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# Number of leave periods

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**Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <http://meteor.aihw.gov.au>**

## *Identifying and Definitional Attributes*

Data Dictionary:	NHDD	
Knowledgebase ID:	000107	Version number: 2
Metadata type:	DATA ELEMENT	
Registration Authority:	NHIMG	Admin status: SUPERSEDED
		Effective date: 30-JUN-96
Definition:		

Number of leave periods\* in episode exceeding ten days (excluding one-day leave periods for acute and private psychiatric hospital in-patients).

\* Leave periods

#### Acute hospitals and private psychiatric hospitals

Patients who do not require treatment over a weekend or other short period may leave hospital temporarily with the approval of the hospital or treating medical practitioner. Where there is a decision that the patient shall be back in the same hospital within a short time to resume treatment, this absence is defined as leave. Leave of this type should be restricted to a maximum of seven consecutive days for patients admitted to acute and private psychiatric hospitals and ten consecutive days for public psychiatric hospitals. The patient is discharged if he or she does not return from leave within this specified period.

#### Public psychiatric hospitals

Person who leaves the hospital for a short period without there being a formal discharge, with or without approval. This may be by arrangement.

For both acute and psychiatric hospitals, leave includes the following categories of leave, including trial leave:

scheduled leave: leave taken by arrangement and according to a schedule;

special care leave: leave recorded for patients who are temporarily transferred from one hospital or residential facility to another for special treatment;

absconded leave: this may occur in psychiatric areas where a patient leaves the facility without authorisation.

Trial leave, in which an in-patient leaves a psychiatric facility for a short or extended trial period prior to formal discharge, is to be counted as leave.

Context: Institutional health care: recording of leave periods allows for the calculation of patient days excluding leave. This is important for analysis of costs per patient and for planning. The maximum limit allowed for leave affects admission and separation rates, particularly for long-stay patients who may have several leave periods.

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### *Relational and Representational Attributes*

Datatype: Numeric

QUANTITATIVE VALUE

Representational form: NN

Representation layout: 1  
2

Minimum Size:

Maximum Size:

Guide For Use: A day is measured from midnight to midnight.

The following rules apply in the calculation of leave days for both overnight and same day patients:

- The day the patient goes on leave is counted as a leave day.
- The day the patient is on leave is counted as a leave day.
- The day the patient returns from leave is counted as a bed day.
- If the patient is admitted and goes on leave on the same day, this is counted as a bed day, not a leave day.
- If the patient returns from leave and then goes on leave again on the same day, this is counted as a leave day.
- If the patient returns from leave and is separated on the same day, the day should not be counted as either a bed day or a leave day.

Related metadata: is used in the derivation of Length of stay version 1  
has been superseded by Number of leave periods version 3  
supersedes previous data element Number of leave periods version 1

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### *Administrative Attributes*

Source Document:

Source Organisation: National Health Data Committee

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Comments: See comments for Total leave days version 2

### *Data Element Links*

*Information Model Entities linked to this Data Element*

NHIM Exit / leave from service event

*Data Agreements which include this Data Element*

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