public psychiatric hospital</i>	Source from which the person was transferred/referred to the public psychiatric hospital.
<i>Specialised psychiatric service</i>	A facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Statistical separation</i>	The administrative process by which a hospital records the cessation of an episode of care for a patient within one hospital stay.
<i>Student nurses</i>	Nurses employed by the establishment currently studying in years 1 to 3 of a 3-year certificate course. This includes any person commencing or undertaking a 3-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full-time general student nurses and specialist student nurses, such as mental deficiency nurses, but excludes practising nurses enrolled in post-basic training courses.
<i>Superannuation payments</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Trainee/pupil nurses</i>	Nurses who are commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse on the State or Territory registration board (includes all trainee nurses).
<i>Type of episode of care</i>	<p>The care type defines the overall nature of the clinical service provided to an admitted patient during an episode of care.</p> <p><i>Acute care</i> is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures.</p> <p><i>Rehabilitation care</i> occurs when a person with a disability is participating in a multidisciplinary program aimed at an improvement in functional capacity, retraining in lost skills and/or change in psychosocial adaptation.</p>

*Type of episode of care  
(cont)*

*Palliative care* occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life for such a person. Interventions such as radiotherapy, chemotherapy and surgery are considered to be part of the palliative episode if they are undertaken specifically to provide symptomatic relief.

*Non-acute care* includes care provided to persons who are nursing home type patients; to patients who would normally not require hospital treatment but where there are factors in the home environment which make it inappropriate for the person to be discharged in the short term; to patients in receipt of respite care; and to patients in psychiatric units for whom the principal function is provision of care over an indefinite period.

*Newborn care* is initiated when the patient is 9 days old or less at the time of admission. Newborn episodes of care comprise qualified days only, separations with a mixture of qualified and unqualified days and separations with unqualified days only. Separations comprising only qualified days are considered to be the equivalent of episodes of acute care.

*Other care* is where the principal clinical intent does not meet the criteria for any of the above.

*Visiting medical officer*

A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.