

Appendix 1: Survey of users and data collectors for the evaluation of the National Minimum Data Set for Admitted Patient Care

Survey of users and data collectors of the National Minimum Data Set for Admitted Patient Care



Contact details

The Australian Institute of Health and Welfare is interested in obtaining contact details for any follow-up queries and to gain an understanding of the types of organisations using the NMDS specifications and NMDS-based data. This information will also help us interpret responses to the more specific questions that follow.

Please note that the identifying details provided will NOT be used for any purpose other than that specified in the explanatory notes, nor will any individual be identified in the analysis and reporting of results.

Name: _____

Position/job title: _____

Unit/section: _____

Organisation: _____

Address: _____

City/town: _____ **State:** _____ **Postcode:** _____

Telephone: _____ **Fax:** _____

E-mail address: _____

Date this survey was completed: _____

For whom are you responding? Please indicate (X) all that apply.

Respondent	[X]
On behalf of yourself	[]
On behalf of your unit or section within an organisation	[]
On behalf of your organisation	[]
<i>Comments</i>	

1. Users of the NMDS specifications and NMDS-based data

The Australian Institute of Health and Welfare is interested in gaining an understanding of the types of organisations that use the NMDS specifications and NMDS-based data. For the purposes of this survey, a user is defined as any person who uses the NMDS specifications to either collect or to access and analyse NMDS-based data. In order for us to develop an understanding of who the main user groups are, please indicate the main user group to which you belong. This information will also help us interpret responses to the more specific questions that follow.

1.1. Please indicate (X) the main user group to which you belong.

User group	[X]
State or territory health authority	[]
Other state or territory government department	[]
Australian Government Department of Health and Ageing	[]
Other Australian Government department	[]
Australian Institute of Health and Welfare	[]
Public hospital	[]
Private hospital	[]
Other health service provider	[]
University or other research organisation	[]
Private planning consultant	[]
Clinical equipment/therapeutic device company	[]
Pharmaceutical company	[]
Software developer	[]
Interest group	[]
Student	[]
Other	[]
Please specify _____	

2. Use of the NMDS specifications and NMDS-based data

The Australian Institute of Health and Welfare is interested in obtaining information about the way the NMDS specifications and NMDS-based data are currently being used. This section includes questions on the purpose for which you use the NMDS specifications or NMDS-based data, how you access NMDS specifications and NMDS-based data, your overall knowledge of the NMDS specifications and NMDS-based data, and your frequency of use. This information will also help us interpret responses to the more specific questions that follow.

2.1. For what purpose do you use the NMDS specifications and the NMDS-based data? Rate the three most common purposes, where 1 is the most common and 3 is the least common.

Purpose	[1,2,3]
Planning and monitoring hospital resources	[]
Comparisons and benchmarking	[]
Management and purchasing of hospital services	[]
Health services research	[]
Epidemiological research (e.g. population health research)	[]
Statistical reporting	[]
Facility planning	[]
Planning by private industry suppliers of therapeutic devices and other hospital equipment or pharmaceuticals	[]
Collection and reporting of NMDS-based data	[]
Casemix and classification development	[]
Software development	[]
Other	[]
Please specify _____	

2.2. Please indicate (X) at which level you use the data.

Level	[X]
Data for one hospital only	[]
Data for hospital group (within state/territory or national)	[]
Data for state or territory	[]
National	[]
International	[]

2.3. Please provide more detail about the purpose(s) for which you use the NMDS specifications or NMDS-based data (optional).

Example: Investigation of the number of hip replacements performed each year by state/territory.

2.4. Please rate the three most common sources you use to access the NMDS specifications, where 1 is the most common and 3 is the least common.

Source	[1,2,3]
National Health Data Dictionary publication	[]
National Health Data Dictionary publication online	[]
The Knowledgebase	[]
State/territory data specifications	[]
Hospital-based data specifications	[]
Other	[]
Please specify _____	
Not applicable, do not access	[]

2.5. Please rate the three most common sources of NMDS-based data you use, where 1 is the most common and 3 is the least common.

Source	[1,2,3]
AIHW <i>Australian Hospital Statistics</i> publication + Internet tables	[]
Other AIHW publications	[]
AIHW National Hospital Morbidity Database (internal)	[]
AIHW National Hospital Morbidity Database unit record extract	[]
AIHW National Hospital Morbidity Database tabulated data (unpublished)	[]
AIHW National Hospital Morbidity Database online (COGNOS cubes)	[]
Hospital database	[]
State or territory hospital database	[]
State or territory publications	[]
Department of Health and Ageing National Hospital Morbidity (Casemix) Database	[]
Department of Health and Ageing National Hospital Cost Data Collection	[]
Department of Health and Ageing Hospital Casemix Protocol Data Collection	[]
Healthwiz	[]
Other	[]
Please specify _____	
Not applicable, do not use	[]

2.6. Please rate (X) your overall knowledge of the NMDS specifications or the NMDS-based data.

Knowledge	NMDS specifications	NMDS-based data
Very familiar	[]	[]
Familiar	[]	[]
Unfamiliar	[]	[]

2.7. Please indicate (X) how often you use the NMDS specifications or the NMDS-based data.

Frequency	NMDS specifications	NMDS-based data
Daily	[]	[]
Weekly	[]	[]
Monthly	[]	[]
Occasionally	[]	[]
Never	[]	[]

3. Utility

As outlined in the explanatory notes, the main purpose of this survey is to gain an understanding of whether the NMDS is useful and whether it suits your current requirements. In this section, respondents are asked to rate the importance and usefulness of the NMDS overall and each individual data element, and to indicate which data elements should remain unchanged, which should be modified and which deleted. Please note, the data elements are as specified in the *National Health Data Dictionary* version 11.

3.1. Please indicate (X) the importance and usefulness of the NMDS overall and each individual data element and provide comments on whether you believe each data element should remain unchanged, be modified or deleted.

When assessing importance, think of how significant you believe the NMDS and each data element are to a national collection of data on admitted patient care. When assessing usefulness, keep in mind whether the NMDS and each data element suit your current requirements. If a data element is highly important and highly useful, it should probably remain unchanged. However, if a data element is highly important, but not useful, it may be a function of the way it is defined, in which case it probably needs to be modified.

Within your comments please indicate why a data element should be modified or deleted and describe the proposed modifications, for example, changes to the name, definition, data domains or other aspects.

Please provide any other comments that will assist in the interpretation of your response.

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
NMDS for Admitted Patient Care	[]	[]	[]	[]	[]	[]	[]	[]
Establishment data elements								
Establishment identifier	[]	[]	[]	[]	[]	[]	[]	[]
Establishment number	[]	[]	[]	[]	[]	[]	[]	[]
Establishment sector	[]	[]	[]	[]	[]	[]	[]	[]
Region code	[]	[]	[]	[]	[]	[]	[]	[]
State identifier	[]	[]	[]	[]	[]	[]	[]	[]
Demographic data elements								
Area of usual residence	[]	[]	[]	[]	[]	[]	[]	[]
Country of birth	[]	[]	[]	[]	[]	[]	[]	[]

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
Date of birth	[]	[]	[]	[]	[]	[]	[]	[]
Indigenous status	[]	[]	[]	[]	[]	[]	[]	[]
Sex	[]	[]	[]	[]	[]	[]	[]	[]
Length of stay data elements								
Admission date	[]	[]	[]	[]	[]	[]	[]	[]
Number of days of hospital in the home care	[]	[]	[]	[]	[]	[]	[]	[]
Number of leave periods	[]	[]	[]	[]	[]	[]	[]	[]
Number of qualified days for newborns	[]	[]	[]	[]	[]	[]	[]	[]
Separation date	[]	[]	[]	[]	[]	[]	[]	[]

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
Total leave days	[]	[]	[]	[]	[]	[]	[]	[]
Total psychiatric care days	[]	[]	[]	[]	[]	[]	[]	[]
Clinical and related data elements								
Activity when injured	[]	[]	[]	[]	[]	[]	[]	[]
Additional diagnosis	[]	[]	[]	[]	[]	[]	[]	[]
Care type	[]	[]	[]	[]	[]	[]	[]	[]
Diagnosis Related Group	[]	[]	[]	[]	[]	[]	[]	[]
External cause — admitted patient	[]	[]	[]	[]	[]	[]	[]	[]
Infant weight, neonate, stillborn	[]	[]	[]	[]	[]	[]	[]	[]

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
Major diagnostic category	[]	[]	[]	[]	[]	[]	[]	[]
Place of occurrence of external cause of injury	[]	[]	[]	[]	[]	[]	[]	[]
Principal diagnosis	[]	[]	[]	[]	[]	[]	[]	[]
Procedure	[]	[]	[]	[]	[]	[]	[]	[]
Administrative data elements								
Admitted patient election status	[]	[]	[]	[]	[]	[]	[]	[]
Funding source for hospital patient	[]	[]	[]	[]	[]	[]	[]	[]
Hospital insurance status	[]	[]	[]	[]	[]	[]	[]	[]
Intended length of hospital stay	[]	[]	[]	[]	[]	[]	[]	[]

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
Inter-hospital contracted patient	[]	[]	[]	[]	[]	[]	[]	[]
Medicare eligibility status	[]	[]	[]	[]	[]	[]	[]	[]
Mental health legal status	[]	[]	[]	[]	[]	[]	[]	[]
Mode of admission	[]	[]	[]	[]	[]	[]	[]	[]
Mode of separation	[]	[]	[]	[]	[]	[]	[]	[]
Person identifier	[]	[]	[]	[]	[]	[]	[]	[]
Source of referral to public psychiatric hospital	[]	[]	[]	[]	[]	[]	[]	[]
Urgency of admission	[]	[]	[]	[]	[]	[]	[]	[]

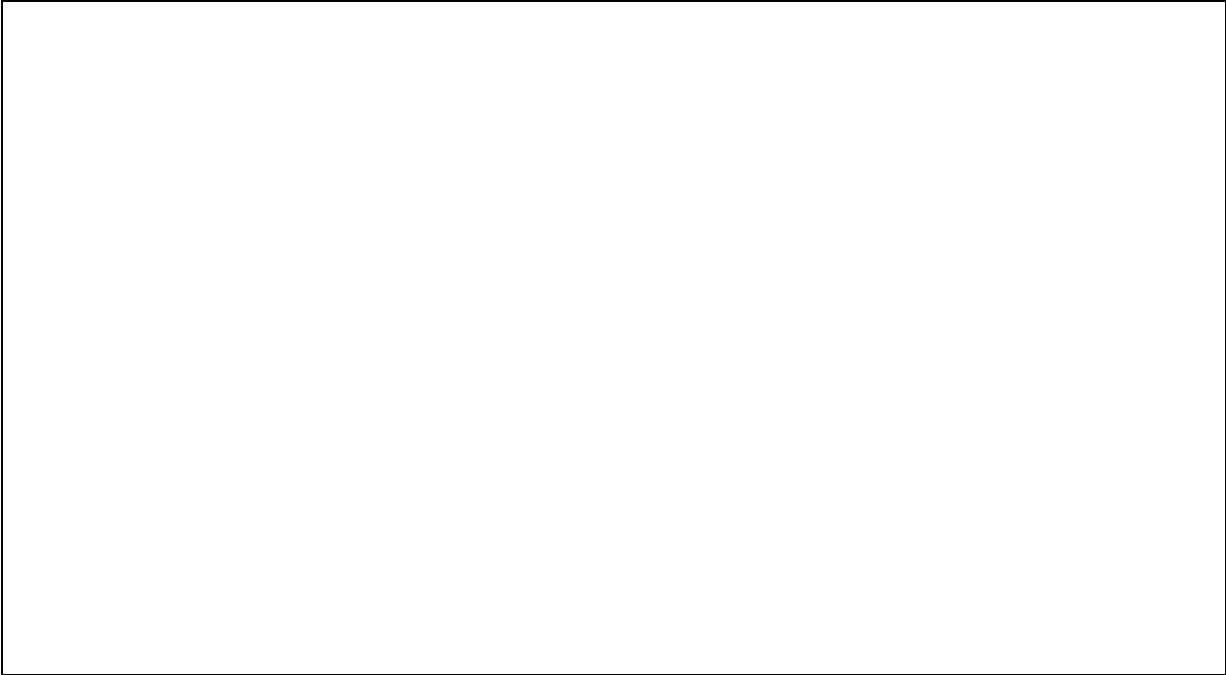
Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
Data element concepts								
Acute care episode for admitted patient	[]	[]	[]	[]	[]	[]	[]	[]
Admission	[]	[]	[]	[]	[]	[]	[]	[]
Admitted patient	[]	[]	[]	[]	[]	[]	[]	[]
Contracted hospital care	[]	[]	[]	[]	[]	[]	[]	[]
Diagnosis	[]	[]	[]	[]	[]	[]	[]	[]
Episode of care	[]	[]	[]	[]	[]	[]	[]	[]
Hospital	[]	[]	[]	[]	[]	[]	[]	[]
Hospital boarder	[]	[]	[]	[]	[]	[]	[]	[]

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
Hospital in the home care	[]	[]	[]	[]	[]	[]	[]	[]
Live birth	[]	[]	[]	[]	[]	[]	[]	[]
Neonate	[]	[]	[]	[]	[]	[]	[]	[]
Newborn qualification status	[]	[]	[]	[]	[]	[]	[]	[]
Organ procurement — posthumous	[]	[]	[]	[]	[]	[]	[]	[]
Overnight stay patient	[]	[]	[]	[]	[]	[]	[]	[]
Patient	[]	[]	[]	[]	[]	[]	[]	[]
Same-day patient	[]	[]	[]	[]	[]	[]	[]	[]
Separation	[]	[]	[]	[]	[]	[]	[]	[]

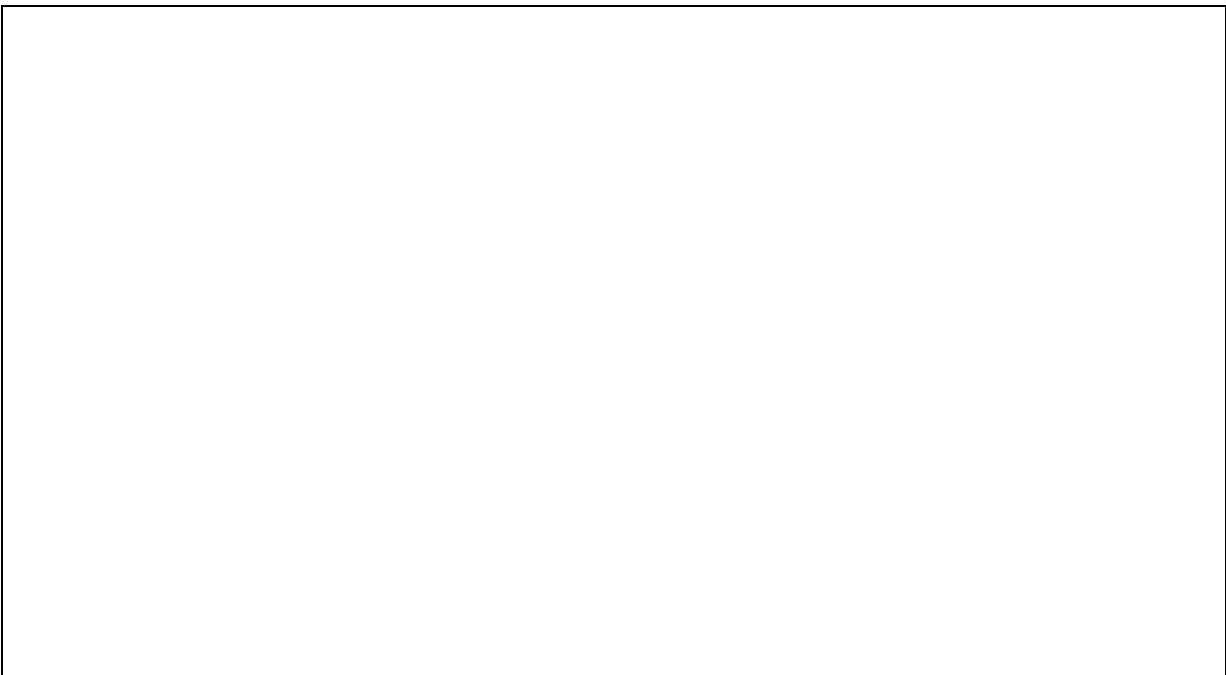
4. Areas for development

The Australian Institute of Health and Welfare is interested in obtaining your views on possible areas for development of the NMDS, including new data elements that you feel would make the NMDS more useful, possible changes to the scope, or any other priorities for definitional development.


4.1. Are there any new data elements that should be included in the NMDS?



4.2. Do you have any comments on the scope of the NMDS?



4.3. What do you see as the priorities for definitional development (data elements, data element concepts, scope)?



4.4. Who should be consulted about any proposed data development?



5. Other comments

Please provide any additional views or comments you have that may assist the evaluation.

If you would like to provide more detail on any of the questions, please e-mail Bree.Cook@aihw.gov.au.

Thank you for your time in completing this survey.

Appendix 2: Survey respondents

Aboriginal Health Information Strategy Unit, Department of Health, NSW
Ageing and Aged Care, AIHW
Australian Centre for Asthma Monitoring, AIHW
Australian Health Care Agreement Task Force, Australian Government Department of Health and Ageing
Australian Health Ministers' Advisory Council National Mental Health Working Group Information Strategy Committee
Cardiovascular Disease, Diabetes and Risk Factor Monitoring Unit, AIHW
Centre for Mental Health, Department of Health, NSW
Children, Youth and Families Unit, AIHW
Clinical Performance and Evaluation Unit, Calvary Health Care, ACT
Corporate Information Services/Strategic Review & Information Services, Department of Health and Community Services, NT
Costing and Ambulatory Classification Section (National Hospital Cost Data Collection), Department of Health and Ageing
Costing and Ambulatory Classification Section, Acute and Coordinated Care Branch, Department of Health and Ageing
Cypkom Pty Ltd
Data Analysis and Consulting Unit, Department of Human Services, SA
DRG Development, Department of Health and Ageing
Health Data Collections, Department of Health, WA
Health Economics and Data Management Unit, ACT Health Department
Health Registers and Cancer Monitoring Unit, AIHW
Health System Strategies, Department of Health and Ageing
Hospitals and Ambulance Service Division, Department of Health & Human Services, Tas.
Hospitals and Mental Health Services Unit, AIHW
Housing Assistance Unit, AIHW
Information Analysis and Dissemination Unit, Department of Health, NSW
Information Development Unit, Department of Health, NSW
Information Management Group, The Canberra Hospital
Information Management Services, Department of Human Services, SA
Labour Force and Rural Health Unit, AIHW
Medical Products Group, Boots Healthcare Australia

Metropolitan Health and Aged Care Division, Department of Human Services, Vic.
National Centre for Aboriginal and Torres Strait Islander Statistics, ABS
National Centre for Classification in Health
National Centre for Immunisation Research and Surveillance
National Health Priorities and Environmental Health Unit, AIHW
National Occupational Health and Safety Commission
Patient Data Management Unit, Department of Health, NSW
Population Health Unit, AIHW
Procurement Strategy Unit, Queensland Health
Social Infrastructure Branch, Productivity Commission

Don Bahr – Data Services Unit, Queensland Health
Leanne Holmes – School of Public Health, La Trobe University, Melbourne
Zarina Kahn – Clinical Strategy Team, Queensland Health
David Muscatello – Centre for Epidemiology and Research, Department of Health, NSW
Bill Nichol – Hospital Financing Section, Department of Health and Ageing
Genevieve Roach – Medical Records, Longreach Hospital, Queensland
Steve Turner – University of Aberdeen, Scotland

Appendix 3: Sex-procedure edits provided by Victorian Department of Human Services

450 Code incompatible with female sex

Effect	REJECTION
Problem	<p>The E2 Episode Record's Sex is Female but the X2/Y2 Diagnosis Record has a Procedure Code that is normally only performed on a male patient and there is no Diagnosis Code that might explain why the procedure is performed on a patient recorded as female. Such procedures can be performed to reassign or clarify gender.</p> <p>Procedure codes:</p> <p>30641-00 [1184] <i>Orchidectomy, unilateral</i></p> <p>30641-01 [1184] <i>Orchidectomy, bilateral</i></p> <p>37309-00 [1120] <i>Repair of laceration/rupture of Prostatic/membranous segment of urethra</i></p> <p>37402-00 [1196] <i>Partial amputation of penis</i></p> <p>37405-00 [1196] <i>Complete amputation of penis</i></p> <p>37438-00 [1174] <i>Partial excision of scrotum</i></p> <p>37613-00 [1183] <i>Epididymectomy, unilateral</i></p> <p>37613-01 [1183] <i>Epididymectomy, bilateral</i></p> <p>37623-02 [1178] <i>Vasectomy, unilateral</i></p> <p>37623-03 [1178] <i>Vasectomy, bilateral</i></p> <p>55300-00 [1293] <i>Transrectal ultrasound of prostate, bladder base and urethra</i></p> <p>90405-00 [1202] <i>Other penile proc for sex transformation</i></p> <p>Explanatory diagnosis codes:</p> <p>E25.0 <i>Congenital adrenogenital disorders associated with enzyme deficiency</i> (includes Congenital adrenal pseudohermaphroditism)</p> <p>E25.8 <i>Other adrenogenital disorders</i> (includes Adrenal pseudohermaphroditism)</p> <p>E29.1 <i>Testicular hypofunction</i> (includes Pseudohermaphroditism, male, with 5-alpha-reductase deficiency)</p> <p>E34.5 <i>Androgen resistance syndrome</i> (includes Pseudohermaphroditism, male, with feminising testis)</p> <p>F64.0 <i>Transsexualism</i></p> <p>Q56 <i>Indeterminate sex and pseudohermaphroditism</i></p> <p>Q99.0 <i>Chimera 46,XX/46,XY</i> (hermaphrodite)</p> <p>Q99.1 <i>46,XX true hermaphrodite</i></p>
Remedy	<p>Check Sex (E2), Diagnosis Code(s) and Procedure Code(s)(X2/Y2), amend as appropriate and re-transmit the E2 and/or X2/Y2.</p> <p>The ICD Library File generates <i>Warning</i> Edit 354 for these procedures with sex female; however, because there is no explanatory diagnosis in this episode, <i>this</i> edit is a Rejection and requires correction.</p> <p>If Sex (<i>as submitted</i>, shown in X2/Y2 part of report) is incorrect, amend.</p> <p>If another diagnosis code is required, add this.</p>

451 Code incompatible with male sex

Effect **REJECTION**

Problem The E2 Episode Record's Sex is Male but the X2/Y2 Diagnosis Record has a Procedure Code that is normally only performed on a female but there is no Diagnosis Code that might explain why the procedure is performed on a patient recorded as male. Such procedures can be performed to reassign or clarify gender.

Procedure codes:

37845-00 [1298] *Reduction clitoroplasty for ambiguous genitalia with urogenital sinus*

37848-00 [1298] *Reduction clitoroplasty and vaginoplasty for ambiguous genitalia with urogenital sinus*

37851-00 [1298] *Vaginoplasty for congenital adrenal hyperplasia, mixed gonadal dysgenesis or similar condition*

Explanatory diagnosis codes:

E25.0 *Congenital adrenogenital disorders associated with enzyme deficiency* (includes Congenital adrenal pseudohermaphroditism)

E25.8 *Other adrenogenital disorders* (includes Adrenal pseudohermaphroditism)

E29.1 *Testicular hypofunction* (includes Pseudohermaphroditism, male, with 5-alpha-reductase deficiency)

E34.5 *Androgen resistance syndrome* (includes Pseudohermaphroditism, male, with feminising testis)

F64.0 *Transsexualism*

Q56 *Indeterminate sex and pseudohermaphroditism*

Q99.0 *Chimera 46,XX/46,XY* (hermaphrodite)

Q99.1 *46,XX true hermaphrodite*

Remedy Check Sex (E2), Diagnosis Code(s) and Procedure Code(s)(X2/Y2), amend as appropriate and re-transmit the E2 and/or X2/Y2.

The ICD Library File generates *Warning* Edit 354 for these procedures with sex male; however, because there is no explanatory diagnosis in this episode, *this* edit is a Rejection and requires correction.

If Sex (*as submitted*, shown in X2/Y2 part of report) is incorrect, amend.

If another Diagnosis Code is required, add this.
