

Episode of admitted patient care—patient election status, code N

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Episode of admitted patient care—patient election status, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Admitted patient election status
METEOR identifier:	326619
Registration status:	HealthI , Standard 23/10/2006 Tasmanian Health , Standard 08/09/2016
Definition:	Accommodation chargeable status elected by a patient on admission , as represented by a code.
Data Element Concept:	Episode of admitted patient care—patient election status
Value Domain:	Admitted patient election status code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Public
	2	Private

Collection and usage attributes

Guide for use:

Public patient:

A person, eligible for Medicare, who receives or elects to receive a public hospital service free of charge.

Includes: patients in public psychiatric hospitals who do not have the choice to be treated as a private patient. Also includes overseas visitors who are covered by a reciprocal health care agreement, and who elect to be treated as public patients.

Private patient:

A person who elects to be treated as a private patient and elects to be responsible for paying fees for the type referred to in clause 49 of the Australian Health Care Agreements (2003–2008).

Clause 49 states that:

Private patients, compensable patients and ineligible persons may be charged an amount for public hospital services as determined by (the state or territory).

All patients in private hospitals (other than those receiving public hospital services and electing to be treated as a public patient) are private patients.

Includes: all patients who are charged (regardless of the level of the charge) or for whom a charge is raised for a third party payer (for example, Department of Veterans' Affairs and Compensable patients). Also includes patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital, and prisoners, who are Medicare ineligible while incarcerated.

Data element attributes

Collection and usage attributes

Guide for use:

Australian Health Care Agreements 2003–08 state that eligible persons are to be given the choice to receive, free of charge as public patients, health and emergency services.

At the time of, or as soon as practicable after, admission for a public hospital service, the patient must elect in writing to be treated as either

- a public patient or
- a private patient

This item is independent of the patient's hospital insurance status and room type.

Notes:

Inability to sign: In cases where the patient is unable to complete the patient election form, the patient should be assumed to be a public patient.

Compensation funding decisions: A patient may be recorded as a public patient as an interim patient election status while the patient's compensable status is being decided.

Inter-hospital contracted care: If the patient receives inter-hospital contracted care the following guidelines can be used if no further information is available:

- If the patient received contracted care that was purchased by a public hospital then it will be assumed that they elected to be treated as a public patient.
- If the patient received contracted care that was purchased by a private hospital then it will be assumed that they elected to be treated as a private patient.

Source and reference attributes

Submitting organisation: Admitted patient care NMDS Technical Reference Group

Relational attributes

Related metadata references: Supersedes [Episode of admitted patient care—elected accommodation status, code N](#)
[Health!](#), Superseded 23/10/2006

Implementation in Data Set Specifications: [Admitted patient care admission related data elements \(TDLU\) cluster](#)
[Tasmanian Health](#), Standard 18/05/2021

[Admitted patient care NMDS 2007-08](#)

[Health!](#), Superseded 05/02/2008

Implementation start date: 01/07/2007

Implementation end date: 30/06/2008

[Admitted patient care NMDS 2008-09](#)

[Health!](#), Superseded 04/02/2009

Implementation start date: 01/07/2008

Implementation end date: 30/06/2009

[Admitted patient care NMDS 2009-10](#)

[Health!](#), Superseded 22/12/2009

Implementation start date: 01/07/2009

Implementation end date: 30/06/2010

[Admitted patient care NMDS 2010-11](#)

[Health!](#), Superseded 18/01/2011

Implementation start date: 01/07/2010

Implementation end date: 30/06/2011

[Admitted patient care NMDS 2011-12](#)

[Health!](#), Superseded 11/04/2012

Implementation start date: 01/07/2011

Implementation end date: 30/06/2012

[Admitted patient care NMDS 2012-13](#)

[Health!](#), Superseded 02/05/2013

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

[Admitted patient care NMDS 2013-14](#)

[Health!](#), Superseded 11/04/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

[Admitted patient care NMDS 2014-15](#)

[Health!](#), Superseded 13/11/2014

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

[Admitted patient care NMDS 2015-16](#)

[Health!](#), Superseded 10/11/2015

Implementation start date: 01/07/2015

Implementation end date: 30/06/2016

[Admitted patient care NMDS 2016-17](#)

[Health!](#), Superseded 05/10/2016

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

[Admitted patient care NMDS 2017-18](#)

[Health!](#), Superseded 25/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

[Admitted patient care NMDS 2018-19](#)

[Health!](#), Superseded 12/12/2018

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

[Admitted patient care NMDS 2019-20](#)

[Health!](#), Superseded 18/12/2019

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Admitted patient care NMDs 2020–21](#)

[Health!](#), Superseded 05/02/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

[Admitted patient care NMDs 2021–22](#)

[Health!](#), Superseded 20/10/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

[Admitted patient care NMDs 2022–23](#)

[Health!](#), Standard 20/10/2021

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

[Tasmanian Admitted Patient Data Set - 2016](#)

[Tasmanian Health](#), Superseded 10/01/2018

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

[Tasmanian Admitted Patient Data Set - 2017](#)

[Tasmanian Health](#), Superseded 10/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

[Tasmanian Admitted Patient Data Set - 2018](#)

[Tasmanian Health](#), Superseded 12/04/2019

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

[Tasmanian Admitted Patient Data Set - 2019](#)

[Tasmanian Health](#), Superseded 17/06/2020

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Tasmanian Admitted Patient Data Set - 2020](#)

[Tasmanian Health](#), Standard 10/07/2020

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

Implementation in Indicators:

Used as Disaggregation

[Australian Atlas of Healthcare Variation 2018: Number of colonoscopy hospitalisations per 100,000 people, 2016-17](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 13/12/2018

[Australian Atlas of Healthcare Variation 2018: Number of gastroscopy hospitalisations per 100,000 people, 2016-17](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 13/12/2018

[Australian Atlas of Healthcare Variation 2018: Number of thyroidectomy hospitalisations per 100,000 people aged 18 years and over, 2014-15 to 2016-17](#)

[Australian Commission on Safety and Quality in Health Care](#), Qualified 13/12/2018

[Caesarean section at less than 37, 38 and 39 completed weeks gestation without medical or obstetric indication, 2017](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

[Caesarean section or induction of labour at less than 37, 38 and 39 completed weeks gestation without medical or obstetric indication, 2017](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

[National Core Maternity Indicators: PI 05-Induction of labour for selected women giving birth for the first time \(2013\)](#)

[Health!](#), Superseded 02/02/2016

[National Core Maternity Indicators: PI 05—Induction of labour for selected women giving birth for the first time \(2016\)](#)

[Health!](#), Superseded 06/09/2018

[National Core Maternity Indicators: PI 06-Caesarean section for selected women giving birth for the first time \(2013\)](#)

[Health!](#), Superseded 02/02/2016

[National Core Maternity Indicators: PI 06—Caesarean section for selected women giving birth for the first time \(2016\)](#)

[Health!](#), Superseded 06/09/2018

[National Core Maternity Indicators: PI 07-Normal \(non-instrumental\) vaginal birth for selected women giving birth for the first time \(2013\)](#)

[Health!](#), Superseded 02/02/2016

[National Core Maternity Indicators: PI 07—Normal \(non-instrumental\) vaginal birth for selected women giving birth for the first time \(2016\)](#)

[Health!](#), Superseded 06/09/2018

[National Core Maternity Indicators: PI 08-Instrumental vaginal birth for selected women giving birth for the first time \(2013\)](#)

[Health!](#), Superseded 02/02/2016

[National Core Maternity Indicators: PI 08—Instrumental vaginal birth for selected women giving birth for the first time \(2016\)](#)

[Health!](#), Superseded 06/09/2018

[Number of lumbar spinal decompression \(excluding lumbar spinal fusion\) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

[Number of lumbar spinal fusion \(excluding lumbar spinal decompression\) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

[Number of lumbar spinal fusion \(with or without lumbar spinal decompression\) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

[Number of myringotomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

[Number of tonsillectomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021