

HEALTH SERVICES SERIES

Number 28

**National Minimum Data Set for  
Admitted Patient Care:  
compliance evaluation  
2001–02 to 2003–04**

Australian Institute of Health and Welfare  
Canberra

AIHW cat. no. HSE 44

© Australian Institute of Health and Welfare 2006

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Business Promotion and Media Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

This publication is part of the Australian Institute of Health and Welfare's Health Services Series. A complete list of the Institute's publications is available from the Business Promotion and Media Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's website <[www.aihw.gov.au](http://www.aihw.gov.au)>.

ISSN 1036-613X

ISBN 1 74024 597 0

### **Suggested citation**

Australian Institute of Health and Welfare (AIHW) 2006. National Minimum Data Set for Admitted Patient Care: Compliance evaluation 2001–02 to 2003–04. AIHW cat. no. HSE 44. Health Services Series no. 28. Canberra: AIHW.

### **Australian Institute of Health and Welfare**

Board Chair  
Hon. Peter Collins, AM, QC

Director  
Penny Allbon

Any enquiries about or comments on this publication should be directed to:

Hospitals Unit  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra ACT 2601

Phone: (02) 6244 1000  
Email: [hospitaldata@aihw.gov.au](mailto:hospitaldata@aihw.gov.au)

Published by Australian Institute of Health and Welfare  
Printed by National Capital Printing

# Contents

List of tables .....	v
Acknowledgments.....	viii
Abbreviations.....	ix
<b>1. Introduction.....</b>	<b>1</b>
Background.....	1
This report.....	1
The NMDS for Admitted Patient Care .....	1
Admissions, separations and episodes of care .....	2
<b>2. Summary .....</b>	<b>4</b>
Coverage of the NMDS data .....	4
Coverage of hospitals.....	4
Coverage estimates for private hospital separations.....	5
Use of national standard definitions, domain values and NMDS scope .....	6
National summary.....	8
State and territory summary .....	13
<b>3. Assessment of individual data elements .....</b>	<b>15</b>
3.1 Activity when injured .....	16
3.2 Additional diagnosis .....	21
3.3 Admission date .....	24
3.4 Admitted patient election status.....	26
3.5 Area of usual residence.....	29
3.6 Care type .....	32
3.7 Country of birth .....	36
3.8 Date of birth.....	39
3.9 Diagnosis Related Group.....	41
3.10 Establishment identifier – Establishment number .....	43
3.11 Establishment identifier – Establishment sector.....	45
3.12 Establishment identifier – Region code .....	47
3.13 Establishment identifier – State identifier .....	49
3.14 External cause – admitted patient .....	51
3.15 Funding source for hospital patient.....	54
3.16 Hospital insurance status .....	56

3.17 Indigenous status .....	59
3.18 Infant weight, neonate, stillborn.....	62
3.19 Intended length of hospital stay .....	65
3.20 Inter-hospital contracted patient .....	68
3.21 Major Diagnostic Category.....	71
3.22 Medicare eligibility status .....	74
3.23 Mental health legal status .....	76
3.24 Mode of admission .....	79
3.25 Mode of separation.....	81
3.26 Number of leave periods .....	84
3.27 Number of days of hospital-in-the-home care.....	86
3.28 Number of qualified days for newborns .....	88
3.29 Person identifier .....	90
3.30 Place of occurrence of external cause of injury.....	93
3.31 Principal diagnosis .....	98
3.32 Procedure .....	100
3.33 Separation date.....	104
3.34 Sex .....	106
3.35 Source of referral to public psychiatric hospital.....	108
3.36 Total leave days.....	111
3.37 Total psychiatric care days .....	113
3.38 Urgency of admission .....	115
<b>Appendix.....</b>	<b>118</b>
<b>References .....</b>	<b>119</b>

# List of tables

Table 2.1:	Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2001-02 to 2003-04.....	5
Table 2.2:	Differences between private hospital separations reported in the National Hospital Morbidity Database and the ABS Private Health Establishments Collection, Australia, 1993-94 to 2003-04.....	6
Table 2.3:	Differences between private hospital separations reported in the National Hospital Morbidity Database and the ABS Private Health Establishments Collection, states and territories, 2001-02 to 2003-04.....	7
Table 2.4:	National summary of the use of the <i>National health data dictionary</i> definitions and domain values and NMDS scope, Australia, 2001-02 to 2003-04.....	9
Table 2.5:	State and territory summary of the use of the <i>National health data dictionary</i> definition and domain values and NMDS scope, by hospital sector, 2001-02 to 2003-04.....	14
Table 3.1.1:	Separations for which an External cause code in the range of V01-Y34 was not accompanied by an Activity when injured code, by sector, states and territories, 2001-02 to 2003-04.....	17
Table 3.1.2:	Separations with an External cause code in the range V01-Y34 and an Activity when injured code of <i>Unspecified activity</i> , by sector, states and territories, 2001-02 to 2003-04.....	18
Table 3.1.3:	Separations with an External cause code in the range V01-Y34 and an Activity when injured code of <i>Other specified activity</i> , by sector, states and territories, 2001-02 to 2003-04.....	19
Table 3.2.1:	Separations, by maximum number of diagnoses reported per separation, mean number of diagnoses per separation and the per cent of separations with only a principal diagnosis reported, by hospital sector, states and territories, 2001-02 to 2003-04.....	23
Table 3.4.1:	Separations with an Admitted patient election status of <i>Unknown/not reported</i> , by hospital sector, states and territories, 2001-02 to 2003-04.....	27
Table 3.5.1:	Separations with an Area of usual residence of <i>Unknown/not reported</i> , by hospital sector, states and territories, 2001-02 to 2003-04.....	30
Table 3.6.1:	Separations with a Care type of <i>Unknown/not reported</i> , by hospital sector, states and territories, 2001-02 to 2003-04.....	34
Table 3.7.1:	Separations with a Country of birth code of <i>Inadequately described</i> , by hospital sector, states and territories, 2001-02 to 2003-04.....	37
Table 3.14.1:	Separations with a diagnosis of injury or poisoning and no External cause code reported, by hospital sector, states and territories, 2001-02 to 2003-04.....	52
Table 3.15.1:	Separations with a Funding source of <i>Not known</i> , by hospital sector, states and territories, 2001-02 to 2003-04.....	55
Table 3.16.1:	Separations with a Hospital insurance status of <i>Unknown</i> , by hospital sector, states and territories, 2001-02 to 2003-04.....	58

Table 3.17.1: Separations with an Indigenous status of <i>Not stated/inadequately described</i> , by hospital sector, states and territories, 2001–02 to 2003–04 .....	61
Table 3.18.1: Separations where age was less than 365 days and Infant weight, neonate, stillborn was not reported, by hospital sector, states and territories, 2001–02 to 2003–04 .....	63
Table 3.18.2: Separations where age was less than 365 days and Infant weight, neonate, stillborn was not reported, by age of patient (in days), states and territories, 2001–02 to 2003–04.....	64
Table 3.19.1: Separations with an Intended length of stay of <i>Not provided</i> , by hospital sector, states and territories, 2001–02 to 2003–04.....	66
Table 3.20.1: Separations with an Inter-hospital contracted patient code of <i>Not reported</i> , by hospital sector, states and territories, 2001–02 to 2003–04 .....	69
Table 3.21.1: Separations with a Major Diagnostic Category of <i>Not reported</i> , by hospital sector, states and territories, 2001–02 to 2003–04.....	72
Table 3.22.1: Separations with a Medicare eligibility status of <i>Unknown</i> , by hospital sector, states and territories, 2001–02 to 2003–04 .....	75
Table 3.23.1: Separations with a Mental health legal status of <i>Unknown/not reported</i> , for separations with specialised psychiatric care, by hospital sector, states and territories, 2001–02 to 2003–04.....	77
Table 3.24.1: Separations with a Mode of admission of <i>Unknown</i> , by hospital sector, states and territories, 2001–02 to 2003–04.....	80
Table 3.25.1: Separations with a Mode of separation of <i>Unknown</i> , by hospital sector, states and territories, 2001–02 to 2003–04.....	82
Table 3.30.1: Separations with an External cause code in the range V01–Y89 and no Place of occurrence code reported, by hospital sector, states and territories, 2001–02 to 2003–04.....	94
Table 3.30.2: Separations with an External cause code in the range V01–Y89 and a Place of occurrence code of <i>Unspecified place</i> , by hospital sector, states and territories, 2001–02 to 2003–04.....	96
Table 3.30.3: Separations with an External cause code in the range V01–Y89 and a Place of occurrence code of <i>Other specified place</i> , by hospital sector, states and territories, 2001–02 to 2003–04.....	97
Table 3.31.1: Separations for which a Principal diagnosis was not reported, by hospital sector, states and territories, 2001–02 to 2003–04.....	99
Table 3.32.1: Separations for which a Procedure was not reported, by hospital sector, states and territories, 2001–02 to 2003–04.....	101
Table 3.32.2: Separations, by maximum number of procedures reported per separation, mean number of procedures reported per separation and the proportion of separations with only one procedure code reported, by hospital sector, states and territories, 2001–02 to 2003–04.....	102
Table 3.35.1: Separations for which Source of referral to public psychiatric hospital was <i>Unknown</i> , public psychiatric hospitals, states and territories, 2001–02 to 2003–04. ....	109

Table 3.38.1: Separations with an Urgency of admission code of *Not known/not reported*,  
by hospital sector, states and territories, 2001-02 to 2003-04 .....117

Table A1: Separations by hospital sector, states and territories, 2001-02 to 2003-04 .....118

# Acknowledgments

This report would not have been possible without the valued cooperation and efforts of the data providers, the state and territory health authorities and members of the Australian Hospital Statistics Advisory Committee. The Australian Institute of Health and Welfare (AIHW) thanks them for their assistance in the preparation of this report. The AIHW would also like to acknowledge the funding and assistance provided by the Australian Government Department of Health and Ageing.

Members of the Australian Hospital Statistics Advisory Committee are:

- Ken Tallis (AIHW) (Chair)
- John Agland (New South Wales Health Department)
- Paul Basso (South Australian Department of Health)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
- Louise Edmonds (Australian Capital Territory Department of Health)
- Andrew George-Gamlyn (Australian Healthcare Association)
- Mark Gill (Victorian Department of Human Services)
- Steve Hann (Australian Government Department of Health and Ageing)
- Gary Inglis (Northern Territory Department of Health and Community Services)
- Lynette Lee (Clinical Casemix Committee of Australia)
- Paul Mackey (Australian Private Hospitals Association Limited)
- Kirsten McKenzie (National Centre for Classification in Health)
- Tara Pritchard (Australian Bureau of Statistics)
- Tony Sansom (Tasmanian Department of Health and Human Services)
- Tony Satti (Western Australian Department of Health)
- Bill Weir (Australian Government Department of Veterans' Affairs)

Within the AIHW, the report was prepared by Christina Barry, Katrina Burgess, Earl Dudley, Jenny Hargreaves, Barbara Levings, Maryellen Moore and Katherine Tekell. Cecilia Burke coordinated the printing and publication process.

# Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
APC	Admitted patient care
AR-DRG	Australian Refined Diagnosis Related Groups
ASGC	Australian Standard Geographical Classification
ICD-10-AM	International statistical classification of diseases and related health problems, 10th revision, Australian modification
METeOR	Metadata online registry
n.a.	Not available
NCCH	National Centre for Classification in Health
NHDD	<i>National health data dictionary</i>
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
n.p.	Not published
PHEC	Private Health Establishments Collection
..	Not applicable



# 1. Introduction

This report presents a comprehensive review of the extent to which data for 2001–02, 2002–03 and 2003–04 for the National Minimum Data Set (NMDS) for Admitted Patient Care were collected and/or provided by states and territories to the Australian Institute of Health and Welfare (AIHW) in accordance with the NMDS specifications as published in the *National health data dictionary* (NHDD) (AIHW 2001a, 2001b; NHDC 2003). This report allows assessment of aspects of the quality and usefulness of the data and provides information that can be used to prioritise work both to improve data reporting and to develop and refine the NMDS specifications.

## Background

The NMDS for Admitted Patient Care was evaluated by the AIHW using funding provided by the Australian Health Minister's Advisory Council, through the then National Health Information Management Group. The *Report on the evaluation of the national minimum data set for admitted patient care* (AIHW 2003a) was published and provided the major directions for a program of work.

In response to the evaluation, the Australian Government Department of Health and Ageing provided funding to the AIHW to undertake a work program to further develop the NMDS. The work program included data development work based on the recommendations of the evaluation which will result in proposals to amend the NMDS for Admitted Patient Care. The work program also included the preparation of a report to evaluate the compliance of the NMDS data over the collection years 2001–02, 2002–03 and 2003–04, providing trend commentary on the 3-year evaluation.

## This report

This chapter provides information on the NMDS for Admitted Patient Care, including an explanation of the statistical or counting units described in this report.

Chapter 2 provides information on the coverage of the NMDS data, and summaries at both the national and state/territory levels of the extent to which the data provided for the NMDS for Admitted Patient Care comply with the NHDD definitions and domain values.

Chapter 3 describes the results of the compliance review for each data element, including information on the scope of the data provided, the extent to which the data provided comply with the NHDD definitions and domain values and a commentary on the trend in data quality over the 3-year period.

## The NMDS for Admitted Patient Care

The NMDS for Admitted Patient Care is a specification for data that are to be collected on all episodes of care for admitted patients in Australian hospitals. As noted above, the specifications for these data are published in the NHDDs and are now also accessible

through the AIHW's Metadata Online Registry (METeOR) using slightly different names that specify the object class, property and measurement unit for the data element.

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

The scope of the NMDS includes data relating to admitted patients from all hospitals – public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private freestanding day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (for example, hospitals operated by the Australian Defence Force or correctional authorities) and hospitals located in offshore territories.

## **Admissions, separations and episodes of care**

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

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

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

There is some variation in the approach that states and territories and the public and private sectors take to the formal admission and separation of people attending hospital on a same day basis. For example, group therapy sessions or day programs in jurisdictions such as Tasmania and the territories are recorded as non-admitted patient occasions of service. In other jurisdictions, including New South Wales, Queensland, Western Australia and South Australia, the majority of these patients are formally admitted for this care and are therefore reported as same day admitted patients. Psychotherapy (and other allied health psychology interventions), for example, is provided on an admitted patient basis in New South Wales, Victoria, Queensland, South Australia and Western Australia, but not in the other jurisdictions (AIHW 2005a).

Further to this, a marked variation among jurisdictions in the number of admitted patient chemotherapy separations per 1,000 persons may be the effect of variations in admission practices for chemotherapy patients. For example, in 2003–04, approximately 5.5% of acute public hospital separations in Victoria were for chemotherapy, compared with only 0.3% of acute public hospital separations in New South Wales (AIHW 2005a).

In addition to the variation in admission practices, jurisdictions may also differ in the way that episodes of care are counted, and this may also vary between the public and private sectors. An example of this is the way newborn episodes of care are counted.

The *Report on the evaluation of the national minimum data set for admitted patient care* (AIHW 2003a) indicated a need for clearer distinction between admitted and non-admitted patients and a review of the boundaries between admitted overnight, admitted same day and non-admitted care as well as a review of the methods of counting episodes of care. The Health Data Standards Committee's Admitted/Non-Admitted Patient Boundary Working Group is currently working towards refining the definition of *admitted patient* with the purpose of improving the comparability of data on admitted patients.

## 2. Summary

### Coverage of the NMDS data

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

The scope of the NMDS includes data relating to admitted patients from all hospitals – public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private freestanding day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (for example, hospitals operated by the Australian Defence Force or correctional authorities) and hospitals located in offshore territories.

States and territories are required to report admitted patient data for the private sector as part of the NMDS under the National Health Information Agreement. However, there are differences in the arrangements for private hospitals to provide data to the states and territories for the National Hospital Morbidity Database (NHMD). For some jurisdictions it is required (for example, as a legislative or registration requirement) whereas for others it is provided through more informal arrangements. This affects the extent to which data are available to the states and territories for provision to the AIHW for the NHMD.

### Coverage of hospitals

Essentially all public hospitals and the large majority of private hospitals were included in the NHMD for the collection years 2001–02 through to 2003–04 (Table 2.1).

For 2001–02, Victoria was unable to provide data for five private freestanding day hospital facilities and three other private hospitals. Victoria also provided incomplete data for some other private hospitals. As a result, Victoria reports that its private hospital separations were underenumerated by up to 9%. For South Australia, data were not available for one private freestanding day hospital facility and were missing for January 2002 for another. Data were also missing from February to June 2002 for one private hospital (non-day only), and for January 2002 for another private hospital in South Australia. South Australia estimated that its private hospital separations were underenumerated by 1.4% for 2001–02. Data were also not supplied for one mothercraft hospital in the public sector and all private freestanding day hospital facilities in the Australian Capital Territory and all private hospitals in the Northern Territory.

For 2002–03, data were not provided for one small rural public hospital in New South Wales (for which 18 separations were reported in 2001–02). Victoria was unable to provide data for one dental hospital (for which 3,264 separations were reported in 2001–02), three private freestanding day hospital facilities and three other private hospitals. Victoria also provided incomplete data for some other private hospitals. As a result, Victoria estimated that separations were underenumerated by about 1.0% in 2002–03. South Australia estimated that data were essentially complete for 2002–03, although data were not available for one other private hospital for 1 month. Data were not supplied for one public mothercraft hospital (for

which 1,605 separations were reported as an aggregate count) and all private freestanding day hospital facilities in the Australian Capital Territory. Data were also not supplied for the private freestanding day hospital facility in the Northern Territory.

For 2003–04, Victoria did not provide data for one small rural public hospital, four private freestanding day hospital facilities and five other private hospitals. Victoria estimated that separations were underenumerated by 0.3% overall. South Australia did not provide data for one small other private hospital for 1 month, and for one small private freestanding day hospital facility for 1 month. The South Australian Department of Health advised that the data coverage was essentially complete. Data were not provided for one public mothercraft hospital and all private freestanding day hospital facilities in the Australian Capital Territory. The Northern Territory also did not provide data for its private freestanding day hospital facility.

**Table 2.1: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2001–02 to 2003–04**

	<b>Public acute hospitals</b>	<b>Public psychiatric hospitals</b>	<b>Private freestanding day hospital facilities</b>	<b>Other private hospitals</b>
<b>2001–02</b>				
New South Wales	Complete	Complete	Complete	Complete
Victoria	Complete	Complete	Incomplete	Incomplete
Queensland	Complete	Complete	Complete	Complete
Western Australia	Complete	Complete	Complete	Complete
South Australia	Complete	Complete	Incomplete	Incomplete
Tasmania	Complete	Complete	Complete	Complete
Australian Capital Territory	Incomplete	Not applicable	Not included	Complete
Northern Territory	Complete	Not applicable	Not included	Not included
<b>2002–03</b>				
New South Wales	Complete	Complete	Complete	Complete
Victoria	Incomplete	Complete	Incomplete	Incomplete
Queensland	Complete	Complete	Complete	Complete
Western Australia	Complete	Complete	Complete	Complete
South Australia	Complete	Complete	Complete	Complete
Tasmania	Complete	Complete	Complete	Complete
Australian Capital Territory	Incomplete	Not applicable	Not included	Complete
Northern Territory	Complete	Not applicable	Not included	Complete
<b>2003–04</b>				
New South Wales	Complete	Complete	Complete	Complete
Victoria	Incomplete	Complete	Incomplete	Incomplete
Queensland	Complete	Complete	Complete	Complete
Western Australia	Complete	Complete	Complete	Complete
South Australia	Complete	Complete	Complete	Complete
Tasmania	Complete	Complete	Complete	Complete
Australian Capital Territory	Incomplete	Not applicable	Not included	Complete
Northern Territory	Complete	Not applicable	Not included	Complete

*Notes*

*Complete*—all facilities in this sector for this state or territory reported to the National Hospital Morbidity Database.

*Incomplete*—one or more facilities in this sector for this state or territory did not provide data to the National Hospital Morbidity Database.

*Not included*—there are facilities in this sector for this state or territory. However, no data were provided to the National Hospital Morbidity Database.

*Not applicable*—there are no facilities in this sector for this state or territory.

## Coverage estimates for private hospital separations

As not all private hospital separations are included in the NHMD, the counts of private hospital separations are likely to underestimate the actual counts. Over recent years, there have been slightly fewer separations recorded in the NHMD (particularly for private freestanding day hospital facilities) than to the Australian Bureau of Statistics (ABS) Private

Health Establishments Collection (PHEC) (ABS 2004) (Table 2.2). The latter collection includes all private hospitals licensed by state and territory health authorities and all private freestanding day hospital facilities approved by the Australian Government Department of Health and Ageing. In 2001–02, the difference between private hospital separations reported to the NHMD and the ABS PHEC was 118,064 separations (4.6%). This difference decreased markedly over the following two reporting periods, with the ABS collection reporting 47,755 (1.8%) more separations in 2002–03 and 47,279 (1.8%) more separations in 2003–04.

**Table 2.2: Differences between private hospital separations reported in the National Hospital Morbidity Database and the ABS Private Health Establishments Collection, Australia, 1993–94 to 2003–04**

Year	Private freestanding day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
1993–94	n.a.	n.a.	n.a.	n.a.	119,554	8.3
1994–95	n.a.	n.a.	n.a.	n.a.	76,274	5.0
1995–96	n.a.	n.a.	n.a.	n.a.	83,619	5.0
1996–97	4,868	2.2	75,850	4.9	80,718	4.6
1997–98	23,662	8.7	40,369	2.5	64,031	3.4
1998–99	40,980	13.6	69,961	4.2	110,941	5.6
1999–00	68,907	19.7	53,247	3.0	122,154	5.7
2000–01 <sup>(a)</sup>	56,816	14.6	21,649	1.1	80,655	3.4
2001–02 <sup>(b)</sup>	41,002	9.8	52,727	2.6	118,064	4.6
2002–03 <sup>(b)</sup>	2,094	0.5	32,942	1.6	47,755	1.8
2003–04 <sup>(b)</sup>	4,348	0.9	28,268	1.4	47,279	1.8

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals in the National Hospital Morbidity Database. The differences for private freestanding day hospital facilities and other private hospitals exclude Tasmania. The difference for private hospitals in total includes Tasmania.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals in the National Hospital Morbidity Database and the ABS suppressed data for the Australian Capital Territory, the Northern Territory and Tasmania. The differences for private freestanding day hospital facilities and other private hospitals exclude Tasmania, the Australian Capital Territory and the Northern Territory. The differences for total private hospitals include those jurisdictions.

n.a. Not available

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

For individual states, the patterns of differences between the number of separations reported to the NHMD and those reported to the PHEC varied. In part, this is due to the omission of some private hospitals from the NHMD and also some separations for some private hospitals that were included in the database. However, there are differences even when both collections are reported to be complete. For example, for 2003–04, more separations were reported in the NHMD than to the ABS for private freestanding day hospital facilities in Western Australia. These discrepancies may have been due to the use of differing definitions or different interpretations of definitions, or differences in the quality of the data provided for different purposes (Table 2.3).

## Use of national standard definitions, domain values and NMDS scope

The NHMD consists of data requested according to the specifications of the NMDS for Admitted Patient Care. The following section provides national and state/territory summaries of the extent to which data provided for the NHMD for the collection years

2001–02 to 2003–04 complied with data definitions and domain values set out in the appropriate version of the NHDD for the NMDS.

**Table 2.3: Differences between private hospital separations reported in the National Hospital Morbidity Database and the ABS Private Health Establishments Collection, states and territories, 2001–02 to 2003–04**

State/territory	Private freestanding day hospital facilities <sup>(a)</sup>		Other private hospitals <sup>(a)</sup>		Total <sup>(a)</sup>	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
<b>2001–02</b>						
New South Wales	2,309	1.5	11,382	2.1	13,691	1.9
Victoria	34,249	36.0	31,226	5.7	65,475	10.1
Queensland	994	0.8	4,799	1.0	5,793	1.0
Western Australia	–9,052	–53.1	12,392	4.8	3,340	1.2
South Australia	12,502	40.7	–7,072	–4.1	5,430	2.7
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<b>Total</b>	<b>41,002</b>	<b>9.8</b>	<b>52,727</b>	<b>2.6</b>	<b>118,064</b>	<b>4.6</b>
<b>2002–03</b>						
New South Wales	3,308	2.0	10,550	1.9	13,858	1.9
Victoria	9,152	8.6	2,140	0.4	11,292	1.7
Queensland	454	0.3	3,382	0.7	3,836	0.6
Western Australia	–11,721	–66.2	16,073	6.0	4,352	1.5
South Australia	901	2.7	797	0.5	1,698	0.8
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<b>Total</b>	<b>2,094</b>	<b>0.5</b>	<b>32,942</b>	<b>1.6</b>	<b>47,755</b>	<b>1.8</b>
<b>2003–04</b>						
New South Wales	2,303	1.4	23,871	4.2	26,174	3.5
Victoria	18,092	14.7	–16,977	–3.0	1,115	0.2
Queensland	–406	–0.3	10,243	2.0	9,837	1.5
Western Australia	–15,635	–42.3	9,418	5.5	–6,217	–3.0
South Australia	–6	0.0	1,713	0.6	1,707	0.6
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<b>Total</b>	<b>4,348</b>	<b>0.9</b>	<b>28,268</b>	<b>1.4</b>	<b>47,279</b>	<b>1.8</b>

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals in the National Hospital Morbidity Database and the ABS suppressed data for the Australian Capital Territory, the Northern Territory and Tasmania. The differences for private freestanding day hospital facilities and other private hospitals exclude Tasmania, the Australian Capital Territory and the Northern Territory. The total differences for private hospitals includes those jurisdictions.

n.p. Not published.

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

For the collection period of 2001–02 (that is, NHDD version 10 (AIHW 2001a)) two data elements were collected for the first time; these were Funding source for hospital patient and Number of days of hospital-in-the-home care. Of the data elements that were collected in 2000–01, two data elements were removed from the collection for 2001–02 and future collection periods; these were Compensable status and Department of Veterans' Affairs patient.

For the collection periods of 2002–03 (that is, NHDD version 11 (AIHW 2001b)) and 2003–04 (that is, NHDD version 12 (NHDC 2003)) there were no additions, removals or modifications to data elements in the collection. The private sector reports against one less data element than is the case for the public sector, namely Source of referral to public psychiatric hospital.

Table A1 in the Appendix presents the number of separations reported by sector and state/territory for each collection year evaluated in this report. Table A1 can be used to more accurately interpret the percentages quoted in the assessment of individual data elements.

## National summary

Table 2.4 presents a national summary of the compliance with the NHDD definitions, domain values and scope. In this table a '✓' indicates that all states/territories complied with the NHDD definition, domain values or scope for the data element for that collection year and '✗' indicates that at least one state/territory did not comply with the NHDD definition, domain values or scope for the data element. For the purposes of this evaluation, compliance is established for a hospital sector or a state/territory if the NHDD definition was used and if the NHDD domain values (excluding Unknown/not reported) were reported for at least 99.5% of separations within scope for the data element for the collection year.

The data elements in Table 2.4 are presented in alphabetical order. They are labelled according to the NHDD data element names that were used at the time of collection, and not according to their current METeOR metadata item titles. Archived versions of the data elements can be found online via the Knowledgebase archive within METeOR ([www.meteor.aihw.gov.au](http://www.meteor.aihw.gov.au)) using the NHDD data element names or the Knowledgebase identifiers, as presented in this report. Corresponding METeOR metadata items (current at the time of publication) can be found in METeOR using the METeOR identifiers presented for each data element.

For the 2001–02 collection year the national standard definition was used for 82% of data elements (31 of 38) in the NMDS by all states and territories in the public sector. This level of compliance remained constant over the following two collection periods. In the private sector the national standard definition was used for 78% of data elements (29 of 37) and, similarly, the compliance with the national standard definitions remained constant over the following two collection periods.

The national standard domain values were used for 21 data elements (55%) by all jurisdictions in the public sector and 20 data elements (54%) in the private sector for 2001–02. The following year saw an improvement in the adherence to NHDD domain values with 31 data elements (82%) in the public sector and 29 data elements (78%) in the private sector complying. However, the 2003–04 collection year saw a decline to 23 data elements (61%) in the public sector and 22 data elements (60%) in the private sector complying with domain values specified in the NHDD.

For the 2001–02 collection year data were provided for more than 99.5% of separations for 21 data elements (55%) in the public sector and for 15 data elements (41%) in the private sector. Compliance for the public sector dropped to 21 data elements (55%) in 2002–03 and increased in the private sector to 17 data elements (46%). Data were provided for all reported separations in 2003–04 for 23 data elements (61%) in the public sector and 20 data elements (54%) in the private sector.

For the collection year 2001–02, there were only 9 data elements (24%) for which the public and private sectors in all jurisdictions used the national standard definition and domain values, and provided it for all reported separations. This number increased to 14 data elements (37%) for 2002–03 and then decreased to 11 (29%) for 2003–04.

**Table 2.4: National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04**

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?
	2001–02 NHDD version 10					
Activity when injured	✓	✗	✗	✓	✗	✗
Additional diagnosis	✓	✗	✓	✓	✗	✓
Admission date	✓	✓	✓	✓	✓	✓
Admitted patient election status	✓	✗	✗	✓	✗	✗
Area of usual residence	✓	✗	✗	✓	✗	✗
Care type	✗	✗	✓	✗	✗	✗
Country of birth	✓	✗	✗	✓	✗	✗
Date of birth	✓	✓	✗	✓	✓	✗
Diagnosis related group	✓	✗	✓	✓	✗	✗
Establishment identifier— Establishment number	✓	✓	✓	✗	✗	✓
Establishment identifier— Establishment sector	✓	✓	✓	✓	✓	✓
Establishment identifier— Region code	✓	✓	✓	✓	✓	✓
Establishment identifier— state identifier	✓	✓	✓	✓	✓	✓
External cause—admitted patient	✓	✗	✗	✓	✗	✗
Funding source for hospital patient	✓	✓	✓	✓	✓	✓
Hospital insurance status	✗	✓	✗	✗	✓	✗
Indigenous status	✓	✓	✓	✓	✓	✓
Infant weight, neonate, stillborn	✗	✓	✗	✗	✓	✗
Intended length of hospital stay	✓	✗	✗	✓	✗	✗
Inter-hospital contracted patient	✓	✗	✗	✓	✗	✗
Major Diagnostic Category	✓	✗	✓	✓	✗	✗
Medicare eligibility status	✓	✓	✓	✓	✓	✗
Mental health legal status	✓	✓	✓	✓	✓	✗
Mode of admission	✓	✓	✗	✓	✓	✗
Mode of separation	✓	✗	✓	✓	✗	✓
Number of leave periods	✗	✓	✗	✗	✓	✗
Number of days of hospital-in-the-home care	✗	✓	✗	✗	✓	✗
Number of qualified days for newborns	✗	✓	✓	✗	✓	✓
Person identifier	✗	✓	✗	✗	✓	✗
Place of occurrence of external cause of injury	✓	✗	✗	✓	✗	✗

(continued)

**Table 2.4 (continued): National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04**

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?
<b>2001–02 NHDD version 10 (continued)</b>						
Principal diagnosis	✓	✗	✓	✓	✗	✗
Procedure	✓	✗	✓	✓	✗	✓
Separation date	✓	✓	✓	✓	✓	✓
Sex	✓	✗	✓	✓	✗	✓
Source of referral to public psychiatric hospital	✓	✓	✗	..	..	..
Total leave days	✓	✓	✓	✓	✓	✓
Total psychiatric care days	✓	✓	✓	✓	✓	✓
Urgency of admission	✓	✗	✗	✓	✓	✗
<b>2002–03 NHDD version 11</b>						
Activity when injured	✓	✗	✗	✓	✗	✗
Additional diagnosis	✓	✓	✓	✓	✓	✓
Admission date	✓	✓	✓	✓	✓	✓
Admitted patient election status	✓	✗	✗	✓	✗	✗
Area of usual residence	✓	✗	✗	✓	✗	✗
Care type	✗	✗	✓	✗	✗	✗
Country of birth	✓	✓	✗	✓	✓	✗
Date of birth	✓	✓	✗	✓	✓	✗
Diagnosis related group	✓	✓	✓	✓	✓	✓
Establishment identifier— Establishment number	✓	✓	✓	✗	✗	✓
Establishment identifier— Establishment sector	✓	✓	✓	✓	✓	✓
Establishment identifier— Region code	✓	✓	✓	✓	✓	✓
Establishment identifier— state identifier	✓	✓	✓	✓	✓	✓
External cause—admitted patient	✓	✓	✗	✓	✓	✗
Funding source for hospital patient	✓	✓	✓	✓	✓	✓
Hospital insurance status	✗	✓	✗	✗	✓	✗
Indigenous status	✓	✓	✓	✓	✓	✓
Infant weight, neonate, stillborn	✗	✓	✗	✗	✓	✗
Intended length of hospital stay	✓	✗	✗	✓	✗	✗
Inter-hospital contracted patient	✓	✗	✗	✓	✗	✗

(continued)

**Table 2.4 (continued): National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04**

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?
<b>2002–03 NHDD version 11 (continued)</b>						
Major Diagnostic Category	✓	✓	✓	✓	✓	✗
Medicare eligibility status	✓	✓	✓	✓	✓	✗
Mental health legal status	✓	✓	✗	✓	✓	✗
Mode of admission	✓	✓	✓	✓	✓	✗
Mode of separation	✓	✗	✓	✓	✗	✓
Number of leave periods	✗	✓	✗	✗	✓	✗
Number of days of hospital-in-the-home care	✗	✓	✗	✗	✓	✗
Number of qualified days for newborns	✗	✓	✓	✗	✓	✓
Person identifier	✗	✓	✗	✗	✓	✗
Place of occurrence of external cause of injury	✓	✓	✗	✓	✓	✗
Principal diagnosis	✓	✓	✓	✓	✓	✓
Procedure	✓	✓	✓	✓	✓	✓
Separation date	✓	✓	✓	✓	✓	✓
Sex	✓	✓	✓	✓	✓	✓
Source of referral to public psychiatric hospital	✓	✓	✗	..	..	..
Total leave days	✓	✓	✓	✓	✓	✓
Total psychiatric care days	✓	✓	✓	✓	✓	✓
Urgency of admission	✓	✓	✗	✓	✓	✗
<b>2003–04 NHDD version 12</b>						
Activity when injured	✓	✗	✗	✓	✗	✗
Additional diagnosis	✓	✗	✓	✓	✗	✓
Admission date	✓	✓	✓	✓	✓	✓
Admitted patient election status	✓	✗	✗	✓	✗	✗
Area of usual residence	✓	✗	✗	✓	✗	✗
Care type	✗	✗	✓	✗	✗	✗
Country of birth	✓	✓	✗	✓	✓	✗
Date of birth	✓	✓	✓	✓	✓	✓
Diagnosis related group	✓	✗	✓	✓	✗	✓
Establishment identifier— Establishment number	✓	✓	✓	✗	✗	✓

(continued)

**Table 2.4 (continued): National summary of the use of the *National health data dictionary* definitions and domain values and NMDS scope, Australia, 2001–02 to 2003–04**

Data element	Public			Private		
	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?	NHDD definition used?	NHDD domain values used?	Provided for all <sup>(a)</sup> reported separations?
	<b>2003–04 NHDD version 12 (continued)</b>					
Establishment identifier— Establishment sector	✓	✓	✓	✓	✓	✓
Establishment identifier— Region code	✓	✓	✓	✓	✓	✓
Establishment identifier— state identifier	✓	✓	✓	✓	✓	✓
External cause—admitted patient	✓	x	x	✓	x	x
Funding source for hospital patient	✓	✓	✓	✓	✓	✓
Hospital insurance status	x	✓	x	x	✓	x
Indigenous status	✓	✓	✓	✓	✓	✓
Infant weight, neonate, stillborn	x	✓	x	x	✓	x
Intended length of hospital stay	✓	x	x	✓	x	x
Inter-hospital contracted patient	✓	✓	x	✓	✓	x
Major Diagnostic Category	✓	x	✓	✓	x	✓
Medicare eligibility status	✓	✓	✓	✓	✓	x
Mental health legal status	✓	✓	x	✓	✓	✓
Mode of admission	✓	✓	x	✓	✓	x
Mode of separation	✓	x	✓	✓	x	✓
Number of leave periods	x	✓	x	x	✓	x
Number of days of hospital-in-the-home care	x	✓	x	x	✓	x
Number of qualified days for newborns	x	✓	✓	x	✓	✓
Person identifier	x	✓	x	x	✓	x
Place of occurrence of external cause of injury	✓	x	✓	✓	x	x
Principal diagnosis	✓	x	✓	✓	x	✓
Procedure	✓	x	✓	✓	x	✓
Separation date	✓	✓	✓	✓	✓	✓
Sex	✓	✓	✓	✓	✓	✓
Source of referral to public psychiatric hospital	✓	x	x	..	..	..
Total leave days	✓	✓	✓	✓	✓	✓
Total psychiatric care days	✓	✓	✓	✓	✓	✓
Urgency of admission	✓	x	✓	✓	x	x

(a) Provided for at least 99.5% of reported separations.

## State and territory summary

The state and territory summary presented in Table 2.5 provides information on the number and proportion of data elements for which compliance was achieved for the NHDD definition, domain values and scope. The Australian Capital Territory had the highest usage of the NHDD definitions for reporting data elements in the public and private sectors. Public hospitals in all states and territories used NHDD definitions more regularly than did the private sector. Queensland and the Australian Capital Territory had the highest use of the NHDD domain values. Over the 3-year collection period, Queensland consistently had a relatively high percentage of data elements reported for all separations.

For the purposes of this report, compliance was established for a hospital sector or a state/territory where the NHDD definition was used and if at least 99.5% of the total applicable separations for the collection year complied with the domain values and scope for the data element. Compliance has been indicated with a '✓' in the individual data element assessments. Non-compliance was established for a hospital sector within a state or territory where the NHDD definition was not used and 0.5% or more of separations did not comply with the domain values or the data element was not provided (or was reported as 'not reported'). Non-compliance has been indicated with '✗' in the individual data element assessments. For some data elements the scope of the collection was not relevant for the state or territory and in these instances a 'not applicable' value has been indicated. Also, some values were 'not published' because of confidentiality concerns (for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory for 2002-03 and 2003-04). For further detail on state/territory-specific compliance, see the additional tables in the individual data element assessments (Chapter 3).

**Table 2.5: State and territory summary of the use of the *National health data dictionary* definition and domain values and NMDS scope, by hospital sector, 2001-02 to 2003-04**

State/territory	NHDD definition used?		NHDD domain values used?		Provided for all <sup>(a)</sup> reported separations?	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001-02</b>						
<b>Public</b>						
New South Wales	37	97	35	95	30	79
Victoria	36	95	34	92	33	89
Queensland	38	100	36	95	33	89
Western Australia	34	89	32	89	31	82
South Australia	35	92	28	76	29	78
Tasmania	36	95	33	89	26	68
Australian Capital Territory	36	100	35	97	31	86
Northern Territory	34	94	33	94	28	80
<b>Private</b>						
New South Wales	34	92	32	91	31	84
Victoria	34	92	32	89	28	78
Queensland	36	100	34	94	31	86
Western Australia	32	86	30	86	31	84
South Australia	35	95	28	78	30	83
Tasmania	34	92	31	86	22	59
Australian Capital Territory	36	100	35	97	27	75
Northern Territory	..	..	..	..	..	..
<b>2002-03</b>						
<b>Public</b>						
New South Wales	37	97	35	95	31	82
Victoria	36	95	35	95	31	84
Queensland	37	97	37	97	33	89
Western Australia	35	92	34	92	31	84
South Australia	35	92	35	95	29	78
Tasmania	36	95	34	92	31	82
Australian Capital Territory	36	100	35	97	31	89
Northern Territory	36	97	35	97	27	75
<b>Private</b>						
New South Wales	34	92	32	91	31	84
Victoria	34	92	33	92	31	86
Queensland	35	97	35	97	31	86
Western Australia	33	89	32	89	31	86
South Australia	35	95	34	94	29	81
Tasmania	34	92	31	86	25	68
Australian Capital Territory	36	100	35	97	27	77
Northern Territory	34	92	33	94	24	67
<b>2003-04</b>						
<b>Public</b>						
New South Wales	37	97	34	92	32	84
Victoria	36	95	33	89	32	84
Queensland	37	97	38	100	33	87
Western Australia	35	92	35	95	32	84
South Australia	35	92	30	81	29	76
Tasmania	36	95	33	89	31	82
Australian Capital Territory	36	100	33	92	33	92
Northern Territory	36	97	33	92	31	84
<b>Private</b>						
New South Wales	35	95	35	97	32	86
Victoria	34	92	31	86	32	86
Queensland	36	97	37	100	32	86
Western Australia	33	89	33	92	32	86
South Australia	35	95	29	81	30	81
Tasmania	34	92	30	83	26	70
Australian Capital Territory	36	100	33	92	29	81
Northern Territory	35	95	31	89	25	68

(a) Provided for at least 99.5% of reported separations.

.. Not applicable.

### 3. Assessment of individual data elements

This chapter reports on the assessment of compliance for each data element in the NMDS for Admitted Patient Care reported by the states and territories for the collection periods 2001–02, 2002–03 and 2003–04.

It presents information on the use of the national standard definitions, domain values and scope by states and territories. The national standard definitions are specified for each collection period according to the relevant version of the *National health data dictionary* (NHDD) (AIHW 2001a, 2001b; NHDC 2003). Information is provided on the use of non-standard definitions and domain values and the non-standard use of scope. Where available, information is also provided on the mapping required from state and territory data sets to comply with the national standard domain values. The assessment of each data element includes a commentary on the trend in data quality over the 3-year collection period and additional information from states and territories regarding the collection of each data element. The data elements have been presented in alphabetical order. For most tables, the information has been provided separately for public hospitals, private hospitals and for all hospitals in the state/territory.

Information on the total number of separations for each of the collection years by hospital sector and state and territory is presented in the Appendix (Table A1).

### 3.1 Data element name: Activity when injured

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Injury Surveillance	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000002
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia. Used with ICD-10-AM external cause codes V01–Y34.		<b>Version number:</b> 2
		<b>METeOR ID:</b> 333849
<b>Definition:</b> The type of activity being undertaken by the person when injured.		

#### Use of national standard definition, domain values and NMDS scope

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

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

n.a. Not available.

.. Not applicable.

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

For the collection years 2001–02 and 2003–04, South Australia mapped the data collected using the *International statistical classification of diseases and related health problems*, 10th revision, Australian modification (ICD-10-AM) forward to the edition applicable for the subsequent year (that is, 2001–02 was provided in the third edition and 2003–04 was provided in the fourth edition).

For the collection years 2001–02 and 2002–03, New South Wales provided a small number of records with an ICD-10-AM Activity when injured code that was invalid for the edition of ICD-10-AM applicable for the respective collection years.

### Details of use of non-standard NMDS scope

The NHDD and the second and third editions of ICD-10-AM specify that an Activity when injured code should accompany an External cause code in the range V01–Y34 (AIHW 2001a, 2001b; NHDC 2003; NCCH 2000, 2002). ICD-10-AM activity codes for the second edition started with Y93, whereas in the third edition activity codes were in the range U50 to U73.

For 2003–04, the Northern Territory did not provide Activity when injured codes for the private sector (Table 3.1.1).

**Table 3.1.1: Separations for which an External cause code in the range of V01–Y34 was not accompanied by an Activity when injured code, by sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	706	0.6	164	0.8	870	0.6
Victoria	33	0.0	4	0.0	37	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	31	0.5	23	1.0	54	0.6
Australian Capital Territory	2	0.0	4	0.7	6	0.1
Northern Territory	496	8.6	n.a.	..	496	8.6
<b>Total</b>	<b>1,268</b>	<b>0.4</b>	<b>195</b>	<b>0.3</b>	<b>1,463</b>	<b>0.3</b>
<b>2002–03</b>						
New South Wales	1,995	1.7	386	1.9	2,381	1.7
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	11	0.2	n.p.	2.3	n.p.	n.p.
Australian Capital Territory	86	1.9	n.p.	0.7	n.p.	n.p.
Northern Territory	9	0.2	n.p.	0.5	n.p.	n.p.
<b>Total</b>	<b>2,101</b>	<b>0.6</b>	<b>444</b>	<b>0.6</b>	<b>2,545</b>	<b>0.6</b>
<b>2003–04</b>						
New South Wales	623	0.5	453	2.4	1,076	0.7
Victoria	51	0.1	66	0.4	117	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	135	0.5	15	0.2	150	0.4
Tasmania	21	0.3	n.p.	2.0	n.p.	n.p.
Australian Capital Territory	3	0.1	n.p.	0.9	n.p.	n.p.
Northern Territory	5	0.1	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>838</b>	<b>0.2</b>	<b>1,002</b>	<b>1.3</b>	<b>1,840</b>	<b>0.4</b>

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Was mapping required from state and territory data sets?

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

## Additional information

A large proportion of separations reported an activity code of *Unspecified activity*, providing little statistically valuable information describing the activity being undertaken when the person was injured (Table 3.1.2). For example, for the collection year 2003–04, 51.8% of separations reported an activity code of *Unspecified activity* (50.1% in the public sector and 60.3% in the private sector). These data possibly highlight a need for more thorough documentation of external cause data.

**Table 3.1.2: Separations with an External cause code in the range V01–Y34 and an Activity when injured code of *Unspecified activity*, by sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	63,136	54.0	12,087	61.0	75,223	55.0
Victoria	39,403	46.5	10,239	63.6	49,642	49.3
Queensland	31,406	43.9	11,496	53.1	42,902	46.0
Western Australia	14,335	44.4	3,868	42.5	18,203	44.0
South Australia	11,939	48.4	4,336	60.2	16,275	51.1
Tasmania	2,849	44.9	1,066	47.8	3,915	45.7
Australian Capital Territory	2,296	51.0	371	69.3	2,667	52.9
Northern Territory	3,415	59.3	n.a.	..	3,415	59.3
<b>Total</b>	<b>168,779</b>	<b>48.7</b>	<b>43,463</b>	<b>56.7</b>	<b>212,242</b>	<b>50.1</b>
<b>2002–03</b>						
New South Wales <sup>(b)</sup>	67,288	55.7	12,431	62.7	79,719	56.7
Victoria	40,430	45.8	10,617	63.3	51,047	48.6
Queensland	30,401	44.0	11,527	55.2	41,928	46.6
Western Australia	13,433	39.9	3,999	45.6	17,432	41.1
South Australia	12,990	49.6	4,673	66.2	17,663	53.1
Tasmania	2,139	32.2	n.p.	53.7	n.p.	n.p.
Australian Capital Territory	2,336	50.3	n.p.	69.1	n.p.	n.p.
Northern Territory	3,376	56.3	n.p.	71.1	n.p.	n.p.
<b>Total</b>	<b>172,393</b>	<b>48.5</b>	<b>45,302</b>	<b>59.0</b>	<b>217,695</b>	<b>50.4</b>
<b>2003–04</b>						
New South Wales	76,159	56.9	12,486	65.6	88,645	57.9
Victoria	41,749	47.0	10,704	63.7	52,453	49.6
Queensland	33,384	45.7	11,127	59.3	44,511	48.5
Western Australia	14,030	40.8	4,441	47.7	18,471	42.3
South Australia	14,624	53.1	4,503	62.8	19,127	55.1
Tasmania	2,014	29.7	n.p.	52.0	n.p.	n.p.
Australian Capital Territory	2,811	53.1	n.p.	64.4	n.p.	n.p.
Northern Territory	3,549	62.1	n.p.	0.0	n.p.	n.p.
<b>Total</b>	<b>188,320</b>	<b>50.1</b>	<b>45,009</b>	<b>60.3</b>	<b>233,329</b>	<b>51.8</b>

(a) Contains 89 separations using the ICD-10-AM superseded second edition *Unspecified activity* code.

n.p. Not published.

n.a. Not available.

.. Not applicable.

In addition, a relatively large proportion of separations reported an activity code of *Other specified activity* (Table 3.1.3). For example, for the collection year 2003–04, 22.5% of separations reported an activity code of *Other specified activity* (24.9% in the public sector and 10.6% in the private sector). These data possibly indicate that there is a need for more specificity in the Activity when injured categories of ICD-10-AM or clearer guidance for the use of current Activity when injured categories.

Consistently across the 3 collection years New South Wales provided separations where an Activity when injured code was not supplied when an External cause code in the range of V01–Y34 was supplied. For both the public and private sectors in New South Wales the use of the Activity when injured code of *Other specified activity* has improved over the three collection periods. The proportion of records with this code decreased from 18.8% of separations in the public sector in 2001–02 to 16.9% in 2003–04. Similarly in the private

sector, the use of this code decreased from 8.8% of separations in 2001–02 to 4.0% of separations in 2003–04. However, there has been a gradual increase in the use of the Activity when injured code of *Unspecified activity* for both hospital sectors in New South Wales over the three collection periods. Both sectors of New South Wales provided a relatively high proportion of separations with this unspecified code for the collection year 2001–02, with 54.0% of separations in the public sector and 61.0% of separations in the private sector. This increased to 56.9% and 65.6% of separations, respectively, for 2003–04.

**Table 3.1.3: Separations with an External cause code in the range V01–Y34 and an Activity when injured code of *Other specified activity*, by sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	22,008	18.8	1,744	8.8	23,752	17.4
Victoria	25,282	29.9	1,704	10.6	26,986	26.8
Queensland	21,416	29.9	2,588	11.9	24,004	25.7
Western Australia	11,845	36.7	2,570	28.2	14,415	34.8
South Australia	6,297	25.6	558	7.7	6,855	21.5
Tasmania	1,789	28.2	315	14.1	2,104	24.5
Australian Capital Territory	1,123	24.9	35	6.5	1,158	23.0
Northern Territory	1,071	18.6	n.a.	..	1,071	18.6
<b>Total</b>	<b>90,831</b>	<b>26.2</b>	<b>9,514</b>	<b>12.4</b>	<b>100,345</b>	<b>23.7</b>
<b>2002–03</b>						
New South Wales <sup>(a)</sup>	20,475	16.9	1,187	6.0	21,641	15.4
Victoria	25,668	29.1	1,603	9.6	27,271	26.0
Queensland	20,468	29.6	2,233	10.7	22,701	25.2
Western Australia	13,643	40.5	2,270	25.9	15,913	37.5
South Australia	6,426	24.5	288	4.1	6,714	20.2
Tasmania	2,881	43.4	n.p.	12.9	n.p.	n.p.
Australian Capital Territory	839	18.1	n.p.	6.1	n.p.	n.p.
Northern Territory	1,542	25.7	n.p.	4.2	n.p.	n.p.
<b>Total</b>	<b>91,921</b>	<b>25.9</b>	<b>7,932</b>	<b>10.3</b>	<b>99,853</b>	<b>23.1</b>
<b>2003–04</b>						
New South Wales	22,589	16.9	764	4.0	23,353	15.3
Victoria	25,067	28.2	1,853	11.0	26,920	25.5
Queensland	20,673	28.3	2,158	11.5	22,831	24.9
Western Australia	13,869	40.3	2,409	25.9	16,278	37.3
South Australia	5,923	21.5	367	5.1	6,290	18.1
Tasmania	3,220	47.5	n.p.	14.2	n.p.	n.p.
Australian Capital Territory	1,018	19.2	n.p.	4.0	n.p.	n.p.
Northern Territory	1,178	20.6	n.p.	0.0	n.p.	n.p.
<b>Total</b>	<b>93,537</b>	<b>24.9</b>	<b>7,921</b>	<b>10.6</b>	<b>101,458</b>	<b>22.5</b>

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

Victoria consistently provided an Activity when injured code for the majority of separations with an External cause code (see Table 3.1.1). Some improvement can be seen in the use of *Other specified activity* in the public sector with 29.9% of separations provided with this code in 2001–02 decreasing to 28.2% of separations in the 2003–04 collection year. The use of this code in the private sector was fairly stable over the three collection periods. The high proportion of use of the Activity when injured code of *Unspecified activity* for separations provided by both sectors in Victoria does not indicate improvement over time.

Queensland consistently provided an Activity when injured code for all separations with an External cause code across both public and private sectors and all collection years. Some improvement can be seen in the use of *Other specified activity* in the public sector with 29.9% of separations provided with this code in 2001–02, decreasing to 28.3% in the 2003–04. There was no trend of improvement in the private sector. Queensland showed a relatively high use

of the code *Unspecified activity* in separations which increased for both sectors over the 3 years.

Western Australia consistently provided an Activity when injured code for all separations with an External cause code across both public and private sectors and for all collection years. Western Australia had the highest proportion of separations using the code *Other specified activity* of all the states/territories, and this use was consistent across the three collection periods. Western Australia showed an increasing trend in the proportion of records using the code *Unspecified activity* in the private sector, with 42.5% of separations in 2001-02 being provided with this code, increasing to 47.7% of separations in 2003-04.

South Australia provided an Activity when injured code for all separations with an External cause code for the collection years 2001-02 and 2002-03. However, a relatively small number of separations in the collection year 2003-04 were supplied without an Activity when injured code. The public sector showed an improvement in the provision of separations with the code *Other specified activity*, from 25.6% in 2001-02 to 21.5% in 2003-04. However, the public sector showed an increase in the proportion of separations using the *Unspecified activity* code, from 48.4% to 53.1%. For the private sector there was no trend of improvement in the use of either *Other specified activity* or *Unspecified activity*.

Tasmania consistently provided a relatively small number of separations that did not report an Activity when injured code with an External cause code for each collection year. The public sector showed an increase in the number of separations provided with the code *Other specified activity*, from 28.2% in 2001-02 to 47.5% in 2003-04. It also showed an improvement in the use of the *Unspecified activity* code, from 44.9% to 29.7%. For the private sector there was no obvious trend in the use of the *Unspecified activity* code.

The Australian Capital Territory provided a relatively small number of separations that did not report an Activity when injured code with an External cause code for each collection year. The public sector showed no obvious trend in the use of either *Other specified activity* or *Unspecified activity*. The private sector showed a slight decrease in the proportion of separations reporting *Other specified activity*, and the use of the *Unspecified activity* code in the private sector steadily decreased from 69.3% to 64.4% of separations.

In 2001-02, the Northern Territory provided 6.8% of separations in the public sector with an External cause code that did not report a corresponding Activity when injured code. However this improved over the three collection periods with only 0.1% (5) of separations being supplied without an Activity when injured code by 2003-04. The public sector showed no trend with the use of the *Other specified activity* and *Unspecified activity* codes. For 2002-03, a relatively small number (0.5%) of private sector separations were supplied without an Activity when injured code. However, for 2003-04 100.0% of private sector separations with an external cause were supplied without an Activity when injured code.

## **Trend analysis**

The quality of the data element Activity when injured is poor for all states and territories and for both sectors, with no trend indicating improvement.

Nationally, over the 3-year collection period, the non-reporting of Activity when injured has remained relatively low for separations which required the reporting of this data element. As over 70% of separations reported a code of *Other specified activity* and *Unspecified activity*, the utility of this data element could be considered as very poor. The high use of the code *Other specified activity* indicates that a large number of known or specified activities are not described adequately in the classification, and the very high proportion of *Unspecified activity* indicates that this information may not be recorded well in the source medical records.

### 3.2 Data element name: Additional diagnosis

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000005
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 4
		<b>METeOR ID:</b> 333832
<b>Definition:</b> A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility.		

#### Use of national standard definition, domain values and NMDS scope

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

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

n.a. Not available.

.. Not applicable.

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

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

## **Details of use of non-standard NMDS scope**

It was assumed that Additional diagnosis was provided for all separations for which it was applicable.

## **Was mapping required from state and territory data sets?**

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

## **Additional information**

The AIHW requested a maximum of 30 Additional diagnosis codes for each separation for the collection years 2001–02 and 2002–03. For 2003–04 this was increased to a maximum of 50 additional diagnoses requested for each separation. Queensland indicated that it collects an unlimited number of diagnosis codes for each separation. For 2001–02 and 2002–03, Queensland and Western Australia both reported the maximum number of diagnosis codes requested by the AIHW, and may have been restricted in the number of codes they could provide. For 2003–04, both Queensland and Western Australia provided more than 50 additional diagnoses to the AIHW.

The number of additional diagnosis codes assigned to a separation is not necessarily indicative of the quality of the coding of this data element. Clinical coders are guided by the Australian Coding Standard 0002 in their assignment of additional diagnoses (NCCH 2000, 2002). There may be some variation between states and territories in the interpretation and application of this coding standard.

A study of the variation among jurisdictions in the assignment of Diagnosis Related Groups for public hospital separations indicated that there was notable interstate variation in the reporting and coding of important additional diagnoses (Coory & Cornes 2005). In a similar analysis performed by the AIHW, there appeared to be slightly less variation in the private sector than in the public sector (AIHW 2006).

## **Trend analysis**

Across all collection periods, each state/territory had the administrative capacity to provide at least 20 diagnosis codes, complying with the NHDD's guide for use of the data element.

Although the maximum number of diagnoses reported to the NHMD increased between 2002–03 and 2003–04, the mean number of diagnosis codes reported per separation remained relatively stable both within states/territories and within sectors. The average number of diagnosis codes slightly increased in the public sector from 2.8 in 2001–02 to 2.9 in 2003–04 and slightly increased in the private sector from 2.3 in 2001–02 to 2.4 in 2003–04 (Table 3.2.1).

**Table 3.2.1: Separations, by maximum number of diagnoses<sup>(a)</sup> reported per separation, mean number of diagnoses per separation and the per cent of separations with only a principal diagnosis reported, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals			Private hospitals			Total		
	Maximum number of diagnosis codes	Mean number of diagnosis codes	Per cent with only principal diagnosis reported <sup>(b)</sup>	Maximum number of diagnosis codes	Mean number of diagnosis codes	Per cent with only principal diagnosis reported <sup>(b)</sup>	Maximum number of diagnosis codes	Mean number of diagnosis codes	Per cent with only principal diagnosis reported <sup>(b)</sup>
<b>2001–02</b>									
New South Wales	20	2.9	35.6	21	2.3	38.8	21	2.7	36.8
Victoria	25	2.7	31.2	25	2.2	41.6	25	2.5	34.7
Queensland	31	2.8	33.1	31	2.5	33.4	31	2.7	33.2
Western Australia	31	2.9	24.9	31	2.3	36.8	31	2.6	30.1
South Australia	26	2.9	30.8	24	2.4	35.8	26	2.7	32.6
Tasmania	30	3.6	20.4	25	2.3	40.8	30	3.0	30.0
Australian Capital Territory	25	2.6	39.1	22	2.6	31.9	25	2.6	36.9
Northern Territory	28	2.7	16.3	n.a.	..	..	28	2.7	16.3
<b>Total</b>	<b>..</b>	<b>2.8</b>	<b>32.0</b>	<b>..</b>	<b>2.3</b>	<b>37.6</b>	<b>..</b>	<b>2.6</b>	<b>34.1</b>
<b>2002–03</b>									
New South Wales	21	2.9	37.6	20	2.3	38.7	21	2.7	38.0
Victoria	25	2.7	31.5	25	2.2	40.5	25	2.6	34.7
Queensland	31	2.8	31.2	31	2.6	32.5	31	2.7	31.8
Western Australia	31	2.9	25.6	31	2.3	36.2	31	2.7	30.2
South Australia	26	2.9	30.6	25	2.4	37.0	26	2.7	32.9
Tasmania	29	3.4	20.4	29	2.3	39.1	29	2.9	29.0
Australian Capital Territory	24	2.4	41.8	23	2.4	33.7	24	2.4	39.2
Northern Territory	29	2.8	14.9	17	2.4	26.5	29	2.8	16.4
<b>Total</b>	<b>..</b>	<b>2.8</b>	<b>32.4</b>	<b>..</b>	<b>2.3</b>	<b>37.2</b>	<b>..</b>	<b>2.6</b>	<b>34.2</b>
<b>2003–04</b>									
New South Wales	44	3.1	28.8	20	2.3	39.0	44	2.8	32.4
Victoria	40	2.8	30.2	34	2.2	39.6	40	2.6	33.6
Queensland	60	2.9	30.2	55	2.6	30.8	60	2.8	30.5
Western Australia	68	3.0	23.1	48	2.4	34.5	68	2.7	28.2
South Australia	27	2.9	30.0	25	2.4	35.7	27	2.7	32.0
Tasmania	43	3.2	23.2	39	2.4	38.6	43	2.8	30.3
Australian Capital Territory	29	2.5	42.2	24	2.3	34.3	29	2.4	39.7
Northern Territory	38	2.9	13.1	17	2.5	24.8	38	2.9	14.7
<b>Total</b>	<b>..</b>	<b>2.9</b>	<b>28.9</b>	<b>..</b>	<b>2.4</b>	<b>36.3</b>	<b>..</b>	<b>2.7</b>	<b>31.8</b>

(a) Codes reporting external causes of injury and poisoning, place of occurrence, activity when injured and morphology of neoplasm are not included.

(b) As a proportion of total separations.

n.a. Not available.

.. Not applicable.

### 3.3 Data element name: Admission date

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000008
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 4
		<b>METeOR ID:</b> 269967
<b>Definition:</b> Date on which an admitted patient commences an episode of care.		

### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

For 2001-02 and 2002-03 a very small number of records were provided with an invalid admission date, occurring either after the end of the collection period or after the separation date.

### Details of use of non-standard NMDS scope

Provided for all reported separations.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

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

**Trend analysis**

The quality of Admission date is of a high standard.

### 3.4 Data element name: Admitted patient election status

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000415
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 1
<b>Definition:</b> Accommodation chargeable status elected by patient on admission.		<b>METeOR ID:</b> 270044

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

This data element should be collected for all patients under the Australian Health Care Agreements. The AIHW allowed a category of *Unknown* to be reported if the Admitted patient election status of the patient was not known. However, it is expected that this category would only be used in a relatively small number of cases. As the *Unknown* category is not a valid domain value, a sector or state/territory has been deemed non-compliant if more than 0.5% of separations were reported as *Unknown*.

Tasmania, for both sectors and across all three collection periods, and the Northern Territory public sector in 2001–02 provided an Admitted patient election status of *Unknown* for greater than 0.5% of separations (Table 3.4.1).

### Details of use of non-standard NMDS scope

Admitted patient election status was not available for separations from public psychiatric hospitals in Victoria. In practice, this means that the item was not provided for patients of the Victorian forensic psychiatric service, most if not all of whom would not be able to elect to be treated as private patients. Victoria commented that the scope of this data item should be clarified with a view to placing public psychiatric hospitals outside its scope; alternatively, it could default to *public* for this type of hospital.

Across the three collection periods, Tasmania consistently reported a high number of records with an Admitted patient election status of *Unknown* (Table 3.4.1).

The Northern Territory reported a relatively high number of records with an Admitted patient election status of *Unknown* for the public sector in 2001–02. The Northern Territory was unable to provide this data element for separations occurring in the private sector for the collection years 2002–03 and 2003–04.

**Table 3.4.1: Separations with an Admitted patient election status of *Unknown/not reported*, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	524	0.0	67	0.0	591	0.0
Victoria	3,793	0.3	402	0.1	4,195	0.3
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	918	0.3	528	0.2	1,446	0.2
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	8,908	11.2	34,066	48.2	42,974	28.6
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	1,827	2.9	n.a.	..	1,827	2.9
<b>Total</b>	<b>15,970</b>	<b>0.4</b>	<b>35,063</b>	<b>1.4</b>	<b>51,033</b>	<b>0.8</b>
<b>2002–03</b>						
New South Wales	263	0.0	61	0.0	324	0.0
Victoria	3,927	0.3	603	0.1	4,530	0.3
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	682	0.2	1,104	0.4	1,786	0.3
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	8,682	10.8	n.p.	33.0	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>13,554</b>	<b>0.3</b>	<b>34,615</b>	<b>1.4</b>	<b>48,169</b>	<b>0.7</b>
<b>2003–04</b>						
New South Wales	187	0.0	7	0.0	194	0.0
Victoria	4,135	0.3	1,345	0.2	5,480	0.3
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	3,480	4.3	n.p.	14.7	n.p.	n.p.
Australian Capital Territory	2	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>7,804</b>	<b>0.2</b>	<b>22,381</b>	<b>0.8</b>	<b>30,185</b>	<b>0.4</b>

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

## Was mapping required from state and territory data sets?

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

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

Western Australia does not collect Admitted patient election status, but derived the data element from payment classification categories. Unqualified newborns were assigned the election status of the mother where a mother-baby match could be readily identified.

## Additional information

There was some variation between jurisdictions in the application of the data element Admitted patient election status, with some states and territories using this element to reflect the patient's choice of room or doctor and others to reflect the funding source.

For the purpose of reporting these data in the *Australian hospital statistics* reports for 2001-02, 2002-03 and 2003-04 (AIHW 2003b, 2004, 2005a), the AIHW allocated a Patient election status based on the patient's reported Funding source for hospital patient. Therefore the data presented in these *Australian hospital statistics* reports for Patient election status for the collection years are not identical to the data provided by the states and territories for Admitted patient election status. In particular, there are fewer separations with an *Unknown* value for Patient election status (for further information see *Australian hospital statistics 2003-04* (AIHW 2005a)).

## Trend analysis

Generally, the quality of the provision of Admitted patient election status is good. New South Wales, Victoria, Western Australia, the Australian Capital Territory and the Northern Territory public sectors have provided a relatively small number of separations that used the *Unknown* data domain. Queensland and South Australia have consistently provided a valid NHDD value across both sectors and for the 3-year collection period. For the collection year 2001-02, Tasmania provided a relatively large proportion of separations that had an Admitted patient election status of *Unknown*, 11.2% in the public sector and 48.2% in the private sector. An improvement in the use of the *Unknown* data domain for Tasmania was seen over the collection periods. In the public sector, this improved from 11.2% in 2001-02 to 4.3% in 2003-04 and in the private sector from 48.2% in 2001-02 to 14.7% in 2003-04. The Northern Territory was unable to supply this data element for the private sector for all years in the evaluation period.

### 3.5 Data element name: Area of usual residence

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Community Mental Health Care	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000016
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 3
<b>Definition:</b> Geographical location of usual residence of the person.		<b>METeOR ID:</b> 329147

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

Geographical location is reported using Statistical Local Area (SLA) to enable accurate aggregation of information to larger areas within the Australian Standard Geographical Classification (ASGC) as well as detailed analysis at the SLA level. SLAs should be based on the ASGC effective for the data collection reference year.

Not all states and territories were able to provide information on the area of usual residence in the form of an SLA code, using the appropriate edition of the ASGC. For the collection years 2001-02 and 2002-03, SLA codes were provided as 2001 SLA boundaries for

Queensland and Tasmania, as 2000 SLA boundaries for New South Wales, South Australia, the Australian Capital Territory and the Northern Territory, and as 1999 SLA boundaries for Victoria. Western Australia was not able to provide SLA codes but provided postcodes for all records.

For the collection year 2003–04 SLA codes were provided as 2003 SLA boundaries for New South Wales, Queensland, South Australia and Tasmania, as 2000 SLA boundaries for the Australian Capital Territory and the Northern Territory, and for Victoria as 2001 SLA boundaries for Victorian residents and 1999 SLA boundaries for non-Victorian residents. Western Australia provided postcodes in place of SLA boundaries.

### Details of use of non-standard NMDS scope

For the 3 collection years New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory (public hospitals only) were able to provide SLA codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction. The Northern Territory private hospital supplied postcodes for all separations in 2002–03 and 2003–04. Western Australia did not provide SLA codes; postcodes were supplied both for patients usually resident in the jurisdiction and for patients usually resident elsewhere.

**Table 3.5.1: Separations with an Area of usual residence of *Unknown/not reported*, by hospital sector, states and territories, 2001–02 to 2003–04.**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	11,222	0.9	995	0.1	12,217	0.6
Victoria	3,080	0.3	189	0.0	3,269	0.2
Queensland	12,483	1.8	24,117	4.1	36,600	2.8
Western Australia	352,759	100.0	271,752	100.0	624,511	100.0
South Australia	6,913	1.9	4,186	2.1	11,099	2.0
Tasmania	744	0.9	8,594	12.2	9,338	6.2
Australian Capital Territory	7	0.0	142	0.5	149	0.2
Northern Territory	0	0.0	n.a.	..	0	0.0
<b>Total</b>	<b>387,208</b>	<b>9.8</b>	<b>309,975</b>	<b>12.7</b>	<b>697,183</b>	<b>10.9</b>
<b>2002–03</b>						
New South Wales	8,775	0.7	1,173	0.2	9,948	0.5
Victoria	3,469	0.3	190	0.0	3,659	0.2
Queensland	14,352	2.0	25,508	4.2	39,860	3.1
Western Australia	367,825	100.0	280,598	100.0	648,423	100.0
South Australia	7,031	1.9	4,697	2.3	11,728	2.1
Tasmania	799	1.0	n.p.	6.5	n.p.	n.p.
Australian Capital Territory	11	0.0	n.p.	27.8	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>402,262</b>	<b>9.8</b>	<b>335,316</b>	<b>13.1</b>	<b>737,578</b>	<b>11.1</b>
<b>2003–04</b>						
New South Wales	9,326	0.7	1,183	0.2	10,509	0.5
Victoria	2,503	0.2	239	0.0	2,742	0.1
Queensland	13,757	1.9	26,576	4.2	40,333	3.0
Western Australia	367,246	100.0	290,193	100.0	657,439	100.0
South Australia	7,166	1.9	4,452	2.2	11,618	2.0
Tasmania	809	1.0	n.p.	6.8	n.p.	n.p.
Australian Capital Territory	25	0.0	n.p.	27.6	n.p.	n.p.
Northern Territory	0	0.0	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>401,024</b>	<b>9.5</b>	<b>347,226</b>	<b>13.1</b>	<b>748,250</b>	<b>10.9</b>

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

## **Was mapping required from state and territory data sets?**

The AIHW mapped the state-supplied Area of residence data for each separation to the appropriate ASGC version SLA codes. This was undertaken on a probabilistic basis as necessary, using ABS concordance information, describing the distribution of the population by postcode and SLA. The mapping process identified missing, invalid and superseded codes, but resulted in over 99% of records being assigned a valid SLA code in the current version of the ASGC. Because of the probabilistic nature of this mapping, the SLA, Remoteness Area (RA), Rural, Remote and Metropolitan Area (RRMA), Statistical Division (SD) and Statistical Sub-Division (SSD) data for individual separations may not be accurate. However, the overall distribution of separations by geographical area is considered useful.

### **Additional information**

For New South Wales, the reporting of this data element improved slightly with only 0.6% of separations having an *Unknown/not reported* Area of usual residence in 2001–02, decreasing to 0.5% in 2002–03 and 2003–04.

Victoria reported Area of usual residence for at least 99.5% of separations for both the public and private sectors across all 3 collection years.

The use of the unknown codes for this data element by Queensland and South Australia has remained fairly stable over the 3 collection years.

For Western Australia, for all 3 collection years, this data element was not provided for all separations (100%).

The use of unknown codes for Area of usual residence by public hospitals in Tasmania has remained fairly stable, at approximately 1.0% of separations for each collection year. For private hospitals, the proportion of separations with an unknown Area of usual residence decreased from 12.2% in 2001–02 to 6.8% in 2003–04.

Area of usual residence was reported well for public hospitals in the Australian Capital Territory. However, for private hospitals the proportion of separations with an unknown Area of usual residence increased from 0.5% in 2001–02 to 27.6% in 2003–04.

For the Northern Territory, Area of usual residence was reported for all separations from public hospitals, but was not reported for private sector separations.

### **Trend analysis**

The quality of this data element varies between sectors and states/territories, including differences in the ASGC versions reported for Statistical Local Area and in the provision of these data for patients not resident in the state of hospitalisation. There are no apparent trends in the improvement in the quality of this data element.

### 3.6 Data element name: Care type

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000168
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 4
<b>Definition:</b> The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).		<b>METeOR ID:</b> 270174

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

There was some variation among jurisdictions in the use of the data domain values for Care type. However, non-reporting of particular care types does not necessarily mean that the data were reported inappropriately, because the type of care may not have been provided.

Victorian hospitals did not use all of the domain values for Care type. In 2001-02 and

2002–03, the domain values *Psychogeriatric care* and *Maintenance care* were not used by either sector. *Other admitted patient care* was not used in 2003–04. The domain value *Psychogeriatric care* was reported for both sectors for 2003–04 for patients who received specialised psychiatric care and were aged 65 years and over rather than for episodes of care for which the overall nature of the clinical service was psychogeriatric care. In addition, Victoria reported separate separations for patients who received some specialised psychiatric care within their hospital stay. Victorian private hospitals did not use *Geriatric evaluation and management* in 2001–02 and 2003–04.

Queensland private hospitals did not use *Geriatric evaluation and management* in 2003–04.

Western Australian hospitals did not use the *Other admitted patient care* domain value. Additionally, there were no separations in Western Australian private hospitals with a care type of *Geriatric evaluation and management* for the collection years 2001–02 and 2003–04 and *Psychogeriatric care* for the collection year 2001–02.

In South Australian private hospitals, the care type *Psychogeriatric care* was not used for the collection year 2003–04. In South Australia, the domain value *Other admitted patient care* was assigned to all episodes of care that received hospital-in-the-home care for all 3 collection years.

Tasmania did not report any separations in private hospitals with the care types *Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care* or *Maintenance care* for the collection year 2001–02. However, the care type collection improved over the next two collection periods with *Palliative care* being the only care type (of the above) not reported in the private sector for the years 2002–03 and 2003–04. Tasmania did not use the *Other admitted patient care* domain value across all hospitals and for all 3 collection years, although it was intended that this care type would be implemented from the 2001–02 collection period.

In the Australian Capital Territory the care types *Rehabilitation care*, *Palliative care*, *Psychogeriatric care* and *Maintenance care* were not used in private hospitals across all 3 collection periods. *Psychogeriatric care* was also not supplied by public hospitals in the Australia Capital Territory for the collection year 2002–03.

The Northern Territory did not use *Geriatric evaluation and management* care type in 2001–02. The care types *Rehabilitation care*, *Geriatric evaluation and management*, *Psychogeriatric care* and *Maintenance care* were not used in the Northern Territory private hospital in 2002–03 and 2003–04 and *Other admitted patient care* was not provided by the private hospital in 2002–03.

In addition, there was some variation in the reporting of newborn episodes of care. *Newborn* episodes of care comprise separations with qualified days (equivalent to acute care) only, separations with a mixture of qualified and unqualified days, and separations with unqualified days only. Records for *Newborn* episodes with no qualified days (newborns who do not require acute care) do not meet admission criteria for all purposes. Private hospitals in Victoria did not report most *Newborn* episodes with no qualified days. For more information on variations in reporting practices for *Newborn* episodes, see *Australian hospital statistics 2003–04* (AIHW 2005a).

### **Details of use of non-standard NMDS scope**

The AIHW requested that a supplementary category of *Unknown/not reported* be reported if Care type were not known. The Tasmanian private sector provided a relatively high proportion of separations using this domain value (Table 3.6.1). Care type was reported as *Unknown/not reported* for 45.7% (31,290) of separations from private hospitals in Tasmania in

2001–02. However, this improved to 18.9% (12,849) of separations by 2003–04. The remaining states/territories provided this data element according to NHDD requirements.

**Table 3.6.1: Separations with a Care type of *Unknown/not reported*, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	27	0.0	32,290	45.7	32,317	21.5
Australian Capital Territory	0	0.0	0	0.0	0	0.0
Northern Territory	7	0.0	n.a.	..	7	0.0
<b>Total</b>	<b>34</b>	<b>0.0</b>	<b>32,290</b>	<b>1.3</b>	<b>32,324</b>	<b>0.5</b>
<b>2002–03</b>						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	15	0.0	n.p.	49.9	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	37	0.1	n.p.	0.0	n.p.	n.p.
<b>Total</b>	<b>52</b>	<b>0.0</b>	<b>33,900</b>	<b>1.3</b>	<b>33,952</b>	<b>0.5</b>
<b>2003–04</b>						
New South Wales	10	0.0	0	0.0	10	0.0
Victoria	0	0.0	0	0.0	0	0.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	3	0.0	n.p.	18.9	n.p.	n.p.
Australian Capital Territory	0	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	7	0.0	n.p.	0.0	n.p.	n.p.
<b>Total</b>	<b>20</b>	<b>0.0</b>	<b>n.p.</b>	<b>0.5</b>	<b>n.p.</b>	<b>0.2</b>

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

### Was mapping required from state and territory data sets?

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

### Additional information

Interstate comparisons of the median length of stay and age/sex characteristics associated with each care type demonstrate an apparent lack of consistency between the states and territories in the allocation of *Maintenance*, *Geriatric evaluation and management*, and *Psychogeriatric* care types. The relative proportions of separations across states and territories vary markedly for each of these care types suggesting that the states/hospitals may have difficulty in applying the definitions of these three closely aligned categories or that differing criteria are used to assign these care types. In addition there may also be different approaches by the states in relation to admitting people for same day rehabilitation.

The NHDD allows for optional, further detailed categories for the domain values *Rehabilitation* and *Palliative care*. This allows for the capturing of further specified information regarding rehabilitation or palliative care as delivered in a designated unit, as according to a

designated program or as the principal clinical intent. Queensland and the Australian Capital Territory public hospitals were the only states/territories to provide data using the more detailed categories, whereas the other state/territories provided data using the summary categories *Rehabilitation-not further specified* and *Palliative care-not further specified*.

Additionally, some states and territories reported data for *Hospital boarders* and *Organ procurement-posthumous*, for which categories are included in the care type data element. These activities are not considered to be admitted patient care and therefore are not included in the scope of the NMDS, so the reporting of these domain values is optional. However, data for these episodes are requested for inclusion in the submission of data to the AIHW for the NHMD. For those states and territories that provided information about these activities, it is not known whether data were provided for all such activity.

Western Australia, Tasmania and the Northern Territory public sector hospitals provided data for *Organ procurement-posthumous* episodes for all three collection periods. New South Wales provided data for *Organ procurement-posthumous* episodes for both sectors for the collection periods 2001-02 and 2002-03. Queensland provided data for *Organ procurement-posthumous* episodes for both sectors for the collection periods 2001-02 and 2003-04 and for the public sector only for 2002-03.

New South Wales, Queensland, Western Australia and the Northern Territory (public sector only) provided data for *Hospital boarders* for the 2001-02, 2002-03 and 2003-04 collections. Victoria provided data for this care type for the public sector for 2001-02. Tasmania provided data for *Hospital boarders* for the public sector for 2001-02 and 2002-03 and for both sectors for 2003-04.

### **Trend analysis**

Generally, this data element was provided at a reasonable standard for both sectors by most states and territories for each of the 3 collection years given that approximately 96% of separations in each collection year are reported as *Acute*. For other care types, however, the quality is much more variable.

### 3.7 Data element name: Country of birth

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Non-admitted Patient Emergency Department Care (2003-04) Perinatal	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000035
		<b>NHDD version:</b> 10, 11 & 12
		<b>Version number:</b> 3
		<b>METeOR ID:</b> 270277
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
<b>Definition:</b> The country in which the person was born.		

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

The data domain specified in the NHDD is the ABS Standard Australian Classification of Countries (SACC).

For 2001–02, New South Wales, Queensland, South Australia, the Australian Capital Territory and the Northern Territory reported Country of birth using SACC, and Victoria, Western Australia and Tasmania reported Country of birth using the Australian Standard Classification of Countries for Social Statistics (ASCCSS). Victoria indicated that it had used a modified version of ASCCSS. For 2002–03 and 2003–04 Country of birth was reported by all states and territories using SACC.

### Details of use of non-standard NMDS scope

Country of birth was provided for all separations. However, for some states/territories the use of the data domain value *Inadequately described* indicates that these data may not be collected well (Table 3.7.1).

### Was mapping required from state and territory data sets?

Where applicable, the AIHW mapped data provided in the ASCCSS country of birth codes to the appropriate SACC codes for use in the NHMD.

**Table 3.7.1: Separations with a Country of birth code of *Inadequately described*, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	29	0.0	0	0.0	29	0.0
Victoria	28,418	2.6	13,615	2.3	42,033	2.5
Queensland	9,538	1.4	5,515	0.9	15,053	1.2
Western Australia	5,237	1.5	8,956	3.3	14,193	2.3
South Australia	11,391	3.1	7,099	3.6	18,490	3.3
Tasmania	797	1.0	42,413	60.0	43,210	28.8
Australian Capital Territory	668	1.1	425	1.6	1,093	1.2
Northern Territory	5,516	8.7	n.a.	..	5,516	8.7
<b>Total</b>	<b>61,594</b>	<b>1.6</b>	<b>78,023</b>	<b>3.2</b>	<b>139,617</b>	<b>2.2</b>
<b>2002–03</b>						
New South Wales	51	0.0	6	0.0	57	0.0
Victoria	28,764	2.5	16,605	2.6	45,369	2.5
Queensland	10,373	1.5	4,321	0.7	14,694	1.1
Western Australia	4,479	1.2	9,337	3.3	13,816	2.1
South Australia	12,623	3.4	5,059	2.5	17,682	3.1
Tasmania	698	0.9	n.p.	59.7	n.p.	n.p.
Australian Capital Territory	196	0.3	n.p.	1.1	n.p.	n.p.
Northern Territory	3,454	5.1	n.p.	93.6	n.p.	n.p.
<b>Total</b>	<b>60,638</b>	<b>1.5</b>	<b>85,967</b>	<b>3.4</b>	<b>146,605</b>	<b>2.2</b>
<b>2003–04</b>						
New South Wales	41	0.0	1	0.0	42	0.0
Victoria	24,410	2.1	17,497	2.6	41,907	2.2
Queensland	10,786	1.5	2,724	0.4	13,510	1.0
Western Australia	4,016	1.1	9,311	3.2	13,327	2.0
South Australia	12,480	3.3	5,153	2.5	17,633	3.0
Tasmania	858	1.1	n.p.	58.9	n.p.	n.p.
Australian Capital Territory	341	0.5	n.p.	1.2	n.p.	n.p.
Northern Territory	138	0.2	n.p.	96.8	n.p.	n.p.
<b>Total</b>	<b>53,070</b>	<b>1.3</b>	<b>85,811</b>	<b>3.2</b>	<b>138,881</b>	<b>2.0</b>

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Additional information

For all three collection years and for both the public and private sectors, Victoria and Western Australia provided the supplementary codes (in ASCCSS or SACC) for the

Australian states and territories for patients born in Australia (where this level of detail was known).

Within the domain values of the SACC, Country of birth can be coded as 'Inadequately described'. The use of this code can be used as an indicator of the degree of specificity with which this data element is coded within states and territories.

### **Trend analysis**

The quality of the data element Country of birth varied among the states and territories. The reporting of Country of birth improved slightly over the 3-year collection period, with *Inadequately described* reported for 2.2% of separations in 2001-02, decreasing to 2.0% in 2003-04. The reporting of this data element improved for public hospitals for most states and territories. Country of birth was reported poorly for private hospitals in Tasmania and the Northern Territory.

### 3.8 Data element name: Date of birth

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Health Labour Force Non-admitted Patient Emergency Department Care (2003-04) Perinatal	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000036
		<b>NHDD version:</b> 10, 11 & 12
		<b>Version number:</b> 3 (2001-02, 2002-03) 4 (2003-04)
		<b>METeOR ID:</b> 287007
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
<b>Definition:</b> The date of birth of the person.		

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

### **Details of use of non-standard NMDS scope**

Western Australia did not provide Date of birth for the collection years 2001–02 and 2002–03, but did provide Age for all separations. Victoria also did not provide Date of birth for the collection year 2002–03. Over the 3-year collection period, Date of birth was not reported for a relatively small number of separations in other states/territories.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

For the collection periods 2002–03 and 2003–04, the AIHW performed validation checks on the supplied Date of birth to identify the possible use of default dates of birth. A default date of birth could theoretically be reported where the patient (or carer) is unable to provide this information accurately, or where the information had not been collected at the time of separation.

In 2001–02 and 2002–03, the Northern Territory advised that where the patient had specified only the year or the month and year of birth it was common practice to record the date of birth as the first day of the month. Therefore the Northern Territory reported a higher proportion than expected for patients born on the first of any month.

For the other jurisdictions, the AIHW validation checks did not identify any instances in which default dates of birth had been used systematically.

### **Trend analysis**

The quality of this data element is considered to be very good. Date of birth was not provided by all states and territories for 2001–02 and 2002–03. However, this improved in 2003–04, with date of birth provided for all separations, by all states and territories.

### 3.9 Data element name: Diagnosis Related Group

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000042
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 1
		<b>METeOR ID:</b> 270195
<b>Definition:</b> A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital.		

#### Use of national standard definition, domain values and NMDS scope

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

(a) For 2001–02, AR–DRG version 4.2 was requested. Queensland provided all separations as AR–DRG version 4.1.

(b) For 2003–04, AR–DRG version 5.0 was requested. New South Wales provided AR–DRG version 4.2 for more than 0.5% of separations in public hospitals, but provided AR–DRG version 5.0 for all private hospital separations.

(c) For 2003–04, AR–DRG version 5.0 was requested. Victoria, Tasmania, the Australian Capital Territory and the Northern Territory provided all separations as AR–DRG version 4.2.

n.a. Not available.

.. Not applicable.

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

The NHDD definition was used by all states and territories. The NHDD states that the data domain to be used should be the Australian Refined Diagnosis Related Group (AR–DRG) version effective from 1 July of the collection period. During each collection year, a different

version of the AR-DRG was requested. In 2001-02, AR-DRG version 4.2 was requested. All states and territories except Queensland supplied this version. Queensland supplied data using AR-DRG version 4.1. In 2002-03, AR-DRG version 5.0 was requested. However, all states and territories supplied data using AR-DRG version 4.2, as version 5.0 was released in September 2002. In 2003-04, AR-DRG version 5.0 was requested by the AIHW. Victoria, the Northern Territory, the Australian Capital Territory and Tasmania supplied data using AR-DRG version 4.2, whereas Queensland, Western Australia and South Australia used AR-DRG version 5.0. For New South Wales, the majority of separations were provided using AR-DRG version 5.0, and AR-DRG version 4.2 was used for some separations.

### **Details of use of non-standard NMDS scope**

In 2001-02, Tasmanian private hospitals did not provide AR-DRG data for 2.0% (11,742) of separations; Principal diagnosis was also missing for these separations. Diagnosis Related Group was provided for all other separations by each state and territory in each of the 3 collection years.

### **Was mapping required from state and territory data sets?**

See below.

### **Additional information**

The NHDD specifies that the Australian Refined Diagnosis Related Groups version effective from 1 July each year should be used as the valid data domain. If a state or territory provided Diagnosis Related Group for that year using the previous year's version, the AIHW regrouped all data provided by states and territories to the appropriate AR-DRG version for the current year.

### **Trend analysis**

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

### 3.10 Data element name: Establishment identifier—Establishment number

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000377
		<b>NHDD version:</b> 10, 11 & 12
		<b>Version number:</b> 3 (2001–02 and 2002–03), 4 (2003–04)
		<b>METeOR ID:</b> 269975
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
<b>Definition:</b> An identifier for an establishment, unique within the state or territory.		

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

New South Wales, Victoria, Western Australia and Tasmania did not provide a unique Establishment number for individual private hospitals within their jurisdiction.

### **Details of use of non-standard NMDS scope**

Not applicable.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Individual establishment identifiers are not routinely provided for private hospitals by all states and territories because of privacy concerns. In all 3 collection years, private hospitals were assigned an Establishment number of 300 in New South Wales, PRIV in Victoria, 999 in Western Australia and 000 in Tasmania.

### **Trend analysis**

The quality of this data element is considered to be very good for public hospitals and for private hospitals in Queensland, South Australian, the Australian Capital Territory and the Northern Territory, with individual establishment identifiers stable over the collection period. The data for private hospitals in the other states is not considered to be informative.

### 3.11 Data element name: Establishment identifier—Establishment sector

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000379
		<b>NHDD version:</b> 10, 11 & 12
		<b>Version number:</b> 3
		<b>METeOR ID:</b> 269977
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
<b>Definition:</b> A section of the health care industry with which a health care establishment can identify.		

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

The *National health data dictionary* versions 10, 11 and 12 specify two domain values, *Public* and *Private*. The AIHW requested that two additional categories be provided for Establishment sector: *Public psychiatric* and *Private freestanding day hospital facility*.

New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory provided establishment sector as requested by the AIHW. For the Australian Capital Territory, the domain values for public psychiatric and private freestanding day hospital facilities were not used as the Australian Capital Territory does not have a public psychiatric hospital and data were not reported for private freestanding day hospital facilities.

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

There is some variation between jurisdictions in whether hospitals that predominantly provide public hospital services, and that are privately owned and/or operated, are reported as public or private hospitals. Changes in hospital ownership or management arrangements can also affect whether the establishment sector is reported as public or private.

### **Details of use of non-standard NMDS scope**

Not applicable.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Not applicable.

### **Trend analysis**

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

### 3.12 Data element name: Establishment identifier—Region code

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000378
		<b>NHDD version:</b> 10, 11 & 12
		<b>Version number:</b> 3
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>METeOR ID:</b> 269940
<b>Definition:</b> An identifier for location of health services in a defined geographic or administrative area.		

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

Because of the nature of the NHDD definition and the use of state/territory defined domain values for Region code, it is not possible to determine the level of compliance for this data element. Domain values are specified by the individual states and territories and are not defined in a comparable way. The NHDD definition does not specify standard categories that have to be reported.

### **Details of use of non-standard NMDS scope**

Region code is included in the Establishment identifier supplied for each separation. However, as the region code can be determined as either a geographic or administrative area, there is variation between jurisdictions in the way these data are provided. Some states and territories provided a single region identifier for all separations in their jurisdiction, and some states and territories provided several distinct region codes for public hospitals, but a single region code for private hospitals.

The NHDD definition and domain values do not apply to the Australian Capital Territory because this territory does not need to use this data element because of its size.

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Queensland and the Australian Capital Territory used '00' for all separations, whereas Western Australia provided region codes for public hospitals and '00' for private hospitals. The Northern Territory used '71' as a region code for all.

This data element, along with Establishment identifier and Establishment sector were identified as in need of review in the *Report on the evaluation of the national minimum data set for admitted patient care* (AIHW 2003a).

### **Trend analysis**

There has been no change in the provision of this data element over the 3-year collection period. The utility of this data element is considered to be poor as it is unclear whether it is meant to be based on geographic or administrative arrangements. Also, these data should not be used in time series analysis as the geographic and/or the administrative area boundaries are not fixed over time.

### 3.13 Data element name: Establishment identifier—State identifier

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Community Mental Health Establishments Elective Surgery Waiting Times Emergency Department Waiting Times (2003–04) Non-admitted Patient Emergency Department Care (2003–04) Perinatal Public Hospital Establishments	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000380
		<b>NHDD version:</b> 10, 11 & 12
		<b>Version number:</b> 2 (2001–02, 2002–03), 3 (2003–04)
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>METeOR ID:</b> 269941
<b>Definition:</b> An identifier for Australian state or territory.		

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

**Details of use of non-standard NMDS scope**

State identifier provided for all separations.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

Not applicable.

**Trend analysis**

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

### 3.14 Data element name: External cause—admitted patient

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Injury Surveillance	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000053
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 4
<b>Definition:</b> Environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.		<b>METeOR ID:</b> 333853

#### Use of national standard definition, domain values and NMDS scope

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

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

n.a. Not available.

.. Not applicable.

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

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

## Details of use of non-standard NMDS scope

The NHDD and the second and third editions of ICD-10-AM specify that an External cause code must be used in conjunction with a diagnosis code for injury or poisoning (in the range S00–T98) and may be used with other disease codes (AIHW 2001a, 2001b; NHDC 2003; NCCH 2000, 2002).

For 2001–02 and 2002–03 New South Wales did not provide an External cause for 14,192 (7.3%) and 11,185 (5.7%) separations respectively, with the majority of these occurring in public hospitals. For 2003–04, the number of New South Wales separations that were missing an External cause had decreased to 1,175 separations (0.6%), with most of the improvement having been in the public sector (Table 3.14.1).

Other states and territories that similarly did not provide External cause appropriately for all separations were Victoria across both sectors for all collection years; South Australia for the private sector for all collection years; Tasmania and the Australian Capital Territory across both sectors for 2001–02 and for the private sector for 2002–03 and 2003–04; and the Northern Territory in the public sector for both 2001–02 and 2002–03 and across both sectors in 2003–04.

**Table 3.14.1: Separations with a diagnosis of injury or poisoning and no External cause code reported, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	13,362	8.4	830	2.3	14,192	7.3
Victoria	5,422	4.6	2,065	6.7	7,487	5.0
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	32	0.1	80	0.6	112	0.2
Tasmania	143	1.5	725	16.4	868	6.2
Australian Capital Territory	99	1.6	517	32.2	616	7.7
Northern Territory	132	1.8	n.a.	..	132	1.8
<b>Total</b>	<b>19,190</b>	<b>4.1</b>	<b>4,217</b>	<b>3.1</b>	<b>23,407</b>	<b>3.9</b>
<b>2002–03</b>						
New South Wales	10,452	6.5	733	2.1	11,185	5.7
Victoria	4,557	3.7	2,139	6.8	6,696	4.3
Queensland	1	0.0	0	0.0	1	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	7	0.0	59	0.5	66	0.1
Tasmania	3	0.0	n.p.	18.7	n.p.	n.p.
Australian Capital Territory	13	0.2	n.p.	0.5	n.p.	n.p.
Northern Territory	66	0.9	n.p.	0.2	n.p.	n.p.
<b>Total</b>	<b>15,099</b>	<b>3.2</b>	<b>3,751</b>	<b>2.8</b>	<b>18,850</b>	<b>3.1</b>
<b>2003–04</b>						
New South Wales	466	0.3	709	2.1	1,175	0.6
Victoria	4,617	3.7	2,159	6.8	6,776	4.3
Queensland	0	0.0	3	0.0	3	0.0
Western Australia	0	0.0	1	0.0	1	0.0
South Australia	6	0.0	87	0.7	93	0.2
Tasmania	3	0.0	n.p.	4.2	n.p.	n.p.
Australian Capital Territory	5	0.1	n.p.	0.5	n.p.	n.p.
Northern Territory	75	1.0	n.p.	0.5	n.p.	n.p.
<b>Total</b>	<b>5,172</b>	<b>1.0</b>	<b>3,147</b>	<b>2.4</b>	<b>8,319</b>	<b>1.3</b>

n.p. Not published.

n.a. Not available.

.. Not applicable.

## **Was mapping required from state and territory data sets?**

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

### **Additional information**

The Australian Coding Standard requires an External cause code to be reported if a diagnosis code in the range S00–T98 has been reported. The Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured if the care type is *Rehabilitation*.

For the collection periods 2002–03 and 2003–04, the AIHW requested that, where known to relate to the principal diagnosis, the external cause, place of occurrence and activity when injured should be provided in specific fields. For additional clinical data, states and territories could choose to provide these data in related blocks of diagnoses/morphology/external causes/place of occurrence and activity when injured, or, where the relationship was not certain, the external cause data could be provided within a ‘string of diagnoses’ in the order in which these occurred within the hospital’s own electronic information or recording system.

For 2002–03, New South Wales, Victoria, Queensland, South Australia and the Northern Territory provided ICD-10-AM coded data in a format that preserved the relationship between any injury or poisoning diagnosis and the related external causes (including place of occurrence and activity when injured). For the other states and territories, the relationships between diagnoses and external causes reported were unknown. For 2003–04, Victoria, Queensland and South Australia provided ICD-10-AM coded data in a format that preserved the relationship between the principal diagnoses and related external cause information. For the other states and territories, the relationships between reported diagnoses and external causes were unknown.

The different formats used by the states and territories to report external cause, activity and place of occurrence codes may reflect different local coding standards, or the restrictions of the hospital or state/territory recording system.

### **Trend analysis**

The quality of this data element has improved over the 3-year collection period, with the proportion of separations (with a diagnosis of injury or poisoning) for which an external cause was missing decreasing from 3.9% in 2001–02 to 1.3% in 2003–04.

### 3.15 Data element name: Funding source for hospital patient

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000632
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 1
<b>Definition:</b> Expected principle source of funds for an admitted patient episode or non-admitted patient service event.		<b>METeOR ID:</b> 270103

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

#### Details of use of non-standard NMDS scope

The data domain for Funding source allows for a value of *Not known* to be recorded. The use of this unspecified code was minimal for the majority of the states and territories. However,

36.0% (28,608 separations) from Tasmania's private sector in 2001–02 were *Not known* (Table 3.15.1).

### Was mapping required from state and territory data sets?

New South Wales, Victoria, Western Australia and Tasmania mapped the data collected at the jurisdiction level to conform to the NHDD domain values for Funding source for hospital patient.

Queensland collected and reported the data according to the NHDD domain values.

South Australia, the Australian Capital Territory and the Northern Territory did not supply information on mapping.

### Additional information

Not applicable.

**Table 3.15.1: Separations with a Funding source of *Not known*, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	0	0.0	83	0.0	83	0.0
Queensland	20,159	2.9	340	0.0	20,499	1.6
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	1,020	1.3	28,608	36.0	29,628	19.7
Australian Capital Territory	2	0.0	6	0.0	8	0.0
Northern Territory	225	0.4	n.a.	..	225	0.4
<b>Total</b>	<b>21,406</b>	<b>0.5</b>	<b>29,037</b>	<b>1.2</b>	<b>50,443</b>	<b>0.8</b>
<b>2002–03</b>						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	474	0.0	11	0.0	485	0.0
Queensland	640	0.1	7	0.0	647	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	331	0.4	n.p.	22.1	n.p.	n.p.
Australian Capital Territory	3	0.0	n.p.	0.1	n.p.	n.p.
Northern Territory	159	0.2	n.p.	0.0	n.p.	n.p.
<b>Total</b>	<b>1,607</b>	<b>0.0</b>	<b>15,082</b>	<b>0.6</b>	<b>16,689</b>	<b>0.3</b>
<b>2003–04</b>						
New South Wales	0	0.0	0	0.0	0	0.0
Victoria	938	0.1	2	0.0	940	0.1
Queensland	0	0.0	0	0.0	0	0.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	0	0.0	0	0.0	0	0.0
Tasmania	152	0.2	n.p.	0.0	n.p.	n.p.
Australian Capital Territory	1	0.0	n.p.	0.0	n.p.	n.p.
Northern Territory	13	0.0	n.p.	0.0	n.p.	n.p.
<b>Total</b>	<b>1,104</b>	<b>0.0</b>	<b>35</b>	<b>0.0</b>	<b>1,139</b>	<b>0.0</b>

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Trend analysis

Over the 3 collection years the use of the *Not known* domain value declined markedly. In 2001–02 over 50,000 records were reported with an unknown funding source. This decreased to just under 17,000 in 2002–03 and fell further to just over 1,000 records in 2003–04.

The quality of this data element has improved to be very good in 2003–04.

### 3.16 Data element name: Hospital insurance status

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000075
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 3
		<b>METeOR ID:</b> 270253
<b>Definition:</b> Hospital insurance under one of the following categories: <ul style="list-style-type: none"> <li>• Registered insurance – hospital insurance with a health insurance fund registered under the <i>National Health Act 1953</i> (Cwlth)</li> <li>• General insurance – hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insurance</li> <li>• No hospital insurance or benefits coverage under the above.</li> </ul>		

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

## Details of use of non-standard NMDS scope

In 2001–02, New South Wales reported 3.4% (42,788) (Table 3.16.1) of public hospital separations as *Unknown*. In 2002–03, 39.5% (509,643) were *Unknown*, and in 2003–04, 2.1% (27,689) were *Unknown*. For private hospitals, 0.6% (4,042 separations) in 2001–02, 1.0% (6,999) in 2002–03 and 2.3% (16,727) in 2003–04 were reported as *Unknown*.

For Victoria, Hospital insurance was reported for all public hospital separations across all 3 collection years. The proportion of private hospital separations reported as *Unknown* were consistent across the 3 collection years with 1.2% (6,944) in 2001–02, 1.7% (11,215) in 2002–03 and 1.8% (12,201) in 2003–04.

The proportion of separations from Queensland public hospitals reported as *Unknown* was 7.4% (51,557) in 2001–02, 9.3% (65,213) in 2002–03 and 7.6% (54,658) in 2003–04. In Queensland private hospitals there were 1.0% of separations in both 2002–03 and 2003–04 (6,001 and 6,590 respectively) reported as *Unknown*.

Western Australia reported Hospital insurance for all separations across each collection year for both public and private hospitals. However, the value of Hospital insurance status was mapped from the Funding source for hospital patient value for each separation.

For South Australia, approximately 12.0% of public hospital separations were reported as *Unknown* for each of the 3 collection years. The reporting of this data element in South Australian private hospitals improved slightly across the collection years with 4.6% (9,103) of separations as *Unknown* in 2001–02, 4.2% (8,636) in 2002–03 and 3.8% (7,829) in 2003–04.

Tasmania in 2001–02 and 2002–03 reported 100% (79,487 and 80,215) of public hospital separations as *Unknown* for Hospital insurance. This improved to 51.7% (41,852) in 2003–04. Tasmanian private hospitals, for each collection year, reported approximately 54% of separations as *Unknown*.

The Australian Capital Territory reported 75.0% (46,460) of public hospital separations as *Unknown* in 2001–02, 75.8% (48,333) in 2002–03 and 71.7% (49,500) in 2003–04. In 2001–02, 15.0% (4,068) of private hospital separations had Hospital insurance reported as *Unknown*. This improved to 1.6% (476) and 3.4% (1,105) in 2002–03 and 2003–04 respectively.

For the Northern Territory in 2002–03, Hospital insurance was reported as *Unknown* for 94.4% of public hospital separations, decreasing to 3.0% in 2003–04. All (100%) Northern Territory private hospital separations were reported as *Unknown* for each applicable collection year.

## Was mapping required from state and territory data sets?

New South Wales and Victoria mapped the data at the jurisdictional level to conform to the NHDD domain values for Hospital insurance status.

## Additional information

Victoria informed the AIHW that its data collection contains a large number of separations with an insurance status of *Insured but level of insurance not known* which is then mapped to the NHDD domain of Hospital insurance. Because of the large number of separations in this category, Victoria states that the data on insurance are difficult to use or unreliable and, in cases where the patient type is compensable or Department of Veterans' Affairs, it is not clear whether the patient insurance level has been accurately recorded.

**Table 3.16.1: Separations with a Hospital insurance status of *Unknown*, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	42,788	3.4	4,042	0.6	46,830	2.4
Victoria	597	0.1	6,944	1.2	7,541	0.5
Queensland	51,557	7.4	2,657	0.4	54,214	4.2
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	44,190	12.2	9,103	4.6	53,293	9.5
Tasmania	79,487	100.0	38,012	53.8	117,499	78.3
Australian Capital Territory	46,460	75.0	4,068	15.0	50,528	56.7
Northern Territory	150	0.2	n.a.	..	150	0.2
<b>Total</b>	<b>265,229</b>	<b>6.7</b>	<b>64,826</b>	<b>2.7</b>	<b>330,055</b>	<b>5.2</b>
<b>2002–03</b>						
New South Wales	509,643	39.5	6,999	1.0	516,642	25.8
Victoria	718	0.1	11,215	1.7	11,933	0.7
Queensland	65,213	9.3	6,001	1.0	71,214	5.5
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	44,729	12.2	8,636	4.2	53,365	9.3
Tasmania	80,215	100.0	n.p.	54.4	n.p.	n.p.
Australian Capital Territory	48,333	75.8	n.p.	1.6	n.p.	n.p.
Northern Territory	64,339	94.4	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>813,190</b>	<b>19.9</b>	<b>80,674</b>	<b>3.2</b>	<b>893,864</b>	<b>13.5</b>
<b>2003–04</b>						
New South Wales	27,689	2.1	16,727	2.3	44,416	2.2
Victoria	3,348	0.3	12,201	1.8	15,549	0.8
Queensland	54,658	7.6	6,590	1.0	61,248	4.5
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	44,437	11.7	7,829	3.8	52,266	8.9
Tasmania	41,852	51.7	n.p.	53.3	n.p.	n.p.
Australian Capital Territory	49,500	71.7	n.p.	3.4	n.p.	n.p.
Northern Territory	2,126	3.0	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>223,610</b>	<b>5.3</b>	<b>91,716</b>	<b>3.5</b>	<b>315,326</b>	<b>4.6</b>

n.p. Not published.

n.a. Not available.

.. Not applicable.

## Trend analysis

Because of variations between the states and territories in the derivation of this data element, the quality of this data element is considered to be poor and has not improved over the 3-year collection period.

In general terms, the quality of these data is uncertain for all separations for which Funding source for hospital patient was reported as other than *Private health insurance*.

### 3.17 Data element name: Indigenous status

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Admitted Patient Palliative Care Alcohol and Other Drug Treatment Services Community Mental Health Care Perinatal Non-admitted Patient Emergency Department Care (2003–04)	<b>Collection year:</b> 2001–02, 2002–03 & 2003–04
		<b>Knowledgebase ID:</b> 000001
		<b>NHDD version:</b> 10, 11 & 12
		<b>Version number:</b> 3 (2001–02, 2002–03) 4 (2003–04)
		<b>METeOR ID:</b> 291036
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		
<b>Definition:</b> Version 3: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives. Version 4: Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition.		

### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

## Details of use of non-standard NMDS scope

The data domain for Indigenous status allows for a value of *Not stated/Inadequately described*. This domain value is intended for use where the Indigenous status question was unable to be asked (for example, because of time constraints or communication difficulties), or the patient or carer refused to answer, or the data collected were not mappable to other domain values.

Table 3.17.1 presents the number of separations for which Indigenous status was reported as *Not stated/Inadequately described* by hospital sector and state and territory. Note that the proportion of separations for which Indigenous status is not reported is not necessarily regarded as indicative of data quality (AIHW 2005b).

Queensland, South Australia, Tasmania and the Australian Capital Territory consistently reported a relatively high proportion of separations with an unknown Indigenous status, and New South Wales public hospitals provided a small proportion of separations with an unknown Indigenous status for all three collection periods. Victoria and Western Australia did not report any separations with this domain value. However, data elements collected for Indigenous status for Victoria and Western Australia do not include a value for unknown and it is likely that a domain value of *Not Aboriginal or Torres Strait Islander* would be assigned for records where the Indigenous status was unknown.

## Was mapping required from state and territory data sets?

Victoria mapped the data at the jurisdictional level to conform to the NHDD domain values for Indigenous status. Tasmania mapped the data collected from private hospitals to conform to the NHDD domain values for Indigenous status.

## Additional information

The AIHW recently published a detailed report about the quality of Indigenous identification data in Australian hospital separations data (AIHW 2005b). The report drew together information about the quality (accuracy) of Indigenous identification based on:

- current and past assessments of the quality of Indigenous status data, including state and territory assessments of data quality, studies based on patient interviews, a study based on data linkage and a study based on information from Indigenous hospital liaison officers and population-based adjustment to hospital counts
- information about current policies and processes for Indigenous identification
- the findings of an analysis of Indigenous identification in national separations data.

The report *Improving the quality of Indigenous identification in hospital separations data* concluded that for analytical uses the quality of data was acceptable only for the Northern Territory, Queensland, Western Australia and South Australia. For example, the comparison of hospitalisation rates (per 1,000 population) for Indigenous persons compared with other Australians (a rate ratio) would be an analytical use.

**Table 3.17.1: Separations with an Indigenous status of *Not stated/inadequately described*, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	6,302	0.5	838	0.1	7,140	0.4
Victoria	0	0.0	0	0.0	0	0.0
Queensland	11,554	1.7	129,669	21.9	141,223	11.0
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	9,304	2.6	5,201	2.6	14,505	2.6
Tasmania	4,932	6.2	47,360	67.0	52,292	34.8
Australian Capital Territory	2,156	3.5	1,580	5.8	3,736	4.2
Northern Territory	266	0.4	n.a.	..	266	0.4
<b>Total</b>	<b>34,514</b>	<b>0.9</b>	<b>184,648</b>	<b>7.6</b>	<b>219,162</b>	<b>3.4</b>
<b>2002–03</b>						
New South Wales	7,905	0.6	957	0.1	8,862	0.4
Victoria	0	0.0	0	0.0	0	0.0
Queensland	12,304	1.8	133,549	22.2	145,853	11.2
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	9,250	2.5	4,269	2.1	13,519	2.4
Tasmania	5,351	6.7	n.p.	63.6	n.p.	n.p.
Australian Capital Territory	2,070	3.2	n.p.	5.3	n.p.	n.p.
Northern Territory	171	0.3	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>37,051</b>	<b>0.9</b>	<b>193,993</b>	<b>7.6</b>	<b>231,044</b>	<b>3.5</b>
<b>2003–04</b>						
New South Wales	8,912	0.7	689	0.1	9,601	0.5
Victoria	0	0.0	0	0.0	0	0.0
Queensland	12,186	1.7	153,642	24.0	165,828	12.2
Western Australia	0	0.0	0	0.0	0	0.0
South Australia	10,458	2.8	2,903	1.4	13,361	2.3
Tasmania	4,745	5.9	n.p.	56.1	n.p.	n.p.
Australian Capital Territory	2,315	3.4	n.p.	3.1	n.p.	n.p.
Northern Territory	16	0.0	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>38,632</b>	<b>0.9</b>	<b>207,418</b>	<b>7.9</b>	<b>38,632</b>	<b>3.6</b>

n.p. Not published.

n.a. Not available.

.. Not applicable.

## Trend analysis

The number of records with an Indigenous status of *Not stated/inadequately described* constitutes roughly 3.5% of total separations and has remained relatively constant over the 3-year collection period.

The report *Improving the quality of Indigenous identification in hospital separations data* concluded that there had been improvement in data quality over time for Queensland, Western Australia, South Australia and Victoria and for public hospitals in the Northern Territory. Evidence for an improvement between 1996–97 and 2003–04 included:

- substantial decreases in the non-reporting of Indigenous status for public and private hospitals in Queensland, for private hospitals in South Australia, and for public hospitals in the Northern Territory
- significant increases in separation rate ratios for Victoria and Queensland, for public hospitals in the Northern Territory, for Queensland, Western Australia, South Australia and the Northern Territory in aggregate, and for Western Australia, South Australia and the Northern Territory in aggregate
- significant increases in overnight separation rate ratios for Queensland, for public hospitals in the Northern Territory, and for Queensland, Western Australia, South Australia and the Northern Territory in aggregate.

### 3.18 Data element name: Infant weight, neonate, stillborn

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Perinatal	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000010
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia. For patients where weight is equal to or less than 9,000 g and age is less than 365 days.		<b>Version number:</b> 3
		<b>METeOR ID:</b> 310245
<b>Definition:</b> The first weight of the liveborn or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth.		

#### Use of national standard definition, domain values and NMDS scope

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

(a) For patients aged less than 365 days.

n.a. Not available.

.. Not applicable.

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

The definition of this data element includes stillborn infants as these data are also collected as part of the Perinatal NMDS. However, stillborn infants are not admitted and are therefore not in the scope of this evaluation.

The NHDD definition states that Infant weight, neonate, stillborn should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days. Queensland in 2002–03 and 2003–04 and Western Australia in all 3 years did not comply with this definition.

For Queensland, the values '8000', '9000' or '9999' may be used to indicate that the 'Infant weight, neonate, stillborn' was unknown/not stated. The practice of using a valid domain value to indicate missing/unknown data affects the usefulness of these data for analysis purposes.

### Details of use of non-standard NMDS scope

Some states collected the data only for patients aged less than 29 days (neonates). Queensland, in 2002–03 and 2003–04 collected Infant weight, neonate, stillborn only for infants aged less than 29 days and for infants aged less than 365 days who weighed less than 2500 grams. Western Australia indicated that for all 3 collection years, Infant weight, neonate, stillborn was collected only for infants aged less than 29 days and for some that weighed less than or equal to 9,000 grams. Infant weight, neonate, stillborn was missing for a number of separations where age was less than 365 days from all states and territories (Table 3.18.1).

**Table 3.18.1: Separations where age was less than 365 days and Infant weight, neonate, stillborn was not reported, by hospital sector, states and territories, 2001–02 to 2003–04**

State/territory	Public hospitals		Private hospitals		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>2001–02</b>						
New South Wales	12,473	13.7	1,597	5.9	14,070	11.9
Victoria	1	0.0	432	8.4	433	0.6
Queensland	10,699	22.3	2,230	11.8	12,929	19.4
Western Australia	5,514	24.3	2,576	19.7	8,090	22.6
South Australia	4,551	23.1	211	18.5	4,762	22.8
Tasmania	590	12.6	542	20.3	1,132	15.4
Australian Capital Territory	710	17.8	55	3.0	765	13.1
Northern Territory	1,945	36.5	n.a.	..	1,945	36.5
<b>Total</b>	<b>36,483</b>	<b>14.0</b>	<b>7,643</b>	<b>11.0</b>	<b>44,126</b>	<b>13.3</b>
<b>2002–03</b>						
New South Wales	11,400	12.6	1,481	5.7	12,881	11.0
Victoria	3	0.0	27	0.4	30	0.0
Queensland	10,219	21.4	2,065	11.2	12,284	18.5
Western Australia	5,428	24.5	2,474	19.2	7,902	22.5
South Australia	3,959	21.2	270	15.0	4,229	20.7
Tasmania	0	0.0	n.p.	7.9	n.p.	n.p.
Australian Capital Territory	105	2.6	n.p.	1.0	n.p.	n.p.
Northern Territory	2,732	51.5	n.p.	100.0	n.p.	n.p.
<b>Total</b>	<b>33,846</b>	<b>13.0</b>	<b>6,771</b>	<b>9.5</b>	<b>40,617</b>	<b>12.2</b>
<b>2003–04</b>						
New South Wales	10,457	11.1	1,437	6.0	11,894	10.1
Victoria	4	0.0	12	0.2	16	0.0
Queensland	10,723	21.6	2,100	11.0	12,823	18.7
Western Australia	5,196	23.3	2,382	17.6	7,578	21.2
South Australia	4,336	22.2	251	14.3	4,587	21.5
Tasmania	5	0.1	n.p.	3.3	n.p.	n.p.
Australian Capital Territory	93	2.2	n.p.	0.7	n.p.	n.p.
Northern Territory	1,795	36.3	n.p.	0.0	n.p.	n.p.
<b>Total</b>	<b>32,609</b>	<b>12.1</b>	<b>6,281</b>	<b>9.0</b>	<b>38,890</b>	<b>11.5</b>

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Was mapping required from state and territory data sets?

Not applicable.

## Additional information

Nationally, the proportion of separations for which these data were not reported was consistently more than 10% for both sectors (Table 3.18.1). In the public sector the proportion of separations for which these data were not reported decreased from 14.0% in 2001–02 to 12.1% in 2003–04, while in the private sector it decreased from 11.0% in 2001–02 to 9.0% in 2003–04. Victoria provided infant weight for most separations aged 365 days or less for the 2002–03 and 2003–04 collection periods.

There was some variation among the states and territories in their ability to report these data according to the age of the infant. The reporting of infant weight for newborns (where date of birth equals date of admission) was acceptable for most states and territories over the 3-year collection period, with the exception of New South Wales and Tasmania in 2001–02 and 2002–03 and the Northern Territory in 2002–03 and 2003–04 (Table 3.18.2).

The reporting of infant weight for neonates (aged less than 29 days at admission) was acceptable for Queensland, Western Australia, South Australia and the Australian Capital Territory for all 3 collection years (Table 3.18.2). There was improvement in the reporting of these data for Victoria, with the data being acceptable for neonates for the 2002–03 and 2003–04 reporting periods, and for New South Wales the data were acceptable for 2003–04.

**Table 3.18.2: Separations where age was less than 365 days and Infant weight, neonate, stillborn was not reported, by age of patient (in days), states and territories, 2001–02 to 2003–04**

State/territory	Patients less than 1 year old				Patients aged 0 days at admission	
	less than 29 days old		29 to 364 days old		Number	Per cent
	Number	Per cent	Number	Per cent		
<b>2001–02</b>						
New South Wales	1079	1.1	12,991	55.6	855	1.0
Victoria	409	0.8	24	0.1	183	0.4
Queensland	10	0.0	12,919	98.7	0	0.0
Western Australia	6	0.0	8,084	98.9	0	0.0
South Australia	0	0.0	4,762	85.1	0	0.0
Tasmania	684	11.3	448	34.9	573	10.2
Australian Capital Territory	0	0.0	765	97.8	0	0.0
Northern Territory	89	2.6	1,856	99.5	13	0.4
<b>Total</b>	<b>2277</b>	<b>0.9</b>	<b>41,849</b>	<b>58.0</b>	<b>1,624</b>	<b>0.7</b>
<b>2002–03</b>						
New South Wales	774	0.8	12,107	54.2	501	0.6
Victoria	26	0.0	4	0.0	12	0.0
Queensland	13	0.0	12,271	98.3	0	0.0
Western Australia	0	0.0	7,902	99.2	0	0.0
South Australia	0	0.0	4,229	84.5	0	0.0
Tasmania	138	2.3	74	5.8	120	2.2
Australian Capital Territory	2	0.0	122	19.9	2	0.0
Northern Territory	1043	28.9	1,912	99.8	893	28.6
<b>Total</b>	<b>1996</b>	<b>0.8</b>	<b>38,621</b>	<b>54.2</b>	<b>1,528</b>	<b>0.7</b>
<b>2003–04</b>						
New South Wales	0	0.0	11,894	50.5	0	0.0
Victoria	10	0.0	6	0.0	4	0.0
Queensland	25	0.0	12,798	98.6	0	0.0
Western Australia	7	0.0	7,571	96.1	0	0.0
South Australia	0	0.0	4,587	83.9	0	0.0
Tasmania	15	0.3	76	6.9	6	0.1
Australian Capital Territory	2	0.0	104	14.0	2	0.0
Northern Territory	77	2.3	1,718	95.8	20	0.7
<b>Total</b>	<b>136</b>	<b>0.0</b>	<b>38,754</b>	<b>53.0</b>	<b>32</b>	<b>0.0</b>

## Trend analysis

The quality of this data element has not improved over the 3-year collection period.

### 3.19 Data element name: Intended length of hospital stay

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Details of use of non-standard NMDS scope

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

### Was mapping required from state and territory data sets?

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

### Additional information

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

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

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

### **Trend analysis**

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

### 3.20 Data element name: Inter-hospital contracted patient

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

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

### Details of use of non-standard NMDS scope

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

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Was mapping required from state and territory data sets?

Not applicable.

### **Additional information**

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

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

### **Trend analysis**

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

### 3.21 Data element name: Major Diagnostic Category

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

## Details of use of non-standard NMDS scope

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

### **Was mapping required from state and territory data sets?**

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

### **Additional information**

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

### **Trend analysis**

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

### 3.22 Data element name: Medicare eligibility status

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

#### Details of use of non-standard NMDS scope

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

## Was mapping required from state and territory data sets?

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

## Additional information

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

## Trend analysis

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

### 3.23 Data element name: Mental health legal status

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

#### Use of national standard definition, domain values and NMDS scope

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

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

n.a. Not available.

.. Not applicable.

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

Not applicable.

## Details of use of non-standard NMDS scope

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

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

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

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

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

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

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

### **Was mapping required from state and territory data sets?**

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

### **Additional information**

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

### **Trend analysis**

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

### 3.24 Data element name: Mode of admission

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

#### Details of use of non-standard NMDS scope

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

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Was mapping required from state and territory data sets?

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

### Additional information

Not applicable.

### Trend analysis

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

### 3.25 Data element name: Mode of separation

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

The NHDD definition was used by all states and territories.

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

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

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

### Details of use of non-standard NMDS scope

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Was mapping required from state and territory data sets?

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

### Additional information

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

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

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

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

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

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

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

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

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

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

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

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

## **Trend analysis**

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

### 3.26 Data element name: Number of leave periods

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b>	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000107
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 3
<b>Definition:</b> Number of leave periods in a hospital stay (excluding one day leave periods for admitted patients). Leave period is a temporary absence from hospital, with medical approval for a period no greater than seven consecutive days.		<b>METeOR ID:</b> 270058

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

### **Details of use of non-standard NMDS scope**

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

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

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

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

### **Trend analysis**

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

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

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

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

### **Details of use of non-standard NMDS scope**

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

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

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

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

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

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

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Not applicable.

### **Trend analysis**

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

### 3.28 Data element name: Number of qualified days for newborns

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

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

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

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

### **Details of use of non-standard NMDS scope**

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

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

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

### **Trend analysis**

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

### 3.29 Data element name: Person identifier

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

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

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

### **Details of use of non-standard NMDS scope**

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

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

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

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

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

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

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

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

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

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

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

## **Trend analysis**

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

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

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

#### Use of national standard definition, domain values and NMDS scope

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

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

n.a. Not available.

.. Not applicable.

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

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

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

### Details of use of non-standard NMDS scope

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

### Was mapping required from state and territory data sets?

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

## Additional information

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

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

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

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

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

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

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

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

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

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

## Trend analysis

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

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

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

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

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

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

n.a. Not available.

.. Not applicable.

### 3.31 Data element name: Principal diagnosis

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

## Details of use of non-standard NMDS scope

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

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

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

## Was mapping required from state and territory data sets?

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

## Trend analysis

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

### 3.32 Data element name: Procedure

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

### Use of national standard definition, domain values and NMDS scope

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

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

n.a. Not available.

.. Not applicable.

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

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

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

## Details of use of non-standard NMDS scope

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

## Was mapping required from state and territory data sets?

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

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

### Additional information

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

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

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

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

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

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

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

### **Trend analysis**

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

### 3.33 Data element name: Separation date

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

#### Details of use of non-standard NMDS scope

Separation date provided for all separations.

#### Was mapping required from state and territory data sets?

Not applicable.

**Additional information**

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

**Trend analysis**

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

### 3.34 Data element name: Sex

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

**Details of use of non-standard NMDS scope**

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

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

Not applicable.

**Trend analysis**

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

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

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

#### Use of national standard definition, domain values and NMDS scope

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

.. Not applicable.

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

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

#### Details of use of non-standard NMDS scope

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

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

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

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

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

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

.. Not applicable.

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

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

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

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

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

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

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

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

Not applicable.

### **Trend analysis**

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

### 3.36 Data element name: Total leave days

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

#### Details of use of non-standard NMDS scope

Total leave days provided for all separations.

**Was mapping required from state and territory data sets?**

Not applicable.

**Additional information**

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

**Trend analysis**

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

### 3.37 Data element name: Total psychiatric care days

<b>Evaluation NMDS:</b> Admitted Patient Care	<b>Other NMDSs:</b> Admitted Patient Mental Health Care Community Mental Health Establishments (2002-03)	<b>Collection year:</b> 2001-02, 2002-03 & 2003-04
		<b>Knowledgebase ID:</b> 000164
		<b>NHDD version:</b> 10, 11 & 12
<b>Scope:</b> Episodes of care for admitted patients in all public and private acute and psychiatric hospitals, freestanding day hospital facilities and alcohol and drug treatment centres in Australia.		<b>Version number:</b> 2
<b>Definition:</b> 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.		<b>METeOR ID:</b> 270300

#### Use of national standard definition, domain values and NMDS scope

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

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

n.a. Not available.

.. Not applicable.

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

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

### **Details of use of non-standard NMDS scope**

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

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

### **Was mapping required from state and territory data sets?**

Not applicable.

### **Additional information**

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

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

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

### **Trend analysis**

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

### 3.38 Data element name: Urgency of admission

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

#### Use of national standard definition, domain values and NMDS scope

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

n.a. Not available.

.. Not applicable.

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

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

### **Details of use of non-standard NMDS scope**

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

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

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

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

### **Was mapping required from state and territory data sets?**

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

### **Additional information**

Not applicable.

### **Trend analysis**

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

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

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

# Appendix

Table A1: Separations by hospital sector, states and territories, 2001–02 to 2003–04

State/territory	Public hospitals	Private hospitals	Total
<b>2001–02</b>			
New South Wales	1,260,945	692,402	1,953,347
Victoria	1,089,861	579,836	1,669,697
Queensland	694,721	593,073	1,287,794
Western Australia	352,759	271,752	624,511
South Australia	362,303	197,761	560,064
Tasmania	79,487	70,649	150,136
Australian Capital Territory	61,945	27,186	89,131
Northern Territory	63,491	n.a.	63,491
<b>Total</b>	<b>3,965,512</b>	<b>2,432,659</b>	<b>6,398,171</b>
<b>2002–03</b>			
New South Wales	1,291,174	708,976	2,000,150
Victoria	1,149,840	651,106	1,800,946
Queensland	702,165	602,165	1,304,330
Western Australia	367,825	280,598	648,423
South Australia	367,858	203,252	571,110
Tasmania	80,215	n.p.	n.p.
Australian Capital Territory	63,743	n.p.	n.p.
Northern Territory	68,149	n.p.	n.p.
<b>Total</b>	<b>4,090,969</b>	<b>2,554,342</b>	<b>6,645,311</b>
<b>2003–04</b>			
New South Wales	1,325,535	712,145	2,037,680
Victoria	1,187,529	680,806	1,868,335
Queensland	721,013	640,047	1,361,060
Western Australia	367,246	290,193	657,439
South Australia	379,120	206,221	585,341
Tasmania	80,921	n.p.	n.p.
Australian Capital Territory	69,029	n.p.	n.p.
Northern Territory	70,124	n.p.	n.p.
<b>Total</b>	<b>4,200,517</b>	<b>2,640,708</b>	<b>6,841,225</b>

n.a. Not available.

n.p. Not published.

# References

- ABS (Australian Bureau of Statistics) 2004. Private hospitals Australia 2002–03. Cat. no. 4390.0. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2001a. National health data dictionary. Version 10. AIHW cat. no. HWI 30. Canberra: AIHW.
- AIHW 2001b. National health data dictionary. Version 11. AIHW cat. no. HWI 36. Canberra: AIHW.
- AIHW 2003a. Report on the evaluation of the national minimum data set for admitted patient care. AIHW cat. no. HSE 29. Health Services Series no. 21. Canberra: AIHW.
- AIHW 2003b. Australian hospital statistics 2001–02. AIHW cat. no. HSE 25. Health Services series no. 20. Canberra: AIHW.
- AIHW 2004. Australian hospital statistics 2002–03. AIHW cat. no. HSE 32. Health Services series no. 22. Canberra: AIHW.
- AIHW 2005a. Australian hospital statistics 2003–04. AIHW cat. no. HSE 37. Health Services Series no. 23. Canberra: AIHW.
- AIHW 2005b. Improving the quality of Indigenous identification in hospital separations data. AIHW cat. no. HSE 101. Health Services Series no. 25. Canberra: AIHW.
- AIHW 2005c. Mental health services in Australia 2003–04. AIHW cat. no. HSE 40. Mental Health Series no. 8. Canberra: AIHW.
- AIHW 2006. Australian hospital statistics 2004–05. AIHW cat. no. HSE 41. Health Services Series no. 26. Canberra: AIHW.
- Coory M & Cornes S 2005. Interstate comparisons of public hospital outputs using DRGs: Are they fair? *Aust N Z J Public Health* 29:143–8.
- NCCH (National Centre for Classification in Health) 2000. The international statistical classification of disease and related health problems, 10th revision, Australian modification (ICD-10-AM), 2<sup>nd</sup> edn. Sydney: University of Sydney.
- NCCH 2002. The international statistical classification of disease and related health problems, 10th revision, Australian modification (ICD-10-AM), 3<sup>rd</sup> edn. Sydney: University of Sydney.
- NHDC (National Health Data Committee) 2000. National health data dictionary. Version 9. AIHW cat. no. HWI 24. Canberra: AIHW.
- NHDC (National Health Data Committee) 2003. National health data dictionary. Version 12. AIHW cat. no. HWI 43. Canberra: AIHW.