

Admitted patient mental health care cluster

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Admitted patient mental health care cluster

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	575027
Registration status:	Independent Hospital Pricing Authority , Standard 15/10/2014
DSS type:	Data Element Cluster
Scope:	The scope of the admitted patient mental health care cluster is admitted patients receiving mental health care in public hospitals.

Collection and usage attributes

Statistical unit:	Episodes of care for admitted patients
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Source and reference attributes

Submitting organisation:	Independent Hospital Pricing Authority
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Relational attributes

Implementation in Data Set Specifications:	Activity based funding: Mental health care DSS 2015-16 Independent Hospital Pricing Authority , Superseded 16/03/2016 Implementation start date: 01/07/2015 Implementation end date: 30/06/2016 Conditional obligation: The data set specification is only required to be reported for episodes of care in an admitted setting.
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Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Admitted patient care NMDS 2015-16	Mandatory	1
-	Elective surgery waiting times cluster	Conditional	99
	Conditional obligation:		
	This data element cluster is to be reported for patients on waiting lists for elective surgery, which are managed by public acute hospitals and have a category 1 or 2 assigned for the reason for removal from the elective surgery waiting list.		
-	Elective care waiting list episode—listing date for care, DDMMYYYY	Mandatory	1
-	Elective surgery waiting list episode—clinical urgency, code N	Mandatory	1
-	Elective surgery waiting list episode—extended wait patient indicator, code N	Mandatory	1
-	Elective surgery waiting list episode—indicator procedure, code NN	Mandatory	1
-	Elective surgery waiting list episode—overdue patient status, code N	Mandatory	1
-	Elective surgery waiting list episode—reason for removal from a waiting list, code N	Mandatory	1
-	Elective surgery waiting list episode—surgical specialty (of scheduled doctor), code NN	Mandatory	1
-	Elective surgery waiting list episode—waiting time (at removal), total days N[NNN]	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN Conditional obligation: This is the establishment identifier of the contracting hospital and is reported for contracted patients only.	Conditional	1
-	Address—Australian postcode, Australian postcode code (Postcode datafile) {NNNN} DSS specific information: To be reported for the address of the patient.	Mandatory	1
-	Contracted hospital care—organisation identifier, NNX[X]NNNNN	Mandatory	1
-	Episode of admitted patient care (newborn)—number of qualified days, total N{NNNN} Conditional obligation: Only required to be reported for episodes of care for patients with a care type of newborn care.	Conditional	1
-	Episode of admitted patient care—admission date, DDMMYYYY DSS specific information: Right justified and zero filled. admission date ≤ separation date admission date ≥ date of birth	Mandatory	1
-	Episode of admitted patient care—admission mode, code N	Mandatory	1
-	Episode of admitted patient care—admission urgency status, code N	Mandatory	1
-	Episode of admitted patient care—condition onset flag, code N	Mandatory	99
-	Episode of admitted patient care—duration of continuous ventilatory support, total hours NNNN Conditional obligation: This data element is only required to be reported for episodes of care where the admitted patient spent time on continuous ventilatory support.	Conditional	1
-	Episode of admitted patient care—intended length of hospital stay, code N	Mandatory	1
-	Episode of admitted patient care—length of stay in intensive care unit, total hours NNNN Conditional obligation: The data element is only required to be reported for episodes of care where the admitted patient spent time in an intensive care unit.	Conditional	1
-	Episode of admitted patient care—number of days of hospital-in-the-home care, total {N{NN}}	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—number of leave days, total N[NN] DSS specific information: For the provision of state and territory hospital data to Commonwealth agencies: (Episode of admitted patient care—separation date, DDMMYYYY minus Episode of admitted patient care—admission date, DDMMYYYY) minus Admitted patient hospital stay—number of leave days, total N[NN] must be ≥ 0 days.	Mandatory	1
-	Episode of admitted patient care—patient election status, code N	Mandatory	1
-	Episode of admitted patient care—procedure, code (ACHI 9th edn) NNNNN-NN DSS specific information: As a minimum requirement procedure codes must be valid codes from the Australian Classification of Health Interventions (ACHI) procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems. An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected. Record all procedures undertaken during an episode of care in accordance with the ACHI (9th edition) Australian Coding Standards. The order of codes should be determined using the following hierarchy: <ul style="list-style-type: none"> • procedure performed for treatment of the principal diagnosis • procedure performed for the treatment of an additional diagnosis • diagnostic/exploratory procedure related to the principal diagnosis • diagnostic/exploratory procedure related to an additional diagnosis for the episode of care. 	Mandatory	99
-	Episode of admitted patient care—referral source, public psychiatric hospital code NN Conditional obligation: The data element is only required to be reported for episodes of care where the admitted patient spent time in a public psychiatric hospital.	Conditional	1
-	Episode of admitted patient care—separation date, DDMMYYYY DSS specific information: For the provision of state and territory hospital data to Commonwealth agencies this field must: <ul style="list-style-type: none"> • be ≤ last day of financial year • be ≥ first day of financial year • be ≥ Admission date 	Mandatory	1
-	Episode of admitted patient care—separation mode, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—additional diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]} <p>Conditional obligation:</p> <p>This data element is only to be reported if the episode of care results in more than one diagnosis code being allocated.</p> <p>DSS specific information:</p> <p>An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.</p>	Conditional	99
-	Episode of care—inter-hospital contracted patient status, code N	Mandatory	1
-	Episode of care—mental health legal status, code N	Mandatory	1
-	Episode of care—number of psychiatric care days, total N[NNNN] <p>DSS specific information:</p> <p>Total days in psychiatric care must be: \geq zero; and \leq length of stay.</p>	Mandatory	1
-	Episode of care—principal diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]} <p>Conditional obligation:</p> <p>The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.</p> <p>Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.</p>	Mandatory	1
-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
-	Establishment—Australian state/territory identifier, code N <p>DSS specific information:</p> <p>This data element applies to the location of the establishment and not to the patient's area of usual residence.</p>	Mandatory	1
-	Establishment—geographic remoteness, admitted patient care remoteness classification (ASGS-RA) N	Mandatory	1
-	Establishment—organisation identifier (state/territory), NNNNN	Mandatory	1
-	Establishment—region identifier, X[X]	Mandatory	1
-	Establishment—sector, code N	Mandatory	1
-	Hospital service—care type, code N[N]	Mandatory	1
-	Injury event—activity type, code (ICD-10-AM 9th edn) ANN{.N[N]} <p>DSS specific information:</p> <p>As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.</p>	Mandatory	99

Seq No.	Metadata item	Obligation	Max occurs
-	Injury event—external cause, code (ICD-10-AM 9th edn) ANN{N[N]} <i>DSS specific information:</i> As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.	Mandatory	99
-	Injury event—place of occurrence, code (ICD-10-AM 9th edn) ANN{N[N]} <i>DSS specific information:</i> To be used with ICD-10-AM external cause codes.	Mandatory	99
-	Patient—hospital insurance status, code N	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY <i>DSS specific information:</i> This field must not be null. National minimum data sets: For the provision of state and territory hospital data to Commonwealth agencies this field must: <ul style="list-style-type: none"> • be less than or equal to 'Admission date', 'Date patient presents' or 'Service contact date' • be consistent with diagnoses and procedure codes, for records to be grouped. 	Mandatory	1
-	Person—eligibility status, Medicare code N	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1
-	Person—weight (measured), total grams NNNN <i>Conditional obligation:</i> Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9,000 grams and age is less than 365 days. <i>DSS specific information:</i> For the provision of state and territory hospital data to Commonwealth agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Record—identifier, X[X(79)] DSS specific information: In the context of the Admitted patient care NMDS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose. When stipulated in a data specification, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database. Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system. This field cannot be left blank.	Mandatory	1
-	Admitted patient mental health care NMDS 2014-15	Mandatory	1
-	Episode of admitted patient care (mental health care)—referral destination, code N	Mandatory	1
-	Episode of admitted patient care—admission date, DDMMYYYY DSS specific information: Right justified and zero filled. Admission date must be less than or equal to Separation date Admission date must be greater than or equal to Date of birth	Mandatory	1
-	Episode of admitted patient care—number of leave days, total N[NN] DSS specific information: For the provision of state and territory hospital data to Commonwealth agencies: (Episode of admitted patient care—separation date, DDMMYYYY minus Episode of admitted patient care—admission date, DDMMYYYY) minus Admitted patient hospital stay—number of leave days, total N[NN] must be greater than or equal to 0 days.	Mandatory	1
-	Episode of admitted patient care—referral source, public psychiatric hospital code NN	Mandatory	1
-	Episode of admitted patient care—separation date, DDMMYYYY DSS specific information: For the provision of state and territory hospital data to Commonwealth agencies this field must: <ul style="list-style-type: none"> • be less than or equal to the last day of the financial year • be greater than or equal to the first day of the financial year • be greater than or equal to Admission date 	Mandatory	1
-	Episode of admitted patient care—separation mode, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{,N[N]}	Mandatory	1
	DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.		
-	Episode of care—mental health legal status, code N	Mandatory	1
-	Episode of care—number of psychiatric care days, total N[NNNN]	Mandatory	1
	DSS specific information: Total days in psychiatric care must be greater than or equal to zero; Total days in psychiatric care must be less than or equal to Length of stay.		
-	Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{,N[N]}	Mandatory	1
	DSS specific information: Effective for collection from 01/07/2006		
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Hospital service—care type, code N[N]	Mandatory	1
-	Patient—previous specialised treatment, code N	Mandatory	1
-	Person—accommodation type (prior to admission), code N	Mandatory	1
-	Person—accommodation type (usual), code N[N]	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
	DSS specific information: This field must not be null. National Minimum Data Sets: For the provision of state and territory hospital data to Commonwealth agencies this field must: <ul style="list-style-type: none"> • be less than or equal to Admission date, Date patient presents or Service contact date • be consistent with diagnoses and procedure codes, for records to be grouped. 		
-	Person—Indigenous status, code N	Mandatory	1
-	Person—labour force status, acute hospital and private psychiatric hospital admission code N	Mandatory	1
-	Person—labour force status, public psychiatric hospital admission code N	Mandatory	1
-	Person—marital status, code N	Conditional	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1
-	Episode of care—mental health care phase, code N	Optional	99

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—mental health intervention type, code (MHIC V1.0) X(20)	Optional	99
	DSS specific information:		
	If collected, mental health interventions should be reported at the admitted episode of care level.		
-	Episode of care—mental health phase of care end date, DDMMYYYY	Optional	99
-	Episode of care—mental health phase of care start date, DDMMYYYY	Optional	99
-	Episode of care—psychosocial complications indicator, yes/no code N	Conditional	7
	Conditional obligation:		
	Reporting of FIHS at separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.		
	FIHS should only be reported for patients aged 17 years and under.		
-	Patient—first episode of mental health care at a mental health service organisation, code N	Optional	1
-	Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N	Conditional	4
	Conditional obligation:		
	Reporting of the RUG-ADL at admission is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.		
-	Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN]	Conditional	1
	Conditional obligation:		
	Reporting of the CGAS is mandatory at admission and separation for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.		
	The CGAS should only be reported for patients aged 17 years and under.		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N	Conditional	24
	Conditional obligation:		
	Reporting of the HoNOS65+ at admission and separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.		
	The HoNOS65+ should only be reported for patients aged 65 years and over.		
	The HoNOS65+ discharge rating is not required if the episode of admitted care had a length of stay of 3 days or less.		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N	Conditional	30

Conditional obligation:

Reporting of the HoNOSCA at admission and discharge is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.

The HoNOSCA should only be reported for patients aged 17 years and under.

The HoNOSCA discharge rating is not required if the episode of admitted care had a length of stay of 3 days or less.

-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N	Conditional	24
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Conditional obligation:

Reporting of the HoNOS at admission and separation is mandatory for admitted patients in psychiatric hospitals or designated psychiatric units in acute hospitals. Reporting is optional for admitted patients in non-designated hospitals or units.

The HoNOS should only be reported for patients aged between 18 and 64 years.

The HoNOS discharge rating is not required if the episode of admitted care had a length of stay of 3 days or less.