

3.19 Data element name: Intended length of hospital stay

Evaluation NMDS: Admitted Patient Care	Other NMDSs:	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000076
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 2
Definition: The intention of the responsible clinician at the time of the patient’s admission to hospital or at the time the patient is placed on an elective surgery waiting list to discharge the patient either on the day of admission or a subsequent date.		METeOR ID: 270399

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	x	x	✓	x	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	x	✓	x	x
Tasmania	✓	x	x	✓	x	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	x	x
2003–04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	x	x	✓	x	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	x	x

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

The AIHW requested the category *Not provided* to be reported if the Intended length of hospital stay of the patient was not known. Where the Intended length of stay is not known in Western Australia, the value for intended overnight stay is assigned as a default.

Table 3.19.1: Separations with an Intended length of stay of *Not provided*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	623	0.0	0	0.0	623	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	15,927	20.0	27,656	39.1	43,583	29.0
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	129	0.2	n.a.	..	129	0.2
Total	16,679	0.4	27,656	1.1	44,335	0.7
2002–03						
New South Wales	719	0.1	0	0.0	719	0.1
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	145,045	39.4	87,606	43.1	232,651	63.2
Tasmania	16,344	20.4	n.p.	38.9	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	162,108	4.0	124,457	4.9	286,565	4.3
2003–04						
New South Wales	2,278	0.2	0	0.0	2,278	0.1
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	80,921	100.0	n.p.	100.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	83,199	2.0	n.p.	3.0	n.p.	n.p.

n.p. Not published.
n.a. Not available.
.. Not applicable.

Details of use of non-standard NMDS scope

Both hospital sectors in Tasmania used the *Not provided* code for a large portion of separations over the collection years, with 100.0% of separations coded as *Not provided* in 2003–04. For 2002–03, 39.4% of public hospital separations and 43.1% of private hospital separations in South Australia were reported as *Not provided*, but for the years 2001–02 and 2003–04 all South Australian separations reported the NHDD domain values. Of the 2 years in which the Northern Territory's private sector contributed to the collection (2002–03 and 2003–04), 100.0% of separations reported an Intended length of stay of *Not provided*. The New South Wales public sector has consistently provided a relatively small number of separations with *Not provided*.

Was mapping required from state and territory data sets?

South Australia and Tasmania mapped the data collected at the jurisdiction level to conform to the NHDD domain values for Intended length of hospital stay.

Additional information

States and territories were asked to comment on whether this data element is useful for the *Report on the evaluation of the national minimum data set for admitted patient care*. Western Australia and South Australia both indicated that this data element is seldom used as actual length of stay is usually of more interest and New South Wales commented that they had not

received any requests for information about this data element in recent years. Queensland indicated that analysis of intended lengths of stay against actual lengths of stay is a useful indicator for quality management purposes, and Tasmania commented that although hospitals may require this information for bed planning purposes, its use at state or national level is questionable (AIHW 2003a).

On the basis of these comments, the *Report on the evaluation of the national minimum data set for admitted patient care* recommended that this data element be deleted from the NMDS, unless consultation with mental health information users indicated a continuing need for it.

Trend analysis

The quality of this data element varied greatly by state and territory and over the collection period. In particular, it was very poor for Tasmania and worsened over the 3-year period.

3.20 Data element name: Inter-hospital contracted patient

Evaluation NMDS: Admitted Patient Care	Other NMDSs:	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000079
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 2
		METeOR ID: 270409
Definition: An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✗	✗	✓	✗	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✗	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✗
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✗	✓	✓	✗	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✗	✓	✓	✓
Tasmania	✓	✓	✗	✓	✓	✗
Australian Capital Territory	✓	✓	✓	✓	✓	✗
Northern Territory	✓	✓	✗	✓	✓	✗
2003-04						
New South Wales	✓	✓	✗	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✗	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✗

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

For the collection years 2001-02 and 2002-03, New South Wales did not specify the sector of the hospital purchasing the contracted care but was able to make the distinction between contracted and not contracted patients. The separations were coded as *Inter-hospital contracted patient from unspecified sector* for 2,918 public sector separations and 23,685 private separations for 2001-02, and 1,958 and 25,746 separations, respectively, for 2002-03. For

2003–04 New South Wales was able to conform to the NHDD definition and domain values and did not report any separations as *unspecified sector*.

Details of use of non-standard NMDS scope

Inter-hospital contracted patient was *Not reported* for 17,543 separations from public hospitals in New South Wales in 2001–02. This improved in 2002–03 with a 97.2% decrease in separations (576) with Inter-hospital contracted patient coded as *Not reported*, but it increased to 365,978 separations in 2003–04.

South Australia provided separations with an Inter-hospital contracted patient code of *Not reported* for all 3 collection years and both sectors. However, the use of the *Not reported* code decreased between 2001–02 and 2003–04.

For the collection year 2002–03, Tasmania supplied all separations with an Inter-hospital contracted patient code of *Not reported*.

Table 3.20.1: Separations with an Inter-hospital contracted patient code of *Not reported*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	17,543	1.4	0	0.0	17,543	0.9
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	3,927	1.1	141	0.1	4,068	0.7
Tasmania	52	0.1	0	0.0	52	0.0
Australian Capital Territory	0	0.0	3,917	14.4	3,917	4.4
Northern Territory	0	0.0	n.a.	..	0	0.0
Total	21,522	0.5	4,058	0.2	25,580	0.4
2002–03						
New South Wales	576	0.0	0	0.0	576	0.0
Victoria	436	0.0	0	0.0	436	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	3,142	0.9	199	0.1	3,341	0.6
Tasmania	80,215	100.0	n.p.	100.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	53.1	n.p.	n.p.
Northern Territory	68,149	100.0	n.p.	94.6	n.p.	n.p.
Total	152,518	3.7	93,879	3.7	246,397	3.7
2003–04						
New South Wales	365,978	27.6	0	0.0	365,978	18.0
Victoria	413	0.0	0	0.0	413	0.0
Queensland	0	0.0	43	0.0	43	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	3,124	0.8	83	0.0	3,207	0.5
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	1	0.0	n.p.	96.7	n.p.	n.p.
Total	369,516	8.8	n.p.	0.4	n.p.	5.6

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double counting of hospital activity in the NHMD.

The high use of the *Not reported* domain value may reflect uncertainty over the allocation of the domain value of *Other* (NHDD versions 10, 11 and 12). Some states and territories allocated this value to the majority of patients (who did not receive contracted care), and other jurisdictions interpreted this value as implying contracted care from another sector (that is, not public or private). The AIHW requested in 2003–04 that states and territories provide this domain value for separations that were *Not contracted*, rather than *Not reported*.

Trend analysis

The quality of this data element has diminished over the 3-year collection period, as indicated by an increase in the use of the *Not reported* domain value. The use of the *Not reported* value indicates that there continues to be uncertainty over the allocation of the domain values for patients who do not receive contracted care.

3.21 Data element name: Major Diagnostic Category

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000088
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 1
		METeOR ID: 270400
Definition: Major Diagnostic Categories are 23 mutually exclusive categories into which all possible principal diagnoses fall. The diagnoses in each category correspond to a single body system or aetiology, broadly reflecting the specialty providing care. Each category is partitioned according to whether or not a surgical procedure was performed. This preliminary partitioning into major diagnostic categories occurs before a Diagnosis Related Group is assigned. The Australian Refined Diagnosis Related Groups departs from the use of principal diagnosis as the initial variable in the assignment of some groups. A hierarchy of all exceptions to the principal diagnosis-based assignment to a major diagnostic category has been created. As a consequence, certain Australian Refined Diagnosis Related Groups are not unique to a major diagnostic category. This requires both a Major Diagnostic Category and an Australian Refined Diagnosis Related Group to be generated per patient.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	x
Queensland	✓	x	✓	✓	x	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	x
2003-04						
New South Wales	✓	x	✓	✓	✓	✓
Victoria	✓	x	✓	✓	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	x	✓	✓	x	✓
Australian Capital Territory	✓	x	✓	✓	x	✓
Northern Territory	✓	x	✓	✓	x	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

The NHDD definition was used by all states and territories. During each collection year, a different version of Major Diagnostic Category (MDC) was requested. In 2001–02, MDC version 4.2 was requested. All states and territories except Queensland used this version. Queensland used MDC version 4.1. In 2002–03, MDC version 5.0 was requested, but all states and territories used MDC version 4.2, as version 5.0 was not released until September 2002. In 2003–04, MDC version 5.0 was requested by the AIHW. Victoria, the Northern Territory, the Australian Capital Territory and Tasmania used MDC version 4.2, and Queensland, Western Australia and South Australia used MDC version 5.0. For New South Wales, the majority of separations were provided in MDC version 5.0, and MDC version 4.2 was used for some separations.

Details of use of non-standard NMDS scope

In 2001–02, Victoria did not report Major Diagnostic Category for 2.0% (11,742) of private hospital separations (for which Principal diagnosis was missing). This, however, improved over the next 2 collection years for which MDC was missing for only 0.3% of private hospital separations. The Northern Territory did not report Major Diagnostic Category for any private hospital separations in 2002–03 and 2003–04.

Table 3.21.1: Separations with a Major Diagnostic Category of *Not reported*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	206	0.0	11,742	2.0	11,948	0.7
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	0	0.0	0	0.0
Australian Capital Territory	0	0.0	16	0.1	16	0.0
Northern Territory	170	0.3	n.a.	..	170	0.3
Total	376	0.0	11,758	0.5	12,134	0.2
2002–03						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	84	0.0	2,271	0.3	2,355	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	1	0.0	5	0.0	6	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.1	n.p.	n.p.
Northern Territory	104	0.2	n.p.	100.0	n.p.	n.p.
Total	189	0.0	12,683	0.5	12,872	0.2
2003–04						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	42	0.0	2,014	0.3	2,056	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	2	0.0	5	0.0	7	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	2	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	72	0.1	n.p.	100.0	n.p.	n.p.
Total	118	0.0	n.p.	0.5	n.p.	0.2

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

The NHDD specifies that the Major Diagnostic Category version effective from 1 July each year should be used as the valid data domain. If a state or territory provided AR-DRGs and MDCs for that year using the previous year's version, the AIHW regrouped all data provided by states and territories to the appropriate version for the current year.

Additional information

The AIHW regroups the MDCs, in consultation with the states and territories, for reporting purposes. This is to ensure consistency across jurisdictions.

Trend analysis

The provision of this data element is considered to be very good and has improved marginally over the 3-year collection period. However, the quality of the data has decreased because of the provision of non-standard domain values, particularly in 2003-04.

3.22 Data element name: Medicare eligibility status

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000414
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 1, 2
Definition: The patient's eligibility for Medicare as specified under the Health Insurance Act 1973 (Cwlth).		METeOR ID: 270093

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	x
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	x
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	✓	✓	✓	x
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	x
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	✓	✓	✓	x

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values used by all states and territories.

Details of use of non-standard NMDS scope

Medicare eligibility status was provided for all reported separations. Medicare eligibility status was reported as *Not stated/unknown* for 4.2% (24,962) of separations from Queensland private hospitals. This was maintained over the following collection years with 4.3% (25,753) in 2002-03 and 4.3% (27,479) in 2003-04. For private hospitals in the Australian Capital Territory 14.5% of separations were supplied with a Medicare eligibility status of *Not*

stated/unknown in 2001–02. There was an improvement in the specificity of this data element by Australian Capital Territory private hospitals over the following years with the frequency of *Not stated/unknown* reducing to 4.7% separations in 2002–03 and 1.1% separations in 2003–04. For the Northern Territory, all private hospital separations were *Not stated/unknown* for both 2002–03 and 2003–04 collection years (Table 3.22.1).

Table 3.22.1: Separations with a Medicare eligibility status of *Unknown*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	521	0.0	67	0.0	588	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	24,962	4.2	24,962	1.9
Western Australia	475	0.0	115	0.0	590	0.1
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	0	0.0	0	0.0
Australian Capital Territory	0	0.0	3,950	14.5	3,950	4.4
Northern Territory	0	0.0	n.a.	..	0	0.0
Total	996	0.0	29,094	1.2	30,090	0.5
2002–03						
New South Wales	262	0.0	61	0.0	323	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	25,753	4.3	25,753	2.0
Western Australia	549	0.1	42	0.0	591	0.1
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	4.7	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	811	0.0	37,663	1.5	38,474	0.6
2003–04						
New South Wales	187	0.0	6	0.0	193	0.0
Victoria	413	0.0	0	0.0	413	0.0
Queensland	1	0.0	27,479	4.3	27,480	2.0
Western Australia	556	0.2	236	0.1	792	0.1
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	1.1	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	1,157	0.0	39,110	1.5	40,267	0.6

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

New South Wales, Victoria and Western Australia mapped the data collected at the jurisdictional level to conform to the NHDD domain values for Medicare eligibility status.

Additional information

This data element is used in the assignment of Admitted patient election status as a patient may only elect to be treated as a public patient if they are eligible for Medicare. This data element has been recommended for deletion from the NMDS for Admitted Patient Care as it is not collected well in the private sector and is not used in national reporting.

Trend analysis

The quality of this data element has been consistently very good in the public sector over the 3-year collection period, but is considered to be relatively poor in the private sector.

3.23 Data element name: Mental health legal status

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Community Mental Health Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000092
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 5
Definition: Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period. Involuntary patients are persons who are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment of care.		METeOR ID: 273051

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	x
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	x	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	x	✓	✓	✓
2003-04						
New South Wales	✓	✓	x	✓	✓	✓
Victoria	✓	✓	x	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	x	✓	✓	✓

(a) Includes separations for which specialised psychiatric care days were reported only.

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

Not applicable.

Details of use of non-standard NMDS scope

Mental health legal status was provided by all states and territories except the Northern Territory in 2001–02.

Although these data are prescribed for collection for all admitted patient episodes of care, the AIHW had requested this data to be supplied only for separations in public and private psychiatric hospitals or in designated psychiatric units or services in public and private acute hospitals (that is, separations for which specialised psychiatric care days were reported) for the 3-year collection period. Therefore the analysis of the use of the NHDD definitions and domain values and the use of the *Unknown/not reported* value has been restricted to this subset of admitted patients.

The legislative arrangements under which patients can be involuntarily detained differ between jurisdictions, and these differences may be reflected in the proportion of separations reported as involuntary for each jurisdiction. For example, private hospitals in New South Wales and in Victoria do not have beds gazetted for use by involuntary patients.

Table 3.23.1: Separations with a Mental health legal status of *Unknown/not reported*, for separations with specialised psychiatric care, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	83	0.4	0	0.0	83	0.2
Queensland	0	0.0	320	1.5	320	0.7
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	1,947	100.0	1,947	36.8
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	788	100.0	n.a.	..	788	100.0
Total	871	0.9	2,267	2.6	3,138	1.7
2002–03						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	114	0.6	0	0.0	114	0.2
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	n.p.	100.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	246	28.8	..	..	n.p.	n.p.
Total	360	0.4	n.p.	2.1	n.p.	1.2
2003–04						
New South Wales	18,380	49.1	4	0.0	18,384	29.3
Victoria	1,842	9.8	0	0.0	1,842	3.2
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	680	71.4	..	..	n.p.	n.p.
Total	20,902	20.2	n.p.	0.0	n.p.	10.3

n.p. Not published.

n.a. Not available.

.. Not applicable.

In 2003–04, New South Wales public hospitals reported Mental health legal status as *Unknown/not reported* for 49.1% (18,380) of separations with specialised psychiatric care.

In 2003–04, public hospitals in Victoria reported 9.8% (1,842) as *Unknown/not reported*.

In 2001–02, Queensland private hospitals reported 1.5% (320) of separations with specialised psychiatric care as *Unknown/not reported*.

Tasmania reported Mental health legal status as *Unknown/not reported* for 100% (1,947) of separations with specialised psychiatric care in private hospitals in 2001–02 and again in 2002–03. In 2003–04, Mental health legal status was reported for all separations with specialised psychiatric care.

The Northern Territory did not report Mental health legal status for 100% (788) of separations with psychiatric care from public hospitals in 2001–02. A consistently high proportion of *Unknown/not reported* also occurred in the following 2 years with 28.8% (246) in 2002–03 and 71.4% (680) in 2003–04.

Was mapping required from state and territory data sets?

For Victoria Mental health legal status was reported as ‘Not applicable’ for private hospital separations as private hospitals are not proclaimed to provide services for involuntary patients. For national reporting purposes, Mental health legal status was mapped to ‘Voluntary’ for those separations.

Additional information

Tasmania encourages private hospitals to report this data element but it is not included in the data submitted. As a result of new legislation, it will be included in the mandatory data elements that are supplied from June 2005.

Trend analysis

The quality of this data element has been inconsistent across states and territories and sectors over the 3-year collection period. However, both Western Australia and South Australia provided Mental health legal status consistently well for the public and private sectors for each collection year. In general, the quality of the data provided for Mental health legal status has deteriorated over the 3-year collection.

3.24 Data element name: Mode of admission

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Palliative Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000385
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 4
Definition: Describes the mechanisms by which a person begins an episode of care.		METeOR ID: 269976

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	x	✓	✓	✓
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	x
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	x

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values used by all states and territories.

Details of use of non-standard NMDS scope

Mode of admission was provided for all separations in every state and territory over the 3-year collection period.

The data domain for Mode of admission includes a category *Unknown*. For Tasmanian public hospitals, Mode of admission was reported as *Unknown* for 8.5% of separations (6,729) in

2001–02 and 11.8% (9,571) in 2003–04. Private hospitals in Tasmania also reported a large proportion of *Unknown* Mode of admission with 17.9% of separations in 2001–02 decreasing to 13.1% in 2003–04. The Northern Territory private hospital provided all separations as *Unknown* for both the 2002–03 and 2003–04 collection years.

Table 3.24.1: Separations with a Mode of admission of *Unknown*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	1	0.0	0	0.0	1	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	3,927	1.1	141	0.1	4,068	0.7
Tasmania	6,729	8.5	12,628	17.9	19,357	12.9
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	127	0.2	n.a.	..	127	0.2
Total	10,784	0.3	12,769	0.5	23,553	0.4
2002–03						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	0	0.0	10,388	0.4	10,388	0.2
2003–04						
New South Wales	4,179	0.3	244	0.0	4,423	0.2
Victoria	413	0.0	0	0.0	413	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	9,571	11.8	n.p.	13.1	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
Total	14,163	0.3	20,185	0.0	34,348	0.5

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

New South Wales, Victoria and Western Australia all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for Mode of admission.

Additional information

Not applicable.

Trend analysis

The quality of this data element was very good for all states and territories except Tasmania and the private hospital in the Northern Territory over the 3-year collection period. Nationally, the proportion of separations reported with a Mode of admission of *Unknown* has remained constant at approximately 0.4% of all separations.

3.25 Data element name: Mode of separation

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000096
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 3
Definition: Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable).		METeOR ID: 270094

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	x	✓	✓	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	x	✓	✓	x	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	x	✓	✓	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	x	✓	✓	x	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	x	✓	✓	x	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

The NHDD definition was used by all states and territories.

For each of the 3 collection years, Victoria consistently used all domain values except for categories *Discharge/transfer to an(other) psychiatric hospital* and *Statistical discharge from leave*.

For Western Australia, the category *Discharge/transfer to an(other) psychiatric hospital* was used for discharges or transfers to all psychiatric facilities, not just psychiatric hospitals in 2001-02 and 2002-03. *Discharge/transfer to other health care accommodation (includes mothercraft hospitals)*

also included patients who were discharged or transferred to all hostels (mostly aged care) for the collection years 2001–02 and 2002–03. Western Australia used all domain values in 2003–04.

Details of use of non-standard NMDS scope

The AIHW requested a category of *Unknown* to be reported if Mode of separation was not known. Table 3.25.1 shows that Mode of separation was reported for the majority of separations for all states and territories across all 3 collection years.

Table 3.25.1: Separations with a Mode of separation of *Unknown*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	7	0.0	0	0.0	7	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	258	0.1	139	0.1	397	0.1
Tasmania	0	0.0	0	0.0	0	0.0
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	0	0.0	n.a.	..	0	0.0
Total	265	0.0	139	0.0	404	0.0
2002–03						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	28	0.0	27	0.0	55	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Total	28	0.0	28	0.0	56	0.0
2003–04						
New South Wales	66	0.0	0	0.0	66	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Total	66	0.0	0	0.0	66	0.0

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

New South Wales, Victoria and Western Australia mapped the data collected at the jurisdiction level to conform to the NHDD domain values for Mode of separation.

Additional information

The NHDD definition for some of the categories for this data element varied between version 9.0 in 2000–01 and version 12.0 in 2003–04 (NHDC 2000, 2003). Differences in the use of these definitions by states and territories has resulted in variation in the use of some categories between jurisdictions. For 2003–04, the category *Discharge/transfer to residential aged care service* included separations where the patient was discharged to a residential aged care service which was their usual place of residence in Victoria and also for New South Wales

private hospital data. Consequently, the number of separations with a mode of separation of *Other* (which includes the patient's usual residence) may be underestimated for those states. The reporting of the category *Discharge/transfer to residential aged care service* may also have differed over time for some states and territories.

States and territories were asked to provide comments on the discharge of patients to residential aged care services – that is, whether *Discharge/transfer to residential aged care service* is used if the residential aged care service is the patient's usual place of residence, or whether *Other* is used in this instance as set out in the NHDD.

Victoria and Western Australia indicated that *Discharge/transfer to a residential aged care service* is reported when the residential aged care service is the patient's usual place of residence. In Victoria, *Other* is used only for separation to private accommodation or the patient's home.

States and territories were also asked to indicate what constitutes other health care accommodation for the category *Discharge/transfer to other health care accommodation (includes mothercraft hospitals)* in their jurisdiction.

Queensland assigns this category to patients who are transferred to alcohol and drug centres, independent living units, or other health care establishments.

In Western Australia, this category includes mostly aged care hostels, but not psychiatric facilities or mothercraft hospitals.

In South Australia, 'Other health care accommodation' is defined as 'patient discharge to other health care accommodation not specified' in other 'Nature of separation' categories. South Australia has indicated that these are generally establishments that provide a very low level of nursing care.

Tasmania has indicated that 'Other health care facility' is the terminology used in the local data domain in Tasmania; therefore, without a specific survey being conducted, it is not possible to explain what this category actually represents.

The Northern Territory reported that the domain value 'Other health care facility' was used for a large variety of destinations including acute hospitals, psychiatric hospitals, and aged care facilities. However, the main destinations specified were hostels or a hospital self-care centre, or no destination was specified.

States and territories were also asked to comment on the use of *Statistical discharge from leave* in their jurisdiction.

Victoria does not use *Statistical discharge from leave*, noting that the original NHDD definition was designed to accommodate practice in public psychiatric hospitals in other jurisdictions. Queensland, Western Australia and South Australia indicated that they do use equivalent data domains in their jurisdictions. However, Western Australia indicated that it is unclear whether it is assigned consistently. The Northern Territory indicated that this category has not been used over the past 2 years of data, commenting that hospital information system analysts and Territory Health Services information analysts were unsure of the purpose of this particular category, indicating that it seemed not to relate to any particular practice.

Trend analysis

The provision of this data element has remained very good over the 3-year collection period. However, there are variations between states and territories in the use of some of the domain values.

3.26 Data element name: Number of leave periods

Evaluation NMDS: Admitted Patient Care	Other NMDSs:	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000107
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 3
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.		METeOR ID: 270058

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	Not supplied	..	✗	Not supplied	..	✗
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	Not supplied	..	✗	Not supplied	..	✗
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	Not supplied	..	✗	n.a.	..	✗
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	Not supplied	..	✗	Not supplied	..	✗
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	Not supplied	..	✗	Not supplied	..	✗
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	Not supplied	..	✗	Not supplied	..	✗
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	Not supplied	..	✗	Not supplied	..	✗
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	Not supplied	..	✗	Not supplied	..	✗
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	Not supplied	..	✗	Not supplied	..	✗

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

The NHDD definition was used by all states and territories, except Victoria, South Australia and the Northern Territory which did not provide data for Number of leave periods.

Details of use of non-standard NMDS scope

Victoria, South Australia and the Northern Territory did not provide information on Number of leave periods. Victoria and South Australia both indicated that they did not collect this information.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

There is some variation in the way that leave periods are recorded and reported by states and territories. For some states and territories, same day admitted patients may be recorded as having a leave period with no corresponding leave days, because their length of stay is only one day.

This data element was removed from the NMDS from 1 July 2004.

Trend analysis

The quality of this data element was considered poor and was not collected by some states and territories over the 3-year collection period.

3.27 Data element name: Number of days of hospital-in-the-home care

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000640
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 1
		METeOR ID: 270305
Definition: The number of hospital-in-the-home days occurring within an episode of care for an admitted patient.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	Not supplied	..	✘	Not supplied	..	✘
Victoria	✓	✓	Unknown	✓	✓	Unknown
Queensland	✓	✓	Unknown	..	..	..
Western Australia	Not supplied	..	✘	Not supplied	..	✘
South Australia	✘	✓	Unknown	✘	✓	Unknown
Tasmania	Not supplied	..	✘	Not supplied	..	✘
Australian Capital Territory	✓	✓	✘	✓	✓	✘
Northern Territory	✓	✓	Unknown	n.a.	..	..
2002–03						
New South Wales	Not supplied	..	✘	Not supplied	..	✘
Victoria	✓	✓	Unknown	✓	✓	Unknown
Queensland	✓	✓	Unknown	..	..	..
Western Australia	✓	✓	Unknown	✓	✓	Unknown
South Australia	✘	✓	Unknown	✘	✓	Unknown
Tasmania	Not supplied	..	✘	Not supplied	..	✘
Australian Capital Territory	✓	✓	Unknown	✓	✓	Unknown
Northern Territory	✓	✓	Unknown	✓	✓	Unknown
2003–04						
New South Wales	Not supplied	..	✘	Not supplied	..	✘
Victoria	✓	✓	✘	✓	✓	✘
Queensland	✓	✓	✘	✓	✓	✘
Western Australia	✓	✓	✘	✓	✓	✘
South Australia	✘	✓	✘	✘	✓	✘
Tasmania	Not supplied	..	✘	Not supplied	..	✘
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✘	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

For the states and territories that supplied Number of days of hospital-in-the-home care, the NHDD definition was used by most jurisdictions except South Australia. In South Australia for all 3 collection years, hospital-in-the-home care was defined as separate episodes of care, with the total number of patient days being equal to the number of hospital-in-the-home care days for these separations. This variation may have had the effect of slightly increasing the

relative numbers of separations and reducing the average lengths of stay reported by South Australia compared with other states and territories.

Details of use of non-standard NMDS scope

Most states and territories have hospital-in-the-home programs in which admitted patients are provided with hospital care. This care has been defined in the *National health data dictionary* version 12 (NHDC 2003) as occurring in the patient's permanent or temporary place of residence as a substitute for hospital accommodation, and within an episode of care for an admitted patient.

For 2001–02 and 2003–04 the AIHW specified that this data element should be provided for separations that received hospital-in-the-home care, and should be left blank for separations that did not receive this type of care. Therefore, for 2001–02 and 2002–03, it is not possible to determine whether Number of days of hospital-in-the-home care was provided for all separations in scope.

For 2001–02, New South Wales, Western Australia and Tasmania did not report hospital-in-the-home care. Victoria, Queensland, the Australian Capital Territory and the Northern Territory provided data on this data element as defined in the NHDD, and separations including this care were included in the NHMD. Western Australia operated some hospital-in-the-home programs but did not collect any data.

For 2002–03, New South Wales and Tasmania did not report this data element. Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory provided data on hospital-in-the-home care as defined in the NHDD. In Western Australia the reporting of hospital-in-the-home care commenced, but only a small number of hospitals reported any care of this type, as several programs which had characteristics of hospital-in-the-home did not meet the full NHDD definition.

For 2003–04 the AIHW requested the Number of days of hospital-in-the-home care to be supplied with a value of zero days (0) if the patient did not receive hospital-in-the-home care. For 2003–04 the Australian Capital Territory provided a valid domain value for all separations. For all other states and territories, Number of days of hospital-in-the-home care was missing (blank) for the majority of separations.

For 2003–04, New South Wales and Tasmania did not report this data element. Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory provided data on hospital-in-the-home care as defined in the NHDD, and separations including this care were included in the NHMD.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Not applicable.

Trend analysis

The national collection of these data started in 2001–02. Over the 3-year collection period, the number of states and territories reporting these data has increased, and the number of separations for which these data were reported increased from 30,128 separations in 2001–02 to 45,245 separations in 2003–04 (AIHW 2003b, 2005a). However, it is uncertain whether all periods of hospital-in-the-home care are being reported. The quality of this data element is considered to be poor.

3.28 Data element name: Number of qualified days for newborns

Evaluation NMDS: Admitted Patient Care	Other NMDSs:	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000346
		NHDD version: 10, 11 & 12
Scope: Newborn episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 2
Definition: The number of qualified newborn days occurring within a newborn episode of care.		METeOR ID: 270033

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✗	✓	✓	✗	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✗	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✗	✓	✓	✗	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✗	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✗	✓	✓	✗	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

Tasmania and the Northern Territory did not use the Newborn definition in 2001-02. A new episode of care for patients aged less than 10 days at admission was reported with each change in qualification status. This reporting method may mean that there were more separations for patients under the age of 10 days for these jurisdictions, relative to others, and that they had a lower average length of stay.

In 2002-03, private hospitals in Victoria and South Australia did not report any Newborn episodes with a mixture of qualified and unqualified days.

In 2002–03 and 2003–04, for Tasmania and for private hospitals in the Northern Territory, Newborn episodes of care were assigned a qualification status on the basis of their reported Diagnosis Related Group and/or Principal diagnosis. Where a patient's newborn qualification status was considered qualified at any point during the episode of care, the entire episode was reported as qualified days. As a consequence, the number of Newborn episodes of care with qualified days only will include newborns that may have had an unqualified component in their stay.

In 2003–04, private hospitals in South Australia did not report any Newborn episodes with a mixture of qualified and unqualified days, and for private hospitals in Victoria most Newborn episodes without qualified days were not reported.

Details of use of non-standard NMDS scope

Number of qualified days was provided by all states and territories for separations with *Newborn* episodes of care.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

The Newborn type of episode of care was introduced in 1998–99 for the hospital morbidity data to report a single episode of care for all patients aged 9 days or less at admission, regardless of their qualification status and whether they changed qualification status during their hospital stay. Thus these episodes can include qualified days only, a mixture of qualified days and unqualified days, or only unqualified days. Qualified days are considered to be the equivalent of acute care days and Newborn episodes with qualified days are considered to be equivalent to acute care episodes for the period in which they received qualified care. Newborn episodes with no qualified days are considered to be equivalent to the previous category, *Unqualified neonate*.

Trend analysis

This data element was provided well by most states and territories for each collection year. However, the quality of this data element is considered to be poor because of continuing variations between jurisdictions in the reporting of these data.

3.29 Data element name: Person identifier

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Non-admitted Patient Emergency Department Care (2003–04) Perinatal	Collection year: 2001–02, 2002–03 & 2003–04
		Knowledgebase ID: 000127
		NHDD version: 10, 11 & 12
		Version number: 1
		METeOR ID: 290046
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
Definition: Person identifier unique within an establishment or agency.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001–02						
New South Wales	✓	✓	✓	Not supplied	..	✗
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	Not supplied	..	✗	Not supplied	..	✗
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002–03						
New South Wales	✓	✓	✓	Not supplied	..	✗
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	Not supplied	..	✗	Not supplied	..	✗
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003–04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	Not supplied	..	✗	Not supplied	..	✗
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

The NHDD definition and domain values were used by the states and territories that provided Person identifier. Individual establishments or collection authorities may use their

own alphabetic, numeric or alphanumeric coding systems as domain values. The NHDD definition requires the Person identifier to be unique to the patient within the relevant establishment.

The uniqueness of Person identifier has not been verified by the AIHW. The AIHW did not perform any validation checks to establish if the same Person identifier had the same date of birth, sex and country of birth for each episode of care, by state/territory.

Details of use of non-standard NMDS scope

New South Wales private hospitals did not provide a Person identifier in 2001–02 and 2002–03. Western Australia did not provide a Person identifier for all separations across each of the 3 collection years, stating that this was due to confidentiality reasons.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

In its documentation accompanying the data request to states and territories, the AIHW asked a number of questions regarding Person identifier including:

1. Is this identifier repeated for repeat admissions of individual patients?
2. If so, does this apply within individual hospitals or throughout the state/territory?
3. Are the identifiers the same as those used for previous years (that is, can they be used to identify repeat admissions in previous years for the same patients)?

In 2001–02, New South Wales indicated that Person identifier is different for every new data extract and cannot be used to identify repeat admissions in previous years for the same patients. In 2003–04, it stated that Person identifier was the same as that used for previous years, but the number was unique only within the allocating facility and not across a group of facilities.

Victoria indicated that Person identifier is repeated for repeat admissions of individual patients and is unique only within individual hospitals.

Queensland indicated that Person identifier is repeated for repeat admissions of individual patients and is unique only within individual hospitals. In 2003–04 Queensland stated that from 2000–01 onwards Person identifiers are stable across financial years.

For all 3 collection years, South Australia stated that Person identifiers could be used to identify unique patients within hospitals, and that for 2003–04 the identifiers were the same as those used for 2002–03.

Tasmania has indicated that the identifier is not repeated for repeat admissions of individual patients in public hospitals and that patient identifiers are unique within private establishments. However, as individual establishment identifiers are not provided for Tasmanian private hospitals, the same Person identifier may be used for different patients in separate private hospitals.

The Australian Capital Territory indicated that Person identifier may be used for repeat admissions within a hospital and applies across periods for the same patients.

The Northern Territory indicated that Person identifier is repeated for repeat admissions of the same individual across the territory, for public hospitals. For the Northern Territory private hospital, unique Person identifiers were provided for 2002–03. However, Person identifier was identical for all Northern Territory private hospital records in 2003–04.

Trend analysis

The quality of this data element has improved over the 3-year collection period. Most of this improvement is due to the provision of Person identifier for private hospitals in New South Wales for 2003-04. The data have also improved for other jurisdictions, with an increasing tendency to provide Person identifiers that are stable across collection periods. Western Australia did not provide Person identifier for separations for any of the collection years.

3.30 Data element name: Place of occurrence of external cause of injury

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Injury Surveillance	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000384
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 5
Definition: The place where the external injury, poisoning or adverse effect occurred.		METeOR ID: 333874

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001-02						
New South Wales	✓	✓	x	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	x	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	x	n.a.	..	..
2002-03						
New South Wales	✓	✓	x	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	x	✓	✓	x
Northern Territory	✓	✓	x	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	x
Northern Territory	✓	✓	✓	✓	✓	x

(a) Only includes separations for which a diagnosis of injury or poisoning was reported.

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

For the collection years 2001-02 and 2003-04, South Australia mapped the data collected using ICD-10-AM forward to the edition applicable for the subsequent year (i.e. 2001-02 was provided in the third edition and 2003-04 was provided in the fourth edition).

For the collection year 2002–03 a very small number of records were provided with an invalid activity when injured code. These codes were ICD-10-AM activity codes, but they were invalid for the edition of ICD-10-AM applicable for the collection years.

Details of use of non-standard NMDS scope

The NHDD and ICD-10-AM second and third editions specify that a Place of occurrence code should accompany an External cause code in the range V01–Y89 (AIHW 2001a, 2001b; NHDC 2003; NCCH 2000, 2002).

For 2003–04, the Northern Territory was unable to provide Place of occurrence for the private sector (Table 3.30.1).

Table 3.30.1: Separations with an External cause code in the range V01–Y89 and no Place of occurrence code reported, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	782	0.5	110	0.3	892	0.5
Victoria	304	0.3	28	0.1	332	0.2
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	49	0.5	29	0.8	78	0.6
Australian Capital Territory	2	0.0	17	1.6	19	0.3
Northern Territory	488	6.8	n.a.	..	488	6.8
Total	1,625	0.4	184	0.1	1,809	0.3
2002–03						
New South Wales	1,831	1.2	84	0.2	1,915	1.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	8	0.1	n.p.	0.8	n.p.	n.p.
Australian Capital Territory	44	0.7	n.p.	0.8	n.p.	n.p.
Northern Territory	1,221	16.4	n.p.	0.2	n.p.	n.p.
Total	3,104	0.7	126	0.1	3,230	0.5
2003–04						
New South Wales	567	0.3	82	0.2	649	0.3
Victoria	14	0.0	23	0.1	37	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	1	0.0	1	0.0
Tasmania	4	0.0	n.p.	0.3	n.p.	n.p.
Australian Capital Territory	3	0.0	n.p.	0.6	n.p.	n.p.
Northern Territory	1	0.0	n.p.	100.0	n.p.	n.p.
Total	589	0.1	775	0.6	1,364	0.2

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

South Australia mapped the data collected in 2001–02 and 2003–04 using the second and third editions of ICD-10-AM, respectively, forward to codes of the third and fourth editions, respectively, before providing them to the AIHW. Where mapped codes could be identified, the AIHW mapped the South Australian data backwards to the second and third edition codes, respectively.

Additional information

The data domain for Place of occurrence includes values for *Unspecified place* and *Other specified place*. The category *Other specified place* may be used where the documented Place of occurrence was specified but could not be mapped to a specific value in the classification. The category *Unspecified place* may be used to indicate that the Place of occurrence was either not specified or not documented well on the patient's record.

For the years 2001–02 and 2002–03, New South Wales provided more than 0.5% of separations where a Place of occurrence code was not reported (when it was required). This decreased to less than 0.5% of separations for 2003–04 (Table 3.30.1). However, this was accompanied by a gradual increase in the use of *Unspecified place* for both hospital sectors over the three collection periods. New South Wales provided a relatively high proportion of separations with this unspecified code for the collection year 2001–02, with 27.8% of separations in the public sector and 36.5% of separations in the private sector. This increased to 28.7% and 37.2% of separations, respectively in 2003–04 (Table 3.30.2). The use of the category *Other specified place* decreased from 3.5% in 2001–02 to 1.4% in 2003–04 (Table 3.30.3).

Victoria provided a Place of occurrence code for the majority of separations with an External cause code for all 3 collection years. The category of *Unspecified place* was provided for a high proportion of separations for both public and private hospitals in Victoria and was relatively stable over time. The use of the category *Other specified place* decreased from 3.3% in 2001–02 to 1.6% in 2003–04.

Queensland provided a Place of occurrence code for all separations with an External cause code across both public and private sectors and all collection years. There was a relatively high use of the category *Unspecified place* for separations by both sectors in Queensland, which increased for the public sector from 28.2% in 2001–02 to 31.0% in 2003–04, and was relatively stable for private hospitals. The use of the category *Other specified place* decreased from 6.8% in 2001–02 to 2.6% in 2003–04.

Western Australia provided a Place of occurrence code for all separations with an External cause code across both public and private sectors and all collection years. There was an increase in the proportion of records in the private sector using the category *Unspecified place*, from 31.9% of separations in 2001–02 to 34.9% of separations in 2003–04. The use of the category *Other specified place* decreased from 5.7% in 2001–02 to 2.4% in 2003–04.

South Australia provided a Place of occurrence code for all separations with an External cause code for all collection years. The use of the *Unspecified place* code increased for both sectors over the 3-year collection period, from 23.5% in 2001–02 to 26.8% in 2003–04. The use of the category *Other specified place* decreased from 3.7% in 2001–02 to 1.6% in 2003–04.

Tasmania had a relatively small number of separations that did not provide a Place of occurrence code with an External cause code for each collection year. There was an improvement in the use of the data domain value of *Unspecified place* across the 3 collection years. The use of the category *Other specified place* decreased during the 3 years.

The Australian Capital Territory had a relatively small number of separations that did not provide a Place of occurrence code with an External cause code for each collection year. The use of the domain value *Unspecified place* increased for the public sector from 30.2% in 2001–02 to 33.1% in 2003–04. The use of the category *Other specified place*, in the public sector, decreased from 5.7% in 2001–02 to 1.7% in 2003–04.

In 2001–02, the Northern Territory public sector provided 6.8% of separations with an External cause code without a corresponding Place of occurrence code. This increased to

16.4% in 2002–03, and then improved in 2003–04 with only 1 separation being supplied without a Place of occurrence code. In the private sector for 2003–04, 100.0% of separations were supplied without a Place of occurrence code. The use of the domain value *Unspecified place* in the public sector increased from 43.1% of separations in 2001–02 to 52.9% of separations in 2003–04. The use of the category *Other specified place* in public hospitals decreased from 6.9% in 2001–02 to 1.5% in 2003–04.

Table 3.30.2: Separations with an External cause code in the range V01–Y89 and a Place of occurrence code of *Unspecified place*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	40,224	27.8	12,775	36.5	52,999	29.5
Victoria	32,062	28.4	9,361	32.6	41,423	29.3
Queensland	25,835	28.2	10,830	30.5	36,665	28.8
Western Australia	13,844	32.8	4,856	31.9	18,700	32.5
South Australia	6,607	19.5	4,264	34.5	10,871	23.5
Tasmania	2,516	26.4	916	24.9	3,432	26.0
Australian Capital Territory	1,888	30.2	432	39.6	2,320	31.6
Northern Territory	3,074	43.1	n.a.	..	3,074	43.1
Total	126,050	28.1	43,434	33.0	169,484	29.2
2002–03						
New South Wales ^(a)	42,496	28.2	12,352	36.1	54,848	29.6
Victoria	34,683	29.0	9,503	32.3	44,186	29.7
Queensland	27,054	30.4	10,835	31.8	37,889	30.8
Western Australia	15,040	33.9	4,875	33.1	19,915	33.7
South Australia	7,961	22.3	5,464	44.5	13,425	28.0
Tasmania	2,293	24.3	n.p.	26.7	n.p.	n.p.
Australian Capital Territory	2,148	34.2	n.p.	39.8	n.p.	n.p.
Northern Territory	2,824	37.8	n.p.	55.8	n.p.	n.p.
Total	134,499	29.1	45,061	34.5	179,560	30.3
2003–04						
New South Wales	48,462	28.7	12,401	37.2	60,863	30.1
Victoria	33,244	27.4	9,669	32.5	42,913	28.4
Queensland	29,000	31.0	9,903	30.0	38,903	30.7
Western Australia	14,731	32.5	5,308	34.9	20,039	33.1
South Australia	9,168	24.4	4,260	34.1	13,428	26.8
Tasmania	2,177	22.0	n.p.	26.8	n.p.	n.p.
Australian Capital Territory	2,328	33.1	n.p.	40.0	n.p.	n.p.
Northern Territory	3,802	52.9	n.p.	0.0	n.p.	n.p.
Total	142,912	29.1	43,281	33.3	186,193	30.0

(a) Includes 88 separations using the ICD-10-AM superseded version 2 *Unspecified activity* code.

n.p. Not published.

n.a. Not available.

.. Not applicable.

Trend analysis

The quality of this data element is considered to be poor. Nationally, over the 3-year collection period, the non-reporting of Place of occurrence has remained relatively low for separations which required the reporting of this data element. However, the utility of the Place of occurrence is limited because of the relatively high use of *Unspecified place* (approximately 30% in each collection period), with no trend indicating improvement. The high use of the code *Unspecified place* indicates a need for more thorough documentation of external cause data.

In addition, a relatively high proportion of separations that required a Place of occurrence code to be reported were assigned the category *Other specified place*. However, there has been an overall improvement in the use of this category, decreasing from about 5% of separations in 2001–02 to less than 2% for 2002–03 and 2003–04 (Table 3.30.3). The improvement in

reporting may reflect the addition of more specific Place of occurrence codes in the third edition of ICD-10-AM.

Table 3.30.3: Separations with an External cause code in the range V01–Y89 and a Place of occurrence code of *Other specified place*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	5,505	3.8	850	2.4	6,355	3.5
Victoria	3,382	3.9	482	1.7	3,864	3.3
Queensland	6,249	8.5	1,142	3.2	7,391	6.8
Western Australia	2,314	7.0	456	3.0	2,770	5.7
South Australia	1,116	4.3	313	2.5	1,429	3.7
Tasmania	487	7.2	124	3.4	611	5.8
Australian Capital Territory	266	5.7	20	1.8	286	5.0
Northern Territory	409	6.9	n.a.	..	409	6.9
Total	19,728	5.2	3,387	2.6	23,115	4.5
2002–03						
New South Wales ^(a)	2,506	1.6	333	1.0	2,839	1.5
Victoria	1,773	2.0	262	0.9	2,035	1.7
Queensland	2,290	3.1	394	1.2	2,684	2.5
Western Australia	834	2.5	169	1.1	1,003	2.1
South Australia	499	1.9	72	0.6	571	1.5
Tasmania	220	3.2	n.p.	1.3	n.p.	n.p.
Australian Capital Territory	80	1.7	n.p.	0.4	n.p.	n.p.
Northern Territory	81	1.4	n.p.	0.5	n.p.	n.p.
Total	8,283	2.1	1,287	1.0	9,570	1.8
2003–04						
New South Wales	2,684	1.6	191	0.6	2,875	1.4
Victoria	1,672	1.9	249	0.8	1,921	1.6
Queensland	2,422	3.3	361	1.1	2,783	2.6
Western Australia	1,017	3.1	163	1.1	1,180	2.4
South Australia	523	2.0	95	0.8	618	1.6
Tasmania	158	2.3	n.p.	0.7	n.p.	n.p.
Australian Capital Territory	77	1.7	n.p.	0.1	n.p.	n.p.
Northern Territory	87	1.5	n.p.	0.0	n.p.	n.p.
Total	8,640	2.1	1,091	0.8	9,731	1.8

(a) Includes 21 separations using the ICD-10-AM superseded second edition *Other specified activity* code.

n.a. Not available.

.. Not applicable.

3.31 Data element name: Principal diagnosis

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Community Mental Health Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000136
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 3
		METeOR ID: 333838
Definition: The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility).		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	x
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

For the collection years 2001-02 and 2003-04 South Australia mapped the data collected using ICD-10-AM forward to the edition applicable for the subsequent year (i.e. 2001-02 was provided in the third edition and 2003-04 was provided in the fourth edition).

Details of use of non-standard NMDS scope

Principal diagnosis was reported for each state and territory and for both sectors for each of the 3 collection years. For some states and territories, a small proportion of separations were reported without a Principal diagnosis (Table 3.31.1).

Victoria provided a principal diagnosis for almost all public hospital separations. However, for private hospitals in Victoria, 2.0% of separations in 2001–02 were provided without a principal diagnosis, decreasing to 0.3% in 2002–03 and 2003–04.

Tasmania, in 2001–02, did not provide Principal diagnosis for 0.5% of private hospital separations. This improved in 2002–03 and 2003–04 with almost all separations reporting a Principal diagnosis.

Table 3.31.1: Separations for which a Principal diagnosis was not reported, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	892	0.1	6	0.0	898	0.0
Victoria	183	0.0	11,742	2.0	11,925	0.7
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	1	0.0	0	0.0	1	0.0
Tasmania	62	0.1	330	0.5	392	0.3
Australian Capital Territory	0	0.0	1	0.0	1	0.0
Northern Territory	165	0.3	n.a.	..	165	0.3
Total	1,303	0.0	12,079	0.5	13,382	0.2
2002–03						
New South Wales	351	0.0	0	0.0	351	0.0
Victoria	85	0.0	2,271	0.3	2,356	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	10	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.1	n.p.	n.p.
Northern Territory	105	0.2	n.p.	0.0	n.p.	n.p.
Total	551	0.0	2,309	0.1	2,860	0.0
2003–04						
New South Wales	1,934	0.1	3	0.0	1,937	0.1
Victoria	52	0.0	2,014	0.3	2,066	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	2	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.2	n.p.	n.p.
Northern Territory	35	0.0	n.p.	0.0	n.p.	n.p.
Total	2,023	0.0	2,074	0.1	4,097	0.1

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

South Australia mapped the data collected in 2001–02 and 2003–04 using the second and third editions of ICD-10-AM, respectively, forward to codes of the third and fourth editions, respectively, before providing them to the AIHW. Where mapped codes could be identified, the AIHW mapped the South Australian data backwards to the second and third edition codes, respectively.

Trend analysis

Nationally, the quality of this data element is considered to be very good and has shown a slight improvement over the 3-year collection period.

3.32 Data element name: Procedure

Evaluation NMDS: Admitted Patient Care	Other NMDSs:	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000137
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 5
		METeOR ID: 333828
Definition: A clinical intervention that: <ul style="list-style-type: none"> • is surgical in nature, and/or • carries a procedural risk, and/or • carries an anaesthetic risk, and/or • requires specialised training, and/or • requires special facilities or equipment only available in an acute care setting. 		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

(a) Not able to be determined from the available data. It is assumed that Procedure was provided for all separations for which it was applicable.

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

For the collection years 2001–02 and 2003–04 South Australia mapped the data collected using ICD-10-AM forward to the edition applicable for the subsequent year (i.e. 2001–02 was provided in the third edition and 2003–04 was provided in the fourth edition).

The NHDD definition and domain values were used by all other states and territories, although a very small number of invalid procedure codes were reported to the NHMD.

Details of use of non-standard NMDS scope

There were a large number of separations in each state and territory for which there was no procedure. However, it is not possible to determine whether there were procedures performed that were not reported, as a patient may not necessarily undergo any procedures during the episode of care. Although it is not unusual for an admitted patient not to have any procedures performed during the episode of care, information is presented below for separations for which there was no procedure reported (Table 3.32.1).

Table 3.32.1: Separations for which a Procedure was not reported, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	400,859	31.8	41,942	6.1	442,801	22.7
Victoria	270,061	24.8	70,867	12.2	340,928	20.4
Queensland	210,230	30.3	61,350	10.3	271,580	21.1
Western Australia	76,276	21.6	32,666	12.0	108,942	17.4
South Australia	90,305	24.9	17,981	9.1	108,286	19.3
Tasmania	20,630	26.0	13,327	18.9	33,957	22.6
Australian Capital Territory	8,544	13.8	1,873	6.9	10,417	11.7
Northern Territory	17,511	27.6	n.a.	..	17,511	27.6
Total	1,094,416	27.6	240,006	9.9	1,334,422	20.9
2002–03						
New South Wales	390,983	30.3	40,415	5.7	431,398	21.6
Victoria	281,289	24.5	73,975	11.4	355,264	19.7
Queensland	205,320	29.2	56,964	9.5	262,284	20.1
Western Australia	75,677	20.6	30,105	10.7	105,782	16.3
South Australia	89,699	24.4	17,047	8.4	106,746	18.7
Tasmania	20,851	26.0	n.p.	19.0	n.p.	n.p.
Australian Capital Territory	8,044	12.6	n.p.	6.0	n.p.	n.p.
Northern Territory	18,510	27.2	n.p.	13.0	n.p.	n.p.
Total	1,090,373	26.7	234,542	9.2	1,324,915	19.9
2003–04						
New South Wales	397,959	30.0	34,999	4.9	432,958	21.2
Victoria	279,216	23.5	73,853	10.8	353,069	18.9
Queensland	214,083	29.7	56,040	8.8	270,123	19.8
Western Australia	73,193	19.9	23,700	8.2	96,893	14.7
South Australia	96,047	25.3	15,294	7.4	111,341	19.0
Tasmania	21,395	26.4	n.p.	18.2	n.p.	n.p.
Australian Capital Territory	10,044	14.6	n.p.	6.4	n.p.	n.p.
Northern Territory	18,259	26.0	n.p.	10.5	n.p.	n.p.
Total	1,110,196	26.4	219,432	8.3	1,329,628	19.4

n.p. Not published.

n.a. Not available.

.. Not applicable.

Was mapping required from state and territory data sets?

South Australia mapped the data collected in 2001–02 and 2003–04 using the second and third editions of ICD-10-AM, respectively, forward to codes of the third and fourth editions, respectively before providing them to the AIHW. Where mapped codes could be identified,

the AIHW mapped the South Australian data backwards to the second and third edition codes, respectively.

Additional information

Up to 31 procedure codes in 2001–02 and 2002–03 and up to 50 procedure codes in 2003–04 were requested. The NHDD recommends that a minimum of 20 procedure codes should be able to be reported. In 2001–02 and 2002–03, Queensland and Western Australia reported 31 procedure codes, the maximum number requested by the AIHW for those collection years. In 2003–04, Western Australian public hospitals reported 66 procedure codes, greater than the maximum number requested by the AIHW for that collection year. The specification of the maximum number of procedure codes to be reported to the NHMD may therefore have restricted the number of codes that may otherwise have been provided.

In 2001–02, 43.9% of public hospital separations and 25.0% of private hospital separations reported only one procedure (Table 3.32.2).

In 2002–03, 42.5% of public hospital separations and 22.0% of private hospital separations reported only one procedure.

In 2003–04, 44.4% of public hospital separations and 24.7% of private hospital separations reported only one procedure.

Table 3.32.2: Separations, by maximum number of procedures reported per separation, mean number of procedures reported per separation and the proportion of separations with only one procedure code reported, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals			Private hospitals			Total		
	Maximum number reported	Mean ^(a) procedures reported	Per cent ^(a) with only one procedure	Maximum number reported	Mean ^(a) procedures reported	Per cent ^(a) with only one procedure	Maximum number reported	Mean ^(a) procedures reported	Per cent ^(a) with only one procedure
2001–02									
New South Wales	20	2.4	38.8	20	2.4	19.7	20	2.4	30.5
Victoria	25	2.2	45.0	25	2.3	27.9	25	2.2	38.5
Queensland	31	2.2	45.5	31	2.3	26.4	31	2.2	35.5
Western Australia	31	2.2	44.9	31	2.2	28.5	31	2.2	37.2
South Australia	25	2.1	46.8	25	2.4	27.9	25	2.2	39.3
Tasmania	30	2.2	48.6	30	2.3	21.8	30	2.2	35.4
Australian Capital Territory	25	2.1	50.7	25	2.4	24.0	25	2.2	42.1
Northern Territory	30	1.7	64.9	n.a.	..	..	30	1.7	64.9
Total	..	2.2	43.9	..	2.3	25.0	..	2.3	35.7
2002–03									
New South Wales	20	2.5	37.7	20	2.6	18.2	20	2.5	29.4
Victoria	25	2.3	43.3	25	2.4	24.7	25	2.3	35.9
Queensland	31	2.3	44.5	21	2.4	23.2	31	2.4	33.4
Western Australia	31	2.3	42.7	31	2.5	23.0	31	2.4	33.6
South Australia	25	2.2	44.9	25	2.6	25.3	25	2.3	37.1
Tasmania	30	2.3	47.7	30	2.5	17.3	30	2.4	33.1
Australian Capital Territory	25	2.2	51.2	25	2.8	13.3	25	2.4	38.5
Northern Territory	30	1.8	64.4	20	2.5	17.7	30	1.9	57.2
Total	..	2.3	42.5	..	2.5	22.0	..	2.4	33.6
2003–04									
New South Wales	50	2.5	39.1	20	2.6	19.6	50	2.5	30.9
Victoria	40	2.3	45.4	40	2.4	27.4	40	2.3	38.2
Queensland	50	2.3	46.6	50	2.4	25.7	50	2.4	35.4
Western Australia	66	2.3	45.8	49	2.5	29.9	66	2.4	38.2
South Australia	25	2.2	45.8	25	2.6	26.1	25	2.4	37.8
Tasmania	50	2.2	50.1	50	2.5	21.1	50	2.4	36.1
Australian Capital Territory	31	2.2	52.5	25	2.6	21.5	31	2.3	42.0
Northern Territory	30	1.7	68.1	20	2.4	20.9	30	1.8	60.6
Total	..	2.3	44.4	..	2.5	24.7	..	2.4	35.8

(a) For separations with one or more procedures reported.
n.p. Not published.
n.a. Not available.
.. Not applicable.

Trend analysis

The quality of this data element was not able to be determined. However, the proportion of separations for which a procedure was reported and the average number of procedures reported has increased slightly over the 3-year collection period and may be indicative of improvement. The number of invalid ICD-10-AM procedure codes provided to the NHMD has remained negligible for all states and territories, although South Australia provided all procedure codes for 2001-02 and 2003-04 in an incorrect version of ICD-10-AM.

3.33 Data element name: Separation date

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Perinatal	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000043
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 5
		METeOR ID: 270025
Definition: Date on which an admitted person completes an episode of care.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values used by all states and territories.

Details of use of non-standard NMDS scope

Separation date provided for all separations.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Over the 3-year collection period, the AIHW performed a validation check on separation date to identify the possible use of default separation dates by hospitals and did not identify any instances in which this occurred systematically.

Trend analysis

This data element was provided consistently well by each state and territory for each collection year.

3.34 Data element name: Sex

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Perinatal Non-admitted Patient Emergency Department Care (2003-04)	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000149
		NHDD version: 10, 11 & 12
		Version number: 2 (2001-02, 2002-03), 3 (2003-04)
		METeOR ID: 287316
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
Definition: The sex of the person.		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values used by all states and territories, except South Australia in the year 2001-02 where it did not use the category *Indeterminate*.

Details of use of non-standard NMDS scope

Nationally, for each of the 3 collection years, the category *Not stated/Inadequately described* was reported for a small number of separations. For 2001–02 Sex was reported as *Not stated/Inadequately described* for 151 separations, increasing to 237 separations in 2002–03 and then falling to 46 separations in 2003–04.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Not applicable.

Trend analysis

This data element was provided at a high standard by all states and territories for each collection year.

3.35 Data element name: Source of referral to public psychiatric hospital

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Public Hospital Establishments (2001)	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000150
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in public psychiatric hospitals.		Version number: 3
Definition: Source from which the person was transferred/referred to the public psychiatric hospital.		METeOR ID: 269947

Use of national standard definition, domain values and NMDS scope

State/territory	Public psychiatric hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02			
New South Wales	✓	✓	x
Victoria	✓	✓	x
Queensland	✓	✓	✓
Western Australia	✓	✓	x
South Australia	✓	✓	x
Tasmania	✓	✓	x
Australian Capital Territory
Northern Territory
2002-03			
New South Wales	✓	✓	x
Victoria	✓	✓	x
Queensland	✓	✓	✓
Western Australia	✓	✓	x
South Australia	✓	✓	x
Tasmania	✓	✓	x
Australian Capital Territory
Northern Territory
2003-04			
New South Wales	✓	x	✓
Victoria	✓	✓	x
Queensland	✓	✓	✓
Western Australia	✓	✓	x
South Australia	✓	✓	x
Tasmania	✓	✓	x
Australian Capital Territory
Northern Territory

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

All states and territories used the definition for Source of referral except the Australian Capital Territory. New South Wales did not use all domain values in 2003-04, not using *Other public psychiatric hospital* and *Other private hospital*.

Details of use of non-standard NMDS scope

New South Wales provided information for this data element for all separations that were reported with specialised psychiatric care days, regardless of hospital type. In addition, the state provided information for a small number of separations from public acute hospitals that did not receive specialised psychiatric care (179 separations in 2001-02, 420 separations in 2002-03 and 390 separations in 2003-04). This data element was reported reasonably well by New South Wales for each collection year for separations from public psychiatric

hospitals. In 2001–02 and 2002–03, 1.8% and 2.0% of separations, respectively, were reported as *Unknown*. There was an improvement in the reporting of this data in 2003–04 with only 0.3% of separations reported as *Unknown* (Table 3.35.1).

Victoria, Queensland and South Australia provided data for public psychiatric hospital patients only for all 3 collection years, as specified in the NHDD definition.

Victoria did not report this data element well across the collection years. In 2001–02, 33.8% (133) of separations from public psychiatric hospitals were reported as *Unknown*. This proportion increased to 100% (436, 413) for both 2002–03 and 2003–04.

Table 3.35.1: Separations for which Source of referral to public psychiatric hospital was *Unknown*, public psychiatric hospitals, states and territories, 2001–02 to 2003–04.

State/territory	Public psychiatric hospitals	
	Number	Per cent
	2001–02	
New South Wales	177	1.8
Victoria	133	33.8
Queensland	0	0.0
Western Australia	134	6.2
South Australia	1,735	61.2
Tasmania	174	92.6
Australian Capital Territory	..	..
Northern Territory	..	..
Total	2,353	15.0
	2002–03	
New South Wales	193	2.0
Victoria	436	100.0
Queensland	0	0.0
Western Australia	105	5.4
South Australia	1,178	43.0
Tasmania	120	42.6
Australian Capital Territory	..	..
Northern Territory	..	..
Total	2,032	13.1
	2003–04	
New South Wales	35	0.3
Victoria	413	100.0
Queensland	0	0.0
Western Australia	33	2.1
South Australia	964	37.3
Tasmania	8	3.9
Australian Capital Territory	..	..
Northern Territory	..	..
Total	1,453	9.1

.. Not applicable.

Queensland provided high-quality data for this data element for each collection year, reporting Source of referral for all separations from public psychiatric hospitals.

Western Australia, in 2001–02, provided data for all separations with specialised psychiatric care days. However, separations not in public psychiatric hospitals were assigned a value of *Unknown*. In the following collection years, Western Australia provided information for public psychiatric hospital patients only. In 2001–02 and 2002–03, 6.2% and 5.4% respectively of separations from public psychiatric hospitals were reported as *Unknown*. In 2003–04, this proportion improved and only 2.1% of separations were reported as *Unknown*.

South Australia reported a consistently high proportion of separations from public psychiatric hospitals as *Unknown*. However, the proportion of separations which had an

unknown Source of referral improved from 61.2% of separations in 2001–02 to 43.0% in 2002–03 and improved further to 37.3% in 2003–04.

Tasmania provided information for this data element for all separations with specialised psychiatric care days, regardless of hospital type, across each of the 3 collection years. It did not report this data element well for separations from public psychiatric hospitals in 2001–02 and 2002–03, with 92.6% and 42.6% of separations respectively reported as *Unknown*. However, in 2003–04 there was a large improvement and only 3.9% of separations from public psychiatric hospitals had a Source of referral reported as *Unknown*.

The Australian Capital Territory provided data for this element for each collection year, even though there is no public psychiatric hospital in the Australian Capital Territory. Data for this element were provided for some separations with specialised psychiatric care days. However, for private hospitals, a value of *Unknown* was provided for all separations with specialised psychiatric care days in 2001–02 and 2003–04; and data were not provided for private hospital separations with specialised psychiatric care days in 2002–03.

The Northern Territory did not provide data for this data element as it does not have a public psychiatric hospital.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

Not applicable.

Trend analysis

The quality of this data element is considered to be poor. Over the 3-year collection period, the proportion of separations from public psychiatric hospitals for which Source of referral to public to psychiatric hospital was *Unknown* has decreased from 15.0% in 2001–02 to 9.1% in 2003–04, with a marked improvement in the reporting of this data element for New South Wales, Western Australia, South Australia and Tasmania.

3.36 Data element name: Total leave days

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000163
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 3
Definition: Sum of the length of leave (date returned from leave minus date went on leave) for all periods within the hospital stay.		METeOR ID: 270251

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

NHDD definition and domain values used by all states and territories.

Details of use of non-standard NMDS scope

Total leave days provided for all separations.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

The number of leave days does not allow the accurate reporting of leave for part of the day. The calculation of leave days (as the date returning from leave minus the date went on leave) will result in the reporting of zero leave days for patients who may have had a number of part day leave periods.

Trend analysis

This data element was provided consistently well by each state and territory for each collection year.

3.37 Data element name: Total psychiatric care days

Evaluation NMDS: Admitted Patient Care	Other NMDSs: Admitted Patient Mental Health Care Community Mental Health Establishments (2002-03)	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000164
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 2
Definition: The sum of the number of days or part days of stay that the person received care as an admitted patient or resident within a designated psychiatric unit, minus the sum of leave days occurring during the stay within the designated unit.		METeOR ID: 270300

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)	NHDD definition used?	NHDD domain values used?	Provided for all reported separations? ^(a)
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	✓

(a) Not able to be determined from the available data. Based on information from states/ territories it is assumed that Total psychiatric care days was provided for all separations for which it was applicable.

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

Not applicable, NHDD definition and domain values used by all states and territories.

Details of use of non-standard NMDS scope

It is unclear whether these data have been provided for all separations that received care in a designated psychiatric unit or service. States and territories have confirmed that all public hospitals with specialised psychiatric facilities reported psychiatric care days to the NHMD for 2001–02, with estimates that between 95% and 100% of psychiatric care days were reported.

These data were provided for most separations in public psychiatric hospitals. For New South Wales, these data were not provided for patients who received alcohol and other drug treatment while admitted to public psychiatric hospitals (943 separations in 2001–02, 1,205 separations in 2002–03 and 1,068 separations in 2003–04). However, as these separations were not from a designated psychiatric unit, these data were not required.

Was mapping required from state and territory data sets?

Not applicable.

Additional information

There was some variation in the way data were reported for separations which were out of scope. For 2001–02, New South Wales, Victoria and Tasmania provided a value of zero (0) for separations without specialised psychiatric care, and in Queensland out-of-scope separations were blank for this data element. The other states and territories provided a mixture of blank and '0' values for separations that were out of scope.

For 2002–03, New South Wales, Victoria, South Australia and Tasmania provided a value of zero (0) for separations that did not receive specialised psychiatric care, and Queensland and Western Australia were blank for this data element for out-of-scope separations. The other states and territories provided a mixture of blank and zero (0) values for separations that were out of scope.

For 2003–04, New South Wales, the Australian Capital Territory and Tasmania provided a value of zero (0) for separations that did not receive specialised psychiatric care, and Victoria, Queensland, Western Australia and South Australia were blank for this data element for out-of-scope separations. The Northern Territory provided a mixture of blank and '0' values for separations that were out of scope.

Trend analysis

The quality of this data element is considered to be reasonably good.

3.38 Data element name: Urgency of admission

Evaluation NMDS: Admitted Patient Care	Other NMDSs:	Collection year: 2001-02, 2002-03 & 2003-04
		Knowledgebase ID: 000425
		NHDD version: 10, 11 & 12
Scope: Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		Version number: 1
Definition: emergency basis. An emergency admission is an admission of a patient for care or treatment which, in the opinion of the treating clinician, is necessary and admission for which should occur within 24 hours. An elective admission is an admission of a patient for care or treatment which, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least 24 hours. Admissions for which an urgency status is usually not assigned are:		METeOR ID: 269986
<ul style="list-style-type: none"> • admissions for normal delivery (obstetric) • admissions which begin with the birth of the patient, or when it was intended that the birth occur in the hospital, commence shortly after the birth of the patient • statistical admissions • planned readmissions for the patient to receive limited care or treatment for a current condition, for example dialysis or chemotherapy. 		

Use of national standard definition, domain values and NMDS scope

State/territory	Public hospitals			Private hospitals		
	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all reported separations?
2001-02						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	✓	✓
Tasmania	✓	x	x	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	x	n.a.	..	..
2002-03						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	✓	✓	✓	✓	✓
Tasmania	✓	✓	✓	✓	✓	✓
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	x	✓	✓	x
2003-04						
New South Wales	✓	✓	✓	✓	✓	✓
Victoria	✓	✓	✓	✓	✓	✓
Queensland	✓	✓	✓	✓	✓	✓
Western Australia	✓	✓	✓	✓	✓	✓
South Australia	✓	x	✓	✓	x	✓
Tasmania	✓	✓	✓	✓	✓	x
Australian Capital Territory	✓	✓	✓	✓	✓	✓
Northern Territory	✓	✓	✓	✓	✓	x

n.a. Not available.

.. Not applicable.

Details of use of non-standard NHDD definition and domain values

The NHDD definition and domain values were used by all states and territories. However, in 2001–02, South Australia and Tasmania did not use the domain value *Urgency status not assigned* which would be expected to be applied to statistical admissions, scheduled re-admissions for treatment, admissions for normal deliveries, or admissions that include the birth of the patient.

Details of use of non-standard NMDS scope

New South Wales, Queensland, Western Australia, South Australia and the Australian Capital Territory reported Urgency of admission for all separations for both sectors consistently well across each of the collection years.

Victoria did not provide Urgency of admission for separations from public psychiatric hospitals in each collection year. Victoria has indicated that as these are forensic psychiatric services, this item could safely be imputed as ‘emergency’ for these separations, on the basis that immediate admission has been legally determined to be necessary. However, Victoria questioned whether this is the most appropriate way of measuring this concept in the mental health context.

Tasmanian hospitals improved reporting for Urgency of admission across the collection years. The proportion of separations reported with an Urgency of admission as *Not known/not reported* decreased by 19.7% for Tasmanian public hospitals and by 38.7% for Tasmanian private hospitals from 2001–02 to 2003–04.

The Northern Territory reported 1.6% (1,021) in 2001–02 and 1.8% (1,245) in 2002–03 of public hospital separations as *Not known/not reported*, but in 2003–04, Urgency of admission was reported for all public hospital separations. Northern Territory private hospitals provided Urgency of admission as *Not known/not reported* for all separations in 2002–03 and 2003–04.

Was mapping required from state and territory data sets?

Victoria and Western Australia both mapped the data collected at the jurisdiction level to conform to the NHDD domain values for Urgency of admission.

Additional information

Not applicable.

Trend analysis

The quality of this data element is considered to be good, and has improved over the 3-year collection period.

Table 3.38.1: Separations with an Urgency of admission code of *Not known/not reported*, by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public Hospitals		Private Hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
2001–02						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	393	0.0	0	0.0	393	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	15,927	20.0	27,656	39.1	43,583	29.0
Australian Capital Territory	0	0.0	2	0.0	2	0.0
Northern Territory	1,021	1.6	n.a.	..	1,021	1.6
Total	17,341	0.4	27,658	1.1	44,999	0.7
2002–03						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	436	0.0	0	0.0	436	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	0	0.0	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	2	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	1,245	1.8	n.p.	100.0	n.p.	n.p.
Total	1,683	0.0	n.p.	0.4	n.p.	0.2
2003–04						
New South Wales	33	0.0	0	0.0	33	0.0
Victoria	413	0.0	0	0.0	413	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	233	0.3	n.p.	0.5	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	3	0.0	n.p.	100.0	n.p.	n.p.
Total	682	0.0	11,381	0.4	12,063	0.2

n.p. Not published.

n.a. Not available.

.. Not applicable.