Total psychiatric care days

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: 000164 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 30-JUN-98

Definition: The sum of the number of days or part days of stay that the person

was an admitted patient within a designated psychiatric unit, minus

the sum of leave days occurring during the stay within the

designated unit.

Context: Institutional mental health care: this data element is required to

identify the characteristics of patients treated in specialist psychiatric units located within acute hospitals and to analyse the activities of these units. It is necessary to describe and evaluate the progress of

mainstreaming of mental health services.

Relational and Representational Attributes

Datatype: Numeric

Representational QUANTITATIVE VALUE

form:

Representation NNN

layout:

Minimum Size: 1 Maximum Size: 3

Data Domain: NOVAL Count in number of days

Guide For Use: Designated psychiatric units refer to wards located within acute

hospitals which are staffed by health professionals with specialist

mental health qualifications or training and have as their

principal function the treatment and care of admitted patients

affected by mental disorder. The unit may or may not be

recognised under relevant State and Territory legislation to accept

patients admitted on an involuntary basis.

Public acute care hospitals

Designated psychiatric units in public acute care hospitals are

normally recognised by the State/Territory health authority in the funding arrangements applying to those hospitals.

Private acute care hospitals

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

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

- For each period of care in a designated psychiatric unit, total days is calculated by subtracting the date on which care commenced within the unit from the date on which the specialist unit care was completed, less any leave days that occurred during the period (see data elements 'Total leave days' and 'Patient days').
- Commencement of care within a designated psychiatric unit may be the same as the date the patient was admitted to the hospital, or occur subsequently, following transfer of the patient from another hospital ward. Where commencement of psychiatric care occurs by transfer from another ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element 'Type of episode of care').
- Completion of care within a designated psychiatric unit may be the same as the date the patient was discharged from the hospital, or occur prior to this on transfer of the patient to another hospital ward. Where completion of psychiatric care is followed by transfer to another hospital ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element 'Type of episode of care').
- Total psychiatric care days may cover one or more periods in a designated psychiatric unit within the overall hospital stay.

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

- Ideally, the new data field should be collected locally by hospitals and added to the unit record data provided to the relevant State/Territory health authority.
- Where it is not possible for this to occur from 1 July 1996 State and Territory health authorities should adopt an interim strategy

in which the data field is derived and appended to the unit record based on details of wards in which the patient is treated during the episode of care.

- Acute care hospitals in most States and Territories include details of the wards in which the patient was accommodated in the unit record data provided to the health authority. Local knowledge should be used to identify designated psychiatric units within each hospital's ward codes, to allow total psychiatric care days to be calculated for each episode of care.

This data element will only have meaning for acute hospitals that provide a designated psychiatric unit. For hospitals that do not have such a unit, the number of psychiatric care days for each episode of care should be coded as zero.

Verification Rules: Total days in psychiatric care must be:

- >= zero: and
- <= length of stay, where length of stay is calculated as (date of separation minus date of admission) minus total leave days.

Related metadata: has been superseded by Total psychiatric care days version 2

Administrative Attributes

Source Document:

Source Organisation: National Mental Health Information Strategy Committee

Comments: This data element is designed to monitor trends in the delivery of psychiatric admitted patient care in acute care hospitals. It is designed to improve understanding in this area and contribute to the ongoing evaluation of changes occurring in mental health services.

Data Element Links

Information Model Entities linked to this Data Element

NHIM Performance indicator

Data Agreements which include this Data Element

NMDS - Admitted patient care From 01-Jul-89 to 30-Jun-98

NMDS - Admitted patient mental health From 01-Jul-97 to 30-Jun-98

care