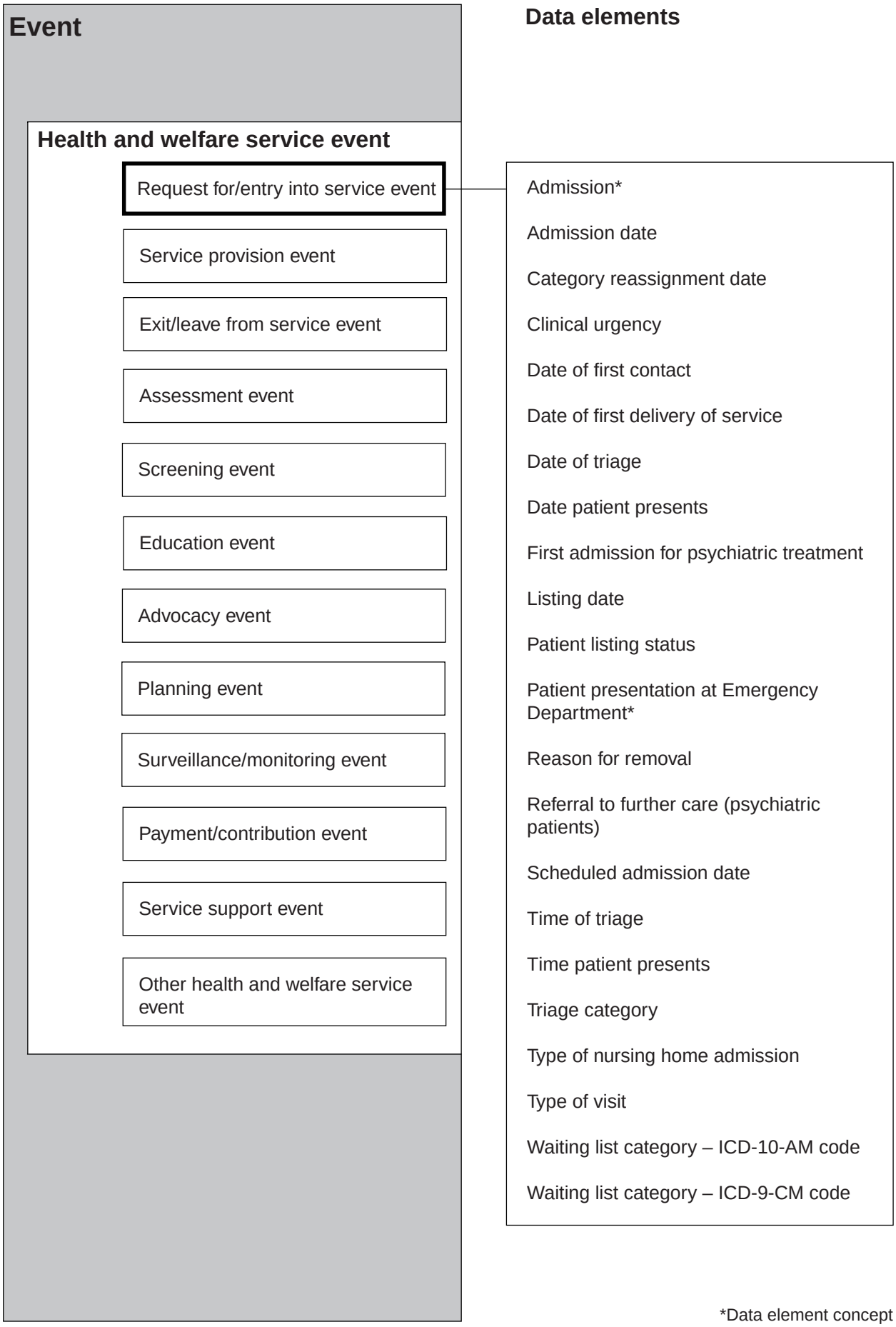
National Health Information Model entities



*Data element concept

Admission

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000007 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: An admission is the process by which an admitted patient commences an episode of care. An admission may be formal or statistical.

Formal admission: The administrative process by which a hospital records the commencement of treatment and/or care and accommodation of a patient.

Statistical admission from leave: The administrative process by which an admission occurred following leave of absence exceeding seven consecutive days for an admitted patient.

Statistical admission on type change: The administrative process by which a hospital records the start of each episode of care occurring within a single hospital stay as one of the types of care defined in data element Type of episode of care.

See definition of admitted patient for the minimum criteria which must be met before a patient can be admitted to hospital.

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Admitted patient, version 1
relates to the data element Admission date, version 2
relates to the data element Admission date, version 3

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments:

Admission date

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000008 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: Date on which an admitted patient commences an episode of care by one of the following processes:

Formal admission is the administrative process by which a hospital records the commencement of treatment and/or care and accommodation of a patient.

Statistical admission (excluding nursing homes) is the administrative process by which a patient who has been statistically separated recommences treatment and/or care and accommodation and occurs in the following circumstances:

- statistical admission following leave of absence exceeding seven consecutive days for admitted patients; or

- statistical admission on type change or transfer between episodes of care (see items Type of episode of care and Discharge date) within the one hospital stay.

Context: Institutional health care: required to identify the period in which the admitted patient episode and hospital stay occurred and for derivation of length of stay.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid dates

Guide for use:

Verification rules: Right justified and zero filled.

Admission date <= separation date.

Admission date >= date of birth.

Collection methods:

Related data: is used in the calculation of Length of stay, version 1

relates to the data element concept Admission, version 1

supersedes previous data element Admission date, version 2

is used in the derivation of Diagnosis related group, version 1

relates to the data element Emergency Department waiting time to service delivery, version 1

relates to the data element Emergency Department waiting time to admission, version 1

relates to the data element concept Patient presentation at Emergency Department, version 1

relates to the data element Date patient presents, version 1

relates to the data element Time patient presents, version 1

Admission date *(continued)*

Related data: relates to the data element Type of visit, version 1
relates to the data element Date of triage, version 1
relates to the data element Time of triage, version 1
relates to the data element Triage category, version 1
relates to the data element Date of service event, version 1
relates to the data element Time of service event, version 1
relates to the data element Admission time, version 1
relates to the data element Departure status, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from 1/07/89 to
Institutional mental health care	from 1/07/97 to

Comments: This item was modified before July 1996 to make a distinction between statistical separations from leave and those occurring due to type change. Further modification has been made from July 1996 to exclude the previous difference between psychiatric and other patients, at the instigation of the National Mental Health Information Strategy Committee.

It is important to note the decision of the Nursing Homes Working Party not to record leave periods at the patient level, hence the exclusion of nursing homes from recording statistical admissions (from leave or type change).

Category reassignment date

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000391 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The date on which a patient awaiting elective hospital care is assigned to a different urgency category as a result of clinical review for the awaited procedure, or is assigned to a different patient listing status category ('ready for care' or 'not ready for care').

Context: Elective surgery: this date is necessary for the calculation of data element Waiting time since last category assignment and for interpretation of data element Total waiting time.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMCCYY

Data domain:

Guide for use: The date needs to be recorded each time a patient's urgency classification or listing status changes.

Verification rules:

Collection methods:

Related data: is qualified by Patient listing status, version 3

is used in the calculation of Waiting time since last category reassignment (throughput data), version 1

is used in the derivation of Overdue patient, version 3

supersedes previous data element Urgency reassignment date, version 1

is used in the calculation of Waiting time since last category reassignment (census data), version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Clinical urgency

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000025 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: A clinical assessment of the urgency with which a patient requires elective hospital care.

Context: Elective surgery: categorisation of waiting list patients by clinical urgency assists hospital management and clinicians in the prioritisation of their workloads. It gives health consumers a reasonable estimate of the maximum time they should expect to wait for care.

Clinical urgency classification allows a meaningful measure of system performance to be calculated, namely the number or proportion of patients who wait for times in excess of the maximum desirable time limit for their urgency category (data element 'Overdue patient').

Relational and representational attributes

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

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

Data domain: 1. Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency

2. Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency

3. Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency

Guide for use: The classification employs a system of urgency categorisation based on factors such as the degree of pain, dysfunction and disability caused by the condition and its potential to deteriorate quickly into an emergency. All patients ready for care must be assigned to one of the urgency categories, regardless of how long it is estimated they will need to wait for surgery.

Verification rules:

Collection methods:

Related data: relates to the data element concept Clinical review, version 1
supersedes previous data element Patient listing status, version 2
is a qualifier of Patient listing status, version 3

Administrative attributes

Source document:

Source organisation: National Health Data Committee

Clinical urgency *(continued)*

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

A patient's classification may change if he or she undergoes clinical review during the waiting period. The need for clinical review varies with the patient's condition and is therefore at the discretion of the treating clinician. The waiting list information system should be able to record dates when the classification is changed (data element Category reassignment date).

At the Waiting Times Working Group meeting on 9 September 1996, it was agreed to separate the data elements 'Patient listing status' and 'Clinical urgency' as the combination of these items had led to confusion.

Date of first contact

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000039 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The date of first contact with the community nursing service for an episode of care, between a staff member and a person or a person's family.

The definition includes:

- visits made to a person in institutional settings such as liaison visits or discharge planning visits, made in a hospital or nursing home with the intent of planning for the future delivery of service at home;

- telephone contacts when these are in lieu of a first home or hospital visit for the purpose of preliminary assessment for care at home;

- visits made to the person's home prior to admission for the purpose of assessing the suitability of the home environment for the person's care.

This applies irrespective of whether the person is present or not.

The definition excludes:

- first visits where the visit objective is not met, such as first visit made where no one is home.

Context: To enable analysis of time periods throughout a care episode, especially the pre-admission period and associated activities. This data element enables the capture of the commencement of care irrespective of the setting in which the activities took place.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 10 ***Max.*** 10 ***Representational layout:*** DD/MM/YYYY

Data domain: Valid date

Guide for use:

Verification rules: This should occur after a previous Date of last contact of a previous care episode and prior to or on the same as Date of first delivery of service.

Collection methods: The Date of first contact can be the same as Date of first delivery of service and apply whether a person is entering care for the first time or any subsequent episode. This date should be recorded when it is the same as the first delivery of service date.

Related data: supersedes previous data element Date of first contact with the community nursing service, version 1

relates to the data element Date of last contact, version 2

Administrative attributes

Source document:

Source organisation: Australian Council of Community Nursing Services

Date of first contact *(continued)*

National minimum data sets:

Comments: This item is recommended for use in community services which are funded for liaison or discharge planning positions or provide specialist consultancy or assessment services. Further developments in community care, including casemix and coordinated care will require collection of data relating to resource expenditure across the sector.

Date of first delivery of service

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000038 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The date of first delivery of service to a person in a non-institutional setting.

The definition excludes:

- visits made to persons in institutional settings such as liaison visits or discharge planning visits, made in a hospital or nursing home, with the intent of planning for the future delivery of community-based services;

- first visits where there is no contact with the person, such as a first visit where no-one is at home.

- telephone, letter or other such contacts made with the person prior to the first home visit.

In situations where the first delivery of service determines that no future visit needs to be made, the Date of first Delivery of service and the Date of last delivery of service will be the same.

Context: The Date of first delivery of service is used for the analysis of time periods within a care episode and to locate that episode in time. The date relates to the first delivery of formal services within the community setting.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 10 ***Max.*** 10 ***Representational layout:*** DD/MM/CCYY

Data domain: Valid dates

Guide for use:

Verification rules: This date may occur on the same day or prior to the Date of last delivery of service, but must never occur after that date within the current episode of care. The date may be the same as the Date of first contact.

Collection methods: As long as contact is made with the person in a non-institutional setting, the Date of first delivery of service must be recorded. Normally this will be the first home or clinic visit and is the date most often referred to in a service agency as the admission. This date applies whether a person is being admitted for the first time, or is being re-admitted for care.

Related data: supersedes previous data element Date of first community nursing visit, version 1

relates to the data element Date of first delivery of service, version 2

Administrative attributes

Source document:

Source organisation: Australian Council of Community Nursing Services

National minimum data sets:

Date of first delivery of service *(continued)*

Comments: This date marks the most standard event, which occurs at the beginning of an episode of care in community setting. It should not be confused with the Date of first contact with a community nursing service; although they could be the same, the dates for both items must be recorded. Agencies providing hospital in the Home services should develop their own method of distinguishing between the period the person remains a formal patient of the hospital, with funding to receive services at home, and the discharge of the person into the care of the community service.

Date of triage

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000353 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The day on which the patient is triaged.

Context: Institutional health care: Required to identify the commencement of the service and calculation of waiting times.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMCCYY

Data domain: Valid dates

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National Institution Based Ambulatory Model Reference Group; NHDC

National minimum data sets:

Comments:

Date patient presents

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000350 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The day on which the patient presents at the Emergency Department for the delivery of a service.

Context: Institutional health care: required to identify commencement of a visit and for calculation of waiting times.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMCCYY

Data domain: Valid dates

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Admission date, version 3

relates to the data element Emergency Department waiting time to service delivery, version 1

relates to the data element Emergency Department waiting time to admission, version 1

relates to the data element concept Patient presentation at Emergency Department, version 1

relates to the data element Time patient presents, version 1

relates to the data element Type of visit, version 1

relates to the data element Date of triage, version 1

relates to the data element Time of triage, version 1

relates to the data element Triage category, version 1

relates to the data element Date of service event, version 1

relates to the data element Time of service event, version 1

relates to the data element Admission time, version 1

relates to the data element Departure status, version 1

Administrative attributes

Source document:

Source organisation: National Institution Based Ambulatory Model Reference Group; NHDC

National minimum data sets:

Comments:

First admission for psychiatric treatment

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000139 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The status of an episode in terms of whether it is a first or subsequent admission, for psychiatric treatment, whether in an acute or psychiatric hospital.

Context: Useful in discriminating episodes that are first ever presentations for admitted patient psychiatric care from those where the individual has a previous treatment history as an admitted patient. This data item classifies the admitted patient episode in terms of its relationship to the complete disease episode.

Relational and representational attributes

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

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

Data domain:

1	No previous admission for psychiatric treatment
2	Previous admission for psychiatric treatment

Guide for use:

Verification rules:

Collection methods:

Related data: supersedes previous data element Problem status, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee / National Mental Health Information Strategy Committee

National minimum data sets:

Institutional mental health care from 1/07/97 to

Comments: The National Mental Health Information Strategy Committee recommended modification of this data element and its renaming as 'first admission for psychiatric treatment' rather than the previous name 'problem status'. Renaming the item is in line with the policy initiatives of the National Mental Health Strategy that have been developed to remove the stigma associated with serious mental illness and psychiatric disability.

Listing date

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000082 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The date on which a hospital accepts notification that a patient requires admission for elective hospital care.

Context: Elective surgery: this item is necessary for the calculation 'Total ready for care time waited' and 'Waiting time since category reassignment at admission or census'.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMCCYY

Data domain: Valid dates

Guide for use: The acceptance of the notification by the hospital is conditional upon the provision of adequate information about the patient and the appropriateness of referral of the patient to the hospital for the procedure planned.

Verification rules:

Collection methods:

Related data: supersedes previous data element Listing date, version 1
is used in conjunction with Patient listing status, version 3
is used in conjunction with Scheduled admission date, version 2

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments: The hospital should only accept a patient onto the waiting list when sufficient information has been provided to fulfil State/Territory, local and national reporting requirements.

Hospitals may decline to accept a referral for services which the hospital does not provide. For example, the proposed procedure may not be performed at the hospital because of a lack of a suitably qualified surgeon or necessary equipment.

Patient listing status

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000120 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: An indicator of the person's readiness to begin the process leading directly to being admitted to hospital for the awaited procedure. A patient may be 'ready for care' or 'not ready for care'.

Context: Elective surgery: this data element allows a meaningful measure of system performance to be calculated.

Relational and representational attributes

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

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

Data domain:

1 Ready for care

2 Not ready for care

Guide for use: Ready for care patients are those who are prepared to be admitted to hospital or to begin the process leading directly to admission. These could include investigations/procedures done on an outpatient basis, such as autologous blood collection, pre-operative diagnostic imaging or blood tests.

Not ready for care patients are those who are not in a position to be admitted to hospital. These patients are either:

- staged patients whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time; or

- deferred patients who for personal reasons are not yet prepared to be admitted to hospital; for example, patients with work or other commitments which preclude their being admitted to hospital for a time.

Not ready for care patients could be termed staged and deferred waiting list patients, although currently health authorities may use different terms for the same concepts.

Staged and deferred patients should not be confused with patients whose operation is postponed for reasons other than their own unavailability; for example, surgeon unavailable, operating theatre time unavailable owing to emergency workload. These patients are still 'ready for care'. Periods when patients are not ready for care should be excluded in determining Total waiting time, Waiting time since last category reassignment and item Overdue patient. It may also be appropriate to tabulate patients not ready for care separately in the census data.

Verification rules:

Collection methods:

Patient listing status *(continued)*

Related data: relates to the data element concept Hospital waiting list, version 1
supersedes previous data element Patient listing status, version 2
is used in conjunction with Waiting list category - ICD-9-CM code, version 2
is a qualifier of Category reassignment date, version 2

Administrative attributes

Source document:

Source organisation: Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments: Only patients ready for care are to be included in the National Minimum Data Set - waiting times. The dates when a patient listing status changes need to be recorded. A patient's classification may change if he or she is examined by a clinician during the waiting period, i.e. undergoes clinical review. The need for clinical review varies with the patient's condition and is therefore at the discretion of the treating clinician. The waiting list information system should be able to record dates when the classification is changed (data element Category reassignment date).

At the Waiting Times Working Group meeting on 9 September 1996, it was agreed to separate data elements Patient listing status and Clinical urgency as the combination of these items had led to confusion.

Patient presentation at Emergency Department

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000349 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: The presentation of a patient at an Emergency Department occurs following the arrival of the patient at the Emergency Department and is the earliest occasion of being:

- registered clerically; or
- triaged; or
- provided with a service by a treating medical officer or nurse.

(In hospital data collection systems, the time and date of the first contact would be selected from the earliest three different recorded times.)

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Comments:

Reason for removal

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000142 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The reason why a patient is removed from the waiting list.

Context: Elective surgery: routine admission for the awaited procedure is only one reason why patients are removed from the waiting list. Each reason for removal provides different information. These data are necessary to augment census and throughput data. For example, after an audit the numbers of patients on a list would be expected to reduce. If an audit were undertaken immediately prior to a census the numbers on the list may appear low and not in keeping with the number of additions to the list and patients admitted from the list.

Relational and representational attributes

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

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

Data domain:

1	Admitted as an elective patient for awaited procedure in this hospital
2	Admitted as an emergency patient for awaited procedure in this hospital
3	Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)
4	Treated elsewhere for awaited procedure
5	Surgery not required or declined

Guide for use: Patients undergoing the awaited procedure whilst admitted for another reason are to be coded as code 1.

Code 2 identifies patients who were admitted ahead of their normal position in the queue because the condition requiring treatment deteriorated whilst waiting. Admission as an emergency patient could also be due to other causes such as inappropriate urgency rating, delays in the system, or unpredicted biological variation. Codes 3-5 provide an indication of the amount of clerical audit of the waiting lists. Code 4 gives an indication of patients treated in other hospitals for the awaited procedure. The procedure may have been performed as an emergency or as an elective procedure.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Reason for removal *(continued)*

Source organisation: Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Referral to further care (psychiatric patients)

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000143 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Referral to further care by health service agencies/facilities.

Context: Mental health care: many psychiatric in-patients have continuing needs for post-discharge care. Continuity of care across the hospital-community interface is a key policy theme emerging in the various States and Territories. Inclusion of this item allows the opportunity to monitor interagency linkages and is complementary to the data element Source of referral.

Relational and representational attributes

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

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

Data domain:

1	Not referred
2	Private psychiatrist
3	Other private medical practitioner
4	Mental health / alcohol and drug in-patient facility
5	Mental health / alcohol and drug non in-patient facility
6	Acute hospital
7	Other

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional mental health care from 1/07/97 to

Comments: Acute hospitals and private psychiatric hospitals

The Victorian Mental Health Collection uses the categories:

- no referral
- outpatients this centre
- day patients this centre
- other mental health/alcohol and drug facility/service
- general practitioner

Referral to further care (psychiatric patients) *(continued)*

Comments (cont'd):

- private psychiatrist
- other agency
- other

Queensland uses the following categories:

- no referral
- private psychiatrist
- other private medical practitioner
- died while resident
- died on leave
- left against medical advice
- referred to other hospital or agency (specify)

South Australia uses the following categories:

- not referred
- mental health admitted patient facility
- mental health non-admitted patient facility
- private psychiatric care
- general hospital
- community health program
- general medical practitioner
- other (specify)

Scheduled admission date

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000147 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The date on which it is proposed that a patient on the waiting list will be admitted for an episode of care.

Context: This item is required for the purposes of hospital management - allocation of beds, operating theatre time and other resources.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMCCYY

Data domain: Valid dates

Guide for use:

Verification rules:

Collection methods:

Related data: is used in conjunction with Listing date, version 2

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments: If this item were to be used to compare data from different hospitals or geographic locations, then it would be necessary to define the point in time when the scheduled date is to be allocated, that is on addition to the waiting list. Some hospitals assign either a provisional (indication of admission date, but no guarantee) or a scheduled admission date on addition to the waiting list. This matter may require further discussion and clarification.

Time of triage

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000354 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The time at which the patient is triaged.

Context: Institutional health care: Required to identify the commencement of the service and calculation of waiting times.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** HHMM

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Admission date, version 3

relates to the data element Emergency Department waiting time to service delivery, version 1

relates to the data element Emergency Department waiting time to admission, version 1

relates to the data element concept Patient presentation at Emergency Department, version 1

relates to the data element Date patient presents, version 1

relates to the data element Time patient presents, version 1

relates to the data element Type of visit, version 1

relates to the data element Date of triage, version 1

relates to the data element Triage category, version 1

relates to the data element Date of service event, version 1

relates to the data element Time of service event, version 1

relates to the data element Admission time, version 1

Administrative attributes

Source document:

Source organisation: National Institution Based Ambulatory Model Reference Group; NHDC

National minimum data sets:

Comments:

Time patient presents

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000351 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The time at which the patient presents at the Emergency Department for the delivery of a service.

Context: Institutional health care: required to identify commencement of a visit and for calculation of waiting times.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** HHMM

Data domain: Expressed as hours and minutes using 24-hour clock

Guide for use: The time of patient presentation at the Emergency Department is the earliest occasion of being registered clinically, triaged or provided with a service by a treating medical officer or nurse.

Verification rules:

Collection methods:

Related data: relates to the data element Admission date, version 3

relates to the data element Emergency Department waiting time to service delivery, version 1

relates to the data element Emergency Department waiting time to admission, version 1

relates to the data element concept Patient presentation at Emergency Department, version 1

relates to the data element Date patient presents, version 1

relates to the data element Date of triage, version 1

relates to the data element Time of triage, version 1

relates to the data element Triage category, version 1

relates to the data element Date of service event, version 1

relates to the data element Time of service event, version 1

relates to the data element Admission time, version 1

Administrative attributes

Source document:

Source organisation: National Institution Based Ambulatory Model Reference Group; NHDC

National minimum data sets:

Comments:

Triage category

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000355 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The urgency of the patient's need for medical and nursing care.

Context: Institutional healthcare: Required to provide data for analysis of Emergency Department processes.

Relational and representational attributes

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

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

Data domain:

1	Resuscitation: Immediate (within seconds)
2	Emergency: Within 10 minutes
3	Urgent: Within 30 minutes
4	Semi-urgent: Within 60 minutes
5	Non-urgent: Within 120 minutes

Guide for use:

Verification rules:

Collection methods: This triage classification is to be used in the Emergency Departments of hospitals. Patients will be triaged into one of five categories on the National Triage Scale according to the triageur's response to the question: 'This patient should wait for medical care no longer than ...?'.

The triage category is allocated by an experienced registered nurse or medical practitioner. If the triage category changes, record the more urgent category.

Related data:

relates to the data element Non-admitted patient, version 1

relates to the data element Admission date, version 3

supersedes previous data element Triage category (trial), version 1

relates to the data element Emergency Department waiting time to service delivery, version 1

relates to the data element Emergency Department waiting time to admission, version 1

relates to the data element concept Patient presentation at Emergency Department, version 1

relates to the data element Date patient presents, version 1

relates to the data element Time patient presents, version 1

relates to the data element Type of visit, version 1

relates to the data element Date of triage, version 1

relates to the data element Time of triage, version 1

relates to the data element Date of service event, version 1

relates to the data element Time of service event, version 1

relates to the data element Admission time, version 1

relates to the data element Departure status, version 1

Triage category *(continued)*

Administrative attributes

Source document: National Triage Scale, Australasian College for Emergency Medicine (ACEM)

Source organisation:

National minimum data sets:

Comments: The triage category uses the classification and coding scheme developed by the Australian College of Emergency Medicine with wide consultation.

Type of nursing home admission

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000172 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Type of admission distinguishes respite/crisis care episodes from other nursing homes episodes.

Context: Nursing home statistics: this item will assist in analyses of demand for institutional services and planning studies.

Relational and representational attributes

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

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

Data domain:

1	Respite / crisis care (short-term admission, usually in order to give a carer respite from the provision of care
2	Other (continuing care)

Guide for use:

Verification rules:

Collection methods: The data domain for this data element has been drawn from the NH5 form. The Commonwealth Department of Health and Family Services has developed a new form to replace the NH5. This data element and its data domain will be reviewed during 1998.

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Comments: Acute hospitals and private psychiatric hospitals

It is considered that this item was difficult to define and collect, as medical practitioners do not generally put all elective patients on the hospital booking list. The South Australian hospital morbidity system includes elective patients who are not on the booking list, such as same-day patients. The Victorian definition refers to planned admissions and defines them as routine or non-emergency admissions with a list of clarificatory cases. The working party decided that the poor quality of the data and the potential uses of the data item did not justify its inclusion in the National Minimum Data Set - Institutional Health Care.

Public psychiatric hospitals

It is considered that the data element Legal status on admission is more relevant to psychiatric hospital in-patients.

Type of nursing home admission *(continued)*

Comments (cont'd): The type of contact categories for psychiatric hospital non-in-patients distinguish between major modes of non-in-patient care.

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

Type of visit

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000352 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The reason the patient presents to the Emergency Department.

Context: Institutional health care: Required for analysis of Emergency Department services.

Relational and representational attributes

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

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

Data domain:

1	Emergency presentation: Attendance for an actual or suspected condition which is sufficiently serious as to require acute unscheduled care.
2	Return visit - planned: Presentation is planned and is a result of a previous Emergency Department presentation or return visit.
3	Pre-arranged admission: A patient who presents at the Emergency Department for either clerical, nursing or medical processes to be undertaken, and admission has been pre-arranged by the referring medical officer and a bed allocated.
4	Patient in transit: The Emergency Department is responsible for care and treatment of a patient awaiting transport to another institution
5	Dead on arrival: A patient who is dead on arrival at presentation to the Emergency Department

Guide for use:

Verification rules:

Collection methods:

Related data:

relates to the data element Admission date, version 3

relates to the data element Emergency Department waiting time to service delivery, version 1

relates to the data element Emergency Department waiting time to admission, version 1

relates to the data element concept Patient presentation at Emergency Department, version 1

relates to the data element Date patient presents, version 1

relates to the data element Time patient presents, version 1

relates to the data element Date of triage, version 1

relates to the data element Time of triage, version 1

relates to the data element Triage category, version 1

relates to the data element Date of service event, version 1

relates to the data element Time of service event, version 1

relates to the data element Admission time, version 1

Type of visit *(continued)*

Administrative attributes

Source document:

Source organisation: National Institution Based Ambulatory Model Reference Group; NHDC

National minimum data sets:

Comments:

Waiting list category - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000176 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: The type of elective hospital care that a patient requires.

Context: Admitted patients: hospitals maintain waiting lists which may include patients awaiting hospital care other than elective surgery - for example, dental surgery and oncology treatments. This item is necessary to distinguish patients awaiting elective surgery (code 1) from those awaiting other types of elective hospital care (code 2).

The waiting period for patients awaiting transplant or obstetric procedures is largely independent of system resource factors.

Relational and representational attributes

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

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

Data domain:

1 Elective surgery

2 Other

Guide for use: Elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians.

Elective care is care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Patients awaiting the following procedures should be classified as Code 2 - other:

- organ or tissue transplant procedures
- procedures associated with obstetrics (eg. elective caesarean section, cervical suture)
- cosmetic surgery, ie. when the procedure will not attract a Medicare rebate
- biopsy of:
  - kidney (needle only)
  - lung (needle only)
  - liver and gall bladder (needle only)
- bronchoscopy (including fibre-optic bronchoscopy)
- peritoneal renal dialysis; haemodialysis
- colonoscopy
- endoscopic retrograde cholangio-pancreatography (ERCP)
- endoscopy of:
  - biliary tract
  - oesophagus
- small intestine
- stomach

Waiting list category - ICD-10-AM code *(continued)*

Guide for use (cont'd):

- endovascular interventional procedures
  - gastroscopy
  - miscellaneous cardiac procedures
  - oesophagoscopy
  - panendoscopy (except when involving the bladder)
  - proctosigmoidoscopy
  - sigmoidoscopy
  - anoscopy
  - urethroscopy and associated procedures
  - dental procedures not attracting a Medicare rebate
- other diagnostic and non-surgical procedures.

These procedure terms are also defined by the ICD-10-AM (International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (1998) National Centre for Classification in Health, Sydney) codes which are listed under Comments below. This coded list is the recommended, but optional, method for determining whether a patient is classified as requiring elective surgery or other care. ICD-10-AM is the current standard for this data element. However, ICD-9-CM (International Statistical Classification of Diseases and Related Health problems - Ninth Revision - Australian Modification (1997) National Centre for Classification in Health, Sydney) may be used until 30 June 1999 where ICD-10-AM has not yet been implemented.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory have implemented ICD-10-AM from 1 July 1998. Other States may continue to use ICD-9-CM until 30 June 1999.

All other elective surgery should be included in waiting list Code 1 - elective surgery.

Verification rules:

Collection methods:

Related data: relates to the data element concept Elective care, version 1

supersedes previous data element Waiting list category - ICD-9-CM code, version 2

is used in conjunction with Patient listing status, version 3

Administrative attributes

Source document: International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (1997) National Centre for Classification in Health, Sydney.

Source organisation: Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

National minimum data sets:

Comments: The table of ICD-10-AM procedure codes was prepared by the National Centre for Classification in Health. Some codes were excluded from the list on the basis that they are usually performed by non-surgeon clinicians.

Waiting list category - ICD-10-AM code *(continued)*

Comments (cont'd) A more extensive and detailed listing of procedure descriptors is under development. This will replace the list in the Guide for use above, to facilitate more readily the identification of the exclusions when the list of codes is not used.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory have implemented ICD-10-AM from 1 July 1998. Other States may continue to use ICD-9-CM until 30 June 1999.

ICD-10-AM CODES FOR THE EXCLUDED PROCEDURES:

Organ or tissue transplant procedures

90172-00 90204-00 90204-01 13706-08 90172-01 90205-00 36503-00 13706-00 13706-06 13706-07 13700-00 30375-21 90317-00 90324-00 14203-01 90324-00 36503-01

Procedures associated with obstetrics

36577-01 36514-00 16511-00 35500-00 35630-00 16512-00 90467-00 90469-00 90469-01 90470-00 90468-00 90468-01 90472-00 90470-02 90470-01 90470-04 90470-03 90468-02 90468-04 90478-00 90477-00 90465-03 90477-00 90466-00 90466-01 90466-02 90466-01 90471-01 90471-02 90471-03 16564-00 16564-01 90465-04 90471-05 90471-04 90468-05 90465-00 90465-01 90465-02 90471-06 90476-00 90471-00 90473-00 90474-00 90475-00 90477-00 16567-00 16520-01 16520-02 16520-03 16520-00 16603-00 16627-00 35649-00 90461-00 16600-00 16618-00 16609-00 16612-00 16615-00 16624-00 90486-00 90486-01 90486-02 90460-00 16514-00 16514-01 16606-00 90464-00 90482-00 90463-00 16621-00 16571-00 90485-00 90480-00 90480-01 90481-00 16573-00 90483-00 16567-00 90484-00 90484-02 90484-01 16570-01 16570-00

Cosmetic surgery

to be advised by NCCH

Biopsy (needle) of:

- kidney (needle only) 36561-00
- lung (needle only) 38412-00
- liver and gall bladder (needle only) 30409-00 30412-00 90319-01 30094-04

Bronchoscopy (including fibre-optic bronchoscopy)

41889-00 41892-00 41904-00 41764-02 41895-00 41764-04 41892-01 41901-00 41846-00 41898-00 41898-01 41889-01 41849-00 41764-03 41855-00

Peritoneal renal dialysis; haemodialysis

13100-06 13100-07 13100-08 13100-00

Endoscopy of:

- Biliary tract, endoscopic retrograde cholangiopancreatography (ERCP)

30484-00 30484-01 30484-02 30494-00 30452-00 30491-00 30491-01 30485-00 30485-01 30452-01 30450-00 30452-0230485-01 90349-00

Waiting list category - ICD-10-AM code *(continued)*

Comments (cont'd):

oesophagus (oesophagoscopy)

30473-03 30473-04 41822-00 30478-11 41819-00 30478-10 30478-13 41816-00 41822-00 41825-00 30478-12 41831-00 30478-12 30490-00 30479-00

small intestine (duodenoscopy)

30473-00 30473-01 32095-00 30569-00 30478-04 30478-02 30478-03 30478-00 30568-00

stomach (gastroscopy)

30473-00 30476-03 30473-01 30478-01 30478-04 30478-02 30478-03 30478-00 30473-02

large intestine (colonoscopy, proctosigmoidoscopy, sigmoidoscopy, anascopy)

32090-00 32090-01 90315-00 90308-00 32093-00 32084-00 32084-01 30479-02 32087-00 30479-01 32075-00 32075-01 32078-00 32081-00 32072-00 32072-01 32171-00

Miscellaneous cardiac procedures

38200-00 38203-00 38206-00 35309-04 38212-00 38209-00 38250-00 38250-01 38259-00 38470-00 38473-00 35309-05 90203-02 38456-07 90203-00 38456-09 38256-00 38256-01 38256-02 90202-00 90219-00 38253-00 38253-01 38253-02 38253-03 38253-04 38253-05 38253-06 38253-07 38253-08 38253-09 38253-10 38253-11 38253-12 35306-00 35306-01 35306-02 35306-04 35306-05 35309-03 35309-02 35315-00 35315-01 35324-00 38603-00 38600-00 35309-00 35309-01

Endovascular interventional procedures

35304-01 90221-00 35305-00 35310-00 35310-01 35310-03 35310-04 35310-02 35310-05 34524-00 90220-00 90214-01 90214-00 35304-00 32500-01 32500-00

Urethroscopy and associated procedures

36800-00 36800-01 37011-00 37008-01 37008-00 37315-00 37318-01 36815-01 37854-00 37318-04 35527-00

Dental procedures not attracting a Medicare rebate

to be advised by NCCH

Other diagnostic and non-surgical procedures

90347-01, Blocks [1780] to [1819], [1820] to [1939], [1940] to [2049] and [2050] to [2199]

Waiting list category - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/98

Identifying and definitional attributes

NHIK identifier: 000176 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The type of elective hospital care that a patient requires.

Context: Admitted patients: hospitals maintain waiting lists which may include patients awaiting hospital care other than elective surgery - for example, dental surgery and oncology treatments. This item is necessary to distinguish patients awaiting elective surgery (code 1) from those awaiting other types of elective hospital care (code 2).

The waiting period for patients awaiting transplant or obstetric procedures is largely independent of system resource factors.

Relational and representational attributes

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

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

Data domain:

1 Elective surgery

2 Other

Guide for use: Elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare benefits schedule book, with the exclusion of specific procedures frequently done by non-surgical clinicians.

Elective care is care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Patients awaiting the following procedures should be classified as Category 2 - other:

- organ or tissue transplant procedures
- procedures associated with obstetrics (eg. elective caesarean section, cervical suture)
- cosmetic surgery, ie. when the procedure will not attract a Medicare rebate
- biopsy of:
  - kidney (needle only)
  - lung (needle only)
  - liver and gall bladder (needle only)
- bronchoscopy (including fibre-optic bronchoscopy)
- peritoneal renal dialysis; haemodialysis
- colonoscopy
- endoscopic retrograde cholangio-pancreatography (ERCP)
- endoscopy of:
  - biliary tract
  - oesophagus
  - small intestine
  - stomach

Waiting list category - ICD-9-CM code *(continued)*

Guide for use (cont'd):

- endovascular interventional procedures
- gastroscopy
- miscellaneous cardiac procedures
- oesophagoscopy
- panendoscopy (except when involving the bladder)
- proctosigmoidoscopy
- sigmoidoscopy
- anoscopy
- urethroscopy and associated procedures
- dental procedures not attracting a Medicare rebate
- other diagnostic and non-surgical procedures.

These procedure terms are defined by the ICD-9-CM (Australian version, 2nd Edition, July 1996) codes which are listed under Comments below. This coded list is the recommended, but optional, method for determining whether a patient is classified as requiring elective surgery or other care.

All other elective surgery should be included in waiting list Category 1 - elective surgery.

Although this data element has been superseded by Waiting list category - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification rules:

Collection methods:

Related data: relates to the data element concept Elective care, version 1

supersedes previous data element Waiting list category, version 1

is used in conjunction with Patient listing status, version 3

Administrative attributes

Source document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation: Hospital Access Program Waiting Lists Working Group / Waiting Times Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments: A table of ICD-9-CM procedure codes has been developed by the National Centre for Classification in Health. Some codes have been excluded from the list on the basis that they are usually performed by non-surgeon clinicians.

A more extensive and detailed listing of procedure descriptors is under development. This will replace the list in the Guide for use above, to facilitate more readily the identification of the exclusions when the list in the following table is not used.

Waiting list category - ICD-9-CM code *(continued)*

Comments (cont'd): ICD-9-CM CODES FOR THE EXCLUDED PROCEDURES:

Organ or tissue transplant procedures

33.51, 33.59, 33.6, 37.51, 37.59, 41.00, 41.01, 41.02, 41.03, 41.04, 41.91, 41.94, 50.51, 50.59, 52.80, 52.81, 52.82, 52.83, 55.61, 55.69

Procedures associated with obstetrics (e.g. elective caesarean section, cervical suture)

66.98, 67.13, 67.5, 68.11, 68.12, 69.96, 72.0, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51, 72.52, 72.53, 72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.01, 73.09, 73.1, 73.21, 73.22, 73.3, 73.41, 73.42, 73.49, 73.51, 73.59, 73.6, 73.8, 73.91, 73.92, 73.93, 73.94, 73.99, 74.01,74.02, 74.11, 74.12, 74.2, 74.4, 74.91, 74.99, 75.0, 75.11, 75.12, 75.2, 75.31, 75.32, 75.33, 75.34, 75.35, 75.36, 75.37, 75.4, 75.50, 75.51, 75.52, 75.61, 75.62, 75.69, 75.7, 75.8, 75.91, 75.92, 75.93, 75.94, 75.99

Cosmetic surgery, i.e. when the procedure will not attract a Medicare rebate

08.86, 08.87, 18.5, 85.31, 85.32, 85.50, 85.51, 85.52, 85.53, 85.54, 85.6, 86.02, 86.64,86.82, 86.83, 86.87, 86.92

Biopsy of:
- kidney (needle only) 55.23
- lung (needle only) 33.26
- liver and gall bladder (needle only) 50.11, 50.91, 51.12

Bronchoscopy (including fibre-optic bronchoscopy)

29.11, 31.41, 31.42, 31.43, 31.44, 32.28,33.21, 33.22, 33.23, 33.24, 33.27, 33.91

Peritoneal renal dialysis; haemodialysis

54.98, 39.95

Endoscopy of :
- biliary tract, endoscopic retrograde cholangio-pancreatography (ERCP)

51.10, 51.11, 51.14, 51.15, 51.64, 51.81, 51.84, 51.85, 51.86, 51.87, 51.88, 52.13, 52.14, 52.21, 52.93, 52.94, 52.97, 52.98

oesophagus (oesophagoscopy)

42.22, 42.23, 42.24, 42.33, 42.34, 42.92

small intestine (duodenoscopy)

44.22, 45.11, 45.12, 45.13, 45.14, 45.16, 45.30

stomach (gastroscopy)

43.41, 44.12, 44.13, 44.14, 44.43, 44.45

large intestine (colonoscopy, proctosigmoidoscopy, sigmoidoscopy, anoscopy)

45.22, 45.23, 45.24, 45.25, 45.42, 45.43, 45.44, 48.22, 48.23, 48.24, 48.31, 48.32, 48.33, 48.34, 48.35, 49.21, 49.31

Waiting list category - ICD-9-CM code *(continued)*

Comments (cont'd):

Miscellaneous cardiac procedures

37.21, 37.22, 37.23, 37.26, 37.27, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.78, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 38.20, 38.22, 39.66, 39.90

Endovascular interventional procedures

36.01, 36.02, 36.05, 36.06, 36.07, 38.91, 38.93, 38.94, 38.95, 38.96, 38.99, 39.92

Urethroscopy and associated procedures

57.94, 57.95, 58.22, 58.31

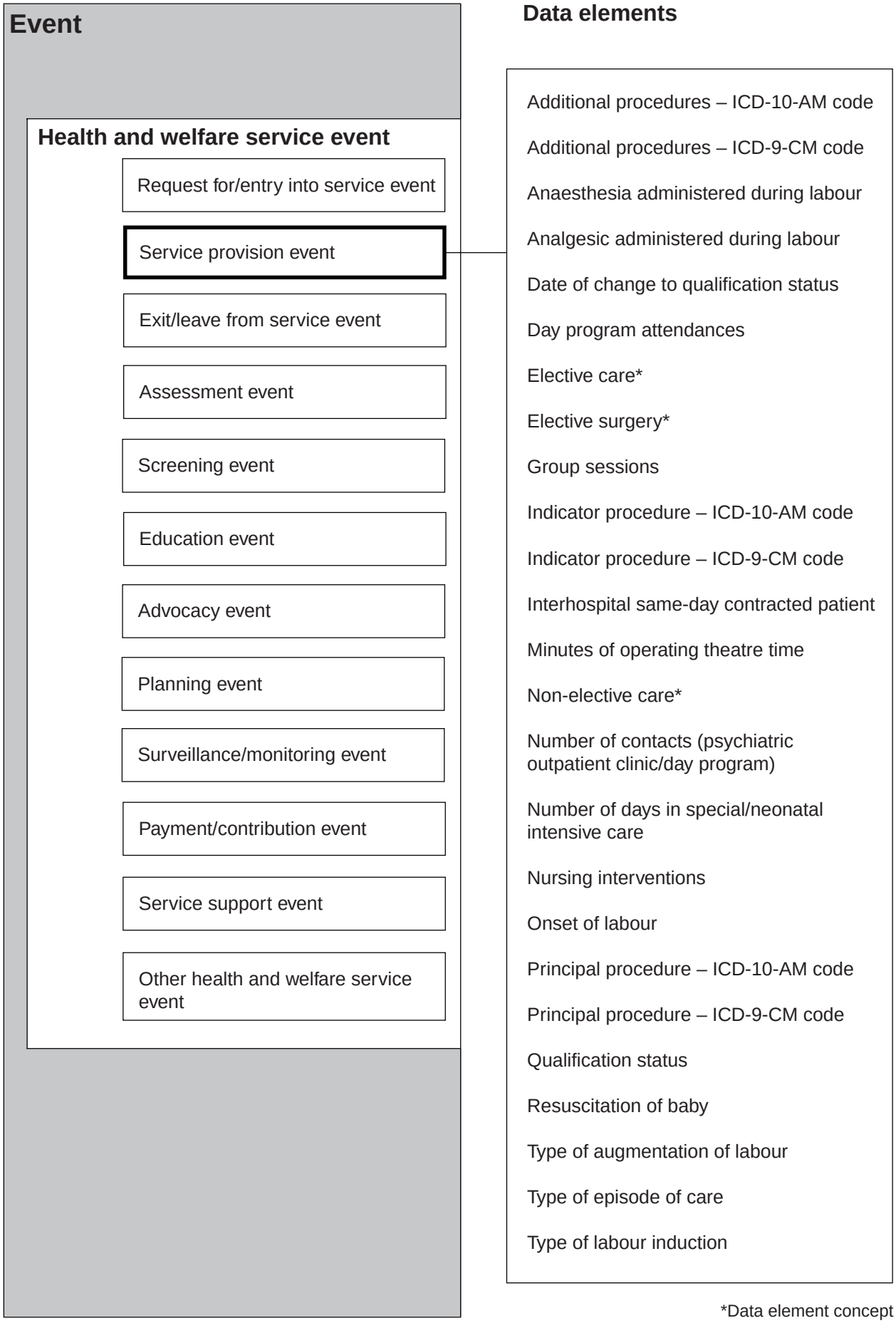
Dental procedures not attracting a Medicare rebate

23.01, 23.09, 23.11, 23.12, 23.13, 23.19, 23.2, 23.3, 23.41, 23.42, 23.43, 23.49, 23.5, 23.69, 23.70, 23.71, 23.72, 23.73, 23.74, 24.99

Other diagnostic and non-surgical procedures

54.97, 87-99

National Health Information Model entities



*Data element concept

Additional procedures - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000006 ***Version number:*** 4

Data element type: DATA ELEMENT

Definition: All additional procedures undertaken during an episode of care. A procedure is one that:

- is surgical in nature;
- carries a procedural risk;
- carries an anaesthetic risk;
- requires specialised training; or
- requires special facilities or equipment only available in an acute care setting.

Context: Institutional health care: this item gives an indication of the extent to which specialised resources, for example, human resources, theatres and equipment, are used. It also provides an estimate of the numbers of major surgical operations performed and the extent to which particular procedures are used to resolve medical problems.

It is required for classification of acute patients into Australian National Diagnosis Related Groups.

Relational and representational attributes

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

Field size: ***Min.*** 7 ***Max.*** 7 ***Representational layout:*** NNNNN-NN

Data domain: ICD-10-AM

Guide for use: Record all additional procedures undertaken during the episode of care.

An Australian edition of ICD-9-CM was published by the National Coding Centre (now known as National Centre for Classification in Health) in early 1995 and implemented in July 1995.

Although this data element supersedes Additional Procedures - ICD-9-CM code, the superseded data element remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998. However, when ICD-10-AM-codes are used they should be used for all data elements requiring ICD coding.

Verification rules: As a minimum requirement the procedure codes must be listed in ICD-10-AM and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and State and Territory information systems.

Collection methods: Record all additional procedures undertaken during the episode of care.

Related data: supersedes previous data element Additional procedures - ICD-9-CM code, version 3

is used in the derivation of Diagnosis related group, version 1

supplements the data element Principal procedure - ICD-10-AM code, version 4

Additional procedures - ICD-10-AM code *(continued)*

Administrative attributes

Source document: International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (1998); National Centre for Classification in Health, Sydney.

Source organisation: National Centre for Classification in Health

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This item is updated annually according to advice received from the National Centre for Classification in Health and is consistent with the Australian Coding Standards (ICD-10-AM, 1998).

Additional procedures - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/99

Identifying and definitional attributes

NHIK identifier: 000006 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: All additional procedures undertaken during an episode of care. A procedure is one that:

- is surgical in nature;
- carries a procedural risk;
- carries an anaesthetic risk;
- requires specialised training; or
- requires special facilities or equipment only available in an acute care setting.

Context: Institutional health care: this item gives an indication of the extent to which specialised resources, for example, human resources, theatres and equipment, are used. It also provides an estimate of the numbers of major surgical operations performed and the extent to which particular procedures are used to resolve medical problems.

It is required for classification of acute patients into Australian National Diagnosis Related Groups.

Relational and representational attributes

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

Field size: ***Min.*** 5 ***Max.*** 5 ***Representational layout:*** NN.NN

Data domain: ICD-9-CM

Guide for use: Record all additional procedures undertaken during the episode of care.

An Australian edition of ICD-9-CM was published by the National Coding Centre (now known as National Centre for Classification in Health) in early 1995 and implemented in July 1995.

Although this data element has been superseded by Additional Procedures - ICD-10-AM code, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998. However, when ICD-9-CM-codes are used they should be used for all data elements requiring ICD coding.

Verification rules: Valid format is left justified, blank filled and in ICD-9-CM to the lowest level with no decimal places.

Collection methods: Record all additional procedures undertaken during the episode of care.

Related data: supplements the data element Principal procedure - ICD-9-CM code, version 3

supersedes previous data element Additional procedures, version 2

is used in the derivation of Diagnosis related group, version 1

Additional procedures - ICD-9-CM code *(continued)*

Administrative attributes

Source document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation: National Centre for Classification in Health

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: .

Anaesthesia administered during labour

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000013 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Anaesthesia administered for the operative delivery of the baby (caesarean, forceps or vacuum extraction).

Context: Perinatal statistics: anaesthetic use may influence the duration of labour, may affect the health status of the baby at birth and is an indicator of obstetric intervention.

Relational and representational attributes

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

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

Data domain:

1	None
2	Local anaesthetic to perineum
3	Pudendal
4	Epidural or caudal
5	Spinal
6	General
8	Other
9	Not stated

Guide for use: If more than one agent is used, select the largest number (excluding 8 or 9) as this is how the data are tabulated.

Verification rules:

Collection methods:

Related data: is used in conjunction with Method of birth, version 1

is used in conjunction with Apgar score, version 1

Administrative attributes

Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Comments:

Analgesia administered during labour

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000014 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Agents administered to the mother by injection or inhalation to relieve pain during labour and delivery.

Context: Perinatal statistics: analgesia use may influence the duration of labour, may affect the health status of the baby at birth and is an indicator of obstetric intervention.

Relational and representational attributes

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

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

Data domain:

1	None
2	Nitrous oxide
3	Intra-muscular narcotics
4	Epidural/caudal
5	Spinal
8	Other
9	Not stated

Guide for use: If more than one agent is used, select the largest number (excluding 8 or 9) as this is how the data will be tabulated.

Verification rules:

Collection methods:

Related data: is used in conjunction with Method of birth, version 1

Administrative attributes

Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Comments:

Date of change to qualification status

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000342 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The date, within a newborn episode of care, on which the newborn's Qualification status changes from acute (qualified) to unqualified or vice versa.

Context:

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid date

Guide for use: Record the date or dates on which the newborn's Qualification Status changes from acute (qualified) to unqualified or vice versa.

If more than one change of qualification status occurs on a single day, the day is counted against the final qualification status.

Verification rules: Must be greater than or equal to admission date

Collection methods:

Related data: is used in conjunction with Admitted patient, version 1

is used in conjunction with Type of episode of care, version 2

is used in conjunction with Qualification status, version 1

is used in the calculation of Number of acute (qualified)/unqualified days for newborns, version 1

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Comments:

Day program attendances

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000211 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: A count of the number of patient/client visits to day centres. Each individual is to be counted once for each time they attend a day centre. Where an individual is referred to another section of the hospital/centre and returns to the day centre after treatment only one visit is to be recorded.

Context: Required to measure adequately non-admitted patient services in psychiatric hospitals and alcohol and drug hospitals.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 5 ***Representational layout:*** NNNNN

Data domain: Number of attendances

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Comments: Difficulties were envisaged in using the proposed definitions of an individual or group occasion of service for clients attending psychiatric day care centres. These individuals may receive both types of services during a visit to a centre.

This data element is derived from data elements that are not currently specified in the National Health Data Dictionary, but which are recorded in various ways by hospitals and / or outpatient departments. Examples include identifiers of individual consultations / visits, diagnostic tests, etc. Further specification / development of these data elements is expected as part of the National Institution Based Ambulatory Care Modelling (NIBAM) Project.

Elective care

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000348 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Waiting list category, version 1
relates to the data element Waiting list category - ICD-9-CM code, version 2

Administrative attributes

Source document:

Source organisation: Hospital Access Program Waiting List Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Elective surgery

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000046 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Elective care where the procedures required by patients are listed in the surgical operations section of the Medicare benefits schedule book, with the exclusion of specific procedures frequently done by non-surgical clinicians.

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Waiting list category, version 1
relates to the data element Waiting list category - ICD-9-CM code, version 2

Administrative attributes

Source document:

Source organisation: Hospital Access Program Waiting List Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Group sessions

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000210 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

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

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

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 6 ***Representational layout:*** NNNNNN

Data domain: Number of groups receiving services

Guide for use:

Verification rules:

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

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This data element is derived from data elements that are not currently specified in the National Health Data Dictionary, but which are recorded in various ways by hospitals and / or outpatient departments. Examples include identifiers of individual consultations / visits, diagnostic tests, etc. Further specification / development of these data elements is expected as part of the National Institution Based Ambulatory Care Modelling (NIBAM) Project.

Indicator procedure - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000073 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods.

Context: Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision.

It is not always possible to code all elective surgery procedures at the time of addition to the waiting list. Reasons for this include that the surgeon may be uncertain of the exact procedure to be performed, and that the large number of procedures possible and lack of consistent nomenclature would make coding errors likely. Furthermore, the increase in workload for clerical staff may not be acceptable. However, a relatively small number of procedures account for the bulk of the elective surgery workload. Therefore, a list of common procedures with a tendency to long waiting times is useful.

Waiting time statistics by procedure are useful to patients and referring doctors. In addition, waiting time data by procedure assists in planning and resource allocation, audit and performance monitoring.

Relational and representational attributes

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

Field size: ***Min.*** 2 ***Max.*** 2 ***Representational layout:*** NN

Data domain:

01	Cataract extraction
02	Cholecystecomy
03	Coronary artery bypass graft
04	Cystoscopy
05	Haemorrhoidectomy
06	Hysterectomy
07	Inguinal herniorrhaphy
08	Myringoplasty
09	Myringotomy
10	Prostatectomy
11	Septoplasty
12	Tonsillectomy
13	Total hip replacement
14	Total knee replacement
15	Varicose veins stripping and ligation
16	Not applicable

Indicator procedure - ICD-10-AM code *(continued)*

Guide for use: These procedure terms are defined by the ICD-10-AM (1997) codes which are listed in comments below. Where a patient is awaiting more than one indicator procedure, all codes should be listed. This is because the intention is to count procedures rather than patients in this instance.

These are planned procedures for the waiting list, not what is actually performed during hospitalisation.

New South Wales, Victoria, Australian Capital Territory and Northern Territory have implemented ICD-10-AM from 1 July 1998, other States may continue to use ICD-9-CM until 30 June 1999.

Verification rules: Zero filled, right justified.

Collection methods:

Related data: is used in conjunction with Principal procedure - ICD-9-CM code, version 3

supersedes previous data element Indicator procedure - ICD-9-CM code, version 2

supplements the data element Waiting list category - ICD-10-AM code, version 3

Administrative attributes

Source document: International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation: National Health Data Committee

National minimum data sets:

Comments: The list of indicator procedures may be reviewed from time to time. Some health authorities already code a larger number of waiting list procedures.

ICD-10-AM codes

cataract extraction:

42698-00 [195], 42702-00 [195], 42702-01 [195], 42698-01 [196], 42702-02 [196], 42702-03 [196], 42698-02 [197], 42702-04 [197], 42702-05 [197], 42698-03 [198], 42702-06 [198], 42702-07 [198], 42698-04 [199], 42702-08 [199], 42702-09 [199], 42731-01 [200], 42698-05 [200], 42702-10 [200], 42722-00 [201], 42734-00 [201], 42788-00 [201], 42719-00 [201], 42731-00 [201], 42719-02 [201] 42791-02 [201], 42702-11 [200], 42716-00 [202]

cholecystectomy:

30443-00 [965], 30454-01 [965], 30455-00 [965], 30445-00 [965], 30446-00 [965], 30448-00 [965], 30449-00 [965]

coronary artery bypass graft:

38497-00 [672], 38497-01 [672], 39497-02 [672], 38497-03 [672], 38497-04 [673], 38497-05 [673], 38497-06 [673], 39497-07 [673], 38500-00 [674], 38503-00 [674], 38500-01 [675], 38503-01 [675], 38500-02 [676], 38503-02 [676], 38500-03 [677], 38503-03 [677], 38500-04 [678], 38503-04 [678], 90201-00 [679], 90201-01 [679], 90201-02 [679], 90201-03 [679]

Indicator procedure - ICD-10-AM code *(continued)*

Comments (cont'd): cystoscopy:

36812-00 [1088], 36812-01 [1088], 36836-00 [1097]

haemorrhoidectomy:

32138-00 [949], 32132-00 [949], 32135-00 [949], 32135-01 [949]

hysterectomy:

35653-00 [1268], 35653-01 [1268], 35653-02 [1268], 35653-03 [1268], 35661-00 [1268], 35670-00 [1268], 35667-00 [1268], 35664-00 [1268], 35657-00 [1269], 35750-00 [1269], 35756-00 [1269], 35673-00 [1269], 35673-01 [1269], 35753-00 [1269], 35753-01 [1269], 35756-01 [1269], 35756-02 [1269], 35667-01 [1269], 35664-01 [1269], 90450-00 [1238], 90450-01 [1269], 90450-02 [1238]

inguinal herniorrhaphy:

30614-03 [990], 30615-00 [997], 30609-03 [990], 30614-02 [990], 30609-02 [990]

myringoplasty:

41527-00 [313], 41530-00 [313], 41533-01 [313], 41542-00 [315]

myringotomy:

41626-00 [309], 41626-01 [309], 41632-00 [309], 41632-01 [309]

prostatectomy:

37203-00 [1165], 37203-01 [1165], 37203-02 [1165], 37207-00 [1166], 37207-01 [1166], 37200-00 [1166], 37200-01 [1166], 37200-02 [1166], 37200-06 [1166], 37200-03 [1167], 37200-04 [1167], 37209-00 [1167], 37200-05 [1167], 90407-00 [1168], 36839-03 [1162], 36869-01 [1162]

septoplasty:

41671-02 [379], 41671-03 [379], 41671-00 [378]

tonsillectomy:

41789-00 [412], 41789-01 [[412]

total hip replacement:

49318-00 [1489], 49319-00 [1489], 49324-00 [1492], 49327-00 [1492], 49330-00 [1492], 49333-00 [1492], 49345-00 [1492], 49346-00 [1492]

total knee replacement:

49518-00 [1518], 49519-00 [1518], 49521-00 [1519], 49521-01 [1519], 49521-02 [1519], 49521-03 [1519], 49524-00 [1519], 49524-01 [1519], 49527-00 [1524], 49530-00 [1523], 49530-01 [1523], 49533-00 [1523], 49554-00 [1523], 49534-00 [1519], 49517-00 [1518]

varicose veins:

32508-00 [727], 32508-01 [727], 32511-00 [727], 32504-01 [728], 32505-00 [728], 32514-00 [737]

Indicator procedure - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/99

Identifying and definitional attributes

NHIK identifier: 000073 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods.

Context: Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision.

It is not always possible to code all elective surgery procedures at the time of addition to the waiting list. Reasons for this include that the surgeon may be uncertain of the exact procedure to be performed, and that the large number of procedures possible and lack of consistent nomenclature would make coding errors likely. Furthermore, the increase in workload for clerical staff may not be acceptable. However, a relatively small number of procedures account for the bulk of the elective surgery workload. Therefore, a list of common procedures with a tendency to long waiting times is useful.

Waiting time statistics by procedure are useful to patients and referring doctors.

In addition, waiting time data by procedure assists in planning and resource allocation, audit and performance monitoring.

Relational and representational attributes

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

Field size: ***Min.*** 2 ***Max.*** 2 ***Representational layout:*** NN

Data domain:

01	Cataract extraction
02	Cholecystectomy
03	Coronary artery bypass graft
04	Cystoscopy
05	Haemorrhoidectomy
06	Hysterectomy
07	Inguinal herniorrhaphy
08	Myringoplasty
09	Myringotomy
10	Prostatectomy
11	Septoplasty
12	Tonsillectomy
13	Total hip replacement
14	Total knee replacement
15	Varicose veins stripping and ligation
16	Not applicable

Guide for use: These procedure terms are defined by the ICD-9-CM (Australian version, 2nd Edition, July 1996) codes which are listed in Comments below. Where a patient is awaiting more than one indicator procedure, all codes should be

Indicator procedure - ICD-9-CM code *(continued)*

Guide for use (cont'd): listed. This is because the intention is to count procedures rather than patients in this instance.

These are planned procedures for the waiting list, not what is actually performed during hospitalisation.

Although this data element has been superseded by Indicator procedure - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification rules:

Collection methods:

Related data: is used in conjunction with Principal procedure - ICD-9-CM code, version 3

supplements the data element Waiting list category - ICD-9-CM code, version 2

Administrative attributes

Source document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation: National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments: The list of indicator procedures may be reviewed from time to time. Some health authorities already code a larger number of waiting list procedures.

ICD-9-CM CODES FOR THE EXCLUDED PROCEDURES:

Organ or tissue transplant procedures

33.51, 33.59, 33.6, 37.51, 37.59, 41.00, 41.01, 41.02, 41.03, 41.04, 41.91, 41.94, 50.51, 50.59, 52.80, 52.81, 52.82, 52.83, 55.61, 55.69

Procedures associated with obstetrics (e.g. elective caesarean section, cervical suture)

66.98, 67.13, 67.5, 68.11, 68.12, 69.96, 72.0, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51, 72.52, 72.53, 72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.01, 73.09, 73.1, 73.21, 73.22, 73.3, 73.41, 73.42, 73.49, 73.51, 73.59, 73.6, 73.8, 73.91, 73.92, 73.93, 73.94, 73.99, 74.01,74.02, 74.11, 74.12, 74.2, 74.4, 74.91, 74.99, 75.0, 75.11, 75.12, 75.2, 75.31, 75.32, 75.33, 75.34, 75.35, 75.36, 75.37, 75.4, 75.50, 75.51, 75.52, 75.61, 75.62, 75.69, 75.7, 75.8, 75.91, 75.92, 75.93, 75.94, 75.99

Cosmetic surgery, i.e. when the procedure will not attract a Medicare rebate

08.86, 08.87, 18.5, 85.31, 85.32, 85.50, 85.51, 85.52, 85.53, 85.54, 85.6, 86.02, 86.64,86.82, 86.83, 86.87, 86.92

Biopsy of:

- kidney (needle only) 55.23
- lung (needle only) 33.26
- liver and gall bladder (needle only) 50.11, 50.91, 51.12

Indicator procedure - ICD-9-CM code *(continued)*

Comments (cont'd): Bronchoscopy (including fibre-optic bronchoscopy)

29.11, 31.41, 31.42, 31.43, 31.44, 32.28,33.21, 33.22, 33.23, 33.24, 33.27, 33.91

Peritoneal renal dialysis; haemodialysis

54.98, 39.95

Endoscopy of :
- biliary tract, endoscopic retrograde cholangio-pancreatography (ERCP)

51.10, 51.11, 51.14, 51.15, 51.64, 51.81, 51.84, 51.85, 51.86, 51.87, 51.88, 52.13, 52.14, 52.21, 52.93, 52.94, 52.97, 52.98

oesophagus (oesophagoscopy)

42.22, 42.23, 42.24, 42.33, 42.34, 42.92

small intestine (duodenoscopy)

44.22, 45.11, 45.12, 45.13, 45.14, 45.16, 45.30

stomach (gastroscopy)

43.41, 44.12, 44.13, 44.14, 44.43, 44.45

large intestine (colonoscopy, proctosigmoidoscopy, sigmoidoscopy, anoscopy)

45.22, 45.23, 45.24, 45.25, 45.42, 45.43, 45.44, 48.22, 48.23, 48.24, 48.31, 48.32, 48.33, 48.34, 48.35, 49.21, 49.31

Miscellaneous cardiac procedures

37.21, 37.22, 37.23, 37.26, 37.27, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.78, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 38.20, 38.22, 39.66, 39.90

Endovascular interventional procedures

36.01, 36.02, 36.05, 36.06, 36.07, 38.91, 38.93, 38.94, 38.95, 38.96, 38.99, 39.92

Urethroscopy and associated procedures

57.94, 57.95, 58.22, 58.31

Dental procedures not attracting a Medicare rebate

23.01, 23.09, 23.11, 23.12, 23.13, 23.19, 23.2, 23.3, 23.41, 23.42, 23.43, 23.49, 23.5, 23.69, 23.70, 23.71, 23.72, 23.73, 23.74, 24.99

Other diagnostic and non-surgical procedures

54.97, 87-99

Inter-hospital same-day contracted patient

Admin. status: CURRENT 1/07/94

Identifying and definitional attributes

NHIK identifier: 000079 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: An admitted same-day patient whose treatment and/or care is provided under a specific arrangement with another hospital at which the patient is an admitted patient.

Context: Institutional health care: to identify patients receiving services that have been contracted between hospitals. This item will assist in the analysis of patterns of health care delivery and funding.

Relational and representational attributes

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

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

Data domain: 1 Inter-hospital same-day contracted patient

2 Other

Guide for use:

Verification rules:

Collection methods: All services provided at both the originating and destination hospitals should be recorded and reported by the originating hospital. The destination hospital should record the same-day admission as an 'Inter-hospital same-day contracted patient' so that these services can be identified in the various statistics produced about hospital activity. These patients will be able to be identified in retrospect using the following data elements:

1. Source of referral = 1 transfer from another hospital.
2. Mode of separation = 1 transfer to another hospital.
3. Inter-hospital same-day contracted patient = 1 contracted.

Related data:

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This item is applicable only to hospitals performing the contracted service. It has been created to stop the double counting of contracted services by both the contracting or originating hospital and the destination or hospital performing the contracted service.

The item will also capture information about the number of specific contractual arrangements that are being made between hospitals. With the increasing

Inter-hospital same-day contracted patient *(continued)*

Comments (cont'd): specialisation of some hospitals, or where specialised technology prohibits the service being widely available, hospitals are seeking to be able to provide a comprehensive service by contracting with those hospitals who have the particular equipment or offer a particular service. This item is consistent with the counting and reporting requirements for the definition of overnight-stay patient.

A specific arrangement should apply (either written or verbal) whereby one hospital contracts with another hospital for the provision of specific services. The arrangement may be between any combination of hospital; for example, public to public, public to private, private to private, or private to public. For purposes of this definition, current financial arrangements for compensable or eligible Veterans Affairs' patients are not to be considered as contracted or special arrangements.

The National Health Data Committee will further consider the information that is required about contractual arrangements between hospitals, and between hospitals and health authorities.

Minutes of operating theatre time

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000094 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Total time spent by a patient in operating theatres during current episode of hospitalisation.

Context: Institutional health care

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** HH:MM

Data domain:

Guide for use:

Verification rules: Right justified, zero filled.

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Comments: This item was recommended for inclusion in the National health data dictionary by Hindle (1988a, 1988b) to assist with Diagnosis Related Group costing studies in Australia.

This data element has not been accepted for inclusion in the National minimum data set - institutional health care.

Non-elective care

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000105 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Care that, in the opinion of the treating clinician, is necessary and admission for which cannot be delayed for more than 24 hours.

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: Hospital Access Program Waiting Lists Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Number of contacts (psychiatric outpatient clinic/day program)

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000141 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Number of days that a patient attended a psychiatric outpatient clinic or a day program during the relevant financial year.

Context: Mental health statistics: this data element gives a measure of the level of service provided

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain: Count in number of days

Guide for use:

Verification rules:

Collection methods: All States and Territories where there are public psychiatric hospitals also collect date of contact, and number of contacts during the financial year can be derived from this. (Collection status for New South Wales is unknown at time of writing.)

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Community mental health care from 1/07/98 to

Comments:

Number of days in special / neonatal intensive care

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000009 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Number of days spent by a neonate in a special care or neonatal intensive care nursery (in the hospital of birth).

Context: Institutional health care and perinatal statistics: an indicator of the requirements for hospital care of high-risk babies in specialised nurseries that add to costs because of extra staffing and facilities.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain: Number, representing the number of days spent in the special / intensive care nursery

Guide for use: The number of days is calculated from the date the baby left the special/neonatal intensive care unit minus the date the baby was admitted to the special/neonatal intensive care unit.

Verification rules:

Collection methods: This item is to be completed if baby has been treated in an intensive care unit or a special care nursery.

Special care nurseries (SCN) are staffed and equipped to provide a full range of neonatal services for the majority of complicated neonatal problems, including short-term assisted ventilation and intravenous therapy.

Neonatal intensive care nurseries (NICN) are staffed and equipped to treat critically ill newborn babies including those requiring prolonged assisted respiratory support, intravenous therapy, and alimentation and treatment of serious infections. Full supportive services are readily available throughout the hospital. These NICNs also provide consultative services to other hospitals.

Related data: supersedes previous data element Admission to special / neonatal intensive care, version 1

Administrative attributes

Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Comments: Reference should be made to facilities defined under s.3 (2) of the Health Insurance Act (Cwlth). In December 1990, the Superspeciality Services Subcommittee of the Australian Health Ministers' Advisory Council described levels of care in their report Guidelines for level three neonatal intensive care. This item is undergoing review by the National Perinatal Data Advisory Committee (1997).

Nursing interventions

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000112 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The nursing action/s intended to relieve or alter a person's responses to actual or potential health problems.

Context: To enable analysis of the interventions within an episode of care, in relation to the outcome of this care, especially when linked with information on the diagnosis and goals. The recording of Nursing interventions is critical information for health service monitoring and planning. It is a major descriptor of the care provided throughout an episode.

Relational and representational attributes

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

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

Data domain:

1	Coordination and collaboration of care
2	Supporting informal carers
3	General nursing care
4	Technical nursing treatment or procedure
5	Counselling and emotional support
6	Teaching/education
7	Monitoring and surveillance
8	Formal case management
9	Service needs assessment only

Guide for use: For the purposes of the CNMDSA, the interventions are not necessarily linked to each nursing problem, nor are they specific tasks, but rather, broader-level intervention categories focusing on the major areas of a person's need. These summary categories subsume a range of specific actions or tasks.

The following definitions are to assist in coding:

1. COORDINATION AND COLLABORATION OF CARE occurs when there are multiple care deliverers. The goal of coordination and collaboration is the efficient, appropriate integrated delivery of care to the person. Tasks which may be involved include: liaison, advocacy, planning, referral, information and supportive discussion and/or education. Although similar in nature to formal case management this intervention is not the one formally recognised by specific funding (see Code 8).

2. SUPPORTING INFORMATION CARERS includes activities, which the nurse undertakes to assist the carer in the delivery of the carer's role. This does not include care given directly to the person. Examples of tasks involved in supporting the carer include: counselling, teaching, informing, advocacy, coordinating, and grief or bereavement support.

Nursing interventions *(continued)*

Guide for use (cont'd):

3. GENERAL NURSING CARE includes a broad range of activities, which the nurse performs to directly assist the person; in many cases, this assistance will focus on activities of daily living. This assistance will help a person whose health status, level of dependency, and / or therapeutic needs are such that nursing skills are required. Examples of tasks include: assistance with washing, grooming and maintaining hygiene, dressing, pressure area care, assistance with toileting, bladder and bowel care, assistance with mobility and therapeutic exercise, attention to physical comfort and maintaining a therapeutic environment.

4. TECHNICAL NURSING TREATMENT OR PROCEDURE refers to technical tasks and procedures for which nurses receive specific training and which require nursing knowledge of expected therapeutic effect, possible side-effects, complications and appropriate actions related to each. Some examples of technical care activities are: medication administration (including injections), dressings and other procedures, venipuncture, monitoring of dialysis, and implementation of pain management technology.

5. COUNSELLING AND EMOTIONAL SUPPORT focuses on non-physical care given to the person, which aims to address the affective, psychological and / or social needs. Examples of these include: bereavement, well being, decision-making support and values-clarification.

6. TEACHING / EDUCATION refers to providing information and / or instruction about a specific body of knowledge and / or procedure, which is relevant to the person's situation. Examples of teaching areas include: disease process, technical procedure, health maintenance, health promotion and techniques for coping with a disability.

7. MONITORING AND SURVEILLANCE refers to any action by which the nurse evaluates and monitors physical, behavioural, social and emotional responses to disease, injury, and nursing or medical interventions.

8. FORMAL CASE MANAGEMENT refers to the specific formal service, which is funded to provide case management for a person. Note that coordination and collaboration of care (Code 1) is not the same as Formal Case Management.

9. SERVICE NEEDS ASSESSMENT ONLY is assessment of the person when this is the only activity carried out and no further nursing care is given; for example, assessment for ongoing care and / or inappropriate referrals. Selection of this option means that no other intervention may be nominated. Thus, if an assessment for the Domiciliary Care Benefit is the reason for a visit, but other interventions such as, counselling and support; coordination / collaboration of care are carried out, then the Assessment only is not an appropriate code.

Verification rules:

Up to eight codes may be selected. If Code 9 is selected no other nursing interventions are collected. If Code 9 is selected then code 7 in Goal of care must also be selected.

Collection methods:

Collect on continuing basis throughout the episode in the event of data collection that occurs prior to discharge. Up to eight codes may be collected. Within a computerised information system the detailed activities can be mapped to the CNMDSA interventions enabling the option of a rich level of detail of activities or summarised information.

Nursing interventions *(continued)*

Related data: relates to the data element Nursing goal, version 1
supersedes previous data element Nursing interventions, version 1
relates to the data element Nursing diagnosis, version 2

Administrative attributes

Source document:

Source organisation: Australian Council of Community Nursing Services

National minimum data sets:

Comments: The CNMDSA Nursing interventions are summary information overlying the detailed nursing activity usually included in an agency data collection. They are not intended as a description of nursing activities in the CNMDSA. For instance, Technical nursing treatment or Procedure is the generic term for a broad range of nursing activities such as: medication administration and wound care management.

Collection of this information at discharge carries with it the expectation that nursing records will lend themselves to this level of summarisation of the care episode. The selection of eight interventions if more are specified is a potentially subjective task unless the nursing record is structured and clear enough to enable such a selection against the reasons for admission to care, and the major focus of care delivery. Clearly, the task is easier if ongoing automated recording of interventions within an agency information system enables discharge reporting of all interventions and their frequency, over a care episode.

Those agencies providing allied health services may wish to use the Physiotherapy and Occupational Therapy Interventions developed in conjunction with the National Centre for Classification in Health in addition to the CNMDSA Nursing interventions or other more relevant code sets.

Onset of labour

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000113 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Manner in which labour started.

Context: Perinatal statistics: how labour commenced is closely associated with type of delivery and maternal and neonatal morbidity. Induction rates vary for maternal risk factors and obstetric complications and are important indicators of obstetric intervention.

Relational and representational attributes

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

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

Data domain:

1	Spontaneous
2	Induced
3	No labour
9	Not stated

Guide for use: 'No labour' can only be associated with caesarean section.

Verification rules:

Collection methods:

Related data: is used in conjunction with Type of labour induction, version 1

Administrative attributes

Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Perinatal collection from 1/07/97 to

Comments:

Principal procedure - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000137 ***Version number:*** 4

Data element type: DATA ELEMENT

Definition: The most significant procedure that was performed for treatment of the principal diagnosis.

Context: Institutional health care: this item gives an indication of the extent to which specialised resources, for example, human resources, theatres and equipment, are used. It also provides an estimate of the numbers of surgical operations performed and the extent to which particular procedures are used to resolve medical problems.

It is required for classification of acute admitted patients into Australian National Diagnosis Related Groups.

Relational and representational attributes

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

Field size: ***Min.*** 7 ***Max.*** 7 ***Representational layout:*** NNNNN-NN

Data domain: ICD-10-AM codes

Guide for use: When no procedure was performed for treatment of the principal diagnosis, use the following hierarchy:

- procedure performed for treatment of additional diagnosis;
- diagnostic /exploratory procedure related to the principal diagnosis; or
- diagnostic /exploratory procedure related to the additional diagnoses for the episode of care.

ICD-10-AM, the Australian modification of ICD-10, is published by the National Centre for Classification in Health and was implemented from July 1998. The classification is revised annually by the National Centre for Classification in Health. The version current for the collection period is required.

Verification rules: As a minimum requirement the procedure codes must be listed in ICD-10-AM and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and State and Territory information systems.

Collection methods: Record and code all procedures undertaken during the episode of care. A procedure is one that:

- is surgical in nature;
- carries a procedural risk;
- carries an anaesthetic risk;
- requires specialised training; or
- requires special facilities or equipment only available in an acute care setting.

Principal procedure - ICD-10-AM code *(continued)*

Related data: supersedes previous data element Principal procedure - ICD-9-CM code, version 3

is supplemented by the data element Additional procedures - ICD-10-AM code, version 3

is qualified by Principal diagnosis - ICD-10-AM code, version 3

Administrative attributes

Source document: International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (1998); National Centre for Classification in Health, Sydney.

Source organisation: National Centre for Classification in Health

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This item is updated annually according to advice received from the National Centre for Classification in Health and is consistent with the Australian Coding Standards (ICD-10-AM, 1998).

Principal procedure - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/99

Identifying and definitional attributes

NHIK identifier: 000137 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: The most significant procedure that was performed for treatment of the principal diagnosis.

Context: Institutional health care: this item gives an indication of the extent to which specialised resources, for example, human resources, theatres and equipment, are used. It also provides an estimate of the numbers of surgical operations performed and the extent to which particular procedures are used to resolve medical problems.

It is required for classification of acute admitted patients into Australian National Diagnosis Related Groups.

Relational and representational attributes

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

Field size: ***Min.*** 5 ***Max.*** 5 ***Representational layout:*** NN.NN

Data domain: ICD-9-AM

Guide for use: When no procedure was performed for treatment of the principal diagnosis, use the following hierarchy:

- procedure performed for treatment of additional diagnosis;
- diagnostic /exploratory procedure related to the principal diagnosis; or
- diagnostic /exploratory procedure related to the additional diagnoses for the episode of care.

Although this data element has been superseded by Principal Procedure - ICD-10-AM, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification rules: .

Collection methods: Record and code all procedures undertaken during the episode of care. A procedure is one that:

- is surgical in nature;
- carries a procedural risk;
- carries an anaesthetic risk;
- requires specialised training; or
- requires special facilities or equipment only available in an acute care setting.

Related data: is qualified by Principal diagnosis - ICD-9-CM code, version 2

supersedes previous data element Principal procedure, version 2

Principal procedure - ICD-9-CM code *(continued)*

Administrative attributes

Source document: Australian version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation: National Health Data Committee, National Centre for Classification in Health

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This item is updated annually according to advice received from the National Centre for Classification in Health and is consistent with the National Coding Standards.

Qualification status

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000343 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Qualification status indicates whether the newborn day of stay is either acute (qualified) or unqualified (for all or part of a newborn episode of care).

Context: Institutional health care: To provide accurate information on care to babies to enable analysis to exclude normal babies.

Relational and representational attributes

Datatype: Alphabetic ***Representational form:*** CODE

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

Data domain:

A	acute (qualified) newborn day
U	unqualified newborn day

Guide for use: A newborn is qualified if it meets at least one of the following criteria:

- is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient;
- is admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for the purpose of the provision of special care;
- is admitted to, or remains in hospital without its mother.

A newborn is unqualified if it does not meet any of the above criteria.

Verification rules:

Collection methods:

Related data: is used in conjunction with Admitted patient, version 1

is used in conjunction with Type of episode of care, version 2

is used in the calculation of Date of change to qualification status, version 1

is used in the calculation of Number of acute (qualified)/unqualified days for newborns, version 1

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Comments:

Resuscitation of baby

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000145 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Active measures taken immediately after birth to establish independent respiration and heart beat, or to treat depressed respiratory effort and to correct metabolic disturbances.

Context: Perinatal statistics: required to analyse need for resuscitation after complications of labour and delivery and to evaluate level of services needed for different birth settings.

Relational and representational attributes

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

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

Data domain:

1	None
2	Suction only
3	Oxygen therapy only
4	Intermittent positive pressure respiration (IPPR) through bag and mask
5	Endotracheal intubation and IPPR
6	External cardiac massage and ventilation
8	Other

Guide for use:

Verification rules:

Collection methods:

Related data: is used in conjunction with Status of the baby, version 1
is used in conjunction with Apgar score at 1 minute, version 1
is used in conjunction with Apgar score at 5 minutes, version 1

Administrative attributes

Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Comments:

Type of augmentation of labour

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000167 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Methods used to assist progress of labour.

Context: Neonatal care: type of augmentation determines the progress and duration of labour and may influence the method of delivery and the health status of the baby at birth.

Relational and representational attributes

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

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

Data domain:

0	None
1	Oxytocin
2	Prostaglandins
3	Artificial rupture of membranes (ARM)
4	Other

Guide for use: More than one method of augmentation can be recorded, except where 0=none applies.

Verification rules:

Collection methods:

Related data: is used in conjunction with Onset of labour, version 1
is used in conjunction with Type of labour induction, version 1

Administrative attributes

Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Comments:

Type of episode of care

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000168 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: An episode of care is a phase of treatment. It is described by one of the following types of care:

- An episode of acute care for an admitted patient is one in which the principal clinical intent is one or more of the following:

- to manage labour (obstetric);

- to cure illness or provide definitive treatment of injury;

- to perform surgery;

- to relieve symptoms of illness or injury (excluding palliative care);

- to reduce severity of an illness or injury;

- to protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or

- to perform diagnostic or therapeutic procedures.

An episode of rehabilitation care 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.

An episode of 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 part of the palliative episode if they are undertaken specifically to provide symptomatic relief.

An episode of non-acute care includes care provided to persons who:

- are Nursing Home Type Patients (NHTPs), i.e. when a patient has been in hospital (public and private) for a continuous period exceeding 35 days and does not have a current acute care certificate issued under s.3B of the Health Insurance Act 1973 (Cwlth) or, alternatively, an order made under s.3A of that Act which determines that the patient is in need of acute care for a specified period;

- are not NHTPs or would normally not require hospital treatment but where there are factors in the home environment (physical, social, psychological) which make it inappropriate for the person to be discharged in the short term. This includes patients who are not eligible under current legislation to become NHTPs (compensable and ineligible patients) and have been in one or more hospitals for a continuous period of more than 35 days with a maximum break of seven days, who would otherwise be deemed to be NHTPs;

- are not NHTPs but are in receipt of respite care where the sole reason for admitting the person to hospital is that the care that is usually provided in another environment, e.g. at home, in a nursing home, by a relative or with a guardian, is unavailable in the short term;

Type of episode of care *(continued)*

Definition (cont'd):

- are treated in psychiatric units who have a stable but severe level of functional impairment and inability to function independently without extensive care and support and for whom the principal function is provision of care over an indefinite period.

A newborn episode of care is initiated when the patient is nine days old or less at the time of admission and continues until the care type changes or the patient is separated:

- those newborns who turn 10 days of age and require clinical care remain as newborn until separated;

- those newborns who turn 10 days of age, not requiring clinical care are separated and become boarders;

- newborns not admitted at birth (e.g. transferred from another hospital) aged less than 10 days will be admitted as a newborn;

- babies not previously admitted (e.g. transferred from another hospital) aged greater than 9 days are either boarders or admitted with an acute care type;

- within a newborn episode, until the baby turns 10 days of age, each day is deemed to be either an qualified or unqualified day. A newborn is qualified when it meets at least one of the following:

- is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient;

- is admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for the purpose of the provision of special care;

- is admitted to, or remains in hospital without its mother.

- If a newborn episode continues after the baby turns 10 days of age (requires clinical care) each day is counted as an acute day.

NB. newborn qualified days are equivalent to acute days and for practical purposes may be denoted as such.

An other episode of care is one where the principal clinical intent does not meet the criteria for any of the above.

Context:

Institutional health care: the identification of different episodes of care is required in order to appropriately classify and count the care a person received whilst in hospital. The type of care received will determine the appropriate casemix classification that shall be employed to classify the episode.

Relational and representational attributes

Datatype:	Numeric	***Representational form:***	CODE
Field size:	***Min.*** 3 ***Max.*** 3	***Representational layout:***	N.N

Data domain:

1.0	Acute care
2.1	Rehabilitation care delivered in a designated unit
2.2	Rehabilitation care according to a designated program

Type of episode of care *(continued)*

Data domain (cont'd):

2.3	Rehabilitation care principal clinical intent
3.1	Palliative care delivered in a designated unit
3.2	Palliative care according to a designated program
3.3	Palliative care principal clinical intent
4.0	Non-acute care
5.0	Newborn
6.0	Other care

Guide for use:

An episode of care refers to the phase of treatment rather than to each individual patient day. There may be more than one episode of care within the one overnight stay period.

An episode of care begins on the date the person meets criteria defined above for a particular type of care; this may be the same as the date the person was admitted to hospital or a date during the hospital stay. An episode of care ends when the principal clinical intent of the care changes or when the patient is formally separated from the hospital.

A rehabilitation episode includes care provided:

- in a designated rehabilitation unit;

- in a designated rehabilitation program, or in a psychiatric rehabilitation program as designated by the state health authority for Medicare patients in a recognised hospital, for private patients in a public or private hospital as approved by a registered health benefits organisation; or

- under the principal clinical management of a rehabilitation physician, or in the opinion of the treating doctor the principal clinical intent of care is rehabilitation.

A palliative episode of care includes care provided:

- in a palliative care unit;

- in a designated palliative care program; or

- under the principal clinical management of a palliative care physician or in the opinion of the treating doctor the principal clinical intent of care is palliation.

Coding for rehabilitation / palliative care should be carried out in strict numerical sequence and only the first appropriate category should be coded; i.e. when a patient under the clinical management of a rehabilitation / palliative care physician is receiving care in a designated program, the episode should be coded to the option that is highest in the hierarchy (designated program).

The Nursing Home Type Patient criteria applies to all admitted patients regardless of the type of episode of care the patient is receiving. Once a patient meets this criteria they should be classified as a Nursing Home Type Patient.

Verification rules:

Collection methods:

Related data:

supersedes previous data element Type of episode of care, version 2

is used in conjunction with Date of change to qualification status, version 1

Type of episode of care *(continued)*

Related data (cont'd): is used in conjunction with Qualification status, version 1

is used in conjunction with Number of acute (qualified) / unqualified days for newborns, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from 1/07/89 to
Institutional mental health care	from 1/07/97 to

Comments: This data element was developed to separate the treatment phases for patients in hospitals to facilitate the implementation of casemix classification in the acute setting.

The sub-acute and non-acute care project will need to be evaluated in 1998 to ensure that the boundaries between care types are appropriately defined and to consistently identify the beginning and end of an episode of care.

Persons with mental illness may fall into any one of the care types (except newborns) and classification is dependent upon the principal clinical intent of the care received.

Newborn episode: It should be noted that unqualified newborn days (and separations consisting entirely of unqualified newborn days are not to be counted under the Medicare Agreements and that they are ineligible for health insurance benefit purposes.

During 1996 an NHDC Working Party considered the differing admission practices between States / Territories relating to qualified / unqualified babies. The major finding was that while, all States / Territories based their qualified / unqualified distinction on NHDD Version 5.0 definitions and the Commonwealth Circular HBF456, there was a significant difference in the implementation of P21 Type of episodes of care in regard to unqualified newborns. It is recommended that users of data contact individual State / Territory Health Authorities for advice on implementation of newborn episodes of care in that jurisdiction. The changes to this data element and the development of a method of capture of qualified / unqualified days will enable the implementation and reporting of a single episode of newborn care.

At its meeting in November 1996, the National Health Information Management Group requested that a single episode approach for newborn hospital stays be incorporated into the NHDD. This would facilitate differentiation between healthy and sick babies on the basis of clinical criteria as opposed to whether they were cared for in neonatal intensive care. Relevant developments of the AN-DRG grouper version 4.0 support this approach.

The Commonwealth legislation changes to remove the distinction between qualified and unqualified newborns, is still awaited to enable the qualification status to be based on the clinical care being received by a patient.

Type of labour induction

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000171 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Methods used to induce labour.

Context: Perinatal statistics: type of induction determines the progress and duration of labour and may influence the method of delivery and the health status of the baby at birth.

Relational and representational attributes

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

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

Data domain:

0	None
1	Oxytocin
2	Prostaglandins
3	Artificial rupture of membranes (ARM)
4	Other

Guide for use: More than one method of induction can be recorded, except where 0=none applies.

Verification rules:

Collection methods:

Related data: is used in conjunction with Onset of labour, version 1
is used in conjunction with Type of augmentation of labour, version 1

Administrative attributes

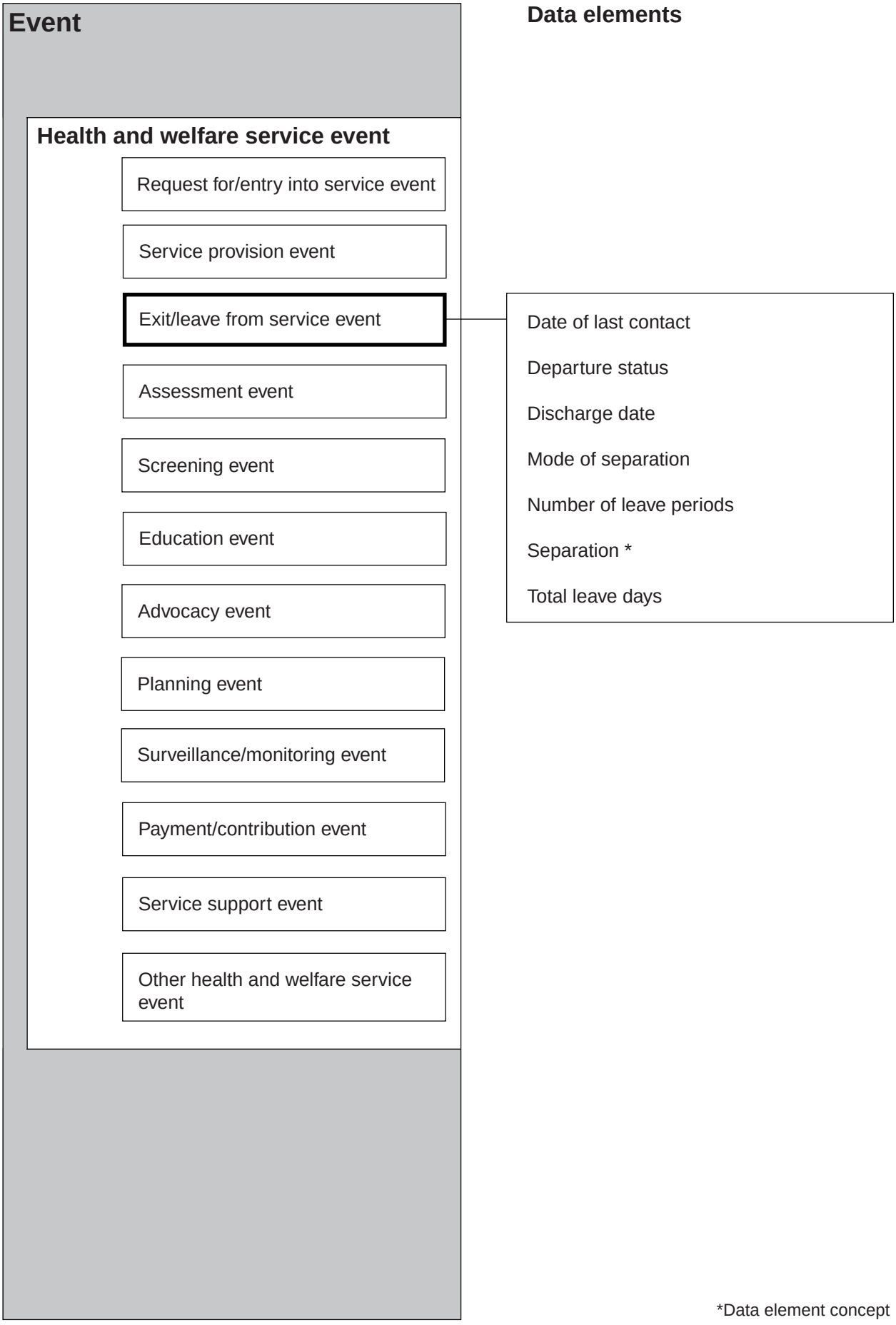
Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Comments:

National Health Information Model entities



*Data element concept

Date of last contact

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000040 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Date of the last contact between a staff member of the community service and a person in any setting.

The definition includes:

- visits made to persons in institutional settings for the purpose of handing over or otherwise completing a care episode;

- bereavement visits in any setting;

- visits made to the person's home to complete the service, including the collection of equipment.

The definition excludes:

- visits made by liaison/discharge planning staff of a community service for the purpose of assessment of need related to a subsequent episode of care.

Context: To enable analysis of time periods throughout a care episode, especially the bereavement period. This date has been included in order to capture the end of a care episode in terms of involvement of the community nursing service.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 10 ***Max.*** 10 ***Representational layout:*** DD/MM/YYYY

Data domain: Valid dates

Guide for use: This could be the same as the date of discharge.

Verification rules: May occur after or on the same day as Date of last delivery of service

Collection methods:

Related data: supersedes previous data element Date of last community service contact with client/family, version 1

relates to the data element Date of first contact, version 2

Administrative attributes

Source document:

Source organisation: Australian Council of Community Nursing Services

National minimum data sets:

Comments: Although the data item has Recommended status only, if service agencies are committed to monitoring all resource utilisation associated with an episode of care, this post-discharge date and the corresponding pre-admission item Date of first contact, have a place within an agency information system. This is particularly true for those agencies providing discharge planning service or specialist consultancy or assessment services.

Departure status

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000359 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The status of the patient on departure from the Emergency Department.

Context: Institutional health care: Required for analysis of client care.

Relational and representational attributes

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

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

Data domain:

1	Admitted to ward or other admitted patient unit (includes patients who may have been in observation area in Emergency Department prior to admission).
2	Emergency department service event completed, departed under own care.
3	Transferred to another hospital for admission.
4	Did not wait to be attended (by medical officer).
5	Left at own risk, after medical officer assumed responsibility for the patient but before Emergency Department service event was completed.
6	Died in Emergency Department.
7	Dead on arrival, not treated in Emergency Department.

Guide for use:

Verification rules:

Collection methods:

Related data:

relates to the data element Admission date, version 3

relates to the data element Emergency Department waiting time to service delivery, version 1

relates to the data element Emergency Department waiting time to admission, version 1

relates to the data element concept Patient presentation at Emergency Department, version 1

relates to the data element Date patient presents, version 1

relates to the data element Time patient presents, version 1

relates to the data element Type of visit, version 1

relates to the data element Date of triage, version 1

relates to the data element Time of triage, version 1

relates to the data element Triage category, version 1

relates to the data element Date of service event, version 1

relates to the data element Time of service event, version 1

relates to the data element Admission time, version 1

Departure status *(continued)*

Administrative attributes

Source document:

Source organisation: National Institution Based Ambulatory Model Reference Group; NHDC

National minimum data sets:

Comments:

Discharge date

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000043 ***Version number:*** 4

Data element type: DATA ELEMENT

Definition: Date on which an admitted patient completes an episode of care by one of the following processes:

'Formal separation' is the administrative process by which a hospital records the completion of treatment and/or care and accommodation of a patient (discharge, transfer, death).

'Statistical separation' is the administrative process by which a hospital (excluding nursing homes) records the completion of treatment and/or care and accommodation following:

- leave of absence (any type, including leave for special care and unauthorised leave) which exceeds seven consecutive days for admitted patients; or
- transfer to another admitted patient institution, if the patient does not return to the original institution within seven consecutive days; or
- type change or transfer between episodes of care (see data elements Type of episode of care and Admission date) within the one hospital stay.

Context: Institutional health care: required to identify the period in which an admitted patient hospital stay or episode occurred and for derivation of length of stay.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMCCYY

Data domain: Valid dates

Guide for use: In perinatal collections the discharge date provided is to be the date of formal separation.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies this field must:

- be <= last day of financial year
- be >= first day of financial year
- be >= Admission date

Collection methods:

Related data: supersedes previous data element Discharge date, version 3

Administrative attributes

Source document:

Source organisation: National Health Data Committee

Discharge date *(continued)*

National minimum data sets:

Institutional health care	from 1/07/89	to
Institutional mental health care	from 1/07/97	to
Perinatal collection	from 1/07/97	to

Comments: This data element was modified to clarify the distinction between statistical separation occurring due to leave from those due to type change. It was further modified from July 1996 to remove the difference between psychiatric and other patients, at the instigation of the National Mental Health Information Strategy Committee.

Mode of separation

Admin. status: CURRENT 1/07/93

Identifying and definitional attributes

NHIK identifier: 000096 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable).

Context: Institutional health care: required for outcome analyses, analyses of intersectoral patient flows and to assist in the classification of episodes into Diagnosis Related Groups.

Relational and representational attributes

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

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

Data domain:

1	Discharge/transfer to an(other) acute hospital
2	Discharge/transfer to a nursing home
3	Discharge/transfer to an(other) psychiatric hospital
4	Discharge/transfer to other health care accommodation (includes mothercraft hospitals and hostels recognised by the Commonwealth Department of Health and Family Services, unless this is the usual place of residence)
5	Statistical discharge - type change
6	Left against medical advice/discharge at own risk
7	Statistical discharge from leave
8	Died
9	Other (includes discharge to usual residence/own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))

Guide for use: For Code 4 - In jurisdictions where mothercraft facilities are considered to be acute hospitals, patients separated to a mothercraft facility should have a mode of separation of Code 1.

Verification rules:

Collection methods:

Related data: is supplemented by the data element Source of referral to public psychiatric hospital, version 3

is supplemented by the data element Source of referral to acute hospital or private psychiatric hospital, version 3

is supplemented by the data element Source of referral, version 1

is used in the derivation of Diagnosis related group, version 1

Administrative attributes

Source document:

Mode of separation *(continued)*

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from 1/07/89 to
Institutional mental health care	from 1/07/97 to

Comments: The National Minimum Data Set Review Committee recommended that the modes of separation for acute and private psychiatric hospitals and public psychiatric hospitals and nursing homes, as determined by the various working parties, be rationalised. The terminology of the modes relating to statistical separation have been modified to be consistent with the changes to data element Type of episode of care, as recommended by the Patient Abstracting and Coding Project, Commonwealth Department of Health and Family Services.

Number of leave periods

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000107 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: Number of leave periods in a hospital stay (excluding one-day leave periods for admitted patients).

Leave period is a temporary absence from hospital, with medical approval for a period no greater than seven consecutive days.

Context: Institutional health care: recording of leave periods allows for the calculation of patient days excluding leave. This is important for analysis of costs per patient and for planning. The maximum limit allowed for leave affects admission and separation rates, particularly for long-stay patients who may have several leave periods.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 2 ***Representational layout:*** NN

Data domain: Count is number of days

Guide for use: If the period of leave is greater than seven days or of the patient fails to return from leave, the patient is discharged.

Verification rules:

Collection methods:

Related data: is used in the derivation of Length of stay, version 1

supersedes previous data element Number of leave periods, version 2

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from 1/07/89	to
Institutional mental health care	from 1/07/97	to

Comments: This data element was modified in July 1996 to exclude the previous differentiation between the psychiatric and other patients at the instigation of the National Mental Health Strategy Committee.

Separation

Admin. status: CURRENT 1/07/94

Identifying and definitional attributes

NHIK identifier: 000148 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: The process by which an admitted patient completes an episode of care. A separation may be formal or statistical.

Formal separation: The administrative process by which a hospital records the completion of treatment and/or care and accommodation of a patient (discharge, transfer, or death).

Statistical separation following leave: The administrative process by which a hospital records the completion of treatment and/or care and accommodation following leave of absence which exceeded seven consecutive days for admitted patients.

Statistical separation on type change: The administrative process by which a hospital records the completion of each episode of care occurring within a single hospital stay as one of the types of care defined in the data element 'Type of episode of care'.

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain: All items must be completed.

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

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

Total leave days

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000163 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: Sum of the length of leave (date returned from leave minus date went on leave) for all periods within the hospital stay.

Context: Institutional health care: recording of leave days allows for exclusion of these from the calculation of patient days. This is important for analysis of costs per patient and for planning. The maximum limit allowed for leave affects admission and separation rates, particularly for long-stay patients who may have several leave periods.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain: Count is number of days

Guide for use: A day is measured from midnight to midnight.

The following rules apply in the calculation of leave days for both overnight and same-day patients:

- The day the patient goes on leave is counted as a leave day.
- The day the patient is on leave is counted as a leave day.
- The day the patient returns from leave is counted as a patient day.
- If the patient is admitted and goes on leave on the same day, this is counted as a patient day, not a leave day.
- If the patient returns from leave and then goes on leave again on the same day, this is counted as a leave day.
- If the patient returns from leave and is separated on the same day, the day should not be counted as either a patient day or a leave day.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies (Date of separation minus Date of admission) minus Total leave days must be >= 0 days.

Collection methods:

Related data: supersedes previous data element Total leave days, version 2

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

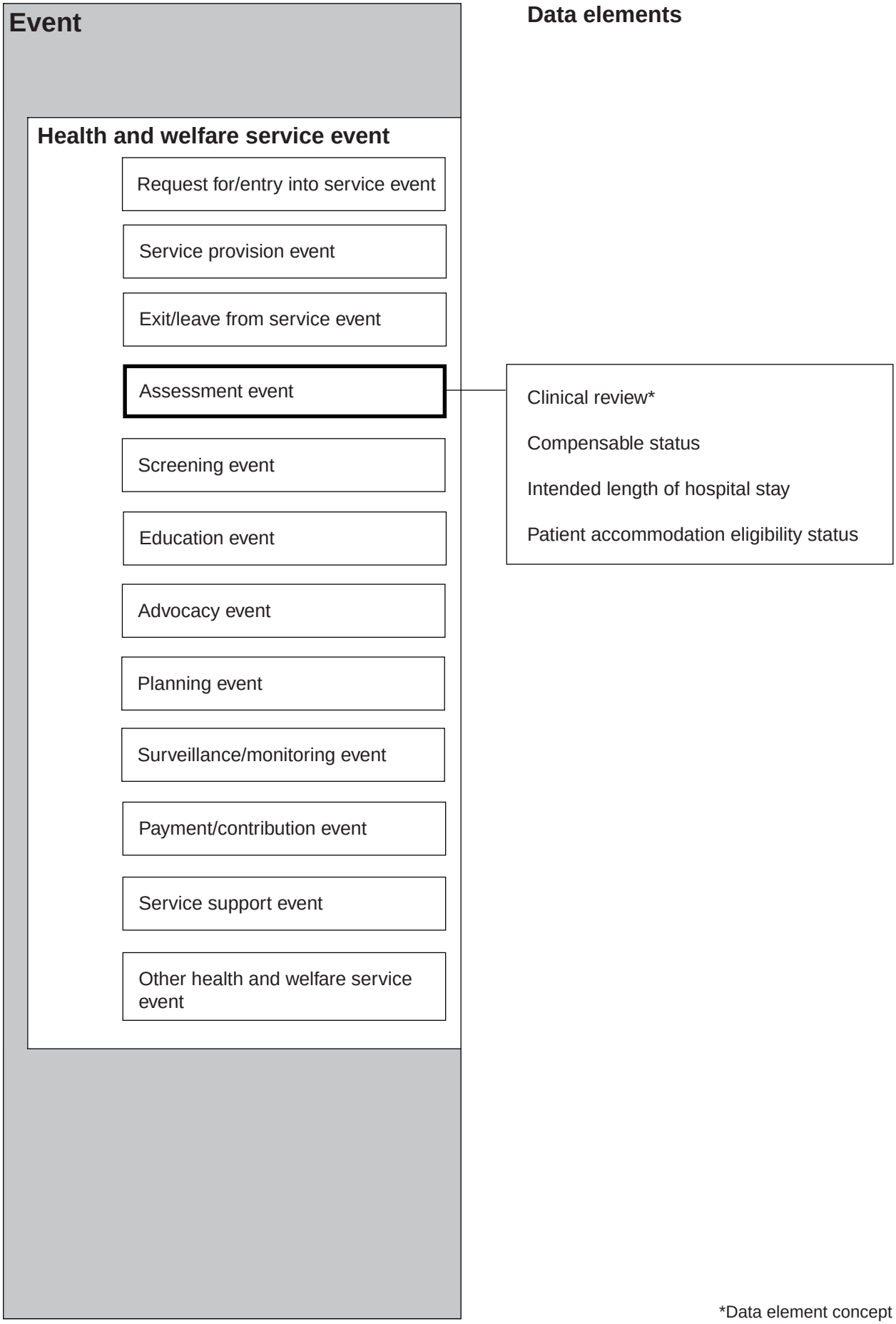
Institutional health care	from 1/07/89	to
Institutional mental health care	from 1/07/97	to

Total leave days *(continued)*

Comments: It should be noted that for private patients in public and private hospitals, s.3 (12) of the Health Insurance Act 1973 (Cwlth) currently applies a different leave day count, Commonwealth Department of Human Services and Health HBF Circular 354 (31 March 1994). This will be the case until the legislation is amended.

This item was modified in July 1996 to exclude the previous differentiation between the psychiatric and other patients at the instigation of the National Mental Health Information Strategy Committee.

National Health Information Model entities



*Data element concept

Clinical review

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000024 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: The examination of a patient by a clinician after the patient has been added to the waiting list. This examination may result in the patient being assigned a different urgency rating from the initial classification. The need for clinical review varies with a patient's condition and is therefore at the discretion of the treating clinician.

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Clinical urgency, version 1
relates to the data element Clinical urgency, version 2

Administrative attributes

Source document:

Source organisation: Hospital Access Program Waiting List Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Compensable status

Admin. status: CURRENT 1/07/93

Identifying and definitional attributes

NHIK identifier: 000026 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Any person who is entitled to the payment of, or who has been paid compensation for, damages or other benefits (including a payment in settlement of a claim for compensation, damages or other benefits) in respect of the injury, illness or disease for which he or she is receiving care and treatment, is classified as a compensable patient.

Context: To assist in analyses of utilisation and health care funding.

Relational and representational attributes

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

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

Data domain:

1	Compensable
2	Non-compensable

Guide for use: This definition excludes entitled beneficiaries (Veterans' Affairs) and Defence Force personnel and persons covered by the Motor Accident Compensation Scheme, Northern Territory.

Verification rules:

Collection methods: Compensable status is to be recorded on the person's separation from hospital. It is recognised that the compensable status of a patient may change during the course of the hospital stay, and it is therefore recommended that this data element reflect the status of the patient at separation.

Related data: is used in conjunction with Patient accommodation eligibility status, version 2

supersedes previous data element Compensable status, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from 1/07/89	to
Institutional mental health care	from 1/07/97	to

Comments: This item was reviewed by the National Minimum Data Set Review Committee concurrently with data elements 'Patient accommodation eligibility status' and 'Insurance status'. It was agreed that no change be made to this item. Veterans' Affairs personnel will be identified in data element 'Patient accommodation eligibility status'.

Intended length of hospital stay

Admin. status: CURRENT 1/07/94

Identifying and definitional attributes

NHIK identifier: 000076 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The intention of the responsible clinician at the time of the patient's admission to hospital, to discharge the patient either on the day of admission or a subsequent date.

Context: Institutional health care: to assist in the identification and casemix analysis of planned same-day patients, that is those patients who are admitted with the intention of discharge on the same day. This is also a key indicator for quality assurance activities.

Relational and representational attributes

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

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

Data domain:

1	Intended same-day
2	Intended overnight

Guide for use:

Verification rules:

Collection methods: The intended length of stay should be ascertained for all admitted patients at the time the patient is admitted to hospital.

Related data: is used in the derivation of Diagnosis related group, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: The capture of the responsible clinician's intention regarding treatment as a same-day patient or an overnight-stay patient was first proposed by Eagar and Innes (1992a). The recommendations proposed a prospective classification of the patient as same-day or overnight-stay patient where the intention to discharge the patient is the criterion for classification. In this way, the patients who were actually in hospital for one day can be derived from the admission and separation dates. The patient who is an intended same-day patient and stays overnight will retain the classification of an intended same-day patient. Similarly, an overnight-stay patient who separates on the day of admission will retain the original intention of overnight-stay patient. The intended length of stay can be compared with the actual length of stay. This information is considered useful for quality assurance and utilisation review purposes, and is illustrated in the following figure.

Patient accommodation eligibility status

Admin. status: CURRENT 1/07/93

Identifying and definitional attributes

NHIK identifier: 000118 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: An eligible person means:

- a person who resides in Australia and whose stay in Australia is not subject to any limitation as to time imposed by law; but

- does not include a foreign diplomat or family (except where eligibility is expressly granted to such persons by the terms of a reciprocal health care agreement); or

- persons visiting Australia who are ordinarily resident in the United Kingdom, New Zealand, Sweden, Malta, Italy and the Netherlands are covered by reciprocal health care agreements. However, persons from Malta or Italy are covered for six months only.

Eligible persons must enrol with Medicare before benefits can be paid.

Context: Health services: to facilitate analyses of hospital utilisation and policy relating to health care financing.

Relational and representational attributes

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

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

Data domain:

1	Eligible public patient
2	Eligible private patient
3	Eligible Department of Veteran's Affairs patient
4	Eligible other patient
5	Ineligible patient

Guide for use: Eligible

Public patient:

- an eligible person who, on admission to a recognised hospital or soon after, elects to be a public patient; or

- an eligible public patient whose treatment is contracted to a private hospital.

A public patient shall be entitled to receive the care and treatment referred to in accordance with the Medicare Agreements without charge.

Private patient:

- an eligible person who, on admission to a recognised hospital or soon after, elects to be a private patient treated by a medical practitioner of his or her choice; or elects to occupy a bed in a single room. Where such an election is made, the patient is responsible for meeting certain hospital charges as well as the professional charges raised by any treating medical or dental practitioner.

Patient accommodation eligibility status *(continued)*

Guide for use (cont'd):

or

- an eligible person who chooses to be admitted to a private hospital. Where such a choice is made, the patient is responsible for meeting all hospital charges as well as the professional charges raised by any treating medical or dental practitioner.

Department of Veterans' Affairs patient: an eligible person whose charges for this hospital admission are met by the Department of Veterans' Affairs.

Other patient: an eligible patient who does not meet the criteria for above categories; that is, not an eligible public patient, not an eligible private patient or an eligible Department of Veterans' Affairs patient. This category includes compensable patients, patients with Defence Force personnel entitlements and common law cases.

Ineligible

A person who is not eligible under Medicare.

Verification rules:

Collection methods: It is recognised that a patient's accommodation status may change during the hospital stay, and it is therefore recommended that this item be recorded on separation from hospital.

It is recognised that ineligible patients may be treated as public or private patients, but for data set purposes at the present time this is not considered significant. Individual State and Territory collections may record this additional detail.

Related data: supersedes previous data element Patient accommodation status, version 1

is used in conjunction with Compensable status, version 2

is used in conjunction with Insurance status, version 2

Administrative attributes

Source document:

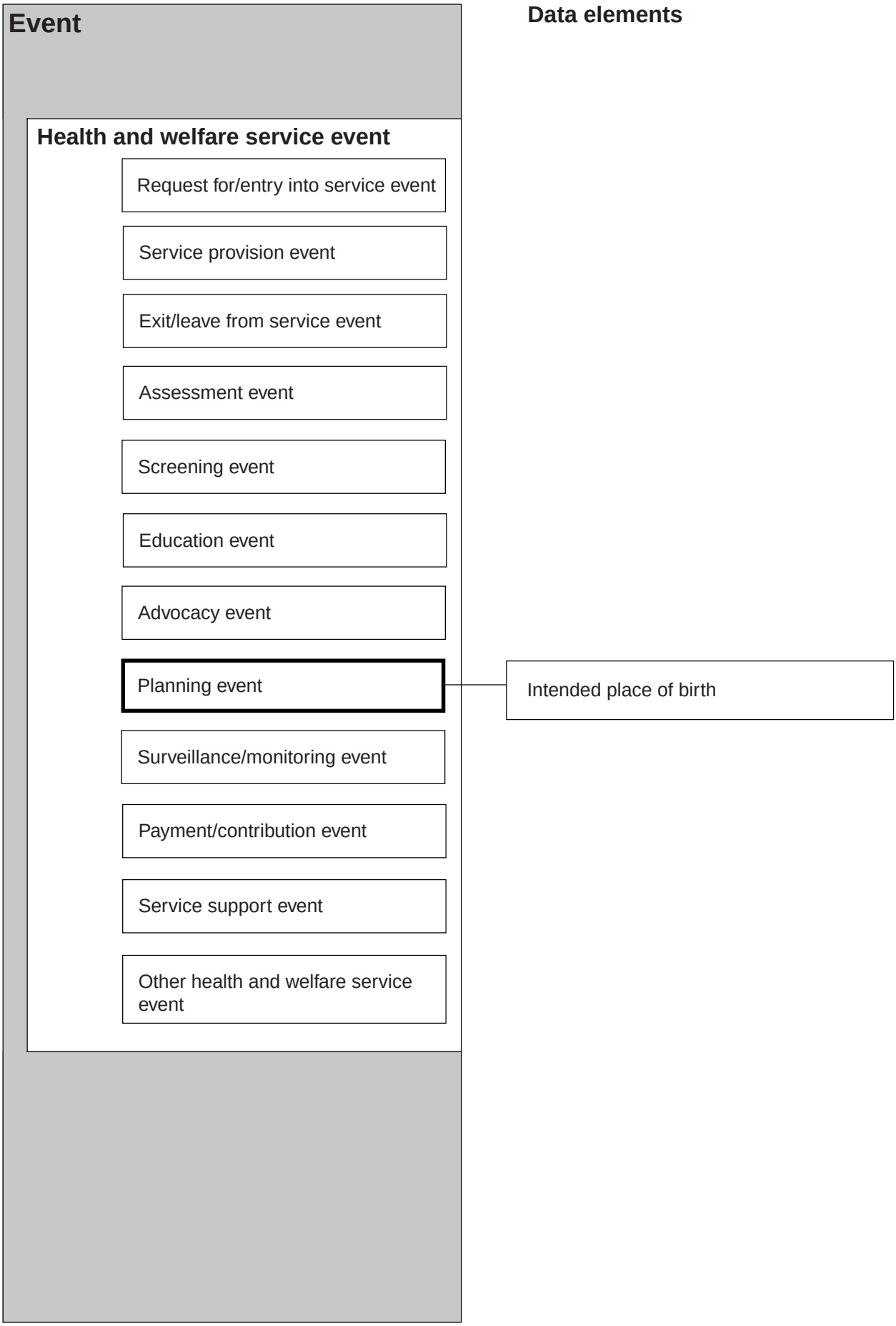
Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from	1/07/89	to
Institutional mental health care	from	1/07/97	to

Comments: Patient accommodation eligibility status is to be used in association with data elements 'Compensable status', 'Insurance status' and 'Type of episode of care'.

National Health Information Model entities



Intended place of birth

Admin. status: CURRENT 1/07/96

Identifying and definitional attributes

NHIK identifier: 000077 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The intended place of birth at the onset of labour.

Context: Perinatal statistics: mothers who plan to give birth in birth centres or at home usually have different risk factors for outcome compared to those who plan to give birth in hospitals. Those mothers who are transferred to hospital after the onset of labour have increased risks of intervention and adverse outcomes.

Relational and representational attributes

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

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

Data domain:

1	Hospital
2	Birth centre, attached to hospital
3	Birth centre, free standing
4	Home
8	Other
9	Not stated

Guide for use:

Verification rules:

Collection methods:

Related data: is qualified by Actual place of birth, version 1

Administrative attributes

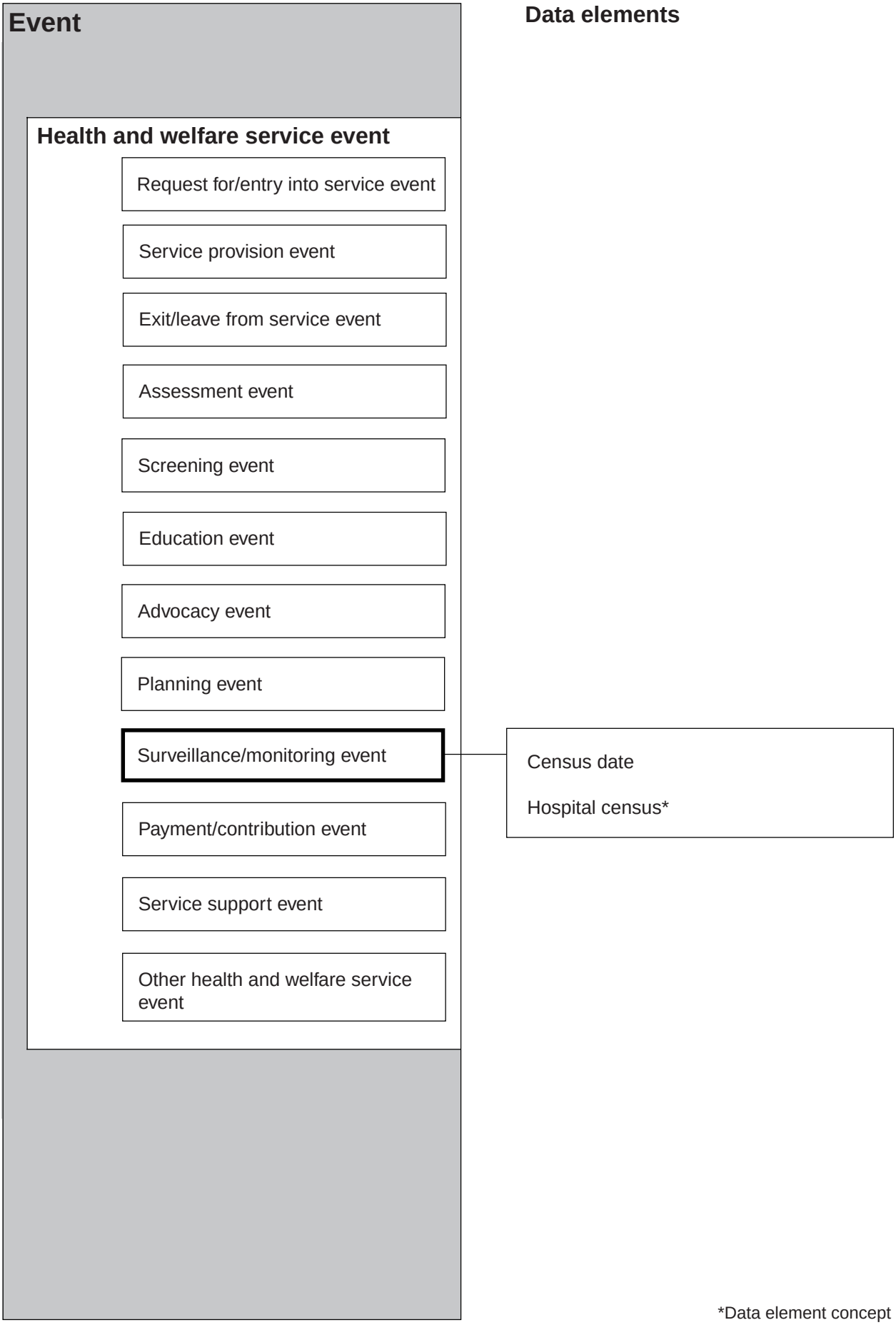
Source document:

Source organisation: National Perinatal Data Advisory Committee

National minimum data sets:

Comments: The development of a definition of a birth centre is currently under consideration by the Commonwealth in conjunction with the States and Territories.

National Health Information Model entities



*Data element concept

Census date

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000174 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Date on which the hospital takes a point in time (census) count of and characterisation of patients on the waiting list.

Context: Elective surgery: this data element is necessary for the calculation of the waiting time until a census.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMCCYY

Data domain:

Guide for use: This date is recorded when a census is done of the patients on a waiting list.

Verification rules:

Collection methods:

Related data: supersedes previous data element Census date, version 1

relates to the data element Total ready for care time waited, version 1

is used in the calculation of Waiting time since last category reassignment (census data), version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments:

Hospital census

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000066 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: A point in time count by a hospital of all its admitted patients and/or patients currently on a waiting list.

Context: Institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Census date, version 2

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Waiting times from 1/07/94 to

Comments: Census data may include other data elements such as:

- the number of admitted patients;
- duration of stay of admitted patients;
- the number of patients on waiting lists; and
- the duration of time those patients have waited

as at a point in time.