4 Compliance evaluation

National summary

Scope

The National Minimum Data Set for Admitted Patient Care (referred to as 'the NMDS') is a specification for data that are collected on all episodes of care for admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all:

- public and private acute hospitals
- public and private psychiatric hospitals
- freestanding day hospital facilities
- alcohol and drug treatment centres.

Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included.

Episodes of care are the statistical units of this data set, with data being collected at each hospital from patient administrative and clinical record systems and forwarded to the relevant state or territory health authority on a regular basis. Data for each financial year ending 30 June are then provided to the Australian Institute of Health and Welfare for national collation as the National Hospital Morbidity Database, on an annual basis.

Essentially all public hospitals and the large majority of private hospitals were included in the National Hospital Morbidity Database for 2000–01.

Public sector hospitals that were not included are those not within the jurisdiction of a state or territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories). In addition, for 2000–01, data were not supplied for one small 'outpatient clinic' in Queensland, a small rural hospital and a forensic hospital in Tasmania and a mothercraft hospital in the Australian Capital Territory.

Within the private sector, data were not provided for 2000–01 for 11 freestanding day hospital facilities in Victoria, all private freestanding day hospital facilities in the Australian Capital Territory, and the one private hospital in the Northern Territory. For South Australia, data were not available for one private freestanding day hospital facility and were missing for January to June 2001 for another, and for May to June 2001 for one private hospital (non-day only). Data have only been provided for the periods from August 2000 to June 2001, January 2001 to June 2001 and April

2001 to June 2001 respectively for three other South Australian private freestanding day hospital facilities.

Table 4.1 summarises this coverage information by state and territory and by hospital sector.

Table 4.1: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector and state and territory, 2000–01

	Public acute hospitals	Public psychiatric hospitals	Private freestanding day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Complete	Complete	Incomplete	Complete
Qld	Incomplete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Incomplete	Incomplete
Tas	Incomplete	Complete	Complete	Incomplete
ACT	Incomplete	Not applicable	Not included	Complete
NT	Complete	Not applicable	Not applicable	Not included

Note: Complete—all facilities in this sector reported data to the National Hospital Morbidity Database. *Incomplete*—some facilities in this sector for this state or territory did not provide data to the National Hospital Morbidity Database. See text for more details. *Not included*—there are facilities in this sector for this state or territory, however, no data were provided. *Not applicable*—there are no facilities in this sector for this state or territory.

Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations are likely to be underestimates of the actual counts. Over recent years, there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private freestanding day hospital facilities) than to the Australian Bureau of Statistics' Private Health Establishments Collection (Table 4.2). The latter collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private freestanding day hospital facilities approved by the Department of Health and Ageing. In 2000–01, the difference was 81,809 separations (3.5%).

These discrepancies may have been due to the use of differing definitions or different interpretations of definitions, or differences in the quality of the data provided for different purposes. It is also likely to reflect the omission of some private hospitals from the National Hospital Morbidity Database and also some separations for some private hospitals that were otherwise included in the database.

Table 4.2: Differences between private hospital separations reported to the National Hospital Morbidity Database and the ABS Private Health Establishments Collection, 1993–94 to 2000–01

	Private freestanding day hospital facilities		Other private hospitals		Total	
Year	Separations	Per cent	Separations	Per cent	Separations	Per cent
1993–94	n.a.	n.a.	n.a.	n.a.	119,554	8.3
1994–95	n.a.	n.a.	n.a.	n.a.	76,274	5.0
1995–96	n.a.	n.a.	n.a.	n.a.	83,619	5.0
1996–97	4,868	2.2	75,850	4.9	80,718	4.6
1997–98	23,662	8.7	40,369	2.5	64,031	3.4
1998–99	40,980	13.6	69,961	4.2	110,941	5.6
1999–2001	68,907	19.7	53,247	3.0	122,154	5.7
2000–01	n.a.	n.a.	n.a.	n.a.	81,809	3.5

n.a. Not available.

Source for private hospital data: ABS, unpublished Private Health Establishments Collection data.

Admission, separation and episodes of care

As mentioned above, episodes of care are the statistical units of this data set. An episode of care is the period of admitted patient care between admission and separation characterised by only one care type. This treatment and/or care provided to a patient during an episode of care can occur in hospital and/or in the person's home (for hospital in the home patients).

Admission is the process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment. An admission may be formal or statistical. A formal admission is the administrative process by which a hospital records the commencement of treatment and/or care and/or accommodation of a patient. In contrast, a statistical admission is the administrative process by which a hospital records the commencement of a new episode of care, with a new care type, for a patient within one hospital stay.

Separation is the process by which an episode of care for an admitted patient ceases. Like admissions, a separation may be formal or statistical. A formal separation is the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient. A statistical separation is the administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay.

There is some difference in the approach states and territories and the public and private sectors take to the formal admission and separation for people attending hospital on a same-day basis, for example, for group therapy sessions or day programs. In jurisdictions such as Tasmania and the territories these attendances are recorded as non-admitted patient occasions of service. In other jurisdictions, including New South Wales, Queensland, Western Australia and South Australia, the majority of patients are formally admitted for this care and it is therefore

reported as same-day separations. Psychotherapy (and other allied health psychology interventions), for example, is provided on an admitted patient basis in New South Wales, Victoria, Queensland, South Australia and Western Australia, but not in the other jurisdictions.

In addition to the differing admission practices, the way jurisdictions count episodes of care may also differ. An example of this is in the way newborn episodes of care are counted. It is obvious from the review of utility that there is a need for clearer distinction between admitted and non-admitted patients and a review of the boundaries between admitted overnight, same-day and non-admitted as well as a review of the use of care types and counting episodes of care.

Newborn episodes of care and the reporting of separations for patients aged less than 10 days

The *Newborn* type of episode of care was introduced in 1998–99 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 only are considered to be equivalent to *Acute care* episodes. *Newborn* episodes with no qualified days are considered to be equivalent to the previous category, *Unqualified neonate*. In this report, *Newborn* episodes with at least one qualified day have been included in all the tables reporting separations.

Tasmania and the Northern Territory did not implement this *Newborn* definition in 1998–99, 1999–2000 or 2000–01; therefore, for this state and territory, there are no *Newborn* separations with a mixture of qualified and unqualified days reported. New South Wales, Queensland and public hospitals in South Australia and Victoria implemented the new definition in 1998–99, the Australian Capital Territory in 1999–2000, and Western Australia in 2000–01. For the remaining jurisdictions, separations reported as *Acute care* for patients aged less than 10 days are included in the National Hospital Morbidity Database as *Newborn* episodes with qualified days only. Separations reported to the Database as *Unqualified neonates* are included as *Newborn* episodes with no qualified days.

Prior to 1998–99, New South Wales, Queensland and South Australia (public hospitals) had counted separate episodes of care within a hospital stay as individual separations. With the implementation of the *Newborn* definition, they began to count each hospitalisation of a patient admitted under the age of 10 days as one separation. This change is likely to have resulted in a slight reduction in the number of separations for these states in 1998–99, 1999–2000 and 2000–01, compared with 1997–98, and a slight increase in their average lengths of stay. Victoria had been reporting separations for these patients according to the *Newborn* definition (that is, using a single episode for these patients) prior to 1998–99, so this implementation is not likely to have markedly affected recent Victorian separation or average length of stay data.

In 1998–99 and 1999–2000 Western Australia counted separations for patients aged 10 days or less on admission as qualified (*Acute care*) if at least one day was qualified. For 2000–01 the implementation of the new definition may have resulted in a slight reduction in the number of separations reported with qualified days only and a reduction in the average length of stay for these separations. Tasmania and the Northern Territory continued to report a new episode of care for patients aged less than 10 days at admission with each change in qualification status. The reporting method used in Tasmania and the Northern Territory 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.

Hospital in the home care

Most states and territories have hospital in the home programs in which admitted patients are provided with hospital care in their (permanent or temporary) place of residence as a substitute for hospital accommodation. This care has been defined in the *National Health Data Dictionary* version 10 as occurring within an episode of care for an admitted patient, and days of hospital in the home care for each separation will be reported to the National Hospital Morbidity Database in 2001–02 data.

In 2000–01, there were no national definitions relating to hospital in the home care, and there was variation in the way in which states and territories reported it. In Victoria, Queensland (public hospitals), Tasmania, the Australian Capital Territory and the Northern Territory, hospital in the home care was provided in 2000–01 as defined above, and separations including this care were included in the National Hospital Morbidity Database. Queensland reported that hospital in the home care programs are currently very small, with a total of only a few hundred separations during the year, and that private hospitals in Queensland do not provide hospital in the home care. In New South Wales, hospital in the home care data were collected on an inconsistent basis for 2000–01. It is expected that data will be collected from 2003–04. Western Australia did not operate hospital in the home programs in 2000–01, except to a limited extent in public hospitals. In South Australia, hospital in the home care was defined as separate episodes of care, and reported as having *Other care* as the care type. 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.

Hospital boarders

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

Hospital boarders are not admitted patients but it is requested that their information be included in the submission of data to the Institute for the National Hospital Morbidity Database. States and territories are requested to provide information on how they can be identified in the data, such as a principal diagnosis of Z76.3 *Healthy person accompanying sick person* or Z76.4 *Other boarder in health care facility* or as a value of '10.0' in the 'Care type' data element.

New South Wales, Queensland, Western Australia, Tasmania and the Northern Territory provided data for hospital boarders for 2000–01.

Organ procurement – posthumous

Organ procurement—posthumous is an activity undertaken by hospitals in which human tissue is procured for the purpose of transplantation from a donor who has been declared brain dead.

Organ procurement—posthumous episodes can be identified using the 'Care type' data element, allowing records for this type of activity to be clearly flagged in data collections and counted and costed more accurately. As this activity is not regarded as care or treatment of an admitted patient, it is not included within the scope of the NMDS for admitted patient care. However, data for these episodes can be provided to the National Hospital Morbidity Database if desired by states and territories.

New South Wales, Queensland, Western Australia and the Northern Territory provided data for Organ procurement—posthumous episodes for 2000–01.

Use of national standard definition, domain values and NMDS scope

This is a national summary of the information to be presented in more detail on the following pages. Of the 38 data elements in the NMDS, the national standard definition was used for 29 (76%) data elements by all states and territories for which the data elements were provided. The national standard domain values were used for 23 (61%) data elements by all jurisdictions for which the data elements were provided. For 13 (34%) of the data elements, data were provided for all reported separations. There were only 7 (18%) data elements for which all jurisdictions used the national standard definition and domain values and provided it for all reported separations.

Table 4.3: National summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope

Data element	NHDD definition used?	NHDD domain values used?	Provided for all* reported separations?
Establishment data elements			
Establishment identifier—state identifier	Yes	Yes	Yes
Establishment identifier—Establishment number	No	No	Yes
Establishment identifier—Establishment sector	Yes	No	Yes
Establishment identifier—Region code	Yes	Yes	No
Demographic data elements			
Area of usual residence	Yes	No	No
Country of birth	Yes	No	No
Date of birth	Yes	Yes	No

(continued)

Table 4.3 (continued): National summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope

Data element	NHDD definition used?	NHDD domain values used?	Provided for all* reported separations?
Indigenous status	Yes	Yes	No
Sex	No	No	Yes
Length of stay data elements			
Admission date	Yes	Yes	Yes
Number of leave periods	Yes or . .	Yes or . .	No
Number of qualified days for newborns	Yes or . .	Yes or . .	No
Separation date	Yes	Yes	Yes
Total leave days	Yes	Yes	Yes
Total psychiatric care days	Yes	Yes	Yes
Clinical and related data elements			
Activity when injured	Yes	Yes	No
Additional diagnosis	Yes	Yes	Yes
Care type	Yes	No	No
Diagnosis Related Group	Yes	No	Yes
External cause—admitted patient	Yes	Yes	No
Infant weight, neonate, stillborn	No	Yes	No
Major Diagnostic Category	Yes	No	Yes
Place of occurrence of external cause of injury	Yes	Yes	No
Principal diagnosis	Yes	Yes	No
Procedure	Yes	Yes	Yes
Administrative data elements			
Admitted patient election status	Yes	Yes	No
Compensable status	Yes	Yes	No
Department of Veterans' Affairs patient	Yes	Yes	No
Hospital insurance status	Yes	No	No
Intended length of hospital stay	No	Yes	No
Inter-hospital contracted patient	No or . .	No or . .	No
Medicare eligibility status	Yes	Yes	No
Mental health legal status	Yes or . .	No or . .	No
Mode of admission	Yes	Yes	No
Mode of separation	Yes	No	No
Person identifier	Yes or . .	Yes or . .	No
Source of referral to public psychiatric hospital	No or . .	No or . .	No or . .
Urgency of admission	No or . .	No or . .	No

* More than about 99.5% of reported separations.

. . Not applicable.

The measure of whether the data element was provided for all reported separations has been reported as 'Yes' in the tables summarising this information in this section

of the report and on the sections on each data element, if the data were missing or reported as 'not reported' for no more than 0.5% of separations, or if the requirement for reporting of the data element was ambiguous. The text accompanying the summary tables in the sections on the data elements details situations in which the data were missing for more than 0.5% of records.

State and territory summary

The state and territory summary (Tables 4.4, 4.5 and 4.6) provides information on the number and proportion of data elements for which the NHDD definition and domain values were used and the number and proportion of data elements which were reported for all separations. Out of all states and territories, Queensland had the highest use of the NHDD definition for reporting data elements and was the jurisdiction with the highest use of the NHDD domain values. Western Australia provided data elements according to the NMDS scope for almost all separations.

Table 4.4: State and territory summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope, all hospitals

	NHDD definition used?		NHDD domain values used?		Provided for all* reported separations?	
State/territory	Number	Per cent	Number	Per cent	Number	Per cent
			(Number and % of data elements)			
NSW	36	95	33	87	30	79
Vic	35	92	32	84	32	84
Qld	37	97	35	92	31	82
WA	34	89	31	82	33	87
SA	34	89	32	84	26	68
Tas	34	89	31	82	22	58
ACT	35	92	33	87	27	71
NT	34	89	32	84	25	65
Total	**29**	**76**	**23**	**61**	**13**	**34**

* More than 99.5% of reported separations.

Tasmania provided additional comments that many of their non-compliance issues relate to the private sector. Within Tasmania there is no legislative, or other requirement, for private hospitals to provide patient level data to the Department of Health and Human Services. Fortunately the majority of private hospitals and freestanding day facilities have voluntarily agreed to provide what information they can. As the private sector is not a signatory to the National Health Information Agreement, their data collection is based primarily on their business requirements, which do not necessarily conform to the NMDS. A further issue, which affects private sector data in Tasmania, is the small number of hospitals and freestanding day facilities. It would breach the 'commercial in confidence' agreement between the Department of Health and Human Services and the private sector to provide information at the individual hospital level. With the recent closure of one of the

freestanding day facilities, Tasmania has indicated that it can no longer separately identify these facilities in the data provided for the NMDS.

Table 4.5: State and territory summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope, public hospitals

	NHDD definition used?		NHDD domain values used?		Provided for all* reported separations?	
State/territory	Number	Per cent	Number	Per cent	Number	Per cent
			(Number and % of data elements)			
NSW	37	97	34	89	30	79
Vic	35	92	32	84	32	84
Qld	37	97	35	92	33	87
WA	34	89	32	84	34	89
SA	34	89	32	84	28	74
Tas	36	95	35	92	27	71
ACT	35	92	35	92	28	74
NT	34	89	32	84	25	65
Total	**29**	**76**	**23**	**61**	**13**	**34**

* More than 99.5% of reported separations.

Table 4.6: State and territory summary of the use of the *National Health Data Dictionary* definition and domain values and NMDS scope, private hospitals

	NHDD definition used?		NHDD domain values used?		Provided for all* reported separations?	
State/territory	Number	Per cent	Number	Per cent	Number	Per cent
			(Number and % of data elements)			
NSW	36	95	33	87	32	84
Vic	35	92	33	87	33	87
Qld	37	97	35	92	31	82
WA	34	89	31	82	33	87
SA	34	89	32	84	26	68
Tas	34	89	31	82	22	58
ACT	38	100	33	87	27	71
NT	. .	. .	. .	. .	. .	. .
Total	**29**	**76**	**23**	**61**	**15**	**39**

* More than 99.5% of reported separations.

. . Not applicable.

Assessment of individual data elements

This section reports on the assessment of compliance for each data element in the NMDS reported by states and territories for 2000–01. It details states' and territories' use of the national standard, domain values and NMDS scope and provides details of the use of non-standard NHDD definitions and domain values and non-standard use

of scope. Information is also provided on mapping required from state and territory data sets to comply with the national standard domain values, any additional information or comments from states and territories to assist in the evaluation and recommendations for change. The order of data elements in this section is according to how the data elements are presented in Table 4.3.

Data element name: Establishment identifier—State identifier

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Alcohol and other drug treatment services Community mental health care Community mental health establishments Perinatal Public hospital establishments	**Knowledgebase ID:** 000050 **NHDD version:** 9.0
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: Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. Establishment identifier is a composite data element and is a concatenation of State identifier, Establishment sector, Region code and Establishment number. State identifier An identifier for state or territory (Knowledgebase ID: 000380, version number 2).		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

Not applicable, 'State identifier' provided for all reported separations in each state/territory.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Establishment identifier—Establishment number

<table>
<tr><td>Evaluation NMDS:
Admitted patient care</td><td>Other NMDSs:
Admitted patient mental health care
Admitted patient palliative care
Alcohol and other drug treatment services
Community mental health care
Community mental health establishments
Emergency Department waiting times
Perinatal
Public hospital establishments</td><td>Collection year: 2000–01
Knowledgebase ID: 000050
NHDD version: 9.0</td></tr>
<tr><td colspan="2">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.</td><td>Version number: 2</td></tr>
<tr><td colspan="3">Definition:
Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. Establishment identifier is a composite data element and is a concatenation of State identifier, Establishment sector, Region code and Establishment number.
Establishment number
An identifier for establishment, unique within the state or territory (Knowledgebase ID: 000377, version number 2).</td></tr>
</table>

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW		No		No*	Yes	
Vic		No		No*	Yes	
Qld	Yes		Yes		Yes	
WA		No		No*	Yes	
SA	Yes		Yes		Yes	
Tas		No		No*	Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

* Unique establishment identifier provided for public hospitals but not for private hospitals in NSW, Vic, WA, Tas.

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

New South Wales, Victoria, Western Australia and Tasmania did not provide a unique 'Establishment number' for private hospitals. South Australia provided a unique establishment identifier for private hospitals, but the establishment identifiers were encrypted to ensure confidentiality.

Details of use of non-standard NMDS scope:

Not applicable, 'Establishment number' provided for all reported separations in each state/territory.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Private hospitals were assigned an establishment number of 300 in New South Wales, PRIV in Victoria, 999 in Western Australia and 000 in Tasmania.

Data element name: Establishment identifier—Establishment sector

<table>
<tr><td>Evaluation NMDS:
Admitted patient care</td><td>Other NMDSs:
Admitted patient mental health care
Admitted patient palliative care
Alcohol and other drug treatment services
Community mental health care
Community mental health establishments
Perinatal
Public hospital establishments</td><td>Collection year: 2000–01
Knowledgebase ID: 000050
NHDD version: 9.0</td></tr>
<tr><td colspan="2">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.</td><td>Version number: 2</td></tr>
<tr><td colspan="3">Definition:
Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. Establishment identifier is a composite data element and is a concatenation of State identifier, Establishment sector, Region code and Establishment number.
Establishment sector
A section of the health care industry (Knowledgebase ID: 000379, version number 2).</td></tr>
</table>

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes*		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

* See comments in text.

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

The *National Health Data Dictionary* version 9 specifies three domain values, 1 *Public*, 2 *Private* and 3 *Repatriation*. Data domain 3 *Repatriation* has been removed from the *National Health Data Dictionary* version 10. The Institute did not request data for this data domain, but requested that two additional categories be provided for 'Establishment sector', 4 *Public psychiatric* and 5 *Private freestanding day hospital facility*.

New South Wales, Victoria, Queensland, Western Australia and South Australia provided establishment sector as requested by the Institute.

Tasmania provided information for public acute and public psychiatric hospitals but did not distinguish between private freestanding day hospital facilities and other private hospitals due to confidentiality concerns regarding the small number of hospitals and freestanding day facilities. A data domain of 6 *Private, not further specified* was assigned by the AIHW for Tasmania. The Tasmanian Department of Health and Human Services reports that it would breach the 'commercial in confidence' agreement between the Department and the private sector to provide information at individual hospital level. With the recent closure of one of the freestanding day facilities, Tasmania has indicated that it can no longer separately identify these facilities in the data provided for the NMDS.

Details of use of non-standard NMDS scope:

Not applicable, 'Establishment sector' provided for all reported separations in each state/territory.

Was mapping required from state and territory data sets?

Not applicable.

Data element name: Establishment identifier—Region code

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Alcohol and other drug treatment services Community mental health care Community mental health establishments Perinatal Public hospital establishments	**Knowledgebase ID:** 000050 **NHDD version:** 9.0
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:

Identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment is to have a unique identifier at the national level. Establishment identifier is a composite data element and is a concatenation of State identifier, Establishment sector, Region code and Establishment number.

Region code

An identifier for location of health services in an area. (Knowledgebase ID: 000378 version number 2).

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes			No
WA	Yes		Yes			No*
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes			No
NT	Yes		Yes			No

* WA private hospitals did not provide region code.

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

As domain values are as specified by the individual states and territories and there are no standard categories that have to be reported, it is difficult to assess each individual jurisdiction's compliance to the NHDD.

Details of use of non-standard NMDS scope:

Regions are not used in the Australian Capital Territory and the Northern Territory. Queensland did not provide 'Region code' for separations in either the public or private sector, while Western Australia did not provide 'Region code' for private hospital separations.

Western Australia has indicated that it does not provide region codes for private hospitals as this amounts to identifying the establishment in some cases. Western Australia does not wish to have private hospitals identified.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Queensland, the Australian Capital Territory and the Northern Territory used '00' for all separations, while Western Australia provided region codes for public hospitals and '00' for private hospitals. The Australian Capital Territory indicated that region is not a useful disaggregation for analysis.

Data element name: Area of usual residence

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01 **Knowledgebase ID:** 000016 **NHDD version:** 9.0
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: Geographical location of usual residence of the person—comprised of state or territory and Statistical Local Area (SLA). SLAs should be based on the Australian Standard Geographical Classification (ASGC) effective for the data collection reference year.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes			No
Vic	Yes		Yes		Yes	
Qld	Yes			No	Yes	
WA	Yes			No	Yes	
SA	Yes			No	Yes	
Tas	Yes		Yes			No*
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

* Some Tasmanian private hospitals did not report Area of usual residence.

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

Queensland and South Australia provided SLA codes according to the ASGC 2000 for patients usually resident in the jurisdiction and postcodes for patients usually resident elsewhere. Queensland used some additional codes (non-ASGC) for describing usual residence of *At sea*, *Australian External Territories*, *No fixed address* and *Not stated/unknown*.

Western Australia provided postcodes for patients usually resident in the jurisdiction and patients not usually resident in the jurisdiction. The postcode version was unknown. Western Australia will report SLA from 2002–03.

New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory were able to provide SLA codes for both patients usually resident in the jurisdiction and patients not usually resident in the jurisdiction. SLA codes were provided according to the current ASGC codes (2000) as per the NHDD definition for Tasmania, the Australian Capital Territory and the Northern Territory, while New South Wales and Victoria provided SLA codes according to 1999 boundaries. New South Wales, Victoria (public psychiatric hospitals only), Tasmania and the Australian Capital Territory also provided postcodes.

Postcode was invalid for 5,158 separations from New South Wales. New South Wales has indicated that this is due to an error in processing.

Tasmania provided SLA for all records, however, for most non-Tasmanian residents, the SLA was '9999' (Unknown). For Tasmanian residents, the SLA was '9999' for 16,942 separations (12.1%). Tasmania has indicated that suburb is not supplied by several private hospitals. Postcode was provided for all separations for Tasmanian and non-Tasmanian residents.

Details of use of non-standard NMDS scope:

Residence state was not reported for 7,056 separations from New South Wales. SLA was reported as '9099' (State/territory undefined, not stated for census purposes) for 7,954 separations, '9899' (Undefined) for 30 separations and was missing for 6 separations. New South Wales has indicated that this is due to system errors which are gradually being addressed.

Residence state was not reported for 891 separations from Victoria. SLA was missing for 3,128 separations, including those where the resident state was missing, and the remaining where resident state was *Not applicable (overseas, at sea, no fixed address)*.

Residence state was not reported and SLA was reported as '9999' (Not stated/ unknown) for 515 separations from Queensland.

SLA was reported as '9999' (Unknown) for 17,785 (12.6%) separations from Tasmania. The majority of these separations were from private hospitals (17,265).

Residence state was not reported for 159 separations from the Australian Capital Territory. SLA was reported as '9099' (State/territory undefined, not stated for census purposes) for 10 separations, '9899' (Undefined) for 2 separations and '9999' for 3 separations.

Was mapping required from state and territory data sets?

Data provided as postcodes or using out-of-date SLA codes were mapped by the AIHW on a probabilistic basis to 2000 SLAs.

Additional information:

The Institute requested that if SLAs could not be reported for residents from other states then other data such as postcodes could be provided instead.

The Institute specifications state that where the residence state is unknown it should be left as null, and where the SLA is unknown the code 9999 should be used.

Data element name: Country of birth

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Alcohol and other drug treatment services Perinatal	**Knowledgebase ID:** 000035 **NHDD version:** 9.0
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 country in which the person was born.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes			No
Qld	Yes		Yes			No
WA	Yes		Yes			No
SA	Yes		Yes			No
Tas	Yes		Yes			No
ACT	Yes			No		No
NT	Yes		Yes			No

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

The data domain specified in the NHDD version 9 is the Australian Standard Classification of Countries for Social Statistics (ASCCSS). However, the NHDD comments that the ASCCSS has been superseded by the Standard Australian Classification of Countries (SACC), and that 'while not formally adopted by the National Health Data Committee, the use of SACC is consistent with the data domains described as there is a direct concordance between the two classifications'.

SACC has been specified as the data domain in the NHDD version 10, and the Institute requested that 2000–01 data be provided according to SACC.

New South Wales, South Australia, the Australian Capital Territory and the Northern Territory reported 'Country of birth' using SACC, while Victoria, Queensland, Western Australia and Tasmania reported 'Country of birth' using ASCCSS. Victoria indicated that it had used a modified version of ASCCSS.

The Australian Capital Territory reported a data domain value of 9999 for 774 separations, which is not valid in either ASCCSS or SACC, however, it is likely that this is a default value used where 'Country of birth' is unknown.

Details of use of non-standard NMDS scope:

'Country of birth' was not reported at all for 55 separations from the Australian Capital Territory and as 9999 for 774 separations.

'Country of birth' was coded as 0 'Inadequately described' for 121,310 (86.2%) separations from Tasmania (74,218 public, 47,092 private).

In the initial supply of data from New South Wales there were 3,951 separations where 'Country of birth' was missing and 32,590 separations where 'Country of birth' was reported as 0003 *Unknown*. On advice from New South Wales these were recoded to Australia during the edit checking process.

Table 4.7: Use of supplementary ASCCSS and SACC codes for inadequate data (codes commencing with '000')

State	Number	Per cent
NSW	31	0
Vic	42,137	2.6
Qld	15,193	1.2
WA	16,620	2.5
SA	13,668	2.5
Tas	121,310	86.2
ACT	320	0.35
NT	2,911	4.4

Was mapping required from state and territory data sets?

The Institute mapped the data provided in ASCCSS to SACC using the concordance between the two classifications.

Additional information:

Not applicable.

Data element name: Date of birth

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Alcohol and other drug treatment services Community mental health care Health labour force Perinatal	**Knowledgebase ID:** 000036 **NHDD version:** 9.0
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 date of birth of the person.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes			No
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

Victoria provided age in years and age in days at time of admission for separations from public acute, private freestanding day hospital facilities and other private hospitals. 'Date of birth' was provided for separations from public psychiatric hospitals (0.02% of total separations).

'Date of birth' was missing for 2 separations from Tasmania and 12 separations from the Northern Territory.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Western Australia did not provide date of birth in 2001–02 data, and Victoria did provide these data in 2001–02.

Data element name: Indigenous status

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Alcohol and other drug treatment services Community mental health care Perinatal	**Knowledgebase ID:** 000001 **NHDD version:** 9.0
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: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes			No*
WA	Yes		Yes		Yes	
SA	Yes		Yes			No*
Tas	Yes		Yes			No
ACT	Yes		Yes			No
NT	Yes		Yes		Yes	

* QLD and SA private hospitals only.

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:

Almost 62% (40,954) of separations from Tasmanian private hospitals were *Not stated*.

Table 4.8: Use of the '*Not stated*' data domain, by state and territory

State	Number	Per cent
NSW	3,690	0.2
Vic	0	0.0
Qld	129,651	10.3
WA	0	0.0
SA	16,277	2.9
Tas	45,772	32.5
ACT	1,998	2.2
NT	267	0.4

Was mapping required from state and territory data sets?

Victoria and South Australia mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Indigenous status'. Public hospitals in Tasmania collect the data as per the NHDD domain values, however, where private hospitals do provide this information, mapping to NHDD domain values is required.

Additional information:

The Department of Health and Ageing has indicated that the compliance evaluation of this data element may be misleading. This investigation looked at compliance against the NHDD definition. The Department suggested that a major potential problem with the data that was not investigated in this report is whether Indigenous patients were likely to be recorded as non-Indigenous. It recommend that future compliance evaluations should include a quality audit component to assess the accuracy of the responses.

The Institute requested that states and territories provide comments on the quality of their Indigenous status data. The following is an extract from *Australian Hospital Statistics 2000–01*.

For 2000–01, the New South Wales Health Department reports that its data were in need of improvement. To address this issue, the Department continues to be very active in the implementation of initiatives aimed at improving the quality of Aboriginal and Torres Strait Islander origin information in hospital separations data. Departmental publications and circulars continue to be used to encourage a uniform approach to the identification of Aboriginal and Torres Strait Islander patients in addition to providing a framework for continuous improvement in this data collection. To complement these strategies the Aboriginal Health Information

Strategy Unit has developed and implemented a training program and conducted a pilot study in relation to improving Indigenous origin information. The training program has been conducted across the state in most Area Health Services and is currently being reviewed and improved to support further training. Resources specific to New South Wales have been developed, including training manuals, videos and fact sheets. A 2000 New South Wales Health Department report of a pilot study, *Improving Aboriginal and Torres Strait Islander Origin Information in New South Wales* showed that data quality and consistency problems were affecting a number of patient registration details in addition to Aboriginal and Torres Strait Islander origin information.

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Aboriginal and Torres Strait Islander status data for 2000–01 should be treated with some caution. Studies in Victoria have shown that data are more accurate if the hospital employs a Koori Hospital Liaison Officer, particularly in regional hospitals, where the liaison officers are located in the main Koori communities. Aboriginal and Torres Strait Islander status data are considered less reliable in some tertiary hospitals drawing Indigenous patients from outside their local communities, and in private hospitals. Victoria is currently undertaking an Aboriginal and Torres Strait Islander Hospital Services Accreditation Project ultimately intended to lead to improved patient identification and the provision of more culturally appropriate services.

For 2000–01 data, Queensland Health notes that Aboriginal and Torres Strait Islander status was recorded as 'not stated' in about 2.5% of admitted patient records for public hospitals, and in 20% of admitted patient records for private hospitals, with the overall 'not stated' percentage being around 10%. It is not known whether these 'not stated' records reflect similar proportions of Indigenous/non-Indigenous separations as the 'stated' records. In general the available evidence suggests that the number of Aboriginal and Torres Strait Islander separations is still significantly understated, and that this under-counting occurs through mis-reporting as well as the non-reporting mentioned above. The Department continues to work on improving overall Aboriginal and Torres Strait Islander identification in all mainstream administrative data collections.

The Western Australian Department of Health regards its 2000–01 Aboriginal and Torres Strait Islander status data as being in need of improvement. Results of surveys conducted in Western Australian hospitals suggest that about 85% of Indigenous and 99% of non-Indigenous people are identified correctly. However, it appears that the category 'Aboriginal and Torres Strait Islander origin' is sometimes interpreted as 'Aboriginal and/or Torres Strait Islander origin', resulting in higher counts than expected in this category. In addition to these comments published in *Australian Hospital Statistics 2000–01*, Western Australia has noted that the survey only examined whether a patient was Indigenous or otherwise and still doesn't consider its data reliable with respect to Indigenous subcategories, almost always collapsing categories 1–3 in data submissions. Western Australia has questioned whether this breakdown is essential.

The South Australian Department of Human Services regards its 2000–01 Aboriginal and Torres Strait Islander status data as being of acceptable quality. The Department conducts training courses in data collection every year and the courses in 2000–01 included training on how to ask and record the Indigenous status question, based on a training package produced by the Australian Bureau of Statistics. A 30% loading for casemix payments is applied to Aboriginal and Torres Strait Islander separations in South Australia, and this acts as an incentive for improved identification.

The Tasmanian Department of Health and Human Services reports that the quality of this data has continued to improve in 2000–01. A 'whole of agency' strategy has been developed to highlight the importance of these data across all data collections. The Australian Bureau of Statistics is assisting in this project.

The Australian Capital Territory Department of Health and Community Care considers that its 2000–01 data were much improved since 1999–2000. During 2000, the Department conducted training for both the Canberra Hospital and Calvary Hospital admission staff, and the collection of Aboriginal and Torres Strait Islander status attracts incentive payments for the hospitals.

The Northern Territory's Department of Health and Community Services reports that the quality of its 2000–01 Aboriginal and Torres Strait Islander status data are considered to be acceptable. The Department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners will follow up on these clients. All management and statistical reporting, however, is based on a person's currently reported Indigenous status.

Data element name: Sex

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Alcohol and other drug treatment services Community mental health care Perinatal	**Knowledgebase ID:** 000149 **NHDD version:** 9.0
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 sex of the person.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA		No		No	Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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.

South Australia does not use category 3 *Indeterminate*. South Australia has advised that it will fully comply with the NHDD from 1 July 2003 and a category of *3 Indeterminate* will be introduced.

Details of use of non-standard NMDS scope:

Not applicable, 'Sex' provided for all reported separations in each state/territory. However, the NHDD domain value of 9 *Not stated/inadequately described* was used for 22 separations from New South Wales, 18 separations from Tasmania and 31 separations from the Northern Territory.

Was mapping required from state and territory data sets?

Each state/territory generally used the NHDD domain values for the collection of data on sex therefore mapping was not required.

Additional information:

Logical checks to check for inconsistencies between diagnosis and sex and procedure and sex revealed a number of separations with invalid sex and diagnosis/procedure combinations:

Table 4.9: Number of separations with invalid sex and diagnosis/procedure combinations, by state and territory

State	Invalid sex/diagnosis	Invalid sex/procedure
NSW	0	32
Vic	0	40
Qld	0	2
WA	0	2
SA	7	5
Tas	0	0
ACT	0	0
NT	10	7

Western Australia has indicated that it has checked the records with invalid sex/procedure combination and found them confirmed by the hospital.

Data element name: Admission date

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01
		Knowledgebase ID: 000008
		NHDD version: 9.0
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: Date on which an admitted patient commences an episode of care.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

Not applicable, 'Admission date' provided for all reported separations in each state/territory.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Number of leave periods

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care	**Collection year:** 2000–01
		Knowledgebase ID: 000107
		NHDD version: 9.0
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.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	. .		. .			No
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	. .		. .			No
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

. . Not applicable.

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

NHDD definition used by all states and territories, except Victoria and South Australia, who did not provide data for 'Number of leave periods'.

Details of use of non-standard NMDS scope:

Victoria and South Australia did not provide information on 'Number of leave periods'. Victoria and South Australia both indicated that they do not collect this information. However, in South Australia it is limited to a total of four periods with the last one being grossed up to take account of all the other periods of leave.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Number of qualified days for newborns

Evaluation NMDS: Admitted patient care	**Other NMDSs:** None	**Collection year:** 2000–01
		Knowledgebase ID: 000346
		NHDD version: 9.0
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 number of qualified newborn days occurring within a newborn episode of care.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported (newborn) separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	. .		. .			No
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

. . Not applicable.

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

According to the NHDD definition, the number of qualified days is only required for newborn episodes of care. All states and territories except Tasmania provided qualified days for this care type.

Tasmania originally reported 'Number of qualified days for newborns' as zero for all separations, indicating that all newborns were *unqualified*. Based on the principal diagnosis of the newborn, the Institute, in consultation with Tasmania, assessed which separations should be assigned qualified days. If the principal diagnosis

indicated that the newborn was sick or the second or subsequent live-born infant of a multiple birth then the number of patient days was taken as the number of qualified days, otherwise they were unqualified days. This meant that newborn separations in Tasmania could either have qualified days or unqualified days, but not a mixture of both. According to Tasmania this situation is not able to be improved in the near future.

Details of use of non-standard NMDS scope:

New South Wales and Victoria reported 'Number of qualified days for newborns' for all infants aged less than one year (and null for the remaining separations), while Queensland and Western Australia reported qualified days for all separations with a newborn care type (and null for the remaining separations). South Australia and the Northern Territory reported qualified days for all separations (except 11 boarder separations and 2 acute separations in the Northern Territory). For non-newborn episodes, however, the number of qualified days was reported as 0. The Australian Capital Territory only reported qualified days for newborns with at least one qualified day (and null for the remaining separations).

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Separation date

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01 **Knowledgebase ID:** 000043 **NHDD version:** 9.0
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: Date on which an admitted patient completes an episode of care.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

Not applicable, 'Separation date' provided for all reported separations in each state/territory.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Total leave days

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care	**Collection year:** 2000–01 **Knowledgebase ID:** 000163 **NHDD version:** 9.0
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.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

'Total leave days' was provided for all reported separations in every state and territory except for Victoria, where it was not reported for all separations from public psychiatric hospitals and for 4 separations from private hospitals. Victoria has indicated that this is a data extraction issue which will be addressed in the future.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Total psychiatric care days

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Community mental health care	**Collection year:** 2000–01 **Knowledgebase ID:** 000164 **NHDD version:** 9.0
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.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations (where required)?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

'Total psychiatric care days' is only relevant for persons receiving care as an admitted patient or resident within a designated psychiatric unit and not all

separations. States and territories varied in the way this data element was reported for patients not receiving psychiatric care in designated psychiatric units.

New South Wales, Victoria, South Australia, Tasmania and the Northern Territory report psychiatric care days for all separations. Where separations do not have psychiatric care the number of psychiatric care days is reported as 0. Queensland, Western Australia and the Australian Capital Territory only report psychiatric care days for separations with psychiatric care. Separations without psychiatric care are left null rather than reported as 0.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Activity when injured

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Injury surveillance	**Collection year:** 2000–01
		Knowledgebase ID: 000002
		NHDD version: 9.0
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 type of activity being undertaken by the person when injured.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations*?	
NSW	Yes		Yes			No
Vic	Yes		Yes			No
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes			No
Tas	Yes		Yes			No
ACT	Yes		Yes			No
NT	Yes		Yes			No

* Separations for which an external cause was reported.

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:

The NHDD and ICD-10-AM second edition specify that an 'Activity when injured' code should accompany an external cause code in the range V01–Y34.

New South Wales, Victoria, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory all provided data where an external cause code in the range V01–Y34 was not accompanied by an activity when injured code.

Table 4.10: Separations for which an external cause code in the range V01–Y34 was not accompanied by an activity when injured code, by sector and state and territory

	Number			Proportion of separations with external causes *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	61,366	13,186	74,552	49.5	63.7	51.5
Vic	622	159	781	0.8	0.8	0.8
Qld	0	0	0	0.0	0.0	0.0
WA	0	0	0	0.0	0.0	0.0
SA	211	88	299	0.8	1.1	0.9
Tas	84	84	168	1.4	3.1	1.9
ACT	58	28	86	1.4	7.6	2.0
NT	63	n.a.	63	1.2	. .	1.2
Total	**62,404**	**13,545**	**75,949**	**17.8**	**15.9**	**17.4**

n.a. Not available.

. . Not applicable.

Although a relatively small proportion of separations with an external cause did not have an activity when injured code in most jurisdictions, a much greater proportion of separations had activity codes of *Other specified activity* or *Unspecified activity*, providing little valuable information on the activity when injured. About 24% of separations with an external cause code in the range V01–Y34 were accompanied by an activity when injured code of Y93.8 *Other specified activity,* ranging from 17.2% in New South Wales to 32.8% in Western Australia. Similarly, about 49% of separations with an external cause in the same range were accompanied by an activity when injured code of Y93.9 *Unspecified activity,* ranging from 42.9% in Western Australia to 61.2% in the Northern Territory.

Table 4.11: Separations with an external cause code in the range V01–Y34 and an activity when injured code of Y93.8 *Other specified activity,* by sector and state and territory

	Number			Proportion of separations with external causes *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	11,098	936	12,034	17.7	12.5	17.2
Vic	23,213	1,882	25,095	29.1	9.9	25.4
Qld	21,358	2,678	24,036	29.5	11.1	24.9
WA	11,748	2,539	14,287	35.0	25.5	32.8
SA	5,966	336	6,302	23.5	4.1	18.8
Tas	1,259	285	1,544	20.9	10.8	17.8
ACT	866	26	892	21.9	7.7	20.8
NT	1,157	n.a.	1,157	22.1	n.a.	22.1
Total	**76,665**	**8,682**	**85,347**	**26.5**	**12.1**	**23.7**

n.a. Not available.

Table 4.12: Separations with an external cause code in the range V01–Y34 and an activity when injured code of Y93.9 *Unspecified activity,* by sector and state and territory

	Number			Proportion of separations with external causes *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	34,157	4,727	38,884	54.6	63.0	55.5
Vic	37,753	11,773	49,526	47.3	62.0	50.1
Qld	30,733	11,951	42,684	42.5	49.6	44.3
WA	14,472	4,199	18,671	43.1	42.1	42.9
SA	13,038	5,196	18,234	51.4	63.5	54.3
Tas	3,092	1,217	4,309	51.3	46.0	49.7
ACT	1,985	130	2,115	50.3	38.3	49.3
NT	3,203	n.a.	3,203	61.2	n.a.	61.2
Total	**138,433**	**39,193**	**177,626**	**47.9**	**54.6**	**49.3**

n.a. Not available.

Western Australia has indicated that it is aware of the high proportion of 'Unspecified' values and is attempting to improve in this area.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Additional diagnosis

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01
		Knowledgebase ID: 000005
		NHDD version: 9.0
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: A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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

Not applicable, NHDD definition and domain values used by all states and territories. There were 1,881 separations with invalid ICD-10-AM additional diagnosis codes—30 in New South Wales, 1 in Victoria, 18 in Tasmania and 1,832 in the Northern Territory. The bulk of Northern Territory invalid codes related to a mis-assignment of a principal procedure code to an additional diagnosis code. Tasmania also had 1,035 invalid morphology codes in the additional diagnosis fields.

Details of use of non-standard NMDS scope:

Not applicable.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Up to 30 additional diagnosis codes were requested for each separation. The NHDD recommends that a minimum of 20 codes be able to be reported. Queensland and Western Australia both reported 31 diagnosis codes, the maximum number requested by the Institute, and may have been restricted in the number of codes they could provide.

Table 4.13: The number of diagnosis codes provided, including the principal diagnosis code, by state and territory

	Number		Mean diagnosis codes per separation	
State	**Public**	**Private**	**Public**	**Private**
NSW	20	20	3.0	2.3
Vic	25	25	2.7	2.2
Qld	31	31	2.8	2.5
WA	31	31	2.8	2.3
SA	30	23	2.9	2.5
Tas	30	30	3.4	2.2
ACT	25	25	2.5	2.6
NT	27	n.a.	2.5	n.a.
Total	. .	. .	**2.8**	**2.3**

n.a. Not available.

. . Not applicable.

In 32% of public hospital separations and 39% of private hospital separations only one diagnosis code was reported, ranging from 23% in Tasmania to 41% in the Australian Capital Territory in the public sector, and from 31% in the Australian Capital Territory to 43% in Tasmania in the private sector. In a further 29% of public hospital separations and 30% of private hospital separations only two diagnosis codes were reported and only three diagnosis codes were reported in a further 14% of public hospital separations and 15% of private hospital separations. The average number of diagnosis codes per separation was 2.8 in the public sector and 2.3 in the private sector.

Data element name: Care type

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01 **Knowledgebase ID:** 000168 **NHDD version:** 9.0
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: The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes			No*
ACT	Yes		Yes		Yes	
NT	Yes			No	Yes	

*Tasmanian private hospitals only.

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

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory used summary categories for the *Rehabilitation* (2.0) and *Palliative* (3.0) care types. Queensland and the Australian Capital Territory provided data for the more detailed categories for rehabilitation or palliative care delivered in a designated unit (2.1, 3.1), according to a designated program (2.2, 3.2) or as the principal clinical intent (2.3, 3.3). Note: The NHDD specifies that these more detailed

categories are optional. This reflects the original decision of the NHIMG which in turn (after much debate) reflects the fact that different jurisdictions use different definitions of these types of care and would be unable to modify their definitions without significant changes to their funding arrangements.

Victoria did not use the *Psychogeriatric care* (5.0) and *Maintenance care* (6.0) care types. Victoria indicated that it is currently unable to identify *Psychogeriatric care* and needs to review its mapping which appears to map nursing home type patients to *Other admitted patient care* (8.0) rather than to *Maintenance care* (6.0).

Western Australia did not use the *Geriatric evaluation and management* (4.0) or *Other admitted patient care* (8.0) care types (not collected). There were no separations in private hospitals with a care type of *Psychogeriatric care* (5.0). Western Australia has indicated that *Geriatric evaluation and management* has now been added and will be reported from 2001–02. Western Australia will continue to use the same care type domains otherwise.

In South Australia hospital at home records have been included in the *Other admitted patient care* (8.0) care type. In South Australia hospital at home episodes are recorded separately to admitted patient episodes.

Tasmania did not use the *Other admitted patient care* (8.0) care type across all hospitals or the *Rehabilitation care* (2.0) or *Palliative care* (3.0) care types in private hospitals. Tasmania has indicated that its mapping program needs to be updated to report the category *Other admitted patient care* (8.0) and this will be done for the 2001–02 data.

The Australian Capital Territory did not use the *Rehabilitation care* (2.0), *Palliative care* (3.0), *Psychogeriatric care* (5.0) and *Maintenance care* (6.0) care types in private hospitals. It is not clear whether the Australian Capital Territory does not collect this data in private hospitals or if there were no separations with these care types. The Australian Capital Territory is currently reviewing the use of care types in its hospitals and is likely to have several recommendations for modification and improvement which will be provided to the Institute when the review is complete.

The Northern Territory did not use the *Geriatric evaluation and management* (4.0) or *Psychogeriatric care* (5.0) care types. The Northern Territory provided an extra category (13) for 47 separations. The Northern Territory advised that these are instances where the care type was not filled in, and is therefore unknown. The Institute recoded this to *Unknown* (11.0).

Tasmania and the Northern Territory have not fully implemented the *Newborn care* definition and reported a new episode of care for patients aged less than 10 days at admission with each change in qualification status. Therefore there are no newborn separations with a mixture of qualified and unqualified days for these jurisdictions.

Details of use of non-standard NMDS scope:

The Institute requested that category 11.0 *Unknown* be reported if 'Care type' was not known. 'Care type' was reported as unknown for 44.4% of (29,495) separations from private hospitals in Tasmania.

Table 4.14: Use of the '*Unknown*' data domain for care type, by state and territory

State	Number	Per cent
NSW	526	0.0
Vic	0	0.0
Qld	0	0.0
WA	0	0.0
SA	0	0.0
Tas	29,517	21.0
ACT	0	0.0
NT	50	0.1

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Care type'.

Psychogeriatric care (5.0) was reported for a large proportion of separations in Tasmanian private hospitals in comparison to Tasmanian public hospitals and other states and territories. Tasmania indicated that private hospitals do not collect information in any standard way. The data are mapped to the NHDD domain values as far as possible. The problem appears to be due to an error in the mapping process.

Additional information:

State-level comparisons of the median length of stay and age/sex characteristics associated with each care type have demonstrated the apparent lack of consistency between the states in the allocation of maintenance, geriatric evaluation and management, and psychogeriatric care types. The relative proportions of separations across states vary markedly for each of these care types suggesting that the states/hospitals have difficulty in applying the definitions of these three closely aligned categories. As such the median length of stay figures for each of these three non-acute care types probably can't be satisfactorily compared across states. The median length of stay by care type and state for the rehabilitation care type seems to indicate different approaches by the states in relation to admitting people for same-day rehabilitation.

Data element name: Diagnosis related group

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care	**Collection year:** 2000–01
		Knowledgebase ID: 000042
		NHDD version: 9.0
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: A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital (AR-DRGs).		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes			No	Yes	
Vic	Yes			No	Yes	
Qld	Yes			No	Yes	
WA	Yes			No	Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes			No	Yes	
NT	Yes			No	Yes	

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

NHDD definition used by all states and territories, however, New South Wales, Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory provided DRG information based on AR-DRG version 4.1 instead of AR-DRG version 4.2.

Western Australia indicated that it endeavours to abide by the national standard. However, the timing of software availability has not left sufficient time to suit the local providers (hospitals) and users, nor to undertake testing.

Details of use of non-standard NMDS scope:

Data for AR-DRG were missing for 599 separations from Victoria (across all sectors), 134 separations from the Northern Territory and were set to 0000 for 324 separations from private hospitals in Tasmania.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

The NHDD specifies that the Australian Refined Diagnosis Related Groups version effective from 1 July each year should be used as the valid data domain. The version effective from 1 July 2000 (based on the ICD-10-AM version that was current then) was version 4.2. The Institute regrouped all data provided by states and territories to AR-DRG version 4.2.

Data element name: External cause—admitted patient

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Injury surveillance	**Collection year:** 2000–01
		Knowledgebase ID: 000053
		NHDD version: 9.0
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: Environmental event, circumstance or condition as the cause of injury, poisoning and other adverse event.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations*?	
NSW	Yes		Yes			No
Vic	Yes		Yes			No
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes			No**
ACT	Yes		Yes			No**
NT	Yes		Yes			No

* For which an injury or poisoning was reported.

** Tasmanian and South Australian private hospitals only.

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

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

According to the NHDD, an external cause code should be sequenced following the related injury or poisoning code, or following the group of codes, if more than one injury or condition has resulted from this external cause. However, most states and territories were unable to provide information about the relationship between

external cause codes and diagnosis codes, meaning that the interpretation of injury and external cause information is difficult.

In New South Wales and Queensland external causes are unable to be related to either the principal diagnosis or the additional diagnoses to which they relate. In Victoria and South Australia the first listed external cause can be related to the principal diagnosis (only where this is an injury or poisoning in Victoria), but the relationship between additional diagnoses and additional external cause codes is unknown. In Western Australia, the Australian Capital Territory and the Northern Territory external cause, place of occurrence and activity codes are to be recorded immediately after the diagnosis to which they relate. Western Australia indicated that this practice is not applied consistently and provided an index for each external cause group to identify the diagnosis that immediately precedes the external cause in the coding sequence. Although this index provides a potential link between diagnoses and external cause fields, it is not necessarily reliable. The Australian Capital Territory indicated that where an external cause, place and activity immediately follow a diagnosis code then the relationship is maintained. Otherwise, if the diagnosis code is an injury or poisoning and is not immediately followed by an external cause, place and activity code, then the first (and then subsequent) external cause codes in the record are applied to each injury or poisoning code.

Tasmania can only provide external cause codes as part of the string of additional diagnosis codes. It is not possible to indicate which injury code the external cause code applied to. Coders are directed to follow Australian Coding Standard 2001 'External Cause Code Use & Sequencing'.

Table 4.15: Provision of linked external cause and diagnosis codes, by state and territory

State	External cause known to be related to principal diagnosis	External causes known to be related to additional diagnoses
NSW	x	x
Vic	✓*	x
Qld	x	x
WA	x	x
SA	✓	x
Tas	x	x
ACT	x	x
NT	x	x

* Only when the principal diagnosis is an injury or poisoning.

Details of use of non-standard NMDS scope:

The NHDD specifies that an external cause code *must* be used in conjunction with an injury or poisoning code and can be used with other disease codes. External cause codes, although not diagnosis or condition codes, should be sequenced together with

the additional diagnoses codes so that meaning is given to the data for use in injury surveillance and other monitoring activities.

New South Wales, Victoria, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory provided data where an injury or poisoning diagnosis code (S00–T99) was recorded but there was no external cause code. There were 592,672 separations for which an injury or poisoning diagnosis was reported and 582,073 of these separations also reported an external cause code. This means that 1.8% of the separations for which an external cause code should be reported do not have one reported. It is likely that most of these separations had an injury or poisoning reported as an additional diagnosis, rather than the principal diagnosis.

Please note that this is not an assessment of linkable data.

Table 4.16: Separations for which there was a diagnosis of injury or poisoning but an external cause code was not reported, by sector and state and territory

	Number			Proportion of separations *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	2,519	815	3,334	1.6	2.4	1.8
Vic	3,354	2,025	5,379	3.0	5.9	3.7
Qld	0	0	0	0.0	0.0	0.0
WA	0	0	0	0.0	0.0	0.0
SA	50	94	144	0.1	0.7	0.3
Tas	23	693	716	0.3	14.4	5.1
ACT	86	889	75	1.5	54.6	12.9
NT	51	n.a.	51	0.8	n.a.	0.8
Total	**6,083**	**4,516**	**10,599**	**1.3**	**3.3**	**1.8**

n.a. Not available.

New South Wales commented that some or most of these cases may be a result of the bedding down of their new processing system. Victoria commented that many would be episodes with rehabilitation care type for which an injury may be reported (to explain why the rehabilitation is needed), and that the NHDD rule that an external cause code should be sequenced following the related injury or poisoning code or group of codes should be reviewed with a view to restricting it to acute episodes.

Queensland commented that every Queensland record with one or more injury/poisoning diagnosis codes has at least one external cause code. The external cause code may relate to more than one injury/poisoning code. For the 2000–01 financial year Queensland only reported 9,800 episodes that had more than one condition code requiring an external cause. These would be the only episodes where a condition code could not be accurately linked to an external cause code within an episode of care.

Western Australia commented that it encourages the inclusion of an external cause, place of occurrence and activity code for each injury diagnosis, but there are several logistical issues that mean that they are not always included. One major constraint is that the commercial encoder used at several Western Australian hospitals does not permit duplicate external cause codes to be recorded for a given separation. Additionally, there is considerable resistance from coders to duplicate the exact same series of external cause related codes for each injury diagnosis when multiple injuries are sustained. Consequently, coders are permitted to record one series of external cause, place of occurrence and activity codes only, immediately following all injury diagnosis codes to which they apply. This practice is not expected to change in the next few years.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Table 4.17: The maximum number of external cause codes (excluding place and activity codes) provided, by state and territory

	Number	
State	**Public**	**Private**
NSW	9	7
Vic	8	7
Qld	7	7
WA	14	6
SA	6	4
Tas	7	6
ACT	18	12
NT	10	n.a.

n.a. Not available.

The *National Health Data Dictionary* version 9.0 guide for use in the 'External cause—admitted patient' data element specifies that external cause codes in the range W00–Y34 (except Y06 and Y07) must be accompanied by a place of occurrence code (p. 280). However, the guide for use in the 'Place of occurrence of external cause of injury' data element specifies that this data element should be used with all ICD-10-AM external cause codes V01–Y89 and assigned according to the Australian Coding Standards (p. 218). The guide for use in the 'External cause—admitted patient' data element appears to have been left over from *National Health Data Dictionary* version 8.0 (based on the first edition of ICD-10-AM) when place of occurrence was only required for a limited number of external cause codes. This error has also been repeated in versions 10 and 11 of the NHDD.

Data element name: Infant weight, neonate, stillborn

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Perinatal	**Collection year:** 2000–01 **Knowledgebase ID:** 000010 **NHDD version:** 9.0
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: The first weight of the live born or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes			No
Vic	Yes		Yes		Yes	
Qld		No	Yes			No
WA		No	Yes			No
SA	Yes		Yes			No
Tas	Yes		Yes			No
ACT	Yes		Yes			No
NT		No	Yes			No

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

NHDD definition used by all states and territories, except Queensland, Western Australia and the Northern Territory.

In Queensland, infant weight is only required to be recorded for neonates who are under 29 days or weigh less than 2,500 grams at the time of admission. Therefore, for most separations aged 29 days or over infant weight was not reported (98.6%). In circumstances where babies have not been weighed a 'dummy' weight of 9,000

grams is currently being used by some hospitals (as this is much heavier than most babies less than one month).

In Western Australia, currently, weight is only collected for neonates (aged less than 29 days) and babies with a principal diagnosis of prematurity or low birth weight aged over 28 days. Therefore, for most separations aged over 28 days infant weight was not reported (98.5%). Western Australia noted that most neonates who are not weighed are boarders and the default weight is 2,500 grams in these instances. If a neonate boarder is weighed, the actual weight is recorded.

The Northern Territory only reported infant weight for newborns aged 0 days indicating that the NHDD definition was not used.

Details of use of non-standard NMDS scope:

As indicated above, there appears to be some confusion about the actual scope for this data element, with some states only collecting the data for neonates aged under 29 days. This may stem from the history of the development of this data element.

The data element 'Admission weight (neonates)' was first introduced in the *National Health Data Dictionary*, version 2.0 in 1993 and was defined as 'The weight of the neonate on the day admitted unless this is the day of birth, in which case the admission weight is taken as the birth weight'. A patient is a neonate if on admission she or he is less than 29 days old.

This was superseded by the data element 'Stillborn, live born baby, infant weight' in the *National Health Data Dictionary* version 4.0 in 1995. The definition changed slightly to 'The first weight of the live born or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth'. The guide for use states that 'Weight on the date the infant is admitted should be recorded if the weight is less than 10 kilograms and age is less than 365 days'. In this version there was also commentary included which appears contradictory to the guide for use:

> This item has been modified to include the recording of birth weight for all births for purposes of the perinatal statistics collection and the requirement of AN-DRG version 3, which will treat all neonates less than 28 days old, infants with a weight on the date admitted of less than 2,500 grams, and patients with a specific neonatal principal diagnosis as neonates for grouping purposes. The assumption in the grouper logic is that, if the weight on the date admitted is blank, the infant's weight is greater than 2,499 grams. In future versions of AN-DRGs the assumption may change so that, if the weight on the date admitted is blank, the infant's weight is assumed to be greater than 10,000 grams. This change in the assumption of the grouper logic will cause all neonates with blank weights fields to be grouped to an ungroupable DRG.
>
> At the National Health Information Management Group meeting held on 24 November 1994, this definition was endorsed for inclusion in this version of the *National Health Data Dictionary*. It was further agreed that infant weight would only be collected when an infant weighs less than 2,500 grams. An

understanding of the clinical value of this data item is required before collection of weight for all infants can be agreed.

'Infant weight, neonate, stillborn' superseded the data element 'Stillborn, live born baby, infant weight' in the *National Health Data Dictionary* version 6.0 in 1997. The definition remained the same, however, the guide for use changed slightly to 'Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days'.

The commentary discussed above was removed from the *National Health Data Dictionary* version 8.0 in 1999, but it is uncertain as to the background for this decision and whether the clinical value of collecting this data item for all infants was agreed.

According to the guide for use in the *National Health Data Dictionary* version 9 on which the data for 2000–01 is based, weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days.

'Infant weight, neonate, stillborn' was missing for a number of separations where age was less than 365 days from all states and territories. Queensland, Western Australia and South Australia were the only states to report infant weight in the valid range for all newborns (Care type = 7). The Northern Territory only reported infant weight for newborns aged 0 days.

Table 4.18: Separations where age was less than 365 days and/or Care type = 7.0 *Newborn* and 'Infant weight, neonate, stillborn' was missing, by state and territory

	Patients <1 year				Newborns (Care type = 7.0)			
	<29 days		≥29 days		Qualified		Unqualified	
State	Number	%	Number	%	Number	%	Number	%
NSW	1,038	1.1	13,220	55.8	266	1.4	723	1.0
Vic	4	0.0	15	0.1	4	0.0	0	0.0
Qld	31	0.1	13,141	98.6	0	0.0	0	0.0
WA	0	0.0	8,502	98.5	0	0.0	0	0.0
SA	0	0.0	4,705	85.5	0	0.0	0	0.0
Tas	1,248	21.5	435	37.8	324	15.7	871	24.3
ACT	10	0.2	876	92.9	0	0.0	10	0.2
NT	491	13.8	1,897	100.0	165	13.6	152	7.0

New South Wales, Victoria, Western Australia, Tasmania and the Australian Capital Territory also reported 'Infant weight, neonate, stillborn' for a number of separations where age was greater than 365 days. According to Victoria, from 1 July 2002 a fault in the input editing has been rectified so that records for patients over 365 days will now be rejected if an admission weight is reported.

All states and territories except Queensland reported separations where infant weight was greater than 9,000 grams. Victoria used a value of '9999' for 1,059

separations and South Australia for 53 separations, which appears to be default for unknown infant weight.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Major Diagnostic Category

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care	**Collection year:** 2000–01 **Knowledgebase ID:** 000088 **NHDD version:** 9.0
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: 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.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes			No	Yes	
Vic	Yes			No	Yes	
Qld	Yes			No	Yes	
SA	Yes			No	Yes	
WA	Yes			No	Yes	
Tas	Yes			No*	Yes	
ACT	Yes			No	Yes	
NT	Yes			No	Yes	

* Private hospitals in Tasmania provided non-standard domain values.

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

NHDD definition used by all states and territories, however, New South Wales, Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory provided DRG information based on AR-DRG version 4.1 instead

of AR-DRG version 4.2. South Australia used a value of 99 for 7 separations, while Tasmania used a value of 00 for 324 separations from private hospitals.

Western Australia has indicated that its non-compliance to the NHDD domain is related to DRG version. Although Western Australia endeavours to abide by the national standard, the timing of software availability has not left sufficient time to suit the local providers (hospitals) and users, nor to undertake testing.

Details of use of non-standard NMDS scope:

Data for Major Diagnostic Category were missing for 599 separations from Victoria (across all sectors) and 134 separations from the Northern Territory. The 324 separations from private hospitals in Tasmania which had an AR-DRG set to 0000 had an MDC of 00 assigned.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

The NHDD specifies that the Australian Refined Diagnosis Related Groups version effective from 1 July each year should be used as the valid data domain. The version effective from 1 July 2000 (based on the ICD-10-AM version that was current then) was version 4.2. The Institute regrouped all data provided by states and territories to AR-DRG version 4.2.

New South Wales, Victoria, Western Australia, Tasmania and the Australian Capital Territory group Pre and Error AR-DRGs within MDCs 01 to 23, while Queensland and South Australia assign Pre and Error AR-DRGs their own MDC, 00 and 24, respectively. The Northern Territory generally uses the former method.

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

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Injury surveillance	**Collection year:** 2000–01
		Knowledgebase ID: 000384
		NHDD version: 9.0
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 cause or injury, poisoning or adverse effect occurred.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations*?	
NSW	Yes		Yes			No
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes			No
Tas	Yes		Yes			No
ACT	Yes		Yes			No
NT	Yes		Yes			No

* For which an external cause was reported.

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:

The NHDD and ICD-10-AM second edition specify that a 'Place of occurrence of external cause of injury' code should accompany an external cause code in the range V01–Y89.

New South Wales, Victoria, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory all provided data where an external cause code in the range V01–Y89 was not accompanied by a place of occurrence code.

Table 4.19: Separations for which an external cause code in the range V01–Y89 was not accompanied by a place of occurrence code, by sector and state and territory

	Number			Proportion of separations *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	50,527	11,026	61,553	28.1	25.8	27.7
Vic	11	3	14	0.0	0.0	0.0
Qld	0	0	0	0.0	0.0	0.0
WA	0	0	0	0.0	0.0	0.0
SA	459	143	602	1.1	0.9	1.0
Tas	384	190	574	3.3	3.7	3.4
ACT	218	24	242	3.2	2.6	3.1
NT	97	n.a.	97	1.4	n.a.	1.4
Total	**51,696**	**11,386**	**63,082**	**9.7**	**6.8**	**9.0**

n.a. Not available.

Although a relatively small proportion of separations with an external cause did not have a place of occurrence code in most jurisdictions, a much greater proportion of separations had place of occurrence codes of *Other specified place* or *Unspecified place*, providing little valuable information on the place of occurrence. About 4% of separations with an external cause code in the range V01–Y98 were accompanied by a place of occurrence code of Y92.8 *Other specified place of occurrence*, ranging from 2.5% in South Australia to 6.6% in the Northern Territory. Similarly, about 31% of separations with an external cause in the same range were accompanied by a place of occurrence code of Y92.9 *Unspecified place of occurrence*, ranging from 25.2% in the Australian Capital Territory to 48.0% in the Northern Territory.

Table 4.20: Separations with an external cause code in the range V01–Y89 and a place of occurrence code of Y92.8 *Other specified place of occurrence,* by sector and state and territory

	Number			Proportion of separations *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	4,344	597	4,941	3.4	1.9	3.1
Vic	3,689	685	4,374	2.9	1.8	2.6
Qld	5,900	1,418	7,318	5.6	3.2	4.9
WA	2,739	576	3,315	5.3	3.0	4.7
SA	1,260	222	1,482	2.9	1.4	2.5
Tas	412	126	538	3.7	2.5	3.3
ACT	303	25	328	4.6	2.8	4.4
NT	437	n.a.	437	6.6	n.a.	6.6
Total	**19,084**	**3,649**	**22,733**	**4.0**	**2.3**	**3.6**

n.a. Not available.

Table 4.21: Separations with an external cause code in the range V01–Y89 and a place of occurrence code of Y92.9 *Unspecified place of occurrence,* by sector and state and territory

	Number			Proportion of separations *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	37,133	9,443	46,576	28.7	29.7	28.9
Vic	37,275	12,666	49,941	29.1	32.9	29.9
Qld	30,839	14,296	45,135	29.2	32.0	30.0
WA	21,112	8,467	29,579	41.2	43.8	41.9
SA	10,204	5,330	15,534	23.8	32.7	26.3
Tas	3,032	1,053	4,085	27.0	21.3	25.3
ACT	1,724	167	1,891	26.1	18.7	25.2
NT	3,163	n.a.	3,163	48.0	n.a.	48.0
Total	**144,482**	**51,422**	**195,904**	**30.0**	**32.9**	**30.7**

n.a. Not available.

Western Australia has indicated that it is aware of the high proportion of 'Unspecified' values and is attempting to improve in this area.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

The NHDD version 9.0 guide for use in the 'External cause—admitted patient' data element specifies that external cause codes in the range W00–Y34 (except Y06 and Y07) must be accompanied by a place of occurrence code (p. 280). However, the guide for use in the 'Place of occurrence of external cause of injury' data element specifies that this data element should be used with all ICD-10-AM external cause codes V01–Y89 and assigned according to the Australian Coding Standards (p. 218). The guide for use in the 'External cause—admitted patient' data element appears to have been left over from *National Health Data Dictionary* version 8.0 (based on the first edition of ICD-10-AM) when place of occurrence was only required for a limited number of external cause codes. This error has also been repeated in versions 10 and 11 of the NHDD.

Data element name: Principal diagnosis

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Community mental health care	**Knowledgebase ID:** 000136
		NHDD version: 9.0
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: 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	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes			No*
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes			No*
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

* NSW public hospitals and Tasmanian private hospitals only.

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

Not applicable, NHDD definition and domain values used by all states and territories. There were 72 separations with invalid ICD-10-AM principal diagnosis codes, all in Tasmania.

Details of use of non-standard NMDS scope:

New South Wales, Victoria, Tasmania and the Northern Territory all reported separations without a principal diagnosis. New South Wales indicated that this was caused by a processing systems bug and it is to be addressed.

Table 4.22: Separations for which a principal diagnosis was not reported, by sector and state and territory

	Number			Proportion of separations *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	8,394	10	8,404	0.6	0.0	0.4
Vic	81	495	576	0.0	0.1	0.0
Qld	0	0	0	0.0	0.0	0.0
WA	0	0	0	0.0	0.0	0.0
SA	0	0	0	0.0	0.0	0.0
Tas	11	329	340	0.0	0.5	0.2
ACT	0	0	0	0.0	0.0	0.0
NT	136	n.a.	136	0.2	n.a.	0.2
Total	**8,622**	**834**	**9,456**	**0.2**	**0.0**	**0.1**

n.a. Not available.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Not applicable.

Data element name: Procedure

Evaluation NMDS: Admitted patient care	**Other NMDSs:** None	**Collection year:** 2000–01
		Knowledgebase ID: 000137
		NHDD version: 9.0
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:

A clinical intervention that:

- 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	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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

Not applicable, NHDD definition and domain values used by all states and territories. There were only 46 separations with invalid ICD-10-AM procedure codes—44 in Tasmania, and one each in the Australian Capital Territory and the Northern Territory.

Details of use of non-standard NMDS scope:

There were a large number of separations for which there was no procedure or a procedure was not reported in each state and territory, however, it is not possible to determine whether there really was a procedure that was not reported, or there were actually no procedures. Although it is not unusual for a patient not to undergo any procedure whilst in hospital, information is presented below for separations for which there was no procedure or a procedure was not reported.

Table 4.23: Separations for which there was no procedure or a procedure was not reported, by state and territory

	Number			Proportion of separations *(per cent)*		
State	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
NSW	430,027	58,316	488,343	33.3	8.9	25.0
Vic	292,361	69,243	361,604	27.4	11.9	22.0
Qld	239,335	74,857	314,192	33.0	13.9	24.9
WA	95,561	41,065	136,626	24.7	15.5	20.9
SA	97,784	19,129	116,913	26.6	10.4	21.2
Tas	19,195	13,549	32,744	25.8	20.4	23.3
ACT	11,199	2,965	14,164	17.4	11.5	15.7
NT	23,988	n.a.	23,988	36.0	n.a.	36.0
Total	**1,209,450**	**279,124**	**1,488,574**	**29.9**	**12.0**	**23.4**

n.a. Not available.

Was mapping required from state and territory data sets?

Not applicable.

Additional information:

Up to 31 procedure codes were requested for each separation. The NHDD recommends that a minimum of 20 codes be able to be reported. Queensland and Western Australia both reported 31 procedure codes, the maximum number requested by the Institute, and may have been restricted in the number of codes they could provide. Queensland indicated that it collects an unlimited number of procedures for each episode.

Table 4.24: The maximum number of procedures reported, by state and territory

	Number		Mean procedure codes per separation	
State	**Public**	**Private**	**Public**	**Private**
NSW	20	20	2.4	2.3
Vic	25	25	2.2	2.2
Qld	31	31	2.2	2.3
WA	31	31	2.2	2.2
SA	25	25	2.0	2.3
Tas	30	30	2.2	2.3
ACT	25	30	2.1	2.4
NT	25	n.a.	1.8	n.a.
Total	**. .**	**. .**	**2.2**	**2.3**

n.a. Not available.

. . Not applicable.

In 31% of public hospital separations and 24% of private hospital separations one procedure code was reported, ranging from 26% in New South Wales to 42% in the Australian Capital Territory in the public sector, and from 19% in Tasmania to 28% in South Australia in the private sector. In a further 20% of public hospital separations and 30% of private hospital separations two procedure codes were reported and three procedure codes were reported in a further 9% of public hospital separations and 16% of private hospital separations. The average number of procedure codes per separation was 2.2 in the public sector and 2.3 in the private sector.

Data element name: Admitted patient election status

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care	**Collection year:** 2000–01
		Knowledgebase ID: 000415
		NHDD version: 9.0
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: Accommodation chargeable status elected by patient on admission (public/private).		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes			No
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

'Admitted patient election status' was not available for separations from public psychiatric hospitals in Victoria, and was missing for one separation from South Australia. In practice, this means that the item was not provided for patients of the Victorian forensic psychiatric service, most if not all of whom would not be able to elect to be treated as private patients. Victoria commented that the scope of this data

item should be clarified with a view to placing public psychiatric hospitals outside its scope; alternatively, it could default to 'public' for this type of hospital.

The Institute requested that category 9 *Unknown* be reported if the 'Admitted patient election status' of the patient was not known. However, it is expected that this category should only be used in a minimal number of cases, as this data element should be collected for all patients under the Australian Health Care Agreements.

Table 4.25: Use of the '*Unknown*' data domain for admitted patient election status, by state and territory

State	Number	Per cent
NSW	1,583	0.1
Vic	4,252	0.3
Qld	0	0.0
WA	1,322	0.2
SA	0	0.0
Tas	23,344	16.6
ACT	53	0.1
NT	209	0.3

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia and Tasmania all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Admitted patient election status'. Queensland collects additional categories for this item but combines some of these to conform to the NHDD domain values.

Victoria supplied these data based on their data element 'Account class on separation', which had formed the basis of their data supply for 'Patient accommodation eligibility status' in previous years.

Western Australia does not collect 'Admitted patient election status', but derived the data element from payment classification categories. Unqualified newborns were assigned the election status of the mother where a mother–baby match could be readily identified. Western Australia has indicated that this data element will again be derived for 2001–02 and 2002–03. For 2003–04 onwards, it should be more reliable due to changes being introduced in July 2003.

Additional information:

There were 555 records for the Northern Territory where patients were compensable, but 'Admitted patient election status' was 1 *Public* where it should be 2 *Private*. Similarly, there were 276 records where 'Department of Veterans' Affairs patient' status was 1 *Yes*, but 'Admitted patient election status' was 1 *Public* where it should be 2 *Private*. The Northern Territory indicated that a data quality program particularly focused on financial classification is currently being undertaken.

Data element name: Compensable status

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care	**Collection year:** 2000–01 **Knowledgebase ID:** 000026 **NHDD version:** 9.0
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:

A compensable patient is an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.

A compensable patient is a person who:

- is entitled to claim damages under motor vehicle third party insurance; or
- is entitled to claim damages under worker's compensation; or
- has an entitlement to claim under public liability or common law damages.

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes			No
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

'Compensable status' was provided for all reported separations in every state and territory except for Victoria, where it was not reported for separations from public psychiatric hospitals. In practice, this means that the item was not provided for the Victorian forensic psychiatric service. The applicability of this item for forensic patients needs to be clarified in the NHDD definition.

'Compensable status' was reported as unknown for 14% (19,890) of separations from Tasmania.

Table 4.26: Use of the '*Unknown*' data domain for compensable status, by state and territory

State	Number	Per cent
NSW	1,583	0.1
Vic	341	0.0
Qld	0	0.0
WA	0	0.0
SA	0	0.0
Tas	19,890	14.1
ACT	55	0.1
NT	209	0.3

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Compensable status'. There are several compensable status categories collected by Queensland. These categories are combined for national reporting.

Additional information:

In version 9 of the NHDD, the data elements 'Admitted patient election status', 'Medicare eligibility status', 'Compensable status' and 'Department of Veterans' Affairs patient' were collected in the admitted patient NMDS in order to determine from where funding for a patient was obtained. In version 10, the data elements 'Compensable status' and 'Department of Veterans' Affairs patient' are replaced with the data element 'Funding source for hospital patient'.

There were 788 records for the Northern Territory where patients were compensable, but not eligible for Medicare. As it is unlikely that all compensable patients would be ineligible for Medicare, the Institute queried this data. 'Medicare eligibility status' was changed to 1 *Eligible* for all these records. There were also 555 records where patients were compensable, but 'Admitted patient election status' was 1 *Public* where it should be 2 *Private*. The Northern Territory indicated that a data quality program particularly focused on financial classification is currently being undertaken.

Data element name: Department of Veterans' Affairs patient

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01 **Knowledgebase ID:** 000421 **NHDD version:** 9.0
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: An eligible person whose charges for this hospital admission are met by the Department of Veterans' Affairs.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes			No

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:

'Department of Veterans' Affairs patient' was not provided for all reported separations from public hospitals in the Northern Territory.

The Institute requested that category 9 *Unknown* be reported if 'Department of Veterans' Affairs patient' was not known.

Table 4.27: Use of the '*Unknown*' data domain for Department of Veterans' Affairs patient, by state and territory

State	Number	Per cent
NSW	1,583	0.1
Vic	0	0.0
Qld	0	0.0
WA	0	0.0
SA	0	0.0
Tas	0	0.0
ACT	0	0.0
NT	387	0.6

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Department of Veterans' Affairs patient'. Queensland collects this item as a separate category within the compensable status item data domain. It is collected using the NHDD definition and is not mapped to conform to the NHDD domain values.

Additional information:

In version 9 of the NHDD, the data elements 'Admitted patient election status', 'Medicare eligibility status', 'Compensable status' and 'Department of Veterans' Affairs patient' were collected in the admitted patient NMDS in order to determine from where funding for a patient was obtained. In version 10, the data elements 'Compensable status' and 'Department of Veterans' Affairs patient' are replaced with the data element 'Funding source for hospital patient'.

There were 276 records for the Northern Territory where 'Department of Veterans' Affairs patient' status was 1 *Yes*, but 'Admitted patient election status' was 1 *Public* where it should be 2 *Private*. The Northern Territory indicated that a data quality program particularly focused on financial classification is currently being undertaken.

Data element name: Hospital insurance status

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care	**Collection year:** 2000–01
		Knowledgebase ID: 000075
		NHDD version: 9.0
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:

Hospital insurance under one of the following categories:

- registered insurance—hospital insurance with a health insurance fund registered under the *National Health Act 1953* (Cwlth);
- general insurance—hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insurance;
- no hospital insurance or benefits coverage under the above.

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes			No
Vic	Yes		Yes		Yes	
Qld	Yes		Yes			No
WA	Yes			No	Yes	
SA	Yes		Yes			No
Tas	Yes		Yes			No
ACT	Yes		Yes			No
NT	Yes		Yes			No

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

Western Australia does not use a data domain for *Unknown* as per the NHDD. In Western Australia data for Insurance status is cross-checked against another data element Payment classification, so that if hospital insurance is not reported or

unknown (that is, blank), and Payment Classification is Private insured then the insurance status would be assigned to *Yes (Hospital insurance)*.

Details of use of non-standard NMDS scope:

'Hospital insurance status' was not available for separations from public psychiatric hospitals in Victoria. In practice, this means that the item was not provided for the Victorian forensic psychiatric service. The applicability of this item for forensic patients needs to be clarified in the NHDD definition. 'Hospital insurance status' was reported as unknown for all separations from public hospitals in Tasmania, for a large proportion of separations from private hospitals in Tasmania (47.2%, 31,415) and a large proportion of separations from public hospitals in the Australian Capital Territory (76.3%, 49,085).

Table 4.28: Use of the '*Unknown*' data domain for hospital insurance status, by state and territory

State	Number	Per cent
NSW	85,371	4.4
Vic	481	0.0
Qld	64,691	5.1
WA	0	0.0
SA	57,976	10.5
Tas	105,698	75.1
ACT	49,262	54.6
NT	1,083	1.6

Was mapping required from state and territory data sets?

New South Wales, Victoria, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Hospital insurance status'.

Additional information:

Victoria reported that there were a significant number of patients with hospital insurance where the level of insurance is unknown, making the data on insurance difficult to use/unreliable.

The Tasmanian Department of Health and Human Services is currently reviewing how information on hospital insurance status can be collected and reported for the public sector in the future.

In *Australian Hospital Statistics 2000–01*, data for 'Hospital insurance status' were only reported for private patients other than compensable or Department of Veterans' Affairs patients (that is, for patients who could use their insurance to meet the hospital charges for the episode of care). These data are less likely to be accurate for other categories of patient.

Data element name: Intended length of hospital stay

Evaluation NMDS: Admitted patient care	**Other NMDSs:** None	**Collection year:** 2000–01
		Knowledgebase ID: 000076
		NHDD version: 9.0
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: The intention of the responsible clinician at the time of the patient's admission to hospital, to discharge the patient either on the day of admission or a subsequent date.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA		No	Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes			No
ACT	Yes		Yes			No*
NT	Yes		Yes		Yes	

* ACT private hospitals only.

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

NHDD definition and domain values used by all states and territories except Western Australia, where if the intended length of stay is not known at admission, the value for intended overnight stay is assigned. Western Australia indicated that this approach has not changed.

Details of use of non-standard NMDS scope:

Data were not provided for 'Intended length of stay' for 644 separations from New South Wales public hospitals. The Institute requested that category 9 *Unknown* be

reported if 'Intended length of hospital stay' was not known. Almost 29% (40,260) of separations from Tasmania were *Unknown*.

Table 4.29: Use of the '*Unknown*' data domain for intended length of hospital stay, by state and territory

State	Number	Per cent
NSW	0	0.0
Vic	0	0.0
Qld	0	0.0
WA	0	0.0
SA	0	0.0
Tas	40,260	28.6
ACT	196	0.2
NT	30	0.0

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 used. 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 it has not had a request for 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, while Tasmania commented that while hospitals may require this information for bed planning purposes, its use at state or national level is questionable.

Data element name: Inter-hospital contracted patient

Evaluation NMDS: Admitted patient care	**Other NMDSs:** None	**Collection year:** 2000–01
		Knowledgebase ID: 000079
		NHDD version: 9.0
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: 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 for both hospitals.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW		No		No	Yes	
Vic		No		No	Yes	
Qld	Yes		Yes			No
WA	Yes		Yes		Yes	
SA	Yes		Yes			No
Tas	. .		. .			No
ACT	Yes		Yes			No
NT	Yes		Yes		Yes	

. . Not applicable.

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

New South Wales and Victoria did not specify the sector of the hospital purchasing the contracted care but were able to make the distinction between contracted and not contracted patients. New South Wales used a category of 1 for contracted and 2 for not contracted, while Victoria used a category of 1 for contracted and 3 for not contracted. According to Victoria the sector of the hospital purchasing the contracted

care could safely be imputed as public. It could also be imputed that patients of public psychiatric hospitals are not contracted.

Details of use of non-standard NMDS scope:

Tasmania did not provide 'Inter-hospital contracted patient' for any separations, while Victoria did not provide this data element for separations from public psychiatric hospitals and it was missing for 504 separations from public acute hospitals in New South Wales. Queensland did not report 'Inter-hospital contracted patient' for 1,261,148 (99.8%) separations across all sectors. It appears that there may be some confusion in relation to the scope of this data element and the use of the 'Not reported' and 'Other' categories. Queensland commented that it had reported all non-contracted patients as 9 *Not reported* whereas they should probably have been reported as 3 *Other*. The Australian Capital Territory also coded all non-contracted patients as 9 *Not reported.* To avoid further misinterpretation category 3 *Other* should be relabelled *Not contracted*.

Table 4.30: Use of the '*Not reported*' data domain for inter-hospital contracted patients, by state and territory

State	Number	Per cent
NSW	0	0.0
Vic	0	0.0
Qld	1,261,148	99.8
WA	0	0.0
SA	5,904	1.1
Tas	140,778	100.0
ACT	90,253	99.95
NT	0	0.0

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia, South Australia and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values 'Inter-hospital contracted patient'.

Additional information:

Queensland noted that the quality of this data item is suspected to be poor.

Western Australia indicated that it is confident that the quality of this data item is reasonable and improving, noting that it now checks that each 'contracted service' has a matching 'funding hospital'.

The Tasmanian Department of Health and Human Services is currently reviewing how this information can be collected and reported for the public sector in future.

Data element name: Medicare eligibility status

Evaluation NMDS: Admitted patient care	**Other NMDSs:** None	**Collection year:** 2000–01
		Knowledgebase ID: 000414
		NHDD version: 9.0
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: The patient's eligibility for Medicare as specified under the Commonwealth *Health Insurance Act 1973*.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes			No*
WA	Yes		Yes			No
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes			No*
NT	Yes		Yes			No

* Queensland and ACT private hospitals only.

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:

'Medicare eligibility status' was provided for all reported separations in every state and territory except for Victoria, where it was not reported for separations from

public psychiatric hospitals. In practice, this means that the item was not provided for the Victorian forensic psychiatric service.

'Medicare eligibility status' was reported as unknown for 70% (17,863) of separations from Australian Capital Territory private hospitals.

Table 4.31: Use of the '*Unknown*' data domain for Medicare eligibility status, by state and territory

State	Number	Per cent
NSW	1,583	0.1
Vic	341	0.0
Qld	17,770	1.4
WA	22,736	3.5
SA	109	0.0
Tas	0	0.0
ACT	17,869	19.8
NT	387	0.6

Western Australia has indicated that 3.5% of cases are unknown simply because its variable used for mapping does not allow reliable assignment. A number of assumptions were also made in the mapping process. Western Australia has indicated that explicit collection of this variable is expected to commence in July 2003 (if possible) or 2004 (at the latest).

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Medicare eligibility status'.

Additional information:

Victoria indicated that category 2 *Not eligible* may be an underestimate, as it is based only on cases where the Medicare suffix has been recorded as 'N-E' (Not eligible for Medicare) and the postcode of '8888' (Overseas) is reported in the Victorian Admitted Episode Dataset.

There were 788 records for the Northern Territory where patients were compensable, but not eligible for Medicare. As it is unlikely that all compensable patients would be ineligible for Medicare, the Institute queried this data. 'Medicare eligibility status' was changed to 1 *Eligible* for all these records.

Data element name: Mental health legal status

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Community mental health care	**Knowledgebase ID:** 000092
		NHDD version: 9.0
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 or care.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations (with psychiatric care days)?	
NSW	Yes			No	Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	. .		. .			No

. . 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 New South Wales, which used an invalid domain value of 0 for 1 separation, and N for 4 separations.

Details of use of non-standard NMDS scope:

South Australia and Tasmania provided 'Mental health legal status' for all separations, regardless of whether patients had psychiatric care days. In South Australia patients who underwent psychiatric care and who were involuntary were coded as 1 *Involuntary*, while all other patients (those with and without psychiatric care days) were coded as 2 *Voluntary*. New South Wales reported 'Mental health legal status' in a similar way to South Australia, however, it wasn't reported for all separations. In Tasmania, only separations with psychiatric care days were coded as 1 *Involuntary* or 2 *Voluntary* and all other separations were coded as 9 *Unknown*. Victoria, Queensland, Western Australia and the Australian Capital Territory only reported 'Mental health legal status' for separations with psychiatric care days. The Northern Territory did not report 'Mental health legal status' for any separations.

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 'Mental health legal status'.

Additional information:

In Victoria, private hospitals are directed to report a code of 9 *Not applicable* for all patients in private hospitals, as private hospitals are not proclaimed to provide services for involuntary patients. Therefore, 'Mental health legal status' for all separations in private hospitals in Victoria is 9 *Unknown*.

Data element name: Mode of admission

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01 **Knowledgebase ID:** 000385 **NHDD version:** 9.0
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 mechanism by which a person begins an episode of care.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA	Yes		Yes			No
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

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:

The Australian Capital Territory did not report 'Mode of admission' for 11 separations from private hospitals. The Institute recoded missing 'Mode of admission' to 9 *Unknown*.

The Institute requested that category 9 *Unknown* be reported if 'Mode of admission' was not known. New South Wales initially used the *Unknown* category for 4,641

separations. However, on advice from New South Wales during the edit checking process these were recoded to 3 *Other*.

Table 4.32: Use of the '*Unknown*' data domain for mode of admission, by state and territory

State	Number	Per cent
NSW	0	0.0
Vic	0	0.0
Qld	0	0.0
WA	0	0.0
SA	5,904	1.1
Tas	0	0.0
ACT	0	0.0
NT	30	0.0

Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Mode of admission'. Queensland combines categories from the state 'source of admission' item to meet the NHDD domain values.

Additional information:

Western Australia has indicated that the accuracy of this information is questionable, especially in relation to 'statistical' admissions, as compliance with the recording of care type changes needs improvement. Transfers from hospitals were also reported inconsistently, but changes from July 2003 should rectify this.

Data element name: Mode of separation

Evaluation NMDS: Admitted patient care	**Other NMDSs:** Admitted patient mental health care Admitted patient palliative care	**Collection year:** 2000–01 **Knowledgebase ID:** 000096 **NHDD version:** 9.0
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).		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes			No*	Yes	
Qld	Yes		Yes		Yes	
WA	Yes			No	Yes	
SA	Yes		Yes			No
Tas	Yes			No	Yes	
ACT	Yes			No*	Yes	
NT	Yes		Yes		Yes	

* Victorian public hospitals and ACT private hospitals used non-standard domain values.

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

Victoria includes discharges/transfers to psychiatric hospitals in category 1 *Discharge/transfer to an(other) acute hospital* rather than category 3 *Discharge/transfer to an(other) psychiatric hospital* as per NHDD specifications. Victoria has indicated that this reflects the fact that, except for the public psychiatric hospital, all public admitted patient services for mental health patients have now been mainstreamed into public acute hospitals and it may not be recorded whether a patient is transferred to a psychiatric unit or to the 'general' part of the hospital. Even when the

patient notes make it clear that the transfer is to the psychiatric ward of another hospital, the codes identifying hospitals do not differentiate between the various services of that hospital: the transferring hospital can indicate only the receiving hospital. Victoria has suggested that this NHDD specification needs to be reviewed. For Victoria discharges and transfers to mental health residential facilities are mapped to category 4 *Discharge/transfer to other health care accommodation,* while category 7 *Statistical discharge from leave* is not used.

Western Australia uses category 2 *Discharge/transfer to a residential aged care service, unless this is the usual place of residence* for all patients who are discharged or transferred to a residential aged care service, regardless of whether this is the patient's usual place of residence. The NHDD specifies that if the residential aged care service is the patient's place of usual residence then category 9 *Other (includes discharge to usual residence/own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))* should be used. Western Australia has indicated that it will be able to conform to the correct approach from 2001–02 reporting with regard to the use of '9 – Other' if the patient is being sent to a nursing home that is the usual place of residence. For Western Australia, category 4 *Discharge/transfer to other health care accommodation (includes mothercraft hospitals)* also includes patients who are discharged or transferred to all hostels (mostly aged care). Category 3 *Discharge/transfer to an(other) psychiatric hospital* is used for discharges or transfers to all psychiatric facilities, not just psychiatric hospitals. Western Australia has noted that several changes to its source item are planned for July 2003 to align categories with NHDD definitions. This affects categories 2 (residential aged care service rather than nursing home), 3 (psychiatric hospital rather than psychiatric facility) and 4 (aged care facilities that belong to category 2 will be excluded from this category while some psychiatric facilities and mothercraft hospitals will be included).

Tasmania did not use category 3 *Discharge/transfer to an(other) psychiatric hospital* or category 7 *Statistical discharge from leave*. Tasmania has indicated that its mapping process needs to be corrected to capture these domain values.

The Australian Capital Territory provided data for public hospitals for category 5 *Statistical discharge-type change* and category 7 *Statistical discharge from leave* in reverse. After this advice from the Australian Capital Territory the Institute reversed these categories on the database. Category 5 *Statistical discharge-type change* and category 7 *Statistical discharge from leave* were not used by private hospitals. It is uncertain as to whether the Australian Capital Territory does not collect these data or if there were no separations with these modes of separation.

Details of use of non-standard NMDS scope:

The Institute requested that category 0 *Unknown* be reported if 'Mode of separation' was not known.

Table 4.33: Use of the '*Unknown*' data domain for mode of separation, by state and territory

State	Number	Per cent
NSW	0	0.0
Vic	0	0.0
Qld	0	0.0
WA	0	0.0
SA	3,222	0.6
Tas	0	0.0
ACT	11	0.0
NT	41	0.1

Was mapping required from state and territory data sets?

New South Wales, Victoria, South Australia, Tasmania and the Northern Territory all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Mode of separation'. Queensland derives this data element from two separate state data items.

Category 4 *Discharge/transfer to other health care accommodation (includes mothercraft hospitals)* and category 5 *Statistical discharge-type change* were reported for a large proportion of separations in Tasmanian private hospitals in comparison to Tasmanian public hospitals and other states and territories. In contrast, category 1 *Discharge/transfer to an acute hospital* was reported for a much smaller proportion of separations. Tasmania indicated that private hospitals do not collect information in any standard way. The data are mapped to the NHDD domain values as far as possible. Apparently one of the private hospitals in Tasmania uses the code 5 for discharge home, however, this was not picked up in the mapping process. This means that the majority of separations were coded to 5 *Statistical discharge-type change* instead of 9 *Other (includes discharge to usual residence/own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))*.

Additional information:

States and territories were asked to provide comments on the discharge of patients to residential aged care services. That is, whether category 2 is used if the residential aged care service is the patient's usual place of residence, or whether category 9 is used in this instance as per the NHDD.

Queensland, South Australia, Tasmania and the Northern Territory all indicated that they conform to the NHDD definition, using category 9 when the residential aged care service is the patient's usual place of residence. The Northern Territory indicated that its policy was only changed just prior to commencement of 2000–01 to incorporate the NHDD definition that code 9 be used for discharge to residential aged care service if this is usual place of residence. Victoria and Western Australia indicated that they use category 2 *Discharge/transfer to a residential aged care service* when the residential aged care service is the patient's usual place of residence. In

Victoria category 9 *Other* is only used for separation to private accommodation or the patient's home. Western Australia has indicated that it will be able to conform to the NHDD definition from 2001–02.

States and territories were also asked to indicate what constitutes other health care accommodation, as in category 4 *Discharge/transfer to other health care accommodation (includes mothercraft hospitals)* in their jurisdiction.

Queensland assigns the *Discharge/transfer to other health care accommodation* category to patients who are transferred to alcohol and drug centres, independent living units, or other health care establishments.

In Western Australia category 4 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 it is generally establishments that might give 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.

In investigating what constituted 'other health care accommodation', the Northern Territory had a look at what users were selecting as the discharge destination in terms of actual agency or organisation, over the last 2 years. They discovered that selection of this code did not preclude users from selecting acute hospitals (3.7%), psychiatric hospitals (none selected in this time period), and aged care facilities (0.6%). The main destinations specified were hostels (24.0%), one hospital's self care centre (24.7%), or no destination specified. The Northern Territory indicated that it is doubtful that of those hostels selected, any of them had any relationship to 'health care', since they separated out those which might potentially be 'health care accommodation' from this group. In two regional centres, there exist hostels for women living on communities who come into town close to term in their pregnancy, stay at the hostel, are admitted at the time of birth of their baby, and may or may not spend time in the hostel following the birth. However, further investigation is needed as to whether they would be receiving any health care other than a standard visit by a community nurse after the birth, which is offered to all new parents. Also collected as a destination are rehabilitation hospitals, YMCA and YWCA, missions, and a range of other organisations that do not provide health care. The Northern Territory indicated that the quality of its data under 'Mode of Separation' is therefore somewhat questionable, and it will work towards improving itsdata collection.

States and territories were also asked to comment on the use of category 7 *Statistical discharge from leave* in their jurisdiction and if it is not used, why this is the case.

Victoria does not use category 7 *Statistical discharge from leave* commenting 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. The Northern Territory indicated that it might expect a 'Statistical admission from leave', or a 'Statistical discharge to leave', but not this category.

Data element name: Person identifier

Evaluation NMDS:	**Other NMDSs:**	**Collection year:** 2000–01
Admitted patient care	Admitted patient mental health care Admitted patient palliative care Alcohol and other drug treatment services Community mental health care Perinatal	**Knowledgebase ID:** 000127 **NHDD version:** 9.0
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: Person identifier unique within establishment or agency.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD Definition used?		NHDD Domain Values used?		Provided for all reported separations?	
NSW	Yes		Yes			No*
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	. .		. .			No
SA	. .		. .			No
Tas	Yes		Yes		Yes	
ACT	Yes		Yes		Yes	
NT	Yes		Yes		Yes	

. . Not applicable.

* NSW private hospitals only.

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

The NHDD definition appears to have generally been used by all states and territories, except Western Australia and South Australia, which did not provide data

for 'Person identifier'. Individual establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems as domain values.

The NHDD definition requires that the 'Person identifier' be unique to the patient within the relevant establishment. The supplied data were examined for the repeated use of the same person identifier for patients with different demographic characteristics, such as sex and date of birth. New South Wales, Queensland and the Australian Capital Territory had establishment identifier/person identifier combinations with more than one sex or date of birth, indicating that the person identifier is not truly unique within establishments in these jurisdictions. Tasmania also had establishment identifier/person identifier combinations with more than one sex or date of birth in private hospitals, however, as unique establishment numbers were not provided for private hospitals, it is uncertain whether the person identifiers are unique within an establishment. The repeated use of the same person identifier for patients with different dates of birth could not be examined in Victoria, as 'Date of birth' was not provided for the majority of separations within this state. Victoria had establishment identifier/person identifier combinations with more than one sex (mainly in private hospitals), however, the large number is due to the fact that unique establishment numbers were not provided for private hospitals.

Table 4.34: Use of unique establishment identifiers/person identifiers, by state and territory

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Establishment id./ person id. combinations with 2 different sex values	139	15,520	119	n.a.	n.a.	19	7	0
Establishment id./ person id. combinations with more than one date of birth	1,200	n.a.	470	n.a.	n.a.	39	40	0
Establishment id./ person id. combinations with 2 different sex values and/or more than one date of birth	1,326	n.a.	586	n.a.	n.a.	39	47	0

n.a. Not available.

New South Wales commented that it does have medical record numbers that are unique to each patient in a hospital but the patient doesn't take that number with them when they go to another hospital. New South Wales indicated that the records in the table above would be 'bugs' in their new processing system. These glitches are gradually being fixed as they are identified.

Details of use of non-standard NMDS scope:

Western Australia and South Australia did not report 'Person identifier' for any separations. Western Australia does not provide person identifier in its data submission for confidentiality reasons and South Australia sets the 'Person identifier' to zero in order to protect the identity of individual patients. Western Australia indicated it is not intending to change this practice at this time. South Australia has recently provided an encrypted person identifier for 2000–01 data for a specific request and intends to continue to provide this information in future data supplies.

New South Wales did not report 'Person identifier' for 665,971 (34.2%) separations across all sectors. New South Wales indicated that these records are from mainly private hospitals which are processed in an old database. New South Wales commented that it can produce a unique identifier in the new but not the old database system. Currently all private hospitals are still processed in ISCOS, however, there are plans to process private hospitals in HIE, possibly from 2003–04.

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 Institute 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?' and
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)?'

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. Victoria and Queensland indicated that 'Person identifier' is repeated for repeat admissions of individual patients and is only unique within individual hospitals. Queensland also specified that it may not be possible for the person identifiers supplied in 2000–01 to be cross-referenced with person identifiers provided in previous or future data supplies. Tasmania has indicated that the identifier is not repeated for repeat admissions of individual patients. 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, not just within a hospital.

Encryption

States and territories were asked to comment on whether the actual unique record number assigned at the hospital is provided or is encrypted before supply to the Institute. If it is encrypted, states and territories were asked to indicate if the encryption is done in the same way each time so that the same encrypted number would stay with each patient each time they are re-admitted.

New South Wales indicated that a unique record number is provided for public hospital records but not for private hospital records. The record numbers for public hospitals are encrypted and traceable. For private hospitals the record numbers are also encrypted but not traceable. New South Wales commented that work on a unique personal identifier for the New South Wales Health system is in the development phase.

Victoria does not provide the unique record number assigned at the hospital, but provides an encrypted number. The encryption is done consistently so that the same encrypted number would stay with each patient each time they are re-admitted to the same hospital. The Northern Territory also provides an encrypted number, but it has a common numbering system for its five public hospitals, so each patient has the same encrypted number each time they are admitted to any of these hospitals. This consistency is necessary if multiple admissions are to be linked. South Australia has recently provided an encrypted person identifier for 2000–01 data for a specific request and intends to continue to provide this information in future data supplies. The number is unique for repeat patients within individual hospitals, but not across hospitals, or across data set years.

Queensland has indicated that for 2000–01 the actual patient number has been provided. It is not mapped or encrypted and is only unique within an individual hospital. Tasmania has indicated that the unique record number assigned at the hospital is provided. Tasmania indicated that the cost implications of encryption will need to be investigated before realistic comment can be made.

Data element name: Source of referral to public psychiatric hospital

Evaluation NMDS: Admitted patient care	**Other NMDSs:** None	**Collection year:** 2000–01
		Knowledgebase ID: 000150
		NHDD version: 9.0
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: Source from which the person was transferred/referred to the public psychiatric hospital.		

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain values used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	. .			No		No
Qld	Yes		Yes		Yes	
WA		No	Yes		Yes	
SA	Yes		Yes		Yes	
Tas	Yes		Yes		Yes	
ACT		No	Yes		. .	
NT	. .		. .		. .	

. . Not applicable.

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

New South Wales, Queensland and South Australia provided data for public psychiatric hospitals only, as outlined in the NHDD definition. Western Australia provided data for all separations with psychiatric care days, however, separations not in public psychiatric hospitals were assigned to 9 *Unknown*. Tasmania provided data for all separations, not just those in public psychiatric hospitals. Similarly, the Australian Capital Territory provided data for this data element even though it does not have any public psychiatric hospitals. Data were provided for separations with

psychiatric care days in public acute hospitals in the Australian Capital Territory. Northern Territory did not provide data for this data element as it does not have any public psychiatric hospitals.

Details of use of non-standard NMDS scope:

Victoria was unable to provide data for this data element, as it is not collected. According to Victoria the collection of this data element would not add value to the state's data because its public psychiatric hospitals are forensic services and all patients would be 'referred' as part of a legal process.

About 12% of separations within scope in New South Wales, 58% in Western Australia and over 60% in Tasmania were reported as 10 *Unknown*.

Was mapping required from state and territory data sets?

New South Wales, South Australia, Western Australia and Tasmania all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Source of referral to public psychiatric hospital'. Queensland derives this item from two separate state data items.

Additional information:

Source of referral is collected for all separations in South Australia and Tasmania. The definition could potentially be modified and made applicable to all hospital types. However, Western Australia has indicated that even its public psychiatric hospitals are having difficulty reporting this data element. It will continue with the same approach to reporting as for 2000–01.

Data element name: Urgency of admission

<table>
<tr><td>Evaluation NMDS:
Admitted patient care</td><td>Other NMDSs:
None</td><td>Collection year: 2000–01</td></tr>
<tr><td colspan="2" rowspan="2"></td><td>Knowledgebase ID: 000425</td></tr>
<tr><td>NHDD version: 9.0</td></tr>
<tr><td colspan="2">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.</td><td>Version number: 1</td></tr>
<tr><td colspan="3">Definition:
Whether the admission has an urgency status assigned and, if so, whether admission occurred on an 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:
• admissions for normal delivery (obstetric);
• admissions that 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; and
• planned re-admissions for the patient to receive limited care or treatment for a current condition, for example, dialysis or chemotherapy.</td></tr>
</table>

Use of National Standard definition, domain values and NMDS scope:

State	NHDD definition used?		NHDD domain balues used?		Provided for all reported separations?	
NSW	Yes		Yes		Yes	
Vic	Yes		Yes		Yes	
Qld	Yes		Yes		Yes	
WA	Yes		Yes		Yes	
SA		No		No	Yes	
Tas		No*		No*		No*
ACT	Yes			No**	Yes	
NT	. .		. .			No

. . Not applicable.

* Tasmanian private hospitals only.

** Australian Capital Territory private hospitals only.

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

South Australia did not use the domain value 3 *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. 'Urgency of admission' for South Australia was derived from an internal data element called 'Admission category', which only includes the data domains, elective—non-booking list, emergency and elective—booking list. South Australia indicated that statistical admissions could be assigned to data domain 3, but recordings of planned re-admissions is not accurate, while assigning admissions for normal deliveries or admissions that include the birth of the patient would require an examination of diagnosis codes. As the definition could not be fully adopted, South Australia did not provide data for this domain value. However South Australia has advised that the state will fully comply with the NHDD from 1 July 2003 and an urgency status of 'Not assigned' will be introduced.

Private hospitals in Tasmania do not collect 'Urgency of admission' data according to the NHDD, with only some private hospitals providing an 'Urgency of admission' of *Elective*. For 39.9% of private hospital separations the 'Urgency of admission' was *Unknown*.

The Australian Capital Territory indicated that private hospitals appeared to have used old data domains for 'Urgency of admission' resulting in the bulk of private separations showing an 'Urgency of admission' of *Emergency*, which is incorrect. Therefore, 'Urgency of admission' for Australian Capital Territory private hospitals cannot be reported.

Details of use of non-standard NMDS scope:

The Northern Territory did not provide information on 'Urgency of admission' for any separations and Victoria did not provide it for separations from public psychiatric hospitals. 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.

New South Wales did not provide 'Urgency of admission' for 514 separations from public hospitals, while the Australian Capital Territory did not provide it for 8 separations from private hospitals.

Table 4.35: Use of the '*Unknown/not reported*' data domain for urgency of admission, by state and territory

State	Number	Per cent
NSW	514	0.0
Vic	0	0.0
Qld	0	0.0
WA	92	0.0
SA	0	0.0
Tas	26,560	18.9
ACT	8	0.0
NT	66,551	100.0

Was mapping required from state and territory data sets?

Victoria, Western Australia, South Australia and Tasmania all mapped the data collected at the jurisdiction level to conform to the NHDD domain values for 'Urgency of admission'.

Western Australia has indicated that it is not convinced of the accuracy of this field. The variable from which Western Australia mapped uses similar values to South Australia's (described earlier) except that Western Australia created definitions for the cases that should be 'Not assigned' and overwrote the mapped code accordingly. Western Australia has suggested that clearer NHDD definitions are certainly required, especially for the identification of cases where 'Not assigned' is expected.

Additional information:

At the May 2002 NHDC meeting, Queensland questioned the relevance of assigning admitted patients transferred from another hospital an urgency of admission category. Instead they proposed that the admission should be handled in the same way as episode type changes (that is, be allocated an urgency of admission status of *Not assigned*). In response, NHDC decided to collect information from each jurisdiction on how it handles this data collection and to examine the national data available on urgency of admission. At the July 2002 NHDC meeting the Institute

presented a paper outlining the national statistics available on urgency of admission and the responses received from each jurisdiction.

The NHDC has requested that the Australian Hospital Statistics Advisory Committee develop an adequate definition for urgency of admission. The NHDC commented that:

- there is value in the data if the quality is adequate;
- the rules as to when urgency should be assigned need to be clarified and that data are needed on inter-hospital transfer as well as intra-hospital admission;
- the data need to be monitored to ensure their improvement when clarified descriptions are applied; and
- the data are not publishable in their present form and that it might be some time before they are publishable.