

Appendix A: The National Health Data Committee Membership

Members of the National Health Data Committee (NHDC) as at November 1997 were:

		Ph:
Michael Bassingthwaighe	Lysaght's Hospital and Medical Club (representative of Private Health Insurance Industry)	02 4224 4301
Joe Christensen	Australian Institute of Health and Welfare	02 6244 1148
Belinda Clarke	New South Wales Health Department	02 9391 9776
Sue Cornes	Queensland Health	07 3234 0889
Peter Crowe	Australian Bureau of Statistics	02 6252 5975
Julie Gardner	South Australian Health Commission	08 8226 7328
Mark Gill	Department of Human Services, Victoria	03 9616 7618
Sam Green	Health Department of Western Australia	08 9222 2410
Jenny Hargreaves	Australian Institute of Health and Welfare	02 6244 1121
Jeanette Lewis	Department of Community and Health Services, Tasmania	03 6233 4713
Jonette McDonnell	Australian Institute of Health and Welfare	02 6244 1124
Elizabeth Moss	Territory Health Services	08 8999 2930
Jo Murray	Commonwealth Department of Health and Family Services	02 6289 7493
George Neale	Australian Private Hospital's Association	02 6285 2716
Rosemary Roberts	National Centre for Classification in Health	02 9351 9461
Murray Rye	Department of Veterans' Affairs	02 6289 6017
Geoff Sims	Australian Institute of Health and Welfare	02 6244 1168
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Appendix B: ISO/IEC 11179-based standards

The *National health data dictionary* (NHDD) formatting is based primarily on the international standard for defining data elements issued by the International Organization for Standardization and the International Electrotechnical Commission, ISO/IEC International Standard 11179 *Specification and Standardization of Data Elements*. The purpose of this is to provide a more complete and effective presentation of individual data definitions, and also to add technical integrity and consistency of format.

Collectively, the format describes a set of attributes for data definitions. These attributes comprise a set of metadata standards applicable to each data definition. Metadata may be defined as data describing the identifying, definitional, relational and representational attributes of data definitions.

ISO/IEC 11179 is a six-part standard consisting of:

- Part 1 Framework for the specification and standardisation of data elements
- Part 2 Classification of concepts for the identification of domains
- Part 3 Basic attributes of data elements
- Part 4 Rules and guidelines for the formulation of data definitions
- Part 5 Naming and identification principles for data elements
- Part 6 Registration of data elements.

The format used in this dictionary is based largely on Part 3 of the standard. Other parts of the standard provide important rules and guidelines for naming and defining data elements (including semantical, lexical and syntactical rules) and their registration and maintenance.

The ISO and IEC oversee the specialised system for worldwide standardisation of data elements. National bodies that are members of the ISO or IEC participate in the development of international standards through technical committees established by the respective organisation to deal with particular fields of technical activity. Standards Australia is a member of the ISO and IEC. On behalf of the National Health Data Committee (NHDC) and the National Health Information Management Group (NHIMG), AIHW maintains ongoing liaison with Standards Australia about the application of, and the modifications it has proposed to, the ISO-based standard. In February 1998, Mr Joe Christensen from AIHW was appointed editor of Part 3 of ISO 11179, which is due for review during 1999.

The ISO and IEC state:

Exchange of any form of information, to be effective, must take place in an environment where it can be ensured that the receiver interprets the information in exactly the same way as intended by the sender. The information must also be easy to locate and retrieve. This is only possible where the meaning and method of representation of the information are known and agreed upon by the communication partners. The units of information with normalised meanings and formats are known as 'standardised data elements'.

Data element attributes

Admin. status:

The operational status (for example DRAFT, CURRENT, SUPERSEDED) of the data element or data element concept and the date from which this status is effective. For example, in the NHDD the latest revision of 'Area of usual residence' effective from 1 July 1997 has a CURRENT status, replacing the previous version of this data element operational from 1 July 1995 until 30 June 1997 which now has a SUPERSEDED status. With the exception of those data

elements related to the use of the ICD-9-CM classification, no SUPERSEDED data elements are included in this hard copy publication of the NHDD. However, all data elements, including SUPERSEDED data elements, are included on the National Health Information Knowledgebase (NHIK).

NHIK ID: A six-digit number used to identify the data element on the National Health Information Knowledgebase (or NHIK). In the Knowledgebase, this number is preceded by an acronym that identifies the Registration Authority for each data element. The National Health Information Management Group (NHIMG) is the Registration Authority for all data elements included in the dictionary. The combination of Registration Authority, NHIK ID and Version Number (see below) uniquely identifies each data element in the Knowledgebase.

Identifying and definitional attributes

Name: A single or multi-word designation assigned to a data element. This appears in the heading for each unique data definition in the dictionary.

Version number: A version number for each data element, beginning with 1 for the initial version of the data element, and 2, 3 etc for each subsequent revision. This meets the ISO/IEC International Standard 11179 requirement for 'identification of a data element specification in a series of evolving data element specifications within a registration authority'. A new version number is allocated to a data element/concept when changes affect the semantic meaning or permitted representational value for the data element. This generally occurs when changes have been made to one or more of the following attributes of the definition:

- Name
- Definition
- Data Domain

Data element type: A data element may be either:

- a. a DATA ELEMENT CONCEPT – a concept which can be represented in the form of a data element, described independently of any particular representation. For example, hospital 'admission' is a process, which does not have any particular representation of its own, except through data elements such as 'admission date', 'source of referral' etc.
- b. a DATA ELEMENT – a unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes. For example, a hospital 'admission date' is a unit of data for which the definition, identification, representation and permissible values are specified.
- c. a DERIVED DATA ELEMENT – a data element whose values are derived by calculation from the values of other data elements. For example, the data element 'Length of stay' which

is derived by calculating the number of days from 'Admission date' to 'Discharge date' less any 'Total leave days'.

- d. a COMPOSITE DATA ELEMENT – a data element whose values represent a grouping of the values of other data elements in a specified order. For example, the data element 'Establishment identifier' is a grouping of the data elements 'State identifier', 'Establishment type', 'Region' and 'Establishment number' in that order.

Definition:	A statement that expresses the essential nature of a data element and its differentiation from all other data elements.
Context:	A designation or description of the application environment or discipline in which a name is applied or from which it originates. For example, the context for 'Admission date' is 'Admitted patients', while the context for 'Capital expenditure – gross' is 'Health expenditure'. For the dictionary this attribute also includes the justification for collecting the items and uses of the information.

Relational and representational attributes

Datatype:	The type of symbol, character or other designation used to represent a data element. Examples include integer, numeric, alphanumeric etc. For example, the data type for 'Intended place of birth' is a numeric drawn from a domain or codeset in which numeric characters such as 1 = hospital, 4 = home etc are used to denote a data domain value (<i>see</i> Data domain below).
Representational form:	Name or description of the form of representation for the data element, such as CODE, QUANTITATIVE VALUE, DATE. For example, the representational form for 'Date of birth' is CODE because the form of representation is individual numbers that each equate to a different aspect of a date (for example day, month, year) (<i>see also</i> Data domain below).
Field size (minimum and maximum):	The minimum and maximum number, respectively, of storage units (of the corresponding datatype) to represent the data element value. For example, a data element value expressed in dollars may require a minimum field size of one character (1) up to a maximum field size of nine characters (999, 999, 999). Field size does not generally include characters used to mark logical separations of values, for example commas, hyphens or slashes.
Representational layout:	The layout of characters in data element values expressed by a character string representation. Examples include DDMMYYYY for calendar date, N for a one-digit numeric field, '\$\$\$,\$\$\$,\$\$\$' for data elements about expenditure etc.
Data domain:	The set of representations of permissible instances of the data element, according to the representation form, layout, data type and maximum size specified in the corresponding attributes. The set can be specified by name (including an existing classification scheme such as ICD-10-AM), by reference to a source (such as the ABS manual <i>Concepts, Sources and Methods for Social Statistics</i> , latest revision, October 1995), or by enumeration of the representation of the instances (for example for 'Compensable status' values are 1 = Compensable, 2 = Non-compensable).

Guide for use:	Additional comments or advice on the interpretation or application of the attribute data domain (this attribute has no direct counterpart in the ISO/IEC International Standard 11179 but has been included to assist in clarification of issues relating to the classification of data elements).
Verification rules:	The rules and/or instructions applied for validating and/or verifying data elements occurring in actual communication and/or databases, in addition to the formal screening based on the requirements laid down in the basic attributes.
Collection methods:	Comments and advice concerning the actual capture of data for the particular data element, including guidelines on the design of questions for use in collecting information, treatment of 'not stated' or non-response etc (this attribute is not specified in the ISO/IEC International Standard 11179 but has been added to cover important issues about the actual collection of data).
Related data:	A reference between the data element (or data element concept) and any related data element/concept in the dictionary, including the type of this relationship. Examples include 'has been superseded by', 'is calculated using', 'supplements the data element' etc.

Administrative attributes

Source document:	The document from which definitional or representational attributes originate.
Source organisation:	The organisation responsible for the source document and/or the development of the data definition (this attribute is not specified in the ISO/IEC International Standard 11179 but has been added for completeness). The source organisation is not necessarily the organisation responsible for the ongoing development/maintenance of the data element definition.
National minimum data sets:	The name of any national minimum data set established under the auspice of the National Health Information Agreement (NHIA) which includes the particular data element. The date of effect is also included.
Comments:	Any additional explanatory remarks on the data element.

Appendix C: National Health Information Model entity definitions

ENTITY NAME	ENTITY DEFINITION
Accessibility factor	<p>An instance of a factor that influences, determines or affects access to services, providers and information.</p> <p>For example, privacy of records, location of persons and providers, distance from medical services etc.</p>
Accommodation characteristic	<p>The living arrangements of a PERSON.</p> <p>For example, the type of dwelling, age of dwelling, number of bedrooms, modification of dwelling to account for restricted movement etc.</p> <p>In the National Health Information Model, ACCOMMODATION/HOUSING CHARACTERISTIC relates to where a PERSON usually resides. If information is being collected about accommodation characteristic at an instance in time – for example while a PERSON is in receipt of care, the data element will fall within the SETTING entity.</p>
Acute event	<p>An acute illness-related LIFE EVENT experienced by a PERSON.</p> <p>For example, the diagnosis of a disease.</p>
Address	<p>The address at which a PERSON, PARTY or ORGANISATION may be contacted/located or where an item may be located.</p> <p>Address has been modified from Version 1.0 of the National Health Information Model. Address now encompasses all those elements of an address which were previously separated in Version 1.0 such as country, State/Territory, city, postcode and street or postal address, telephone, facsimile and electronic mail addresses.</p>
Advocacy event	<p>An EVENT associated with the act of communicating, defending and recommending a cause or position or acting as an agent.</p>
Advocate role	<p>A PERSON in their role as an advocate for another PARTY.</p>
Aggregate health and wellbeing	<p>A composite measure of the health and wellbeing of a PERSON. It generally involves measures/instruments which assess the multidimensional factors contributing to health and wellbeing.</p> <p>For example, measures currently in use in Australia include SF-36 and SF-12 scores, quality of life measures, health expectancies etc.</p>
Aggregate resource item	<p>An instance of aggregate or total resources.</p> <p>For example, total nursing staff or the total budget allocated to a program or organisation.</p> <p>While the National Health Information Model recognises the individual resource items (MATERIAL, FINANCIAL, HUMAN and INFORMATION RESOURCE items) the totals of these items are most commonly used in resource management.</p>
Assessment event	<p>An EVENT associated with the gathering and analysing of information concerning a PARTY.</p> <p>For example, an assessment of home-based care requirements, a diagnosis.</p>
Attitude	<p>The ATTITUDES of a PERSON towards health, health care and the health and welfare systems.</p>

Availability factor	<p>An instance of a factor that influences, determines or affects availability of services for a PERSON or group.</p> <p>For example, the availability of services such as employment assistance for a PERSON with a disability.</p>
Belief	<p>The BELIEFs of a PERSON about health, health care and the health and welfare systems.</p>
Benchmark	<p>A criterion against which something is measured.</p> <p>Compare with STANDARD.</p>
Birth event	<p>The EVENT of being born.</p> <p>It describes EVENTS which happen to both the baby and the mother during the birth, but does not include descriptions of the of the health of the baby or mother; these elements are mapped to subtypes of the STATE OF HEALTH AND WELLBEING entity.</p>
Built environment	<p>The built (man-made) environment in which a PERSON or community lives.</p> <p>For example, quality of housing, access to appropriate sanitation systems etc.</p>
Business agreement	<p>An agreement or contract between parties which specifies the roles and responsibilities of each in relation to a health and welfare program.</p> <p>For example, purchaser-provider agreements, employment contracts, service contracts and other funding agreements.</p>
Business program	<p>A program conducted by a business or organisation.</p>
Business statement	<p>A policy statement or business plan.</p>
Capital expenditure	<p>Expenditure on capital items incurred by a PARTY.</p> <p>For example, expenditure on land, buildings, medical equipment etc.</p>
Care plan	<p>A sequenced list of treatments, other services, and resources that are prescribed to improve a PARTY's STATE OF HEALTH AND WELLBEING.</p> <p>For example, a rehabilitation program for a back injury.</p> <p>A care plan is a scheme which groups and specifies the roles of material or human resources, planned events, and parties in providing health and welfare services to an individual or group. A CARE PLAN may not always be formally notified or even documented.</p>
Carer role	<p>A PERSON in their role as a carer of another PERSON or PERSONS who are ill or disabled and unable to perform the tasks of daily living for themselves.</p> <p>For example, a PERSON providing respite care.</p>
Citizen role	<p>A PERSON, about whom information may be required, but who is not engaged in a specific role within the HEALTH AND WELFARE sector.</p> <p>For example, the identification of an individual via a Medicare number or of an individual (often anonymously) who is participating in a population-based health or welfare survey.</p>
Community event	<p>An EVENT which is initiated by or affects members of a community.</p> <p>For example, meetings of support groups (such as SIDA), and actions or decisions by a community to undertake or not undertake a course of action on such subjects as curfews, right to life, use of alcohol and sex education. Extreme examples include protests, demonstrations and riots.</p>
Community organisation	<p>An ORGANISATION operating for the purpose of meeting community needs.</p> <p>For example, a religious, recreational, sporting or volunteer organisation.</p>

Component health and wellbeing	<p>COMPONENT HEALTH AND WELLBEING is a single measure/assessment of the health and wellbeing of a PERSON.</p> <p>For example, diagnosis of illness, disease or injury, self-assessed health status, enough money to buy food, ability to look after oneself etc.</p>
Crisis event	<p>An acute LIFE EVENT (such as the incidence or prevalence of disease or injury) experienced by a PERSON.</p>
Cultural characteristic	<p>A characteristic of a PERSON which identifies their religious, political, linguistic and ethnic affiliations.</p>
Cultural wellbeing	<p>Those aspects of a PERSON's or community's wellbeing that can be ascribed to cultural factors.</p>
Death event	<p>The EVENT of death.</p> <p>Attributes of this entity would normally include such data elements as date, time and cause of death.</p> <p>The DEATH EVENT does not necessarily imply the end of all events relating to a PERSON, since events such as organ donation and transmission of disease may still occur.</p>
Demographic characteristic	<p>A characteristic of a PERSON which contributes to the specification of the population or subpopulation to which they belong.</p> <p>For example, sex, country of birth, year of arrival in Australia, Indigenous status etc.</p>
Economic wellbeing	<p>Those aspects of a PERSON's or community's wellbeing that can be ascribed to economic factors.</p> <p>For example, insufficient funds to support an acceptable standard of living.</p>
Education characteristic	<p>A characteristic of a PERSON which relates to their education.</p> <p>For example, highest qualification held, age when left school etc.</p>
Education event	<p>The instance of a PARTY educating another PARTY about the availability, knowledge and access of health and welfare services.</p> <p>For example, school-based drug and alcohol education programs.</p>
Educational system	<p>The public or private provision of education services.</p> <p>For example, the availability of kindergarten, primary school, secondary school and tertiary education facilities in a locality or community.</p>
Employment agreement	<p>An agreement or contract for employing a PERSON and being employed by a PARTY.</p> <p>The EMPLOYMENT AGREEMENT normally involves two PARTYS, one in an employer role and the other as the employee.</p>
Environmental event	<p>A change in the environment which has an effect on one or more PARTYS.</p> <p>Although all events occur within an 'environment', the concept of an ENVIRONMENTAL EVENT is an event which has the environment (physical, chemical, biological, social, economic, cultural) as its principal focus. Examples of ENVIRONMENTAL EVENTS include storms, floods and droughts, riots and war, spillage of hazardous chemicals, liquids or gases and economic recession.</p>
Event	<p>Something which happens to or with a PARTY.</p> <p>This entity reflects the emphasis in the model on events which happen, and which may trigger or influence other events. Since the model is also date/time stamped at different instances in time, the model can accommodate the development of people and their health and welfare status and wellbeing by tracking these events.</p> <p>EVENT is a major supertype entity in the National Health Information Model.</p>

Exit / leave from service event	<p>The instance of an exit or period of leave by a PERSON from a SERVICE DELIVERY SETTING.</p> <p>For example, a hospital separation, leave from a hospital/nursing home for an agreed period of time etc.</p>
Expectation	<p>The EXPECTATIONS of a PERSON about health, health care and the health and welfare systems.</p>
Expected outcome	<p>A desired level of attainment to be achieved through one or more HEALTH AND WELFARE SERVICE EVENTS.</p> <p>An outcome in the National Health Information Model most commonly relates to a PERSON but may also be stated for a PARTY or ORGANISATION.</p>
Expenditure	<p>Expenditure on capital items (land, buildings) or indirect expenditure (patient transport, cleaning services) incurred by an ORGANISATION.</p>
Family member role	<p>A PERSON in their role as a family member.</p> <p>For example, mother, father, guardian, child.</p> <p>A family may or may not live within the same household.</p>
Financial resource item	<p>The existence of funds and budgets to undertake activities.</p> <p>While this entity has no subtypes in the National Health Information Model, it is a major component of health and welfare systems, and one which can and should be separately modelled.</p>
Functional wellbeing	<p>The ability of a person to perform the usual tasks of daily living and to carry out social roles.</p>
Funding agreement	<p>An agreement between PARTYS for the provision and use of funds for a purpose.</p>
Goal/objective	<p>A statement of what is to be achieved in a shorter time frame, as compared with a longer term VISION/MISSION.</p>
Health and welfare policy/plan	<p>A statement or document which may include a vision, goals, objectives, directions for development, priorities for action, actions to be taken, expected outcomes and performance indicators in relation to health and welfare programs for particular PARTYS, particular locations and particular periods in time.</p> <p>HEALTH AND WELFARE POLICY/PLAN is an entity subtype which reflects instances of policies and plan which are made up of components (HEALTH AND WELFARE POLICY/PLAN ELEMENTS). Other BUSINESS STATEMENTS will exist which are not created for or by the health and welfare sectors but which still impact on a PARTY'S STATE OF HEALTH AND WELLBEING.</p>
Health and welfare policy/plan element	<p>A component part of a HEALTH AND WELFARE POLICY/PLAN.</p>
Health and welfare program	<p>A business program specifically created for or by the health and welfare sectors.</p> <p>HEALTH AND WELFARE PROGRAM is an entity subtype which reflects instances of programs which are made up of components (HEALTH AND WELFARE PROGRAM ELEMENTS). Other BUSINESS PROGRAMS will exist which are not created for or by the health and welfare sectors but which still impact on a PARTY'S STATE OF HEALTH AND WELLBEING.</p>
Health and welfare program element	<p>A component part of a HEALTH AND WELFARE PROGRAM.</p>

Health and welfare service event	<p>An instance of an EVENT which is part of the delivery or receipt of health and welfare services or care.</p> <p>These EVENTS include delivery of community programs, consultations with service providers, diagnoses, treatment, operations, delivery of care and rehabilitation, delivery of palliative care, counselling services, and voluntary care.</p>
Health status	<p>An instance of the state of health of an individual, group or population measured against accepted standards.</p>
Human resource item	<p>An instance of people with capacity, capability and availability as resources to provide health and welfare services.</p> <p>This entity will represent the instances of specialist service providers, nurses etc, but can also accommodate voluntary carers and the potential to provide services, that is, a spouse who could care for a partner who became ill. The idea of skills and expertise is also included in this entity, providing a measure of both capacity and capability.</p> <p>Data elements within this entity reflect the view of the ORGANISATION or employer as compared with data elements within the PERSON IN A ROLE entity which reflect the view of the PERSON in their role as a specialist service provider, nurse etc.</p>
Illness event	<p>An acute or chronic LIFE EVENT experienced by a PERSON but not involving a HEALTH AND WELFARE SERVICE EVENT.</p> <p>For example, the incidence or prevalence of disease.</p>
Information resource item	<p>An instance of information or knowledge which supports the health and welfare system.</p> <p>This broad concept includes what we know about the human body from a medical and scientific perspective, what we know about drugs and interventions, what we know about other factors affecting wellbeing etc. Research is a process which generates or refines instances of this entity.</p>
Injury event	<p>An acute LIFE EVENT experienced by a PERSON involving the occurrence of an injury but not involving a HEALTH AND WELFARE SERVICE EVENT.</p>
Insurance/benefit characteristic	<p>A characteristic of a PERSON which relates to their health insurance or social security status.</p>
Judicial system	<p>Provision, availability and access to legal services within a community.</p>
Knowledge factor	<p>An instance of a factor that influences, determines or affects a PARTY's state of knowledge or cognisance, particularly of elements of wellbeing, health and welfare, and their services.</p> <p>For example, factors that influence 'How much a person knows about the risks from smoking', 'How much a person knows about the availability of counselling services' and 'How much a service provider knows about the latest technique for treating a particular illness'.</p>
Labour characteristic	<p>A characteristic of a PERSON which relates to the nature of their employment and labour force status. It does not include information collected about a PERSON which relates to their role as a service provider such as usual number of hours worked in a week or hours of overtime.</p> <p>For example, their occupation, industry of employment etc.</p>
Legal characteristic	<p>A characteristic of a PERSON which relates to their legal status.</p> <p>For example, ward of the State, held in custody etc.</p>
Legal status event	<p>An EVENT which changes a PARTY's legal status.</p> <p>For example, reaching 18 years of age, marriage or the decision by a Review Board or Tribunal to change an individual from an 'involuntary' to a 'voluntary' status under the Mental Health Act.</p>

Legally constituted organisation	<p>An organisation established under law.</p> <p>LEGALLY CONSTITUTED ORGANISATIONS may be ORGANISATIONS in a one-to-one relationship with a statute, (for example the Australian Institute of Health and Welfare and the Australian Institute of Health and Welfare Act) or ORGANISATIONS that are examples of a class of organisations established under and regulated by a statute (for example hospitals, incorporated bodies).</p>
Life event	<p>An instance of an EVENT which occurs to or with a PERSON during their life.</p> <p>The LIFE EVENT entity provides the means of identifying those things which happen during a person's life which affect their STATE OF HEALTH AND WELLBEING and occur between their BIRTH EVENT and their DEATH EVENT. This entity does not include events identified elsewhere, for example HEALTH AND WELFARE SERVICE EVENTS, COMMUNITY, ENVIRONMENTAL or RESEARCH EVENTS, but does include such things as puberty, the onset of disease, the loss of employment etc. While the actual date and time when some of these events occur may not need or be able to be known, this entity provides a means to consistently represent this information.</p>
Lifestyle characteristic	<p>A behavioural attribute, trait or feature of a PERSON that describes an aspect of their lifestyle.</p> <p>For example, cigarette smoking, participation in regular physical exercise, dietary habits, use of illicit drugs etc.</p>
Location	<p>A site or position where something happens, or where a person, group or organisation is located, may be contacted, conduct their business etc.</p> <p>For example, an address or geographical region.</p>
Material resource item	<p>An instance of a material resource.</p> <p>For example, drugs, buildings, plant, operating theatres, organs, blood products.</p>
Mental wellbeing	<p>The wellbeing of a PERSON, based on their mental state.</p> <p>For example, test results, symptoms, diagnoses and self-perceived health status specific to the mental state of a PERSON.</p>
Natural environment	<p>The natural environment in which a PERSON or community lives.</p> <p>For example, the air we breathe, the quality of water, noise pollution etc.</p>
Need/issue	<p>The need for, or reason why, a PARTY is seeking access to health and welfare services.</p> <p>For example, the need for emergency accommodation.</p> <p>In the National health Information Model this entity is not intended to represent assessed need (ASSESSMENT EVENT) as determined by a SERVICE PROVIDER. Nor does it represent a STATE OF HEALTH AND WELLBEING of a PARTY once the assessment has been made.</p>
Non-acute event	<p>A non-acute LIFE EVENT experienced by a PERSON but not involving a HEALTH AND WELFARE SERVICE EVENT.</p> <p>For example, the prevalence of chronic disease such as diabetes or asthma.</p>
Organisation	<p>A business or administrative concern created for particular ends.</p>
Organisation characteristic	<p>A characteristic of an ORGANISATION (but unrelated to business factors).</p> <p>For example, the nature of the business or reason for trading.</p> <p>This entity has been included in Version 2.0 of the National health Information Model as a reflection of the need for descriptive information about an ORGANISATION.</p>

Organisation role	<p>An instance of an ORGANISATION participating in a specific role in the health and welfare sector.</p> <p>For example, an ORGANISATION as a receiver of services or as a provider of services etc.</p>
Organisation sub-unit	<p>A constituent part of an ORGANISATION.</p> <p>ORGANISATION SUB-UNITs are normally the smaller components of organisations such as departments, divisions, units and sections. ORGANISATION SUB-UNITs may exist in a hierarchical structure.</p>
Organisational setting	<p>An instance of where an EVENT occurs, described in terms of the ORGANISATION.</p> <p>For example, a hospital, a government department etc.</p>
Other agreement	<p>A BUSINESS AGREEMENT other than a FUNDING AGREEMENT or EMPLOYMENT AGREEMENT.</p> <p>For example, purchaser-provider agreements, service contracts etc.</p>
Other crisis event	<p>An acute LIFE EVENT experienced by a PERSON but not involving an illness or injury, or a HEALTH AND WELFARE SERVICE EVENT.</p> <p>For example, emergency accommodation needs, crisis counselling.</p>
Other enabling factor	<p>Resources are a major 'enabling' factor in health and welfare. However, there are other important enabling factors, for example access, knowledge and availability, which are recognised by this entity.</p>
Other event	<p>An EVENT which is not a PERSON EVENT, HEALTH AND WELFARE SERVICE EVENT, COMMUNITY EVENT, LEGAL STATUS EVENT, RESEARCH EVENT or ENVIRONMENTAL EVENT.</p>
Other health and welfare service event	<p>A HEALTH AND WELFARE SERVICE EVENT other than a REQUEST FOR/ENTRY INTO SERVICE EVENT, SERVICE PROVISION EVENT, EXIT LEAVE FROM SERVICE EVENT, ASSESSMENT EVENT, SCREENING EVENT, EDUCATION EVENT, ADVOCACY EVENT, PLANNING EVENT, SURVEILLANCE/MONITORING EVENT, SERVICE SUPPORT EVENT or PAYMENT/CONTRIBUTION EVENT.</p>
Other life event	<p>A LIFE EVENT that a PERSON experiences other than a SELF HELP EVENT or CRISIS EVENT (such as illness or injury).</p> <p>For example, events relating to starting employment, beginning school, pregnancy, menstruation, adoption etc.</p>
Other organisation role	<p>An instance of an ORGANISATION ROLE within the health and welfare sector which is not a service provider, a service funder or a service purchaser.</p>
Other person characteristic	<p>A characteristic of a PERSON other than a DEMOGRAPHIC CHARACTERISTIC, PHYSICAL CHARACTERISTIC, LABOUR CHARACTERISTIC, LIFESTYLE CHARACTERISTIC, EDUCATION CHARACTERISTIC, SOCIAL CHARACTERISTIC, CULTURAL CHARACTERISTIC, PARENTING CHARACTERISTIC, ACCOMMODATION/HOUSING CHARACTERISTIC, INSURANCE/BENEFIT CHARACTERISTIC or LEGAL CHARACTERISTIC.</p>
Other person role	<p>The role of a PERSON other than as a citizen, family member, carer, advocate, service provider or as a provider of resources.</p>
Other policy/plan element	<p>Policy and planning elements other than those identified by the HEALTH AND WELFARE POLICY/PLAN ELEMENT subtypes (VISION/MISSION, GOAL/OBJECTIVE, PRIORITY, and PERFORMANCE INDICATORS).</p>

Other role	<p>A ROLE other than a PARTY RELATIONSHIP ROLE, PERSON ROLE, PARTY GROUP ROLE, ORGANISATION ROLE, RECIPIENT ROLE, SERVICE PROVIDER ROLE or RESEARCH ROLE.</p> <p>An expanded list of subtypes relating to PERSONS, PARTY GROUPS and ORGANISATIONS can be found within the entities PERSON IN A ROLE and ORGANISATION IN A ROLE.</p>
Other setting	<p>An instance of where, in generic terms, something happens, which is not an ORGANISATIONAL SETTING or a SERVICE DELIVERY SETTING.</p> <p>For example, 'at home', 'on a sports field', 'at work' etc.</p>
Other social environment	<p>The social environment in which a PERSON or community lives other than the JUDICIAL SYSTEM, the EDUCATIONAL SYSTEM or a COMMUNITY ORGANISATION.</p> <p>For example, the political, economic and cultural environments.</p>
Outcome	<p>A recorded change in the wellbeing of a PARTY which is expected or presumed to be, or to have been, caused by a HEALTH AND WELFARE SERVICE EVENT.</p>
Parenting characteristic	<p>A characteristic of a PERSON which relates to their role as parents.</p> <p>For example, breastfeeding a baby, number of children, use of child care facilities etc.</p>
Party	<p>Those persons, groups or organisations who are part of the health and welfare systems including those who are known to the system and those who are of interest to it. Essentially this includes all persons in Australia.</p> <p>For example, a PARTY as a recipient of services, provider of services, purchaser of services, funder of services etc.</p>
Party group	<p>An instance of a number of PARTYS, normally PERSONS, considered as a collective unit.</p> <p>For example, families, communities and tribes. The Australian population or subpopulations within it are represented in the model as a PARTY GROUP.</p>
Party group characteristic	<p>A characteristic of a PARTY GROUP (apart from those associated with an individual or those which are derived from aggregating PERSON data).</p> <p>For example, the main language spoken or religious affiliation of a community.</p> <p>This entity has been included in Version 2.0 of the National health Information Model as a reflection of the possible need for descriptive information about a PARTY GROUP.</p>
Party group role	<p>An instance of a PARTY GROUP participating in a ROLE within the health and welfare sectors.</p>
Party role	<p>An instance of a PARTY participating in a ROLE in the health and welfare sectors.</p> <p>The concept of PARTY ROLE in the National Health Information Model provides for different persons, groups and organisations to have different roles at different times. Some of these roles refer to service delivery, planning, resource allocation or agreements.</p>
Party relationship role	<p>An instance of a relationship between PARTYS which is relevant to an EVENT.</p> <p>Many of these relationships have been expanded in Version 2.0 of the National Health Information Model and are now found within the expanded entities PARTY IN A ROLE, PARTY GROUP IN A ROLE and ORGANISATION IN A ROLE.</p>
Payment/contribution event	<p>The instance of a PARTY making a payment or contribution as part of their involvement in a HEALTH AND WELFARE SERVICE EVENT.</p> <p>For example, a Medicare payment or a private health fund payment.</p>
Performance goal	<p>A level of performance against which the performance of a PARTY IN A ROLE will be judged.</p>

Performance indicator	<p>A measure of performance.</p> <p>A PERFORMANCE INDICATOR is used to assess performance against goals and targets. PERFORMANCE INDICATOR includes the alternate term of key performance indicators or KPIs.</p>
Person	<p>An individual human being.</p> <p>A PERSON is identified by the role they play. Refer subtypes within the entity PERSON IN A ROLE. A PERSON will possess a range of characteristics and views. Refer subtypes within the entity PERSON CHARACTERISTIC and PERSON VIEW respectively.</p>
Person characteristic	<p>Features which characterise a PERSON.</p> <p>A PERSON CHARACTERISTIC is a DEMOGRAPHIC CHARACTERISTIC, PHYSICAL CHARACTERISTIC, LABOUR CHARACTERISTIC, LIFESTYLE CHARACTERISTIC, EDUCATION CHARACTERISTIC, SOCIAL CHARACTERISTIC, PARENTING CHARACTERISTIC, ACCOMMODATION/HOUSING CHARACTERISTIC, INSURANCE/BENEFIT CHARACTERISTIC or LEGAL CHARACTERISTIC.</p> <p>This entity reflects the emphasis in the National Health Information model on the PERSON.</p>
Person event	<p>An EVENT which happens to a person which affects their STATE OF HEALTH AND WELLBEING from the time of their birth until their death.</p>
Person role	<p>An individual in a role as distinct from a PARTY GROUP in a role or an ORGANISATION IN A ROLE.</p> <p>For example, a PERSON in a role as a receiver of services, as a provider of services, as a resource worker within the health and welfare sector etc.</p> <p>The expansion of the PERSON IN A ROLE entity replaces PERSON IDENTIFIER as a subtype of PERSON CHARACTERISTIC from Version 1.0 of the National Health Information Model.</p>
Person view	<p>The attitudes, beliefs, expectations and values of an individual in relation to health, health care and the health and welfare systems.</p>
Physical characteristic	<p>A characteristic of a PERSON which relates to their physical, chemical and biological characteristics.</p> <p>For example, height, weight, allergies etc.</p>
Physical environment	<p>The physical environment in which a PERSON or community lives.</p> <p>For example, air and water quality, noise pollution, quality of housing, sanitation etc.</p>
Physical wellbeing	<p>The wellbeing of a person based on their physical, chemical and biological state.</p>
Planning event	<p>The instance of a PARTY planning an EVENT.</p>
Priority	<p>Something given special attention, normally involving special precedence over others.</p>
Program activity	<p>An identified action to be taken as part of a program or plan.</p> <p>This is distinct from the National Health Information Model entity of EVENT, which are the actual instance or occurrence of these activities.</p>
Program evaluation	<p>A process to be conducted as part of a program or plan to determine the extent to which the program or plan achieved its GOAL/OBJECTIVE.</p>
Program strategy	<p>An intended course of action to be conducted as part of a program or plan.</p>
Recipient role	<p>An instance of a role, a PARTY (usually a PERSON) as a recipient of services or care, plays in EVENTS.</p> <p>For example, a patient, client, consumer, customer etc.</p>

Recurrent expenditure	Expenditure incurred by a PARTY on a recurring basis for the provision of services, excluding CAPITAL EXPENDITURE, but including indirect expenditure.
Request for/entry into service event	An instance of a request for services or an entry into a SERVICE DELIVERY SETTING from one service provider to another.
Research event	An instance of a PARTY undertaking research of interest to the health and welfare sector.
Research role	An instance of a ROLE a PARTY plays in research activities.
Resource	The material necessary for an activity. For example, buildings, reusable and consumable items, financial resources and people, and the information or knowledge required.
Resource role	An instance of a ROLE a PERSON plays in the management, allocation and use of RESOURCES. For example, a manager, a cleaner, a computer programmer etc. A PERSON in a RESOURCE ROLE excludes individuals providing health and welfare services.
Screening event	An instance of a PARTY's involvement in a SCREENING EVENT. For example, mammographic screening, a Pap smear etc.
Self help event	A PERSON actively seeking help, education or assistance or participating in activities of interest to the health and welfare sector. For example, attending a quit smoking course, modification of one's diet etc.
Service delivery setting	A description of a setting where health and welfare services are delivered. For example, a birthing centre, child care centre or hospital emergency department etc.
Service funder role	An instance of a role, an ORGANISATION, as a health and welfare service funder, plays in EVENTS.
Service provider role	The instance of a role, a PERSON, PARTY GROUP or ORGANISATION plays in the provision of health and welfare services or the health and welfare services that a PERSON, PARTY GROUP or ORGANISATION provides. This includes PERSONS, PARTY GROUPS, and ORGANISATIONS who are formally nominated as service providers (for example nurses and general practitioners) and PERSONS, PARTY GROUPS, and ORGANISATIONS who provide voluntary or informal care.
Service provision event	An instance of the provision of a HEALTH AND WELFARE SERVICE EVENT by a service provider to a PERSON or PARTY GROUP. For example, treatment, conduct of tests, counselling etc.
Service purchaser role	An instance of a ROLE, an ORGANISATION, as a health and welfare service purchaser, plays in EVENTS.
Service support event	A planned or actual event which occurs within the domain of a service provider but which is not directly related to the care of PERSON. For example, recruitment, building material acquisition, building maintenance etc.
Setting	A description of where something happens. SETTING differs from LOCATION in the National Health Information Model, as an EVENT may occur at the LOCATION of 'Corner of Jones and Smith Streets, SomeCity, WA' (the LOCATION), but it may be better known and more relevant as 'a hospital' (the SETTING).

Social characteristic	<p>A specific social characteristic of a PERSON.</p> <p>For example, marital status, language spoken in the home, next of kin etc.</p>
Social environment	<p>The social environment in which a PERSON or community lives including the JUDICIAL SYSTEM, the EDUCATIONAL SYSTEM or a COMMUNITY ORGANISATION.</p>
Social wellbeing	<p>The wellbeing of a PERSON, based on their interaction with other people.</p> <p>For example, a PERSON's experience with discrimination, racism, violence, family-related matters, gambling or drinking problems.</p>
Specific resource item	<p>The resources used in the production and delivery of health and welfare services, be they material, financial, human or information.</p> <p>The SPECIFIC RESOURCE ITEM entity provides for the actual instances of these resources.</p>
Spiritual wellbeing	<p>The wellbeing of a person, based on their perception of or relationship to sacred or religious theory.</p>
Standard	<p>An accepted or approved example of something against which others are judged or measured.</p> <p>Compare with BENCHMARK.</p>
State of health and wellbeing	<p>The measured, assessed or perceived health and wellbeing of a PARTY (usually a PERSON) recorded in aggregate (for example the total wellbeing of a PARTY) or component terms (for example a diagnosed illness).</p> <p>For example, SF-36 instrument of health status measurement, an illness diagnosis, an injury, enough money to buy food, ability to look after oneself etc.</p> <p>The STATE OF HEALTH AND WELLBEING entity replaces the STATE OF WELLBEING entity in Version 1.0 of the National Health Information Model.</p>
Stated outcome	<p>The information recorded by a PARTY in a role about an OUTCOME which has occurred, as distinct from an OUTCOME which was planned or expected. The STATED OUTCOME is distinguished as an entity from the EXPECTED OUTCOME.</p>
Surveillance/monitoring event	<p>The instance of a surveillance or monitoring EVENT within the health and welfare sectors.</p> <p>For example, the conduct of a national/State survey, the establishment of a cancer registry etc.</p>
Value	<p>The VALUEs of a PERSON about health, health care and the health and welfare sectors.</p>
Vision/mission	<p>The highest level statement of why something is to happen or where a situation or organisation should be in a set period of time. Vision or mission statements normally contain the aspirations of those stating them.</p>

Appendix D: Cross-classificatory variables – Staffing Category

The following definitions of staffing categories used in the data elements Full-time equivalent staff and Salaries and wages are presented in an abbreviated form in Version 7.0 of the *National health data dictionary*. For a more detailed list containing Australian Standard Classification of Occupations categories included under the definition, see previous versions of the dictionary.

C1: Staffing category	Definition
C1.1: Salaried Medical Officers	<p>Medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical offices engaged on an honorary, sessional or fee for service basis.</p> <p>This category includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example clinical superintendent and medical superintendent).</p>
C1.2 Registered Nurses	<p>Registered nurses include persons with at least a three-year training certificate and nurses holding post-graduate qualifications. Registered nurses must be registered with the State/Territory registration board. This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, midwife (including pupil midwife), psychiatric nurse, senior nurse, charge nurse (now unit manager), supervisory nurse and nurse educator.</p> <p>This category also includes nurses engaged in administrative duties no matter what the extent of their engagement, for example, directors of nursing and assistant directors of nursing.</p>
C1.3: Enrolled nurse	<p>Enrolled nurses are second-level nurses who are enrolled in all States except Victoria where they are registered by the State registration board to practise in this capacity. Includes general enrolled nurse and specialist enrolled nurse (for example mothercraft nurses in some States).</p>
C1.4: Establishment-based student nurses	<p>Student nurses are persons employed by the establishment currently studying in years one to three of a three-year certificate course. This includes any person commencing or undertaking a three-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full-time general student nurse and specialist student nurse, such as mental deficiency nurse, but excludes practising nurses enrolled in post-basic training courses.</p>
C1.5: Trainee/pupil nurse	<p>Trainee/pupil nurse includes any person commencing or undertaking a one-year course of training leading to registration as an enrolled nurse on the State/Territory registration board (includes all trainee nurses).</p>
C1.6: Other personal care staff	<p>This category includes attendants, assistants or home assistance, home companions, family aides, ward helpers, wardsmen, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.</p>
C1.7: Diagnostic and health professionals	<p>Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff).</p>
C1.8: Administrative and clerical staff	<p>Staff engaged in administrative and clerical duties. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded. Civil engineers and computing staff are included in this category.</p>
C1.9: Domestic and other staff	<p>Domestic staff are staff engaged in the provision of food and cleaning services including domestic staff primarily engaged in administrative duties such as food services manager. Dieticians are excluded.</p> <p>This category also includes all staff not elsewhere included (primarily maintenance staff, tradespersons and gardening staff).</p>

Appendix E: Establishment – activity definitions

The objective of data definitions related to the activities of health care establishments is to enable a description of health service systems, including the type of care delivered at the level of the establishment.

The unit of enumeration is a separately administered establishment. The term establishment is used in a very broad sense to mean organisational units, whether institutions, organisations or community-based services, which provide health services. Establishments are considered to be separately administered if managed as an independent unit in terms of financial, budgetary and activity. The term establishment thus covers conventional establishments such as hospitals, nursing homes and community health centres, but is also used to cover organisations providing services in the community (for example domiciliary nursing services) or support services to other establishments (for example a centralised pathology laboratory service). The situation where establishment-level data for components of an area health service are not available separately at a central authority is not grounds for treating such a group of establishments as a single establishment unless such data are not available at any level in the health care system.

Two major measures of service provision are defined for each establishment. They are the recording of services by type of episode (admitted patients) and by service type (non-admitted patients). As there are no nationally agreed data definitions at the person-level for non-admitted patients or for outreach/community clients, definitions for non-admitted patient activity are based on a cost centre or functional unit approach; that is, where the service was performed rather than the procedure or the diagnosis of the patient.

The activity for **acute care hospitals** is represented as a count of separations and patient-days for admitted patients according to the treatment mode categories same-day and overnight-stay.

The number of separations for renal dialysis and endoscopy and related procedures are identified separately for admitted and non-admitted patients. This enables comparison of the provision of these services across institutional settings, whether these patients are admitted or treated as non-admitted patients.

Separations and patient-days for admitted patients are contrasted with an occasion of service or group session as a measure of non-admitted patient activity. It is recognised that the comparison of these as a measure of activity is not ideal but it will be used until a more comprehensive set of definitions is developed to describe patients treated and non-admitted patient activity.

The number of separations, patient days and occasions of service is the measure of activity for same-day establishments and for acute hospitals. The number of separations is expected to equal the number of patient days. It is expected that many of the services would not be provided by the same-day establishments.

The definition and counting of separations and patient-days for **public psychiatric and alcohol and drug treatment centres** is the same as for the acute care hospitals, except that the treatment mode category is expanded to distinguish between short-stay and long-stay patients. This is to reflect the greater percentage of patients with extended lengths of stay in these institutions.

Appendix F: Establishment – resource use definitions

The use of resources (facilities, financial and human) in health services is a major focus of interest to all users of information published using the definitions contained in the *National health data dictionary*. To enable a comprehensive picture of resource use to be obtained requires uniform data definitions on health care institutions of the States, Territories, the Commonwealth and the private sector. The main categories of resource data that are defined at the establishment level are:

- establishment characteristics (type and location)
- staffing data (full-time equivalent staff)
- recurrent expenditure (salary and non-salary)
- revenue.

Significant measures of resources not included above are capital expenditure, physical details and monetary values of major buildings, facilities, equipment, plant and so on. Capital expenditure is included in the *National health data dictionary* at the system level (see Appendix G), but the formation of detailed uniform data definitions to describe items relating to facilities and equipment have yet to be agreed on and implemented. The classification of the type of establishment is currently under review by a working group (Organisational Units Working Group) which is expected to report to the National Health Data Committee in 1998.

Financial aspects

The establishment of the national minimum data sets was not seen as an appropriate vehicle for undertaking a review of national accounting practice. During the formation of the definitions it was inevitable that some aspects of accounting practice were discussed (for example offsetting practices). The *National health data dictionary* makes reference to established accounting standards with Accounting Standard 17 in relation to financial and operating leases and Accounting Standard 4 in relation to the depreciation of non-current assets. The absence of completely uniform accounting standards and practices for health institutions between States and Territories and within States and Territories limits the comparability of financial data. The Directors of Finance of the State and Territory government health authorities are developing national expenditure reporting standards, particularly with regard to hospitals.

Standard national health expenditure definitions

The development of agreed definitions on the major areas of health expenditure is being undertaken under the National Health Information Work Program. A set of definitions has been adopted by the Australian Bureau of Statistics for use in public finance statistics and is being discussed and refined in consultation with key stakeholders, including State and Territory government directors of finance.

Boundaries between capital and recurrent expenditure

Some differences exist in the practice of differentiating between capital and recurrent expenditure in the States and Territories. The definition of capital expenditure is included in the dictionary and recurrent expenditure is implicitly defined as that part of total expenditure which is not capital expenditure. The major difference with regard to capital expenditure between the States and Territories is in regard to the level of capitalisation. The dictionary states that 'the minimum level for capitalisation is no higher than \$5000', and some States use \$5000 but others use \$1000 or even lower in some cases.

Offsetting practices

As a general rule, offsetting revenue against related expenditure is not good accounting practice and both gross revenue and gross expenditure should be reported. However, it is recognised that there are circumstances (such as hospital to hospital transfers/services) where offsetting is done to avoid the duplication of costs. Where it is difficult to identify specific costs in relation to inter-hospital transfers, the practice of bringing in revenue to inter-hospital services through recoveries is considered acceptable.

Appendix G: System-level resource definitions

System-level definitions relate to the entire institutional sector, such as public hospitals, or domiciliary nursing services, at the State, Territory, or Commonwealth level (whichever is the highest level of overall administration of the system). The data definitions in the *National health data dictionary* at the system or State health authority level are related to capital expenditure and indirect health care expenditure.

Capital expenditure

A working party of the National Health Data Committee developed a new definition of capital expenditure during 1994. The National Health Information Management Group agreed that both the new definition (previously known as item S1b) and the former definition (previously known as item S1a) will be current in the dictionary until all relevant jurisdictions have implemented accrual accounting procedures.

Indirect health care expenditure

The system-level definitions represent expenditure on health care that cannot be directly related to programs operated by a particular establishment but can be indirectly related to the admitted patients, residents, non-admitted patients, non-residents and community/outreach patients served by that establishment. These definitions are designed to improve the overall picture of health expenditure and to assist in understanding differences in costs for similar establishments in different States and regions. They are also designed to detect differences in the extent to which support services and other services to resident/admitted patients and non-admitted patients of an establishment may be provided by the establishment itself, at a State level or by other organisations. This concept will be reviewed by the National Health Data Committee during 1998.

Glossary of terms

The following glossary of terms supports the definitions of capital expenditure.

Asset

An asset is the service potential and/or future economic benefits controlled by the reporting entity as a result of past transactions or other past events including:

- physical assets
 - current physical assets
 - non-current physical assets
- intangible assets.

The 'service potential' of an asset is its economic utility to the entity, based on the total benefit expected to be derived by the entity from the use and/or through subsequent disposal of the asset.

Financial asset

A financial asset is an asset that has a counterpart liability in the books of another accounting entity. For the purpose of the *National health data dictionary*, financial assets are excluded.

Control

The recognition of an asset is based on the test of control rather than ownership. This may result in assets being recognised by a reporting agency that is not the registered owner (for example denominational/third schedule/non-profit hospitals). Control is the capacity of the entity to benefit from the asset in pursuit of the entity objectives and to deny or regulate the access of others to that benefit. Ownership of an asset occurs when the asset is purchased by or donated to an entity. Acquisition means undertaking the risks and receiving the rights to future benefits, as would be conferred with ownership, in exchange for a cost of acquisition.

Note: In cases where there is a building providing public health services under government control situated on land owned by a non-profit organisation, the value of the building should be included as a public asset, but not that of the land.

Asset capitalisation

Asset capitalisation occurs when an item of expenditure meets the criteria of an asset and is:

- recorded in the books of an entity
- recorded in an asset management system and depreciated, and
- the minimum level for capitalisation is no higher than \$5000.

Asset disposal

When an asset is considered unserviceable, obsolete or in excess of probable requirements it is disposed of using designated procedures. The asset is removed from both the entity's asset management system and the book of accounts.

Asset enhancement

Expenditure on an existing asset is to be treated as an enhancement where there has been an effective and significant increase in the present or planned service potential of the asset. If the increase in service potential is incidental to some necessary maintenance and the incremental level will not be used in the foreseeable future, the expenditure would be more appropriately classified as maintenance.

Service potential has three components:

Service capacity: the expenditure increases the capacity to provide services and meet increases in demand for the asset's services.

Service quality: improvement in the standard of the service provided, including efficiency improvements such as cost reductions, can represent an enhancement to an existing asset.

Useful life: the initial assessment of an asset's useful life will have assumed that certain maintenance expenditure (both routine and major periodic) would be necessary for the asset to achieve its anticipated useful life. An expenditure can only be accounted for as an enhancement if it increases (rather than assumes the achievement of) the asset's pre-determined useful life. This would include major work undertaken to extend the service potential of an asset, recognising that its function may change (for example refurbishment). It may result in a need to re-assess the life span of the asset.

Grouped assets

Most assets, particularly system assets, consist of a number of components. In principle, each component can provide service potential or future economic benefit and can therefore be classified as an asset. In practice, however, the key criterion for a separate asset is an independent operating unit whose components function as a cohesive whole to provide a common service. Such a unit is referred to as a 'grouped asset'.

For example, a computer network operates as a cohesive whole yet it may contain individual personal computers that can also operate independently. A network of roads, a water sewerage system, an electricity distribution system and a communications network are examples of extensive and integrated components operating as part of a total asset system. Another example of a group of assets used together to provide a common service is office furniture and equipment.

Grouped assets (including network assets) should be primary units for accounting recognition because their components function as a cohesive whole to provide a common service. This is subject to the capitalisation threshold.

The threshold tests should be applied to individual assets as well as grouped assets. The cost of each item making up a set of office furniture or of each computer in a computer network may be less than the capitalisation threshold, but if the total cost of the network or grouped asset exceeds the threshold, each item should be capitalised.

Cost of acquisition

The purchase consideration (price) paid for an asset plus any costs incidental to the acquisition. The cost of an asset must include (where appropriate):

- installation
- commissioning
- transport
- customs duty
- any other incidental costs.

Interest and other finance costs incurred in acquiring the service potential embodied in an asset (for example exchange fluctuations on loans) should not be included in the acquisition cost of that asset.

Asset construction

The following costs should be included in relation to construction of an asset.

- Costs that relate directly to the construction of an asset, including:
 - direct labour and material costs
 - depreciation of physical non-current assets used on construction of the asset, and
 - set up costs directly related to the construction of an asset.
- Costs that are reliably attributable to the construction activity and are capable of being allocated on a reasonable basis to specific assets, including:
 - purchasing administration costs
 - insurance
 - costs of design and technical activities, and
 - project overheads (such as direct administration and holding costs of the project).
- The following costs, which related to activities of the agency or asset construction generally, but not specific to the asset being constructed, should be excluded as they cannot be reliably attributed to the asset:
 - general administration costs, and
 - depreciation of plant and equipment not related to construction activities (including idle plant and equipment).

Lease

A grant or possession of an asset for a stated period of time at specified rentals and subject to various conditions. The registered proprietor has certain re-entry rights if the lessee defaults by not observing the conditions of the lease or by not paying the specified rentals.

Appendix H: Data elements listed by previous ‘P’, ‘A’, ‘E’, and ‘S’ numbers

This section contains data elements from Version 6.0 that are included in Version 7.0, listed by the old ‘P’, ‘A’, ‘E’ and ‘S’ numbering system. This list does not include data element concepts, and new elements for Version 7.0, as these do not have P, A, E or S numbers allocated to them.

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