

National Health Information Model entities

Business factors

Business statement

Health and welfare
policy planHealth and welfare policy/plan
element

Vision/mission

Goal/objective

Priority

Performance indicator

Other policy/plan element

Data elements

Hospital census (*concept*)

Census date

Extended wait patient

Overdue patient

Waiting time at a census date

Waiting time at admission

Patient days

Total psychiatric care days

Type of admitted patient care for long-stay
patientsType of admitted patient care for overnight
patientsType of admitted patient care for same-day
patientsType of admitted patient care for short-stay
patients

Type of non-admitted patient care

Type of non-admitted patient care (nursing
homes and hostels)Type of non-admitted patient care (public
psychiatric, alcohol and drug)

Patients in residence at year end

Separations

Emergency Department waiting time to
admissionEmergency Department waiting time to service
delivery

Occasions of service

Length of stay

Number of acute (qualified) /unqualified days
for newborns

Hospital census

Admin. status: CURRENT 1/01/95

Identifying and definitional attributes

Knowledgebase ID: 000066 *Version number:* 1

Data element type: DATA ELEMENT CONCEPT

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

Context: Institutional health care

Relational and representational attributes

Datatype: *Representational form:*

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

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Census date, version 2
relates to the data element Waiting time at a census date, version 1

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Elective surgery waiting times from 1/07/94 to

Comments:

Census date

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

Knowledgebase ID: 000174 *Version number:* 2

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Datatype: Numeric *Representational form:* DATE

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

Data domain:

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

Verification rules:

Collection methods:

Related data: supersedes previous data element Census date, version 1
is used in the calculation of Waiting time at a census date, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Elective surgery waiting times from 1/07/94 to

Comments:

Extended wait patient

Admin. status: CURRENT 1/07/99

Identifying and definitional attributes

Knowledgebase ID: 000400 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: A patient with the lowest level of clinical urgency for an awaited procedure who has been on the waiting list for elective surgery for more than one year.

Context: Elective surgery: the numbers and proportions of patients with extended waits are measures of hospital performance in relation to patient access to elective hospital care.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

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

Data domain:
1 Extended wait patient
2 Other patient

Guide for use: A patient is classified as an extended wait patient if the patient is in clinical urgency category 3 at the time of admission or at a census time and has been waiting for the elective surgery for more than one year.

Verification rules:

Collection methods:

Related data:
is qualified by Clinical urgency, version 2
is derived from Waiting time at a census date, version 1
is derived from Waiting time at admission, version 1

Administrative attributes

Source document:

Source organisation: Australian Institute of Health and Welfare, National Health Data Committee

National minimum data sets:

Elective surgery waiting times from 1/07/99 to

Comments: This data item is used to identify clinical urgency category 3 patients who had waited longer than one year at admission or have waited longer than one year at the time of a census. An extended wait patient is not an 'Overdue patient' as there is no maximum desirable waiting time specified for patients in clinical urgency category 3 as they have been assessed as not having a clinically urgent need for the awaited procedure.

Overdue patient

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

Knowledgebase ID: 000085 *Version number:* 3

Data element type: DERIVED DATA ELEMENT

Definition: An overdue patient is one whose wait has exceeded the time that has been determined as clinically desirable in relation to the urgency category to which they have been assigned.

Context: Elective surgery: the numbers and proportions of overdue patients represent a measure of the hospital's performance in provision of elective hospital care.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

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

Data domain:

1	Overdue patient
2	Other

Guide for use: This data element is only required for patients in clinical urgency categories with specified maximum desirable waiting times. Overdue patients are those for whom the hospital system has failed to provide timely care and whose wait may have an adverse effect on the outcome of their care. They are identified by a comparison of 'Waiting time at admission' or 'Waiting time at a census date' and the maximum desirable time limit for the 'Clinical urgency' classification.

A patient is classified as overdue if ready for care and 'Waiting time at admission' or 'Waiting time at a census date' is longer than 30 days for patients in Clinical urgency category 1 or 90 days for patients in Clinical urgency category 2.

Verification rules:

Collection methods:

Related data:

- supersedes previous data element Overdue patient, version 2
- is qualified by Clinical urgency, version 2
- is derived from Waiting time at a census date, version 1
- is derived from Waiting time at admission, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Elective surgery waiting times from 1/07/94 to

Overdue patient (*continued*)

Comments: This data item is not used for patients in Clinical urgency category 3 as there is no specified timeframe within which it is desirable that they are admitted. The data element Extended wait patient identifies patients in Clinical urgency category 3 who have waited longer than one year at admission or at the time of a census.

Waiting time at a census date

Admin. status: CURRENT 1/07/99

Identifying and definitional attributes

Knowledgebase ID: 000412 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to a designated census date.

Context: Elective surgery: this is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at a census date. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 4 *Representational layout:* NNNN

Data domain: Count in number of days

Guide for use: The number of days is calculated by subtracting the Listing Date from the Census date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a lower clinical urgency category than their clinical urgency category at the Census date.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a lower clinical urgency category than the category at the Census date, then the number of days waited at the lower clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (ie. to the higher category attached to the patient at Census date) the number of days at the lower clinical urgency category should be calculated by subtracting the Listing date from the Category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of lower clinical urgency than the one applying at the Census date should be calculated by subtracting one Category reassignment date from the subsequent Category reassignment date, and then added together.

Verification rules:

Collection methods:

Related data: is calculated using Listing date, version 2
is calculated using Census date, version 2
is calculated using Patient listing status, version 3

Waiting time at a census date (*continued*)

Related data (cont'd): is qualified by Clinical urgency, version 2
is calculated using Category reassignment date, version 2
is used in the derivation of Overdue patient, version 3
is used in the derivation of Extended wait patient, version 1

Administrative attributes

Source document:

Source organisation: Australian Institute of Health and Welfare, National Health Data Committee

National minimum data sets:

Elective surgery waiting times from 1/07/99 to

Comments: Elective surgery waiting times data collections include measures of waiting times at admission and at designated census dates. This data element is used to measure waiting times at a designated census date whereas the data element Waiting time at admission measures waiting times at admission.

Waiting time at admission

Admin. status: CURRENT 1/07/99

Identifying and definitional attributes

Knowledgebase ID: 000413 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure.

Context: Elective surgery: this is a critical elective surgery waiting times data element. It is used to determine whether patients are overdue, or had extended waits at admission. It is used to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 4 *Representational layout:* NNNN

Data domain: Count in number of days

Guide for use: The number of days is calculated by subtracting the Listing Date from the Admission date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a lower clinical urgency category than their clinical urgency category at admission.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a lower clinical urgency category than the category at admission, then the number of days waited at the lower clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the higher category attached to the patient at admission) the number of days at the lower clinical urgency category should be calculated by subtracting the Listing date from the Category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of lower clinical urgency than the one applying at admission should be calculated by subtracting one Category reassignment date from the subsequent Category reassignment date, and then added together.

Verification rules:

Collection methods:

Related data: is calculated using Listing date, version 2
is calculated using Patient listing status, version 3
is qualified by Clinical urgency, version 2

Waiting time at admission (*continued*)

Related data (cont'd): is calculated using Category reassignment date, version 2
is used in the derivation of Overdue patient, version 3
is used in the derivation of Extended wait patient, version 1
is calculated using Admission date, version 4

Administrative attributes

Source document:

Source organisation: Australian Institute of Health and Welfare, National Health Data Committee

National minimum data sets:

Elective surgery waiting times from 1/07/99 to

Comments: Elective surgery waiting times data collections include measures of waiting times at admission and at designated census dates. This data element is used to measure waiting times at admission whereas the data element Waiting time at census date measures waiting times at a designated census date.

Patient days

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

Knowledgebase ID: 000206 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: The number of patient days is the total number of days or part days of stay for all patients who were admitted for an episode of care and who underwent separation during a specified reference period.

Context: Admitted patient care: needed as the basic count of the number of services provided by an establishment.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 8 *Representational layout:* NNNNNNNN

Data domain: Total patient days for the period

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

The following rules are used to calculate the number of patient days for both overnight and same-day patients:

- The day the patient is admitted is a patient day.
- The day the patient is discharged is not counted as a patient day (unless the patient was admitted and separated on the same date).
- Patients admitted and separated on the same date (same-day patients) are to be given a count of one day.
- The day a patient goes on leave is counted as a leave day.
- The day the patient returns from leave is counted as a patient day.
- If the patient is admitted and goes on leave on the same day, count as a patient day, not a leave day.
- If the patient returns from leave and is separated, it is not counted as either a patient day or a leave day.

All leave days are excluded from the patient days count except for the day the patient returns from leave.

Exclude patient days for those patients admitted during the specified reference period who did not undergo separation until the following reference period.

Verification rules:

Collection methods: For the national minimum data set – institutional health care the reference period for data collection is a financial year ie. 1 July to 30 June inclusive.

Related data: is derived from Admission date, version 4
is derived from Total leave days, version 3

Patient days (*continued*)

Related data (cont'd): supersedes previous data element Occupied bed days, version 1
is derived from Type of episode of care, version 3
is derived from Separation date, version 5

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

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

Total psychiatric care days

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000164 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

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.

Context: Admitted patient and residential mental health care: this data element is required to identify the characteristics of patients treated in specialist psychiatric units located within acute care hospitals or 24-hour staffed community-based residential services and to analyse the activities of these units and services. Community mental health care: this data element is required to identify the characteristics of patients treated in specialist psychiatric 24-hour staffed community-based residential services and to analyse the activities of these units. The data element is necessary to describe and evaluate the progress of mainstreaming of mental health services.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

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

Data domain: Count in number of days

Guide for use: Designated psychiatric units are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients affected by mental disorder. The unit may or may not be recognised under relevant State and Territory legislation to treat patients on an involuntary basis. Patients are admitted patients in the acute and psychiatric hospitals and residents in community based residences.

Public acute care hospitals

Designated psychiatric units in public acute care hospitals are normally recognised by the State/Territory health authority in the funding arrangements applying to those hospitals.

Private acute care hospitals

Designated psychiatric units in private acute care hospitals normally require license or approval by the State/Territory health authority in order to receive benefits from health funds for the provision of psychiatric care.

Psychiatric hospitals

Total psychiatric care days in stand-alone psychiatric hospitals are calculated by counting those days the patient received specialist psychiatric care. Leave days and days on which the patient was receiving other care (eg specialised intellectual ability or drug and alcohol care) should be excluded.

Total psychiatric care days (*continued*)

Guide for use (cont'd): Psychiatric hospitals are establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the Health Insurance Act 1973 (Cwlth) (now licensed/approved by each State/Territory health authority), catering primarily for patients with psychiatric or behavioural disorders are included in this category.

Community-based residential services

Designated psychiatric units refers to 24-hour staffed community-based residential units established in community settings that provide specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability. Special psychiatric units for the elderly are covered by this category, including psychogeriatric hostels or psychogeriatric nursing homes. Note that residences occupied by admitted patients located on hospital grounds, whether on the campus of a general or stand-alone psychiatric hospital, should be counted in the category of admitted patient services and not as community-based residential services.

Counting of patient days and leave days in designated psychiatric units should follow the standard definitions applying to these items.

- For each period of care in a designated psychiatric unit, total days is calculated by subtracting the date on which care commenced within the unit from the date on which the specialist unit care was completed, less any leave days that occurred during the period.

Total psychiatric care days in 24-hour community-based residential care are calculated by counting those days the patient received specialist psychiatric care. Leave days and days on which the patient was receiving other care (eg specialised intellectual ability or drug and alcohol care) should be excluded.

Admitted patients in acute care: Commencement of care within a designated psychiatric unit may be the same as the date the patient was admitted to the hospital, or occur subsequently, following transfer of the patient from another hospital ward. Where commencement of psychiatric care occurs by transfer from another ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element 'Type of episode of care'). Completion of care within a designated psychiatric unit may be the same as the date the patient was discharged from the hospital, or occur prior to this on transfer of the patient to another hospital ward. Where completion of psychiatric care is followed by transfer to another hospital ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element 'Type of episode of care'). Total psychiatric care days may cover one or more periods in a designated psychiatric unit within the overall hospital stay.

Accurate counting of total days in psychiatric care requires periods in designated psychiatric units to be identified in the person-level data collected by State or Territory health authorities. Several mechanisms exist for this data field to be implemented.

Total psychiatric care days (*continued*)

- Guide for use (cont'd):**
- Ideally, the new data field should be collected locally by hospitals and added to the unit record data provided to the relevant State/Territory health authority.
 - Acute care hospitals in most States and Territories include details of the wards in which the patient was accommodated in the unit record data provided to the health authority. Local knowledge should be used to identify designated psychiatric units within each hospital's ward codes, to allow total psychiatric care days to be calculated for each episode of care.
 - Acute care hospitals and 24-hour staffed community-based residential services should be identified separately at the level of the establishment.

Verification rules: Total days in psychiatric care must be:
—>= zero;
and—<= length of stay

Collection methods:

Related data:

- is derived from Admission date, version 4
- is derived from Total leave days, version 3
- supersedes previous data element Total psychiatric care days, version 1
- is derived from Establishment type, version 1
- is derived from Type of episode of care, version 3
- is derived from Separation date, version 5

Administrative attributes

Source document:

Source organisation: National Mental Health Information Strategy Committee

National minimum data sets:

Institutional health care	from 1/07/89 to
Institutional mental health care	from 1/07/97 to
Community mental health care	from 1/07/2000 to

Comments: This data element was originally designed to monitor trends in the delivery of psychiatric admitted patient care in acute care hospitals. It has been modified to enable collection of data in the community-based residential care sector. The data element is intended to improve understanding in this area and contribute to the ongoing evaluation of changes occurring in mental health services.

Type of admitted patient care for long stay patients

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000388 *Version number:* 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated following a length of stay greater than 35 days totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 7 *Representational layout:* NNNNNNN

Data domain: Count the number of separations for each of the following categories:

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F56-F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis F10-F19 and F55.

A8.11 Medical/surgical/obstetrics: balance of episodes.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory implemented ICD-10-AM from 1 July 1998. Other States will implement ICD-10-AM from 1 July 1999.

Verification rules:

Collection methods: This data element is collected for public psychiatric and alcohol and drug hospitals only.

Related data: supersedes previous data element Type of admitted patient care for long stay patients – ICD-9-CM code, version 2

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems – 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

National minimum data sets:

Comments:

Type of admitted patient care for overnight patients

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000387 *Version number:* 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients who are separated after more than one day's stay totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 7 *Representational layout:* NNNNNNN

Data domain: Count the number of separations for each of the following categories.

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of F10-F19 and F55.

A8.3 Nursing home type: all episodes for admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge.

A8.4 Rehabilitation: all episodes for admitted patients being admitted to designated rehabilitation units within an establishment.

A8.5 Intellectual handicap and developmental disability: all episodes with a principal diagnosis of F70-F79.

A8.6 Dental: all episodes with a principal diagnosis of K00-K08.

A8.7 Non-medical and social support: all episodes with a principal diagnosis of Z55-Z65, Z73-Z76 and Z02.

A8.8 Dialysis: all episodes with a principal diagnosis of Z49. Some variation may be required due to differences in State coding practices, for example, Z49.2 or the relevant procedure.

A8.9 Endoscopy and related diagnostic procedures: all episodes, regardless of principal diagnosis, with a ICD-10-AM principal procedure of:

- cystoscopy (36812-00 36860-00 36860-01 36836-00 36821-0037215-00 36806-00 36821-02 36818-00 36818-01 36812-01),

- gastroscopy (30473-00 30473-01 30478-00 3047801 30478-02 30478-03 30478-04),

Type of admitted patient care for overnight patients (continued)

Guide for use (cont'd): - oesophagoscopy (30473-03 30473-04 41822-00 30478-11 41825-0030478-10 30478-13 41816-00 41822-00 41825-00 41816-00),

- duodenoscopy (30473-00 30473-01 32095-00 30569-00 30478-0430478-00 30468-00),

- colonoscopy (32090-00 32090-01 90315-00 32093-00 32084-00 32084-01 32087-00 30375-23),

- sigmoidoscopy (32084-00 32084-01 32087-00 32075-00 32075-01 32078-00 32081-00 32072-01 30375-23),

- bronchoscopy (41889-00 41892-00 41892-01 41901-00 41895-00), and laryngoscopy (41849-00 41855-00 41867-00 41864-00 41858-00 41861-00 41852-00 41846-00 41764-03).

A8.10 Perinatal: all episodes with a principal diagnosis of P00-P96 with age less than 29 days. Multiple births are to be included.

A8.11 Medical/surgical/obstetrics: balance of episodes.

Note: For Public Psychiatric and Drug and Alcohol hospitals there is no requirement for the information by categories other than A8.1, A8.2 and A8.11.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory implemented ICD-10-AM from 1 July 1998. Other States will implement ICD-10-AM from 1 July 1999.

Verification rules:

Collection methods:

Related data: supersedes previous data element Type of admitted patient care for overnight patients – ICD-9-CM code, version 2

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems – 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

National minimum data sets:

Comments:

Type of admitted patient care for same day patients

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000232 *Version number:* 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated on the day of admission totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min.* 1 *Max.* 7 *Representational layout:* NNNNNNN

Data domain: Count the number of separations for each of the following categories.

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of F10-F19 and F55.

A8.3 Nursing home type: all episodes for admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge.

A8.4 Rehabilitation: all episodes for admitted patients being admitted to designated rehabilitation units within an establishment.

A8.5 Intellectual handicap and developmental disability: all episodes with a principal diagnosis of F70-F79.

A8.6 Dental: all episodes with a principal diagnosis of K00-K08.

A8.7 Non-medical and social support: all episodes with a principal diagnosis of Z55-Z65, Z73-Z76 and Z02.

A8.8 Dialysis: all episodes with a principal diagnosis of Z49. Some variation may be required due to differences in State coding practices, for example, Z49.2 or the relevant procedure.

A8.9 Endoscopy and related diagnostic procedures: all episodes, regardless of principal diagnosis, with a ICD-10-AM principal procedure of:

- cystoscopy (36812-00 36860-00 36860-01 36836-00 36821-0037215-00 36806-00 36821-02 36818-00 36818-01 36812-01),

- gastroscopy (30473-00 30473-01 30478-00 3047801 30478-02 30478-03 30478-04),

Type of admitted patient care for same day patients (continued)

Guide for use (cont'd):

- oesophagoscopy (30473-03 30473-04 41822-00 30478-11 41825-0030478-10 30478-13 41816-00 41822-00 41825-00 41816-00),
- duodenoscopy (30473-00 30473-01 32095-00 30569-00 30478-0430478-00 30468-00),
- colonoscopy (32090-00 32090-01 90315-00 32093-00 32084-00 32084-01 32087-00 30375-23),
- sigmoidoscopy (32084-00 32084-01 32087-00 32075-00 32075-01 32078-00 32081-00 32072-01 30375-23),
- bronchoscopy (41889-00 41892-00 41892-01 41901-00 41895-00), and laryngoscopy (41849-00 41855-00 41867-00 41864-00 41858-00 41861-00 41852-00 41846-00 41764-03).

A8.10 Perinatal: all episodes with a principal diagnosis of P00-P96 with age less than 29 days. Multiple births are to be included.

A8.11 Medical/surgical/obstetrics: balance of episodes.

Note: For Public Psychiatric and Drug and Alcohol hospitals there is no requirement for the information by categories other than A8.1, A8.2 and A8.11.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory implemented ICD-10-AM from 1 July 1998. Other States will implement ICD-10-AM from 1 July 1999.

Verification rules:

Collection methods:

Related data: supersedes previous data element Type of admitted patient care for same day patients – ICD-9-CM code, version 2

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems – 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

National minimum data sets:

Comments:

Type of admitted patient care for short stay patients

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000389 *Version number:* 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated following a length of stay of less than 35 days totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 7 *Representational layout:* NNNNNNN

Data domain: Count the number of separations for each of the following categories:

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F56-F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of F10-F19 and F55.

A8.11 Medical/surgical/obstetrics: balance of episodes.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory implemented ICD-10-AM from 1 July 1998. Other States will implement ICD-10-AM from 1 July 1999.

Verification rules:

Collection methods: This data element is collected for public psychiatric and alcohol and drug hospitals only.

Related data: supersedes previous data element Type of admitted patient care for short stay patients – ICD-9-CM code, version 2

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems – 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

National minimum data sets:

Comments:

Type of non-admitted patient care

Admin. status: CURRENT 1/07/94

Identifying and definitional attributes

Knowledgebase ID: 000231 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: This data element concept identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

Context: Required to describe the broad types of services provided to non-admitted patients, community patients and outreach clients.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 7 *Representational layout:* NNNNNNN

Data domain: Count number of non-admitted patient occasions of service.

Guide for use: Categories are as follows (definitions of each are given below):

Emergency department and emergency services

A9.1 emergency services

Outpatient services

A9.2 dialysis

A9.3 pathology

A9.4 radiology and organ imaging

A9.5 endoscopy and related procedures

A9.6 other medical/surgical/diagnostic

A9.7 mental health

A9.8 drug and alcohol

A9.9 dental

A9.10 pharmacy

A9.11 allied health services

Other non-admitted services

A9.12 community health services

A9.13 district nursing services

A9.14 other outreach services

Definitions:

A9.1 Emergency services: Services to patients who are not admitted and who receive treatment that was either unplanned or carried out in designated emergency departments within a hospital. Unplanned patients are patients who have not been booked into the hospital before receiving treatment. In general it would be expected that most patients would receive surgical or medical treatment. However, where patients receive other types of treatment that are provided in emergency departments these are to be included. The

Type of non-admitted patient care (*continued*)

Guide for use (cont'd): exceptions are for dialysis and endoscopy and related procedures which have been recommended for separate counting.

A9.2 Dialysis: This represents all non-admitted patients receiving dialysis within the establishment. Where patients receive treatment in a ward or clinic classified elsewhere (for example, an emergency department), those patients are to be counted as dialysis patients and to be excluded from the other category. All forms of dialysis which are undertaken as a treatment necessary for renal failure are to be included.

A9.3 Pathology: This includes all occasions of service to non-admitted patients from designated pathology laboratories. Occasions of service to all patients from other establishments should be counted separately.

A9.4 Radiology and organ imaging: This includes all occasions of service to non-admitted patients undertaken in radiology (X-ray) departments as well as in specialised organ imaging clinics carrying out ultrasound, computerised tomography (CT) and magnetic resonance imaging.

A9.5 Endoscopy and related procedures: This should include all occasions of service to non-admitted patients for endoscopy including:

- cystoscopy
- gastroscopy
- oesophagoscopy
- duodenoscopy
- colonoscopy
- bronchoscopy
- laryngoscopy

Where one of these procedures is carried out in a ward or clinic classified elsewhere, for example in the emergency department, the occasion is to be included under endoscopy and related procedures, and to be excluded from the other category. Care must be taken to ensure procedures or admitted patients are excluded from this category.

A9.6 Other medical / surgical / diagnostic: Any occasion of service to a non-admitted patient given at a designated unit primarily responsible for the provision of medical/surgical or diagnostic services which has not been covered in the above. These include ECG, obstetrics, nuclear medicine, general medicine, general surgery, fertility and so on.

A9.7 Mental health: All occasions of service to non-admitted patients attending designated psychiatric or mental health units within hospitals.

A9.8 Alcohol and drug: All occasions of service to non-admitted patients attending designated drug and alcohol units within hospitals.

A9.9 Dental: All occasions of service to non-admitted patients attending designated dental units within hospitals.

A9.10 Pharmacy: This item includes all occasions of service to non-admitted patients from pharmacy departments. Those drugs dispensed/administered in other departments such as the emergency department, or outpatient departments, are to be counted by the respective departments.

Type of non-admitted patient care (*continued*)

Guide for use (cont'd): A9.11 Allied health services: This includes all occasions of service to non-admitted patients where services are provided at units/clinics providing treatment/counselling to patients. These include units primarily concerned with physiotherapy, speech therapy, family planning, dietary advice, optometry, occupational therapy and so on.

A9.12 Community health services: Occasions of service to non-admitted patients provided by designated community health units within the establishment. Community health units include:

- baby clinics
- immunisation units
- aged care assessment teams
- other

A9.13 District nursing service: Occasions of service to non-admitted patients which:

- are for medical/surgical/psychiatric care
- are provided by a nurse, paramedic or medical officer
- involve travel by the service provider*
- are not provided by staff from a unit classified in the community health category above.

A9.14 Other outreach services: Occasions of service to non-admitted patients which:

- involve travel by the service provider*
- are not classified in allied health or community health services above

*Travel does not include movement within an establishment, movement between sites in a multi-campus establishment or between establishments. Such cases should be classified under the appropriate non-admitted patient category.

It is intended that these activities should represent non-medical/surgical/psychiatric services. Activities such as home cleaning, meals on wheels, home maintenance and so on should be included.

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted, should be identified as a subset of the total occasions of service.

Verification rules:

Collection methods: The list of categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical/financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide

Type of non-admitted patient care (*continued*)

Collection methods (cont'd): services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: Outreach/community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.

This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.

For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Type of non-admitted patient care (nursing homes and hostels)

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

Knowledgebase ID: 000234 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Outpatients are patients who receive non-admitted care. Non-admitted care is care provided to a patient who is not formally admitted but receives direct care from a designated clinic within the nursing home/hostel

For outreach/community patients, care is delivered by nursing home/hostel employees to the patient in the home, place of work or other non-establishment site.

Context: Required to adequately describe the services provided to non-admitted patients.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

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

Data domain: A11.1 Occasions of service to outpatients

A11.2 Occasions of service to outreach / community patients

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Comments: Apart from acute hospitals, establishments generally provide a much more limited range of services for non-admitted patients and outreach/community patients/clients. Therefore disaggregation by type of episode is not as necessary as in acute hospitals.

This data element will be reviewed during 1999.

Type of non-admitted patient care (public psychiatric, alcohol and drug)

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

Knowledgebase ID: 000233 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: Emergency and outpatients are patients who receive non-admitted care. Non-admitted care is care provided to a patient who receives direct care within the emergency department or other designated clinics within the hospital and who is not formally admitted at the time when the care is provided. A patient who first contacts the hospital and receives non-admitted care, for example through the emergency department, and is subsequently admitted should have both components of care enumerated separately.

For outreach/community patients, care delivered by hospital employees to the patient in the home, place of work or other non-hospital site.

A group is defined as two or more patients receiving a service together, where all individuals are not members of the same family. Family services are to be treated as occasions of service to an individual.

Context: Required to adequately describe the services provided to non-admitted patients in public psychiatric hospitals and alcohol and drug hospitals.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 7 *Representational layout:* NNNNNNN

Data domain: Count occasions of service for the following categories:

Guide for use: Emergency and outpatient occasions of service

1 Individual patients

2 Groups

Outreach / community occasions of service

3 Individual patients

4 Groups

Verification rules:

Collection methods: The working party discussed the need to distinguish different types of psychiatric outpatient services in psychiatric hospitals. South Australia outlined its categories of psychiatric outpatients:

- day patients (not admitted but are day program patients);

- outpatients (typically 20 minutes consultation); community/outreach (outreach services provided by staff off the hospital site, including community health service provided off-site and domiciliary care); and casualty patients (designated casualty area, mirroring usual hospital set up).

These categories also applied to mental health clinics in South Australia. The working party agreed that the South Australian categories were useful, but

Type of non-admitted patient care (public psychiatric, alcohol and drug) (*continued*)

Collection methods (cont'd):

that outpatient and casualty categories should be collapsed as there was a boundary problem between these two categories.

The working party initially recommended the following categories for activity data for outpatient services at establishment level:

- day program patients
- emergency and other outpatients
- outreach/community

The first two of the above categories cover all outpatients treated on the hospital site, the latter covers outreach services provided by the staff off the hospital site. It includes community health services provided by hospital staff off-site.

The working party then discussed the unit of counting for activity data. The Psychiatric Working Party reviewed the recommendation of the In-patient/Non-in-patient Working Party that occasions of service should be the appropriate unit of counting. The following points were raised:

- The method of counting the number of group sessions in a psychiatric setting was difficult because a day patient is always a group patient. Also, groups would have a mixture of in-patients and outpatients.
- Counting occasions of service for a day patient was difficult because a patient could have up to eight treatment encounters in one day.
- From a client perspective, groups should be ignored and information should be collected on every individual.
- Queensland counted the number of days on which contact is made, irrespective of intensity of service.
- It was suggested that occasions of service (or individuals) be counted but that the information should be divided into one-on-one sessions or group sessions, for resource implications.
- Some members thought that, in terms of resources, groups of staff and type of provider were more important than number of clients.
- Victoria proposed a bare bones approach, and recommended that only occasions of service be counted. All the other points raised were important dimensions, but Victoria felt that to do justice to them, it would be necessary to include community services, phone consultations and so on, which was not feasible at this stage.
- The Psychiatric Working Party foreshadowed the need to categorise outpatients further into child, adult and other. It was generally agreed that while this aspect would be worthwhile flagging in a policy statement, it was not necessary to consider it at this stage.
- The Psychiatric Working Party also agreed that occasions of service was the preferred counting unit for non-admitted patient activity data. It was noted that the acute sector had opted for this unit.
- The Psychiatric Working Party recommended that a family was to be counted as one occasion of service (individual session) not as a group, and that a family

Type of non-admitted patient care (public psychiatric, alcohol and drug) (*continued*)

Collection methods (cont'd): unit was to be determined as a group of people which identified themselves as such.

The Psychiatric Working Party agreed that the unit of counting of services should be as follows:

- day program attendances
- other outpatient occasions of service
- outreach occasions of service.

Day program patients should be counted as number of attendances to a day program (patient days). Day program patient occasions of service with other staff should be counted separately as other outpatient occasions of service.

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: In general, establishments other than acute hospitals provide a much more limited range of services for non-admitted patients and outreach/community patients/clients. Therefore, disaggregation by type of non-admitted patient care is not relevant to psychiatric and alcohol/drug hospitals.

Patients in residence at year end

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

Knowledgebase ID: 000208 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: A headcount of all formally admitted patients/clients in residence in long-stay facilities (public psychiatric hospitals, alcohol and drug hospitals, nursing homes) at midnight, to be done on 30 June.

Context: The number of separations and bed days for individual long-stay establishments is often a poor indication of the services provided. This is because of the relatively small number of separations in a given institution. Experience has shown that the number of patients/clients in residence can often give a more reliable picture of the levels of services being provided.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 4 *Representational layout:* NNNN

Data domain: Number of admitted patients / clients in residence

Guide for use:

Verification rules:

Collection methods: For public psychiatric hospitals and alcohol and drug hospitals, all States have either an annual census or admission tracking that would enable a statistical census. The Commonwealth Department of Health and Family Service is able to carry out a statistical census from its nursing homes databases. No system is presently in place for hostels.

A headcount snapshot could be achieved either by census or by the admission/discharge derivation approach.

There are difficulties with the snapshot in view of both seasonal and day of the week fluctuations. Most of the traffic occurs in a small number of beds.

Any headcount should avoid the problems associated with using 31 December or 1 January. The end of the normal financial year is probably more sensible (the Wednesday before the end of the financial year was suggested, but probably not necessary). This should be qualified by indicating that the data does not form a time series in its own right.

Related data:

Administrative attributes

Source document:

Source organisation: Morbidity Working Party

National minimum data sets:

Comments:

Separations

Admin. status: CURRENT 1/07/94

Identifying and definitional attributes

Knowledgebase ID: 000205 *Version number:* 2

Data element type: DERIVED DATA ELEMENT

Definition: The total number of separations occurring during the reference period. This includes both formal and statistical separations.

Context: Admitted patient care: needed as the basic count of the number of separations from care for an establishment.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

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

Data domain: A number, representing the number of completed episodes of care

Guide for use: The sum of the number of separations where the Discharge date has a value:
>= the beginning of the reference period (typically a financial year); and
<= the end of the reference period.
This sum may be calculated at:
- individual establishment level; or
- system (ie. State/Territory) level ie. the sum of the number of establishments.

Verification rules:

Collection methods: For the national minimum data set – institutional health care the reference period for data collection is a financial year ie. 1 July to 30 June inclusive.

Related data: relates to the data element concept Separation, version 1
supersedes previous derived data element Separations, version 1
is derived from Separation date, version 5

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Community mental health care from 1/07/98 to

Comments:

Emergency Department waiting time to admission

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000397 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient from presentation to the Emergency Department to admission to hospital.

Context: Emergency care: this is a critical waiting times data item. This item is used to examine the length of waiting time, for performance indicators and benchmarking. Information based on this data item will have many uses including to assist in the planning and management of hospitals and in health care research.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

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

Data domain: Count in numbers of hours and minutes

Guide for use: Calculated from admission date and time minus date and time patient presents for those Emergency Department patients who are admitted.

Verification rules:

Collection methods: To be collected on patients presenting to Emergency Department for unplanned care in public hospitals with Emergency Department and private hospitals providing contracted services for the public sector.

Related data: is calculated using Admission date, version 4
relates to the data element concept Patient presentation at Emergency Department, version 1
is calculated using Date patient presents, version 1
is calculated using Time patient presents, version 1
is calculated using Admission time, version 1
is calculated using Departure status, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Comments:

Emergency Department waiting time to service delivery

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000347 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient from presentation to the Emergency Department to commencement of service by a treating medical officer or nurse.

Context: Emergency care: this is a critical waiting times data item. This item is used to examine the length of waiting time, for performance indicators and benchmarking. Information based on this data item will have many uses including to assist management of Emergency Departments, the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

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

Data domain: Count in numbers of hours and minutes

Guide for use: Calculated from date and time of service event minus date and time patient presents. Although triage category 1 is measured in seconds, it is recognised that the data will not be collected with this precision.

Verification rules:

Collection methods: To be collected on patients presenting to Emergency Department for unplanned care in public hospitals with Emergency Department and private hospitals providing contracted services for the public sector.

Related data: is used in the calculation of Triage category (trial), version 1
is calculated using Date patient presents, version 1
is calculated using Time patient presents, version 1
is calculated using Date of service event, version 1
is calculated using Time of service event, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Emergency Department waiting times from 1/07/99 to

Comments: It is recognised that at times of extreme urgency or multiple synchronous presentations, or if no medical officer is on duty in the Emergency Department, this service may be provided by a nurse.

This data element supports the provision of unit record and/or summary level data by State and Territory health authorities as part of the Emergency Department waiting times National Minimum Data Set.

Occasions of service

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

Knowledgebase ID: 000209 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The number of occasions of examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

Context: Institutional health care: occasions of service are required as a measure of non-admitted patient service provision.

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

Field size: *Min.* 1 *Max.* 7 *Representational layout:* NNNNNNN

Data domain: Number of occasions of service

Guide for use:

Verification rules:

Collection methods: The proposed definition does not distinguish case complexity for non-admitted patients. For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average Diagnosis Related Group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition. For admitted patients the concept of a separation is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: Some overlap with the data elements Number of service contact dates, Service contact date and Service contact (concept) is acknowledged by the National Health Data Committee and is subject to further work during 1999.

Length of stay

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

Knowledgebase ID: 000119 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: Hospital

The length of stay of a patient is calculated by subtracting the date the patient is admitted from the date of separation. All leave days, including the day the patient went on leave, are excluded from the calculation. A same-day patient should be allocated a length of stay of one day.

Length of stay – antenatal

To calculate antenatal length of stay, subtract the date the mother is admitted from the date of delivery. All leave days, including the day the mother went on leave, are excluded from the calculation.

Length of stay – postnatal

To calculate postnatal length of stay, subtract the date the mother is separated from the date of delivery. All leave days, including the day the mother went on leave, are excluded from the calculation.

Context: Institutional health care

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

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

Data domain: Count number of days

Guide for use:

Verification rules:

Collection methods:

Related data: is calculated using Admission date, version 4

is derived from Number of leave periods, version 3

is calculated using Separation date, version 5

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Comments: This data element was previously included in the Terminology section of the dictionary.

While a similar concept of duration of service applies in other institutional care settings, and similar measurement principles apply, different terminology is used in those other settings to describe the duration of care.

Number of acute (qualified)/unqualified days for newborns

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

Knowledgebase ID: 000346 *Version number:* 1

Data element type: DERIVED DATA ELEMENT

Definition: The number of acute (qualified) and unqualified newborn days occurring within a newborn episode of care.

Context:

Relational and representational attributes

Datatype: Numeric *Representational form:* QUANTITATIVE VALUE

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

Data domain: Count number of days

Guide for use: The rules for calculating the number of acute (qualified) and unqualified newborn days are outlined below:

- the number of acute (qualified) and unqualified days are calculated from the date of admission, date of separation and any date(s) of change to qualification status.
- the date of admission is counted as a day against the initial qualification status.
- the day on which a change in qualification status occurs is counted against the new qualification status.
- if more than one change of qualification status occurs on a single day, the day is counted against the final qualification status for that day.
- the date of separation is not counted as either an acute (qualified) or unqualified day.
- normal rules which apply to calculation of patient days apply, e.g. same day, leave.
- the newborn's length of stay is equal to the sum of the acute (qualified) and unqualified days.

Verification rules:

Collection methods:

Related data: is used in the calculation of Length of stay, version 1
is used in the calculation of Patient days, version 2
is used in conjunction with Date of change to qualification status, version 1

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Comments: