

Residential patient mental health care cluster

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Residential patient mental health care cluster

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	575036
Registration status:	Independent Hospital Pricing Authority , Standard 15/10/2014
DSS type:	Data Element Cluster
Scope:	<p>Episodes of residential care for residents in government-funded residential mental health care services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011).</p> <p>Government-funded, non-government operated residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011) are also in-scope.</p>

Collection and usage attributes

Statistical unit: Episodes of residential care

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

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[Independent Hospital Pricing Authority](#), Superseded 16/03/2016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 a residential setting.

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Residential mental health care NMDS 2015-16	Conditional	1
	Conditional obligation: Reporting of these data elements is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.		
-	Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}	Mandatory	1
-	Episode of care—mental health legal status, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{N[N]}	Mandatory	1
	DSS specific information:		
	Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002.		
	The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential care).		
-	Episode of residential care—episode end date, DDMMYYYY	Mandatory	1
	DSS specific information:		
	Data in this field must:		
	be ≤ last day of reference period		
	be ≥ first day of reference period		
	be ≥ Episode of residential care start date		
-	Episode of residential care—episode end mode, code N	Mandatory	1
	DSS specific information:		
	Episodes with an episode end mode of 1 (died) should be coded as 8 (not applicable) for referral destination.		
-	Episode of residential care—episode start date, DDMMYYYY	Mandatory	1
	DSS specific information:		
	Right justified and zero filled.		
	episode of residential care start date ≤ episode of residential care end date.		
	episode of residential care start date ≥ date of birth.		
-	Episode of residential care—episode start mode, code N	Mandatory	1
-	Episode of residential care—mental health care referral destination, code N	Mandatory	1
-	Episode of residential care—number of leave days, total N[NN]	Mandatory	1
	DSS specific information:		
	Episode of residential care end date minus episode of residential care start date minus leave days from residential care must be >= 0 days.		
-	Establishment—Australian state/territory identifier, code N	Mandatory	1
-	Establishment—region identifier, X[X]	Mandatory	1
-	Establishment—region name, text XXX[X(57)]	Mandatory	1
	DSS specific information:		
	Mental health data collections are hierarchical in nature. An identical reporting structure, including region name, should be common between all mental health collections, including the Mental Health Establishments (MHE), Community Mental Health Care (CMHC) and Residential Mental Health Care (RMHC) NMDS's, the Mental Health National Outcomes and Casemix collection and any future mental health collections.		

Seq No.	Metadata item	Obligation	Max occurs
-	Establishment—sector, code N	Mandatory	1
	DSS specific information:		
	CODE 1 is to be used for government-operated residential mental health care services.		
	CODE 2 is to be used for residential mental health care services operated by non-government organisations.		
-	Establishment—service unit cluster identifier, XXXXX	Mandatory	1
-	Establishment—service unit cluster name, text XXX[X(97)]	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	Conditional	1
-	Person—marital status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
	DSS specific information:		
	For mental health collections, the Person identifier for a uniquely identifiable person should be consistent between National minimum data sets and other associated collections, and across collection periods, where technically possible.		
-	Person—sex, code N	Mandatory	1
-	Residential stay—episode start date, DDMMYYYY	Mandatory	1
	DSS specific information:		
	Right justified and zero filled.		
	Residential stay start date ≤ episode of residential care end date.		
	Residential stay start date ≥ date of birth		
-	Specialised mental health service organisation—organisation identifier, XXXX	Mandatory	1
-	Specialised mental health service organisation—organisation name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—residential service unit identifier, XXXXXX	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Specialised mental health service—residential service unit name, text XXX[X(97)]	Mandatory	1
-	Episode of care—mental health care phase, code N	Optional	99
-	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 residential 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 residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.		
	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 difficulty with activities in a life area, Abbreviated Life Skills Profile score code N	Conditional	16
	Conditional obligation:		
	Reporting of LSP-16 at separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.		
	The LSP-16 should only be reported for patients aged 18 years and over.		
-	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 residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services.		
	The RUG-ADL should only be reported for patients aged 65 years and over.		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN] Conditional obligation: Reporting of CGAS at admission is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services. The CGAS should only be reported for patients aged 17 years and under.	Conditional	1
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N Conditional obligation: Reporting of HoNOS65+ at admission and separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services. The HoNOS65+ should only be reported for patients aged 65 years and over.	Conditional	24
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N Conditional obligation: Reporting of HoNOSCA at admission and separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services. The HoNOSCA should only be reported for patients aged 17 years and under.	Conditional	30
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N Conditional obligation: Reporting of HoNOS at admission and separation is mandatory for residential mental health care services that are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011). Reporting is optional for episodes of residential mental health care provided by government-funded, non-government operated services. The HoNOS should only be reported for patients aged between 18 and 64 years.	Conditional	24