Admitted patient care NMDS 2019-20

Exported from METEOR (AIHW's Metadata Online Registry)

Admitted patient care NMDS 2019-20

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	699728
Registration status:	Health!, Superseded 18/12/2019
DSS type:	National Minimum Data Set (NMDS)
Scope:	The purpose of the Admitted patient care National Minimum Data Set (APC NMDS) is to collect information about care provided to admitted patients in Australian hospitals.

The scope of the APC NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

Hospital boarders and still births are not included as they are not admitted to hospital. Posthumous organ procurement episodes are also not included.

Collection and usage attributes

Statistical unit:	Episodes of care for admitted patients
Collection methods:	Data are collected at each hospital from patient administrative and clinical record systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (e.g. monthly).

National reporting arrangements

State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on an annual basis.

State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a quarterly basis.

Periods for which data are collected and nationally collated

Quarterly or annually (financial year) ending 30 June each year.

Implementation start date:	01/07/2019
Implementation end date:	30/06/2020

Comments: *Glossary items*

Glossary terms that are relevant to this National minimum data set are included here.

Admission

Clinical intervention

Clinical review

Diagnosis

Elective surgery

Episode of acute care

Geographic indicator

Hospital boarder

Hospital-in-the-home care

Intensive care unit

Live birth

Neonate

Newborn qualification status

Organ procurement - posthumous

Resident

Residential mental health care service

Same-day patient

Separation

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references:
Supersedes Admitted patient care NMDS 2018-19
Health!, Superseded 12/12/2018

Has been superseded by Admitted patient care NMDS 2020–21
Health!, Superseded 05/02/2021

See also Activity based funding: Mental health care NBEDS 2019-20
Health!, Superseded 17/01/2020

See also Admitted subacute and non-acute hospital care NBEDS 2019-20
Health!, Superseded 18/12/2019

See also Statistical Area Level 1 of usual residence NBEDS 2019-20
Health!, Superseded 18/12/2019

Implementation in Data Set Specifications:
Admitted patient care NBEDS 2019-20
Health!, Superseded 18/12/2019
Implementation start date: 01/07/2019
Implementation end date: 30/06/2020

Admitted subacute and non-acute hospital care NBEDS 2019-20
Health!, Superseded 18/12/2019
Implementation start date: 01/07/2019
Implementation end date: 30/06/2020

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	[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.

Seq No.	Metadata item	Obligation	Max occurs
-	[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—intended procedure, code NNN](#)	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
-	[Establishment—organisation identifier (Australian), NNX[X]NNNNN](#)	Conditional	1

Conditional obligation:

This is the establishment identifier of the contracting hospital and is reported for contracted patients only.

Seq No.	Metadata item	Obligation	Max occurs
-	[Address—Australian postcode, code (Postcode datafile) NNNN](#)	Mandatory	1

DSS specific information:

To be reported for the address of the patient.

Seq No.	Metadata item	Obligation	Max occurs
-	[Contracted hospital care—organisation identifier, NNX[X]NNNNN](#)	Mandatory	1
-	[Episode of admitted patient care (mental health care)—referral destination, code N](#)	Conditional	1

Conditional obligation:

Only supplied for specialised mental health care patients.

Seq No.	Metadata item	Obligation	Max occurs
-	[Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN]](#)	Conditional	1

Conditional obligation:

Only required to be reported for episodes of care for patients with a care type of newborn care.

Seq No.	Metadata item	Obligation	Max occurs
-	[Episode of admitted patient care—admission date, DDMMYYYY](#)	Mandatory	1

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.

Seq No.	Metadata item	Obligation	Max occurs
-	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	1

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.

Seq No.	Metadata item	Obligation	Max occurs
-	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	1

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.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—number of days of hospital-in-the-home care, total {N[NN]}	Mandatory	1
-	Episode of admitted patient care—number of leave days, total N[NN]	Mandatory	1

DSS specific information:

For the provision of state and territory hospital data to Australian Government 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.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—patient election status, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—procedure, code (ACHI 11th edn) NNNNN-NN	Mandatory	99

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 (11th edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

- 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.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—referral source, public psychiatric hospital code NN	Conditional	1

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.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—separation date, DDMMYYYY	Mandatory	1

DSS specific information:

For the provision of state and territory hospital data to Australian Government agencies this field must:

- 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

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of admitted patient care—separation mode, code N	Mandatory	1
-	Episode of care—additional diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}	Conditional	99

Conditional obligation:

This data element is only to be reported if the episode of care results in more than one diagnosis code being allocated.

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.

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—inter-hospital contracted patient status, code N	Mandatory	1
-	Episode of care—mental health legal status, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	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 11th edn) ANN{.N[N]}	Mandatory	1

Conditional obligation:

The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.

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.

-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
-	Establishment—Australian state/territory identifier, code N	Mandatory	1

DSS specific information:

This data element applies to the location of the establishment and not to the patient's area of usual residence.

-	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

DSS specific information:

Code 11 - Mental health care is not restricted to care provided by a specialised mental health unit.

-	Injury event—activity type, code (ICD-10-AM 11th edn) ANN{.N[N]}	Mandatory	99

DSS specific information:

As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.

-	Injury event—external cause, code (ICD-10-AM 11th edn) ANN{.N[N]}	Mandatory	99

DSS specific information:

As a minimum requirement, the external cause codes must be listed in the ICD-10-AM classification.

Seq No.	Metadata item	Obligation	Max occurs
-	Injury event—place of occurrence, code (ICD-10-AM 11th edn) ANN{.N[N]}	Mandatory	99

DSS specific information:

To be used with ICD-10-AM external cause codes.

-	Patient—hospital insurance status, code N	Mandatory	1
-	Patient—previous specialised treatment, code N	Conditional	1

Conditional obligation:

Only supplied for mental health care patients and palliative care patients.

DSS specific information:

For palliative care patients, the value of this item is in its use in enabling approximate identification of the number of new palliative care patients receiving specialised treatment. The use of this metadata item in this way would be improved by the reporting of this data by community-based services.

-	Person—accommodation type (prior to admission), code N	Conditional	1

Conditional obligation:

Only supplied for specialised mental health care patients.

-	Person—accommodation type (usual), code N[N]	Conditional	1

Conditional obligation:

Only supplied for specialised mental health care patients.

-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2016) N(9)	Mandatory	1

DSS specific information:

The following codes should be assigned as the admitted patient's area of usual residence in the following specialised situations:

- Overseas resident: 099999299
- No fixed abode: state/territory identifier + 99999499
  - Where the state/territory of the admitted patient's usual residence is not known, assign '0' as the state/territory identifier
- Migratory - Offshore - Shipping: state/territory identifier + 97979799
- Unknown SA2: state/territory identifier + 99999999
  - Where the state/territory of the admitted patient's usual residence is not known, assign a blank space as the state/territory identifier

-	Person—country of birth, code (SACC 2016) 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 Australian Government agencies this field must:

- 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—eligibility status, Medicare code N](#)	Mandatory	1
-	[Person—Indigenous status, code N](#)	Mandatory	1
-	[Person—labour force status, acute hospital and private psychiatric hospital admission code N](#)	Conditional	1

Conditional obligation:

Only supplied for specialised mental health care patients.

-	[Person—labour force status, public psychiatric hospital admission code N](#)	Conditional	1

Conditional obligation:

Only supplied for specialised mental health care patients.

-	[Person—marital status, code N](#)	Conditional	1

Conditional obligation:

Only supplied for specialised mental health care patients.

-	[Person—person identifier, XXXXXX[X(14)]](#)	Mandatory	1
-	[Person—sex, code X](#)	Mandatory	1
-	[Person—weight (measured), total grams NNNN](#)	Conditional	1

Conditional obligation:

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.

DSS specific information:

For the provision of state and territory hospital data to Australian government agencies this metadata item must be consistent with diagnoses and procedure codes for valid grouping.

- [Record—identifier, X[X(79)]](#)　　　　　　　　　　Mandatory　1

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.