



Government of **Western Australia**
Department of **Health**

Hospital Morbidity Data Collection

Data Dictionary

July 2023

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Abbreviations

ABS	Australian Bureau of Statistics
ACHI	Australian Classification of Health Interventions
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
COF	Condition Onset Flag
CPI	Central Patient Index
CVS	Continuous Ventilatory Support
DRG	Diagnosis Related Group
DVA	Department of Veterans Affairs
ED	Emergency Department
GP	General Practitioner
HITH	Hospital In The Home
HMDC	Hospital Morbidity Data Collection
HMDS	Hospital Morbidity Data System
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICU	Intensive Care Unit
KEMH	King Edward Memorial Hospital
MBRN	Medical Board Registration Number
MBS	Medicare Benefits Scheme
MHLS	Mental Health Legal Status
NFPA	No Fixed Permanent Address
NICU	Neonatal Intensive Care Unit
PMI	Patient Master Index
SCN	Special Care Nursery
UMRN	Unit Medical Record Number
WA	Western Australia
webPAS	Web-based Patient Administration System

1. Purpose

The purpose of the *Hospital Morbidity Data Collection Data Dictionary* is to detail the data elements captured in the Hospital Morbidity Data Collection (HMDC).

The *Hospital Morbidity Data Collection Data Dictionary* is a related document under [MP 0164/21 Patient Activity Data Policy](#).

This data dictionary is to be read in conjunction with this policy and other related documents and supporting information as follows:

- [Admitted Patient Activity Data Business Rules](#)
- [Hospital Morbidity Data Collection Data Specifications](#)
- [Patient Activity Data Policy Information Compendium](#).

2. Background

The use of admitted data by the Department of Health is dependent on high quality data that is valid, accurate and consistent.

3. Recording of data

Data that is submitted to the HMDC must be recorded in accordance with the Data Definitions (Section 4).

4. Data definitions

The following section provides specific information about data elements captured in the HMDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the HMDC and caution should be taken if these data elements are compared with those of other data collections.

Where relevant, related national definitions have been referenced. The Department of Health Western Australia acknowledges the assistance of the Australian Institute of Health and Welfare (AIHW) for services provided in relation to METeOR, Australia's repository for national metadata standards for the health, community services, early childhood, homelessness and housing assistance sectors, which is owned by the AIHW.

Note the requirement status for each data element. Data elements can be either Mandatory, Conditional or Optional. An explanation is provided below.

Mandatory

These data elements must appear in the data record that is submitted to the HMDC. Failure to provide a permitted value will result in validation errors.

Conditional

These data elements are only mandatory if certain criteria are met. For example, if an interpreter is required, then a language code must be provided. Validation errors may be returned depending on the conditions of the data element.

Optional

These data elements are available for submission to the HMDC, but are not mandatory. For example, the data element "second forename" can be provided, but is not compulsory.

Aboriginal Status

Field name:	indigenous_status
Source data elements:	N/A
Definition:	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 - Aboriginal but not Torres Strait Islander origin 2 - Torres Strait Islander but not Aboriginal 3 - Both Aboriginal and Torres Strait Islander 4 - Neither Aboriginal nor Torres Strait Islander

Guide for use

There are three components to the Commonwealth definition of Aboriginal or Torres Strait Islander: descent, self-identification, and community acceptance. In practice, it is not feasible to collect information on community acceptance in general purpose data collections. Therefore, standard questions on Aboriginal status relate to descent and self-identification only.

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal peoples are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Examples

	Aboriginal Status
An Aboriginal patient is transferred from Kununurra and gives their place of birth as Torres Strait. (Note: It is important to clarify whether the patient wants both heritages recorded. If so, the following code assignment should be made).	3
If the patient does not wish to have both heritages recorded then assign the heritage as provided by the patient (Aboriginal but not Torres Strait Islander).	1

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/602543>

Revision history

N/A

Accommodation Occupied

Field Name:	accommodation_occupied
Source data elements:	N/A
Definition:	The type of room occupied by the patient at the time they are discharged.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 - Single room 2 - Shared room

Guide for use

Single room

The patient occupies a room with a single bed and the room is not intended for occupancy by more than one patient. This includes a mother rooming with her newborn. The room must be surrounded by walls with a door and may contain an ensuite.

Shared room

The patient occupies a room where the intended occupancy of the room is for more than one patient. The room must be surrounded by walls with a door and may contain an ensuite.

Examples

	Accommodation Occupied
A patient occupies a bed in a four-bed ward.	2
A mother and her newborn baby occupy a single room intended for one patient only.	1
A renal dialysis patient occupies a chair in a walled off area.	1
A same-day gastroenterology patient occupies a curtained off bed in an area with five other beds.	2

Related national definition

N/A

Revision history

N/A

Account Number

Field Name:	account_number
Source data elements:	N/A
Definition:	An identifier of an episode of care.
Requirement status:	Mandatory
Data type:	String
Format:	X(12)
Permitted values:	N/A

Guide for use

The Account Admission Number can be alphanumeric or strictly numeric up to a maximum of 12 characters and must be a unique number for every episode of care. Boarders (if admitted) and neonates must have their own unique Account/Admission Numbers.

Examples

	Account Number (of patient)	Account Number (of baby)
A patient is admitted to hospital and assigned 776269700 as an Account Number.	776269700	N/A
A patient is admitted to hospital to give birth and assigned AN19832252 as the Account Number. The baby is assigned the Account Number AN20832372.	AN19832252	AN20832372

Related national definition

N/A

Revision history

N/A

Additional Diagnosis

Field Name:	additional_diagnosis
Source data elements:	N/A
Definition:	A condition either coexisting with the principal diagnosis or arising during the episode of care, as represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	X(10)
Permitted values:	Refer to ICD-10-AM 12th Edition

Guide for use

There are a number of additional diagnosis fields.

Additional diagnoses should be interpreted as conditions that affect the patient's management in terms of requiring any of the following:

- Commencement, alteration or adjustment of therapeutic treatment
- Diagnostic procedures
- Increased clinical care and/or monitoring

The Australian Coding Standard 0002: Additional Diagnoses, provides guidance to the appropriate allocation of additional diagnosis codes.

Note: this field also includes the additional variables of morphology, external cause, place of occurrence and activity codes.

Examples

	Additional Diagnosis 1	Additional Diagnosis 2
A patient is diagnosed with gastro-esophageal laceration-hemorrhage syndrome (K22.6) and iron deficiency anaemia secondary due to chronic blood loss (D50.0).	D50.0	N/A
A patient is diagnosed with malignant neoplasm of the head of pancreas (C25.0), secondary malignant neoplasm of the liver and intrahepatic bile duct (C78.7), and pneumonia due to E coli.	C78.7	J15.5

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/699606>

Revision history

N/A

Additional Procedure

Field name:	additional_procedure
Source data elements:	N/A
Definition:	A clinical intervention.
Requirement status:	Conditional
Data type:	String
Format:	X(10)
Permitted values:	Refer to Australian Classification of Health Interventions (ACHI) 12th Edition (effective from 1 July 2022)

Guide for use

There are a number of additional procedure NN fields in total.

Clinical interventions are those that are:

- surgical in nature, and/or
- carry a procedural risk, and/or carry
- an anaesthetic risk, and/or
- require specialised training, and/or
- require special facilities or equipment only available in an acute care setting.

All significant procedures undertaken from the time of admission to the time of discharge should be documented.

These include diagnostic and therapeutic procedures.

Procedures are abstracted from and must be substantiated by clinical documentation.

Examples

	Additional Procedure
A patient is admitted to hospital where they undergo an emergency caesarean section (16520-03) and internal fetal monitoring (16514-00).	16514-00
A patient is admitted to hospital where they undergo intermittent haemodiafiltration (13100-03) and no other procedures.	[blank]

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/695137>

Revision history

N/A

Admission Date

Field Name:	admission_date
Source data elements:	N/A
Definition:	The date on which an admitted patient commences an episode of care.
Requirement status:	Mandatory
Data type:	Date
Format:	DD/MM/YYYY
Permitted values:	N/A

Guide for use

An episode of care can have formal and statistical admission dates. A formal admission date is the date the hospital commenced treatment and accommodation of the patient. A statistical admission date is the date the patient commenced a particular care type.

A patient can have multiple statistical admission dates as their care type changes during their duration in hospital (i.e. acute care to rehabilitation care). Admission date cannot occur after separation date.

Examples

	Admission Date
A patient is admitted to hospital on the 31 December 2020.	31/12/2020
A patient arrives at the Emergency Department on the evening of the 13 April 2020 and remains in the Emergency Department until 5:00am the next day when they are admitted to a ward.	14/04/2020

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/695137>

Revision history

N/A

Admission Status

Field Name:	admission_status
Source data elements:	N/A
Definition:	The mode of the patient's admission to the hospital.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	3 - Elective - waitlist 4 - Elective - not waitlist 6 - Emergency - emergency department admission 7 - Emergency - direct admission

Guide for use

All patients must be assigned an admission status indicating if they were admitted on an emergency or elective basis, and if the admission was via a waitlist, emergency department (ED) or direct emergency admission.

A patient is admitted on an emergency basis if they are experiencing an illness or injury that requires assessment and treatment within 24 hours.

Emergency patients can be admitted via the ED or a direct admission to a specialty area (i.e. a critically ill patient who arrives at a hospital ED via an ambulance and is taken directly to the ICU).

A patient is admitted on an elective basis if they are experiencing an illness or injury that does not require assessment and treatment with 24 hours.

Elective patients can be admitted via the waitlist (i.e. a patient admitted after being on the Elective Surgery Waitlist for three months) or not waitlisted (i.e. a patient admitted for a scheduled caesarean section).

Examples

	Admission Status
A patient is admitted for a knee reconstruction after being placed on the Elective Services Waitlist.	3
A patient is admitted to hospital to undergo a weekly dialysis session.	4

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/686084>

Revision history

N/A

Admission Time

Field name:	admission_time
Source data elements:	N/A
Definition:	The time an admitted patient commences an episode of formal or statistical care.
Requirement status:	Mandatory
Data type:	Time
Format:	HH24:MM
Permitted values:	N/A

Guide for use

The admission time is when the patient commences the episode of care e.g. the commencement time of the admission or the time of birth in the case of a newborn born in the hospital.

The admission time should be completed in using the 24-hour clock. Where a patient is assessed in an ED and the decision to admit is made, the admission commencement time should be the time the patient leaves the ED for admission to the inpatient ward.

Examples

	Admission Time
A patient is transferred from another hospital as a direction admission at midnight.	0000
A patient is statistically admitted (e.g. change in care type from acute care to rehabilitation) at 5.25pm.	1725

Related national definition

<https://meteor.aihw.gov.au/content/748817>

Revision history

N/A

Admitted From

Field Name:	admitted_from
Source data elements:	N/A
Definition:	The location the patient was referred or admitted from.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N(4)
Permitted values:	Refer to the Establishment Code List

Guide for use

For Contracted Care related episodes of care, refer to the [Contracted Care Supplementary Information](#).

Different locations are represented by four-digit numeric codes (i.e. a patient who arrives from Beverley Hospital would be assigned an 'Admitted From' code of 0401).

These locations can be valid reporting establishments, or they can be non-reporting facilities such as prisons, residential aged care facilities, hostels or community health services.

All newborn babies, babies born before arrival at hospital, or patients who arrive at hospital from their home must be assigned an 'Admitted From' code of 0900 (home).

The full list of Admitted From variables can be found in the Establishment Code List.

Examples

	Admitted From
A patient is admitted following an ambulance transfer from Beverley Hospital.	0401
A patient is driven to hospital from their home for a booked admission.	0900
A patient is discharged home from a dialysis session in the morning and then admitted to Royal Perth Hospital in the afternoon for an unrelated admission.	0900

Related national definition

N/A

Revision history

N/A

Australian Postcode

Field name:	postcode
Source data elements:	N/A
Definition:	The name of the locality/suburb of the address, as represented by text.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N(6)
Permitted values:	N/A

Guide for use

A postcode list is maintained by HMDC with entries that are valid on the current list of postcodes from Australia Post. See the [Australia Post](#) website for current listings.

Where the address is unknown or there is no fixed permanent address (NFPA), the following postcodes should be used depending on the patient's State/Territory of residence:

Postcode	Suburb	State/Territory Code	State/Territory Description
0899	Unknown	7	Northern Territory
2999	Unknown	1	New South Wales
2999	Unknown	8	ACT
3999	Unknown	2	Victoria
4999	Unknown	3	Queensland
5999	Unknown	4	South Australia
6999	Unknown	5	WA
7999	Unknown	6	Tasmania
9999	Unknown	0	Not Applicable

When the patient has NFPA (e.g. homeless) but the State/Territory they live in is known, enter NFPA in the Residential Address field then select the State/Territory and Postcode combination as listed above.

When both the address and State/Territory are unknown you should assign the 9999 Postcode with a State/Territory value of (0) Not Applicable. Interstate visitors should have the postcode of their usual place of residence recorded. Overseas visitors should have their Country in the Suburb field and the postcode of 8888. For more information refer to the HMDC Overseas Country Name 2021-2022 Reference Document.

Do not submit Post Office box postcodes with residential addresses.

Examples

	Postcode
A patient from Dianella is admitted to hospital.	6059
A patient from Japan is admitted to hospital.	8888
A patient from Chiswick NSW is admitted to hospital.	2069
A patient from Christmas Island, WA is admitted to hospital.	6798

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/611398>

Revision history

N/A

Australian State or Country of Birth

Field name:	country_of_birth
Source data elements:	N/A
Definition:	The Australian State or Country in which a patient was born, as represented by a code.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N(4)
Permitted values:	Refer to the Australian State or Country of Birth Code List

Guide for use

The code list for Australian State or Country of Birth is drawn from the Australian Bureau of Statistics' Standard Australian Classification of Countries 2016 (SACC), with additional codes to allow the collection of the Australian state of birth.

The collection of Australian State or Country of Birth is mandatory. Only where all this information is not available, should the code (0003) Not Stated be entered.

'Australia' should only be used when the Australian state of birth is not known for Australian-born patients.

Examples

	Australian State or Country or State of Birth
A patient born in WA is admitted to hospital.	0905
A patient born in Australia (not otherwise specified) is admitted to hospital.	1100
A patient born in Tokyo is admitted to hospital.	6201

Related national definition

N/A

Revision history

N/A

Care Type

Field name:	care_type
Source data elements:	N/A
Definition:	The clinical intent and purpose of the treatment being delivered.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NN
Permitted values:	21 - Acute Care 22 - Rehabilitation Care 23 - Palliative Care 24 - Psychogeriatric Care 25 - Maintenance Care 26 - Newborn 27 - Organ Procurement 28 - Boarder 29 - Geriatric Evaluation and Management 32 - Mental Health Care

Guide for use

Care type refers to a phase of treatment and is designed to reflect the primary clinical intent and purpose of the treatment being delivered.

The treating medical practitioner is responsible for determining the Care Type and should decide which category of care is required during a hospital stay. More than one Care Type may apply during a hospital stay, each associated with a separate episode of care. However, only one care type can be reported to HMDC on the one day.

When the Care Type changes, the patient should be statistically discharged and then statistically re-admitted. A statistical type change can only occur when there is an authorised change in Care Type by the appropriate responsible medical practitioner. Statistical type changes should not occur for a change in Ward, Funding Source or Client Status.

Admitted care can be one of the following:

Acute care

Acute care is care in which the primary clinical purpose or treatment goal is to:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery

- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of an illness or injury
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function
- perform diagnostic or therapeutic procedures.

Acute care excludes care which meets the definition of mental health care.

Rehabilitation care

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

Rehabilitation care excludes care which meets the definition of mental health care.

Palliative care

Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care, and
- evidenced by an individualised multidisciplinary assessment and management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

Palliative care excludes care which meets the definition of mental health care.

Psychogeriatric care

Psychogeriatric care is care in which the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition.

Psychogeriatric care is always:

- delivered under the management of or informed by a clinician with specialised expertise in psychogeriatric care, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Psychogeriatric care is not applicable if the primary focus of care is acute symptom control.

Psychogeriatric care excludes care which meets the definition of mental health care.

Maintenance care

Maintenance (or non-acute) care is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period.

Maintenance care excludes care which meets the definition of mental health care.

Newborn care

Newborn care is initiated when the patient is born in hospital or is nine days old or less at the time of admission. Newborn care continues until the care type changes or the patient is separated:

- patients who turn 10 days of age and do not require clinical care are separated and, if they remain in the hospital, are designated as boarders
- patients who turn 10 days of age and require clinical care continue in a newborn episode of care until separated
- patients aged less than 10 days and not admitted at birth (for example, transferred from another hospital) are admitted with a newborn care type
- patients aged greater than 9 days not previously admitted (for example, transferred from another hospital) are either boarders or admitted with an acute care type
- within a newborn episode of care, until the baby turns 10 days of age, each day is either a qualified or unqualified day
- a newborn is qualified when it meets at least one of the criteria detailed in Newborn qualification status.

Within a newborn episode of care, each day after the baby turns 10 days of age is counted as a qualified patient day. Newborn qualified days are equivalent to acute days and may be denoted as such.

Organ procurement—posthumous

Organ procurement—posthumous is the procurement of human tissue for the purpose of transplantation from a donor whose brain function or circulation of blood has permanently stopped.

Any diagnoses and procedures related to this activity, including mechanical ventilation and tissue procurement, should be recorded in accordance with the relevant ICD-10-AM Australian Coding Standards. These patients are not admitted to the hospital but are registered by the hospital.

Hospital boarder

A hospital boarder is a person who is receiving food and/or accommodation at the hospital but for whom the hospital does not accept responsibility for treatment and/or care.

Boarders do not receive formal care or treatment and are therefore not considered admitted patients. However, boarders are within the scope of this collection and hospitals are required to register boarders. Babies in hospital at age 9 days or less cannot be boarders. They are admitted patients with each day of stay deemed to be either qualified

or unqualified.

Geriatric evaluation and management

Geriatric evaluation and management is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.

Geriatric evaluation and management is always:

- delivered under the management of or informed by a clinician with specialised expertise in geriatric evaluation and management, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Geriatric evaluation and management excludes care which meets the definition of mental health care.

Mental health care

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

Examples

	Care Type
A patient is admitted for respite care in an acute hospital setting whilst their usual carer is away on holidays.	25

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/711010>

Revision history

N/A

Client Identifier

Field Name:	client_identifier
Source data elements:	N/A
Definition:	The patient identifier which is unique within an establishment.
Requirement status:	Mandatory
Data type:	String
Format:	X(10)
Permitted values:	N/A

Guide for use

Alternate names for the Client Identifier include Unit Medical Record Number (UMRN) or Unit Record Number.

The same Client Identifier is retained by the hospital for the patient for all admissions within a particular hospital.

Boarders (where they are required to be registered) and Organ Procurements should be registered under their own Client Identifier.

Examples

	Client Identifier
A patient is admitted to hospital and has a client identifier of N4738271.	N4738271
A patient is admitted to hospital and has a client identifier of MN00232205.	MN00232205

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/290046>

Revision history

N/A

Client Status

Field name:	client_status
Source data elements:	N/A
Definition:	The type of hospital service being provided to the patient.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NN
Permitted values:	0 - Funding Hospital 1 - Qualified Newborn 2 - Unqualified Newborn 3 - Boarder 4 - Nursing Home Type 5 - Contracted Service 6 - Admitted Client 7 - Organ Procurement 9 – Funding Qualified Newborn 10 – Funding Unqualified Newborn

Guide for use

This data element should be collected in conjunction with Care Type.

Funding Hospital

Refers to a hospital funding a patient's care that is provided under contract to another hospital/health service.

Qualified Newborn

Refers to a newborn who is less than 10 days old and; is the subsequent live born infant of a multiple birth, or is admitted to/remains in hospital without their mother, or requires admission to a Level 2 Special Care Nursery (SCN2) or Neonatal Intensive Care (NICU) facility. Refer to AABR for detailed admission criteria for qualified newborn status.

Unqualified Newborn

Refers to a newborn which has not met at least one of the 'Qualified Newborn' criteria.

Boarder

Refers to a person who is provided meals/accommodation from the hospital but for whom the hospital does not accept responsibility for their treatment or care. Boarders are excluded from any patient counts for reporting purposes.

Nursing Home Type Patient

Refers to a patient receiving Maintenance (non-acute) Care for a continuous period

exceeding 35 days in one or more hospitals (with a break of no more than 7 consecutive days).

Contracted Service

Refers to the provision of a service by a hospital/health service under contracted arrangements (on behalf of) with another hospital/health service.

Admitted Client

Refers to a patient for whom the hospital accepts responsibility for treatment/care. Admitted patients do not include same day patients whose procedures do not require hospital admission, patients who are dead on arrival, aged care and flexible care residents, or mothers who elect to deliver at home and their newborn(s) are born at home (unless delivery is under an approved homebirth program and newborns requiring inpatient admission post-delivery) or boarders. Admitted Client may include same day patients whose procedures are cancelled if the patient meets other admission criteria.

Organ Procurement

Refers to the procurement of human tissue for the purpose of transplantation from a donor who has been declared brain dead. At the time of death, the patient must be discharged as deceased; this is the official time of death. A separate admission for posthumous organ procurement is to be recorded.

Funding Qualified Newborn

As per the aforementioned QNB and UQNB and refers to a hospital funding a newborn's care that is provided under contract to another hospital/health service.

Funding Unqualified Newborn

As per the aforementioned QNB and UQNB and refers to a hospital funding a newborn's care that is provided under contract to another hospital/health service.

Examples

	Client Status
A newborn baby is transferred from KEMH to Bunbury Regional Hospital aged three days and admitted with his mother for routine perinatal care for 1 night. Note: The baby cannot be a boarder given their age of <10	2
A patient is admitted to hospital for an appendectomy.	6
A patient with no fixed permanent address is admitted to hospital for treatment of a lower leg injury. After a period of time the patient no longer require care, however cannot be discharged until suitable accommodation has been arranged.	3

Related national definition

N/A

Revision history

N/A

Clinician on Admission

Field name:	clinician_on_admission
Source data elements:	N/A
Definition:	The hospital medical practitioner who authorises the patient to be admitted to hospital.
Requirement status:	Mandatory
Data type:	String
Format:	X(13)
Permitted values:	Valid MBRN as per the Australian Health Practitioner Regulation Agency.

Guide for use

This element refers to the Medical Board Registration Number (MBRN) of the hospital medical practitioner authorising the patient to be admitted to hospital.

The Clinician on Admission must have admitting rights to the hospital and have a current practicing medical board registration.

The medical practitioners' registration number must be reported as 13 characters in length, with all leading zeros incorporated where applicable.

A Dental or Podiatrists' registration number is in the same 13 character string format.

The MBRN of the clinician on admission should be reported to HMDC using the [AHPRA website](#) for providing the medical practitioner's current registration number.

Examples

	Clinician on Admission	Clinician on Admission (for mother's record)	Clinician on Admission (for baby's record)
Dr Clarke admits a patient to hospital; his registration number is MED0000010094.	MED0000010094		
A boarder is registered with the hospital while their carer is unavailable.	000000		
A baby 6 days of age is admitted while their mother received treatment (the baby has the same number as the mother).		MED0000256070	MED0000256070

Related national definition

N/A

Revision history

N/A

Clinician on Separation

Field name:	clinician_on_separation
Source data elements:	N/A
Definition:	The medical practitioner in the hospital who authorises the patient to be discharged from hospital.
Requirement status:	Mandatory
Data type:	String
Format:	X(13)
Permitted values:	Valid MBRN as per the Australian Health Practitioner Regulation Agency.

Guide for use

This element refers to the Medical Board Registration Number (MBRN) of the hospital medical practitioner authorising the patient to be discharged from hospital.

The Clinician on Separation must have admitting rights to the hospital and have a current practicing medical board registration.

The medical practitioners' registration number must be reported as 13 characters in length, with all leading zeros incorporated where applicable.

A Dental or Podiatrists' registration number is in the same 13 character string format.

The MBRN of the medical practitioner on separation should be reported to HMDC using the [AHPRA website](#) for providing the medical practitioner's current registration number.

Examples

	Clinician on Separation
Dr Clarke discharges a patient from hospital, his registration number is MED0000010094.	MED0000010094
Surgical Podiatrist Mr. Gold discharges a patient from hospital, his registration number is POD0000001935.	POD0000001935

Related national definition

N/A

Revision history

N/A

Clinician Performing Procedure

Field Name:	clinician_performing_procedure
Source data elements:	N/A
Definition:	The medical practitioner responsible for performing or authorising the principal procedure.
Requirement status:	Conditional
Data type:	String
Format:	X(13)
Permitted values:	N/A

Guide for use

This field requires the Medical Board Registration Number (MBRN) of the medical practitioner performing or authorising the patient's principal procedure.

The MBRN of the clinician performing the principal procedure should be reported to HMDC using the [AHPRA website](#) for providing the medical practitioner's current registration number.

Clinician Performing Principal Procedure field is a 13 character alphanumeric field and requires all leading zeros to be included.

This number may be different to the Clinician on Admission or Clinician on Separation in some hospitals as the registrar who performs the principal procedures may not be the Clinician on Admission or the Clinician on Separation.

Examples

	Clinician Performing Additional Procedure
A patient is admitted to hospital where they undergo an appendectomy. As part of the appendectomy they also need to undergo general anaesthesia. Dr Bowers (MED0001325467) administers the general anaesthesia and Dr. Wood (MED0001534233) performs the appendectomy.	MED0001534233

Related national definition

N/A

Revision history

N/A

Condition Onset Flag

Field name:	cond_onset_flag_for_ICD_code
Source data elements:	N/A
Definition:	A qualifier for all coded diagnoses to indicate the onset of the condition relative to the beginning of the episode of care.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 - Condition with onset during the episode of admitted patient care 2 - Condition not noted as arising during the episode of admitted patient care

Guide for use

Condition with onset during the episode of admitted patient care [COF 1] – refers to a condition that arises during the episode of admitted patient care and would not have been present or suspected on admission.

Condition not noted as arising during the episode of admitted patient care [COF 2] – refers to a condition previously existing or suspected on admission such as the presenting problem, a co-morbidity or chronic disease.

The Condition Onset Flag must be allocated to each diagnosis code, external cause code, place of occurrence code, activity code and morphology code to indicate:

- condition with onset during the episode of admitted patient care or
- condition not noted as arising during the episode of admitted patient care.

In certain scenarios a COF 1 can be allocated to a principal diagnosis.

Examples

	COF
A patient is admitted and diagnosed with pneumonia.	2
A baby receives an infection during the birth episode.	1

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/686100>

Revision history

N/A

Contract Leave Days

Field Name:	contract_leave_days
Source data elements:	N/A
Definition:	Total number of days patient spent on contract leave during admission
Requirement Status:	Conditional
Data type:	Numeric
Format:	NNN
Permitted values:	N/A

Guide for use

Contracted care is an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a health service purchaser of care (contracting hospital), and a provider of an admitted service (contracted hospital). The provider of the healthcare services must be a hospital (public or private) or a private day facility.

Contract leave refers to a type of leave recorded by a contracting hospital (Hospital A), when an admitted patient is sent for/receiving care at a contracted hospital (Hospital B) as part of contracted care. Contract leave only applies where both the contracted and contracting hospital are providing components of the admitted episode of care. A patient cannot be recorded as admitted to both hospitals at the same time, unless the patient is on contract leave at Hospital A.

Contract leave is recorded through the 'Leave Type' data element with the following rules:

- contract leave is only reported by Hospital A for the duration of the contracted care at Hospital B.
- a patient receiving a contracted care service at another establishment can be placed on contract leave for more than 7 days, however the patient's status is to be reviewed after 35 days on leave.
- leave days are only recorded if the leave period is over midnight (i.e. cannot be day leave).

Examples

	Contract Leave Days
A patient is admitted to Royal Perth Hospital on the 12/06/2020 for surgery. They are placed on contract leave on the morning of the 14/06/2020 and transferred to Saint John of God Subiaco for routine dialysis, they return to Royal Perth Hospital during the evening of the 14/06/2020. They stay at Royal Perth Hospital for four more days before being discharged home on the 18/06/2020.	0 [the contract leave period has not surpassed midnight]

<p>A patient is admitted to Royal Perth Hospital on the 12/06/2020 for surgery. They are placed on contract leave on the morning of the 14/06/2020 and transferred to Saint John of God Subiaco for routine dialysis, they return to Royal Perth Hospital the next day during the evening of the 15/06/2020. They stay at Royal Perth Hospital for four more days before being discharged home on the 19/06/2020.</p>	<p>1 [the contract leave period has surpassed midnight]</p>
<p>A patient is admitted to Bunbury Regional Hospital on the 10/02/2021 for a procedure. The patient's clinical condition deteriorates and they are transferred to Saint John of God Bunbury Intensive Care Unit on the 12/02/2021. There is a contract care arrangement between Bunbury Regional Hospital and Saint John of God Bunbury for use of the Intensive Care Unit. The patient remains at Saint John of God Bunbury Intensive Care Unit until the 20/02/2021 when they are transferred back to Bunbury Regional Hospital. They remain at Bunbury Regional Hospital until the 28/02/2021 when they are discharged home.</p>	<p>8 [there is a formal contract care arrangement in place between the two hospitals]</p>
<p>A patient is admitted to Royal Perth Hospital on the 19/05/2021 as a result of a car accident. On the 20/05/2021 the patient's clinical condition deteriorates and they are transferred to Fiona Stanley Hospital for more acute care. They remain at Fiona Stanley Hospital until their condition stabilises before being transferred back to Royal Perth Hospital on the 30/05/2021 for ongoing care.</p>	<p>0 [there is no formal contract care arrangement in place between the two hospitals]</p>

Related national definition

N/A

Revision history

N/A

Contracted Care Flag

Field name:	contracted_care_flag
Source data elements:	N/A
Definition:	Indication that a diagnosis was made, or procedure performed by another hospital in a contracted care arrangement.
Requirement status:	Conditional
Data type:	Numeric
Format:	XX
Permitted values:	01 - B – Provided by contracted hospital 02 - AB – Provided by both the funding and contracted hospital

Guide for use

Flag used to indicate whether an ICD-10-AM diagnosis was made, or anACHI procedure performed by a contracted service. The flag should only be utilised where Hospital B was contracted to provide patient care.

Where a procedure is performed only at the contracting hospital (Hospital A), the procedure is not assigned a contracted care flag.

Where a procedure is performed only at the contracted hospital (Hospital B), the procedure must be recorded by Hospital A with a contracted care flag assigned to it.

Where a procedure that should only be coded once is performed at both the contracting hospital (Hospital A) and the contracted hospital (Hospital B), the procedure must be recorded by Hospital A with a contracted care flag assigned to it.

Where a procedure is partially performed at both the contracting hospital (Hospital A) and the contracted hospital (Hospital B), the procedure must be recorded by Hospital A with a contracted care flag assigned to it.

Examples

	Contracted Care Flag assigned by Hospital A
A patient is admitted to St John of God Bunbury (Hospital B) under contract from Bunbury Regional Hospital (Hospital A) for hip replacement surgery. Following surgery, the patient haemorrhages, requiring initiation of blood transfusion and transfer to Bunbury Regional Hospital for continuing treatment. The blood transfusion is still in progress on transfer to Bunbury Regional Hospital and is completed there. The Contracted Care Flag assigned by Bunbury Regional Hospital for the blood transfusion is 'AB.'	Blood transfusion 02
A patient is admitted to Royal Perth Hospital (RPH, Hospital A) before being transferred to St John of God Subiaco (Hospital B) under contract from RPH for coronary angioplasty. The patient undergoes coronary angioplasty at St John of God Subiaco, then is transferred back to Royal Perth Hospital. The Contracted Care Flag assigned by RPH for the coronary angioplasty is 'B.'	Coronary angioplasty 01

Related national definition

N/A

Revision history

N/A

Contracted Funding Establishment

Field name:	funding_establishment_code
Source data elements:	N/A
Definition:	The establishment number of the Contract Service Provider or Funding Hospital where a contractual treatment/care service occurs.
Requirement status:	Conditional
Data type:	Numeric
Format:	N(4)
Permitted values:	Refer to the Establishment Code List

Guide for use

This refers to a formal arrangement where one hospital has a contract with another hospital to provide specific services. The Funding Hospital should record the Contracted Service Provider establishment number in the Contracted/Funding Establishment field, indicating that the patient received the treatment from that specified provider.

The Contracted Service Provider should record the Funding Hospital establishment number in the Contracted / Funding Establishment field, indicating that they have provided the service under contract on behalf of the specified Funding Hospital.

Examples

	Contracted Funding Establishment (Funding Hospital)	Contracted Funding Establishment (Contracted Service Provider)
A patient at KEMH (the funding hospital) is transferred to SJOG Subiaco (the contracted service provider) to receive a contracted procedure.	0616	0104

Related national definition

N/A

Revision history

N/A

Date of Birth

Field name:	date_of_birth
Source data elements:	N/A
Definition:	Date on which a patient was born.
Requirement status:	Mandatory
Data type:	Date
Format:	DD/MM/YYYY
Permitted values:	N/A

Guide for use

Date of Birth is used to derive the age of the patient for use in demographic analysis. It also assists in the unique identification of patients if other identifying information is missing or in question and may be required for the derivation of other metadata items.

It is important to be as accurate as possible when completing the birth date. It is recognised that some patients do not know the exact date of their birth. When the exact date of birth is unknown, estimate the person's age and record the date of birth as appropriate. Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years.

Examples

	Date of Birth
A patient has a date of birth of 12th June 1960.	12/06/1960
A patient is admitted to hospital in 2020 but because of their condition is unable to confirm their date of birth. Medical staff estimate the patient's age to be 14 years old.	01/07/2006
A female patient is admitted to hospital in labour at 10.30pm on the 13th September 2017 and the baby is delivered at midnight 14th September 2017.	14/09/2017

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/287007>

Revision history

N/A

Date of Procedure

Field Name:	date_of_procedure
Source data elements:	N/A
Definition:	The date on which a surgical procedure commenced during an inpatient episode of care.
Requirement status:	Conditional
Data type:	Date
Format:	DD/MM/YYYY
Permitted values:	N/A

Guide for use

The procedure date is to be recorded for all procedures undertaken during an episode of care.

Examples

	Date of Procedure
A patient is admitted for a Vaginal Hysterectomy that was performed on 20/02/2011.	20/02/2011
A patient is admitted in labour and had to have an emergency Caesarean section for foetal distress on 18th April 2012.	18/04/2012

Related national definition

N/A

Revision history

N/A

Days of Hospital in the Home (HITH) Care

Field name:	days_of_hospital_in_the_home_care
Source data elements:	N/A
Definition:	The number of HITH days occurring within an episode of care for an admitted patient.
Requirement status:	Conditional
Data type:	Numeric
Format:	NNN
Permitted values:	N/A

Guide for use

Required if HITH days accrued, blank if none.

HITH care is the provision of overnight acute and mental health inpatient care in the patient's home or usual place of residence by hospital clinical staff.

Overnight acute care does not include a patient receiving HITH within an approved Home Birth program.

A HITH admission may occur as a continuation of a current inpatient admission or may be a stand-alone HITH admission.

Calculating the number of HITH days:

- The day the patient is admitted is counted as a HITH day if the patient was at home at the end of the day (overnight).
- The date of change between hospital and home accommodation is counted if the patient was at home at the end of the day (overnight).
- The date of separation is not counted, even if the patient was at home at the end of the day (overnight).
- Days of HITH cannot be greater than Length of Stay and cannot include any leave days.

Examples

	Days of HITH Care
A patient is admitted to Fremantle Hospital for 15 days. The last 5 days of the admission episode were within the HITH program and care was delivered on each of these days in the patient's home by the clinical team.	5

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/686115>

Revision history

N/A

Days of Psychiatric Care

Field name:	days_of_psychiatric_care
Source data elements:	N/A
Definition:	The number of days the patient received care as an admitted patient within a designated psychiatric unit.
Requirement status:	Conditional
Data type:	Numeric
Format:	NNNN
Permitted values:	N/A

Guide for use

Required if mental health patient admitted to designated unit, blank otherwise.

Total Psychiatric Days must be less than or equal to the Length of Stay.

When reporting Days of Psychiatric Care

- A Mental Health Legal Status must be reported.
- Care Type of Mental Health may or may not be reported.

Examples

	Days of Psychiatric Care
A patient is admitted to the psychiatric unit at Hospital A and discharged 36 days later after having 4 days on leave during the total period.	0032
A patient is admitted to Hospital B for a hysterectomy but on the 4th day was noted to be severely depressed and was then transferred to the psychiatric unit. Total length of stay was 15 days.	0011
A patient is admitted to a Medical Ward with depression and back pain. A psychiatrist reviews him but care continues under the admitting physician. The principal diagnosis is depression.	0

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/722678>

Revision history

N/A

Days of Qualified Newborn Care

Field name:	days_of_qualified_newborn_care
Source data elements:	N/A
Definition:	The number of days in a qualified newborn's episode of care.
Requirement status:	Conditional
Data type:	Numeric
Format:	NNN
Permitted values:	

Guide for use

Applicable only for newborn events, or newborns transferred from another location.

A patient's care is qualified newborn care if the infant is less than 10 days of age and is the subsequent live born infant of a multiple birth or a newborn requiring intensive or special care and admitted to a Level 2 SCN or NICU for provision of that care or is admitted to/remains in hospital without their mother.

MULTIDAY – The number of qualified days is calculated with reference to the admission date, separation date, and any date of change to qualification status:

- The date of admission is counted if the patient was qualified at the end of the day
- The date of change to qualification status is counted if the patient was qualified at the end of the day
- The date of separation is not counted, even if the patient was qualified on that day.

SAME DAY – The normal rules for calculation of patient days apply (in relation to leave and same day patients) i.e. a qualified patient should be allocated one qualified day if admitted and separated on the same day.

The length of stay for a newborn episode of care is equal to the sum of the qualified and unqualified days.

Note that Days of Qualified Newborn care are to be reported in both Funding and Contracting admissions as per counting rules outlined.

Examples

	Days of Qualified Newborn Care
A second twin is born in hospital and is discharged after 7 days. The baby remains qualified for the entire admission.	7
A premature baby is born in hospital and immediately admitted to the neonatal intensive care unit where they remain for 120 days.	120

A newborn baby is admitted from another hospital at age 3 days and remains in hospital until age 11 days and treated for feeding problems. The mother comes to visit on a daily basis.	8
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Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/722649>

Revision history

N/A

Department of Veterans Affairs Card Colour

Field name:	DVA_card_colour
Source data elements:	N/A
Definition:	The Department of Veterans' Affairs card colour indicates the level of entitlement to additional health cover.
Requirement status:	Conditional
Data type:	Numeric
Format:	N
Permitted values:	1 - Gold 2 – White

Guide for use

Required where Department of Veterans' Affairs (DVA) entitled patients are using admitted patient services.

Admissions for White Card holders need to be related to their accepted war-caused disabilities.

Admissions to public hospitals for Gold Card holders, do not generally require prior financial approval, however, there are some exceptions (i.e. cosmetic and non-MBS procedures).

Refer to the [DVA website](#) for further information.

Examples

	Veterans Card Colour
A DVA patient is admitted with a gold card.	1
A DVA patient is admitted with a white card.	2

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/563420>

Revision history

N/A

Department of Veterans Affairs File Number

Field name:	DVA_file_number
Source data elements:	N/A
Definition:	The Department of Veterans' Affairs file number, required to identify those patients entitled to Department of Veterans' Affairs funding for their medical care at the point of service.
Requirement status:	Conditional
Data type:	String
Format:	X(9)
Permitted values:	N/A

Guide for use

Required where Department of Veterans' Affairs (DVA) entitled patients are using admitted patient services.

The DVA File Number is the number located below the patient's name on the Repatriation Health Card that is issued by the DVA to eligible Veteran beneficiaries.

There should be NO spaces between the alpha and numeric values. The Alpha characters in the first position refer to the Australian States' initials. Therefore, the only valid characters in the first position of this field are N, Q, S, T, V and W. Veterans from the ACT and the Northern Territory have the initials N and S respectively.

Patients who choose to give up their entitlement for treatment under the *Veterans' Entitlements Act 1986 (Cth)* must have their card colour and DVA File Number recorded, regardless of the type of Funding Source indicated.

Examples

	Department of Veterans' Affairs – File Number
A patient is admitted to Royal Perth Hospital for treatment of a leg ulcer. The DVA has assumed responsibility for funding this patient's treatment.	WX46723
A patient is admitted to Fremantle Hospital for treatment of a Chronic Obstructive Airways Disease. The patient is admitted as a public patient even though they have DVA entitlements.	WX12855

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/339127>

Revision history

N/A

Discharged To

Field Name:	discharged_to_establishment_code
Source data elements:	N/A
Definition:	The location the patient was referred or discharged to.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NNNN
Permitted Values:	Refer to the Establishment Code List

Guide for use

The Discharged To field is not limited to only hospitals and can include deceased patients, reclassified patients (i.e. change of care type), and funding/contracting hospital.

For patients transferred to another hospital for contracted care without returning to the funding hospital the Discharged To must reflect the value recorded by the Contracted Hospital at the end of the care.

Patients discharged to a refuge are to be recorded as being discharged home.

Examples

	Discharged To
A patient is discharged to Ravensthorpe Hospital.	420
A patient is discharged to Aegis Amberley Aged Care.	4188
A Patient is discharged to Karnet Prison Farm.	2114
A patient is discharged home from dialysis session in the morning and then admitted to Royal Perth Hospital in the afternoon for a planned but unrelated admission.	0900

Related national definition

N/A

Revision history

N/A

Employment Status

Field name:	employment_status
Source data elements:	N/A
Definition:	The self-reported employment status of a patient at the time of the service event.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N(2)
Permitted values:	1 - Child not at School 2 - Student 3 - Employed 4 - Unemployed 5 - Home Duties 6 - Retired 7 - Pensioner 8 - Other

Guide for use

Child not at School

Refers to children not attending schooling (can refer to those attending playgroup or kindergarten). Does not refer to children not at school due to illness or disability. Refer to option 8 for children who are not attending school due to illness or disability.

Student

Refers to children attending school or individuals with study commitments equivalent to 20 hours per week or more (including children in pre-primary). If the study commitments are less than 20 hours per week and the individual does not fit into any other category, then record the Employment Status as '8-Other'.

Employed

Refers to individuals who have full-time or part-time employment either as an employee, employer, self-employed or volunteer.

Unemployed

Refers to individuals who are unemployed regardless of whether they are actively seeking employment or receiving unemployment benefits.

Home Duties

Refers to individuals whose sole role is performing home duties (i.e. they do not have any other occupation).

Retired

Refers to individuals who are retired from work but not receiving an aged pension (i.e. self-

funded retiree).

Pensioner

Refers to individuals who are retired from work and receiving an aged pension or a person who is unable to work and receives another type of pension (i.e. invalid pension).

Other

Refers to individuals with an illness or disability aged between 6 and 15 who are not attending school. Once the individual reaches 16 years of age, they should be entered as employed, unemployed or pensioner (invalid pensioner).

Examples

	Employment Status
A patient is admitted who is a 45-year-old retired carpenter.	6
A patient is admitted who is a 14-year-old with a disability not attending school and not employed.	8
A patient is admitted who is a 14-year-old not attending school and not employed.	4
A patient is admitted who is an 8-year-old not attending school due to illness.	8

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/269955>

Revision history

N/A

Episode of Care Link Field

Field name:	episode_of_care_link_account_number
Source data elements:	N/A
Definition:	The account number from the first episode of care in a formal admission.
Requirement status:	Mandatory
Data type:	String
Format:	X(12)
Permitted values:	N/A

Guide for use

The Episode of Care Link field must be populated for every admission and for any admissions with subsequent statistical admissions occurring due to care type changes within the one episode of care.

The episode of care link field for the first admission will contain the admission/account number from that admission. The episode of care link field for each subsequent admission should contain the admission/account number from the first admission in the chain of care type changes.

Note: Every separation must have the Episode of Care Link Field populated, not only statistical discharges and readmissions.

Examples

	Episode of Care Link Field
A patient is admitted for acute care, with Account/Admission Number 09203148, so the Episode of Care Link Number is also 09203148.	09203148
A patient's care type is changed to rehabilitation care after a few days and so they were assigned a new Account/Admission Number 12349685. Their Episode of Care Link Number remains reported as 09203148.	09203148

Related national definition

N/A

Revision history

N/A

Establishment Code

Field name:	establishment_code
Source data elements:	N/A
Definition:	A unique four-digit number that is assigned by Department of Health (WA) to hospitals and other health related locations or establishments.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NNNN
Permitted values:	Refer to the Establishment Code List

Guide for use

An establishment refers to an authorised/accredited physical location where patients can receive health care and stay overnight. This includes acute hospitals, residential aged care and nursing homes, rehabilitation and residential mental health facilities. For the purposes of reporting and other business requirements, virtual hospitals, same-day clinics, surgeries, nursing posts, detention centres or prisons must also be assigned an establishment code.

Establishment codes are assigned by the Department of Health and a list of valid establishments is provided in the [Establishment Code List](#).

Examples

	Establishment Code
A patient is admitted to Bentley Hospital.	0255
A patient is admitted to SJOG Health Care Murdoch.	0640

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/493975>

Revision history

N/A

First Forename

Field name:	first_forename
Source data elements:	N/A
Definition:	The first forename of an individual.
Requirement status:	Mandatory
Data type:	String
Format:	A(30)
Permitted values:	N/A

Guide for use

First Forename is mandatory, except where patient is only identified by a single name.

When the First Forename of a baby aged less than 29 days is unknown, 'Baby' is valid.

Babies of multiple births should be reported in the sequence of their birth (i.e. Baby One of Jane, Baby Two of Jane, etc).

If the First Forename of a patient over 28 days old is unknown, 'Unknown' is valid.

Alias names should be recorded in the Alias field in the hospital's Central Patient Index (CPI) or Patient Master Index (PMI). The use of brackets () for alias names is not accepted.

Some patients only have one name by which they are known. Record this name in the Surname field and enter "No Name Given" in the First Forename field.

Do not report any characters other than Alphas in the First Forename field (i.e. dots or commas).

Examples

	First Given Name
A baby is born in hospital and is the second triplet of a multiple birth. The baby has not yet been named. The Mother's name is Karen.	TR TWO KAREN
A newborn is admitted to hospital, the First Given Name is not known and the mother's UMRN is not known.	BABY OF CATHERINE

Related national definition

N/A

Revision history

N/A

Funding Source

Field Name:	funding_source
Source data elements:	N/A
Definition:	Patient's principal funding or payment source for the service event.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NN
Permitted values:	21 - Australian Health Care Agreement 22 - Private Health Insurance 23 - Self-Funded 24 - Worker's Compensation 25 - Motor Vehicle Third Party Personal Claim 26 - Other Compensation 27 - Department of Veterans' Affairs 28 - Department of Defence 29 - Correctional Facility 30 - Reciprocal Health Care Agreement 31 - Ineligible 32 - Other 33 - Ambulatory Surgery Initiative 34 - Detainee

Guide for use

Not all of the above may be represented in the establishment's Patient Administration System.

Funding Source is independent of the patient's Insurance Status (i.e. a patient with private health insurance can have a Funding Source election of either public or private).

All qualified and unqualified newborns must have the same Funding Source as their mother.

Australian Health Care Agreements

Refers to Medicare eligible patients who are ED patients, admitted public patients, presenting to a public hospital outpatient department for whom there is no third party arrangement or public patients admitted to a private hospital funded by state or territory health authorities. This excludes inter-hospital contracted patients and overseas visitors who are covered by Reciprocal Health Care Agreements but elect to be treated as public admitted patients and Medicare eligible patients who choose not to register with Medicare and self-fund the admission episode.

Private Health Insurance

Refers to patients who are eligible for treatment under the Australian Health Care Agreement but elect to receive hospital care under a private health insurance fund. This excludes overseas visitors for whom travel insurance is the major funding source.

Self-Funded

Refers to patients who are eligible for treatment under the Australian Health Care Agreement but elect to be admitted as a private patient and undertake responsibility for paying all hospital charges during the admission episode.

Worker's Compensation

Refers to patients injured at their place of work where their employer's workers compensation insurance will pay for hospital and medical charges incurred during the admission episode.

Motor Vehicle Third Party Personal Claim

Refers to patients involved in a motor vehicle accident and whose personal injury claims for hospital and medical charges are covered by Motor Vehicle Third Party Insurance.

Other Compensation

Refers to patients who are entitled to claim compensation under public liability, common law or medical negligence. Includes compensation from a sporting club / association or other party where the latter are responsible for payment of the admission episode. Foreign shipping company employees have their hospital and medical charges covered by the employing shipping company. Other Compensation excludes patients covered under Workers Compensation, Motor Vehicle Third Party Personal claims, Department of Defence, DVA, or Travel Insurance claims.

DVA

Refers to patients eligible for Veterans' Affairs beneficiary and whose hospital and medical charges are covered by the DVA. These include payment by DVA for public hospital treatment of DVA gold cardholders for all conditions or payment of public hospital treatment of DVA white cardholders for specific war/conflict related conditions.

Department of Defence

Refers to patients who are a member of the Australian Defence Forces and injured at work. Patients who are also members of overseas defence forces should be coded to 31 – Ineligible, unless they are involved in joint armed forces exercises and are covered under a special health cover agreement with the Department of Defence.

Correctional Facility

Refers to prisoners and other patients admitted to a hospital where the Department of Justice is responsible for the payment of the admission episode. These patients are treated as a public patient although the funding source is Correctional Facility. Illegal immigrants do not come under this funding source; they should be assigned to category 34 Detainee.

Reciprocal Health Care Agreement

Australia has Reciprocal Health Care Agreements (RHCA) with a number of countries. Refer to Services Australia's [Reciprocal Health Care Agreements](#) for more information.

Other

Refers to patients who do not satisfy the requirements of any other funding source.

Ambulatory Surgery Initiative

Refers to patients who are admitted to the Ambulatory Surgery Initiative which has been undertaken at some public hospitals to cater for day surgery cases that can be done as ambulatory care.

Detainee

Refers to patients who are deemed as ineligible immigrants detained in an Immigration Detention Centre. Note: this value is no longer used and is included for historical purposes only.

Ineligible

Refers to patients who are not eligible for the Australian Health Care Agreement, patients from countries who do not have Reciprocal Health Care Agreements with Australia (these patients may be covered by private travel insurance), Foreign Defence Force personnel (unless injured during a joint exercise), or any other ineligible patient not covered by a funding source listed above.

Examples

	Funding Source
A patient is admitted with a work-related injury, where the company is responsible for payment.	24
A patient is admitted for treatment of an injury sustained in a motor vehicle accident, where the Insurance Commission of WA is responsible for payment.	25
A patient is admitted after falling and injuring her back in the local supermarket. She is making a public liability insurance claim.	26

Related national definition

<http://meteor.aihw.gov.au/content/746003>

Revision history

N/A

Gender, code

Field name:	gender_code
Source Data Element(s):	[Gender] – webPAS
Definition:	Gender is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 – Man or male 2 – Woman or female 3 – Non-binary 4 – Different term 5 – Prefer not to answer 9 – Not stated or inadequately described

Guide for use

The collection of Gender is mandatory.

Gender includes the following concepts:

- Gender identity is about who a person feels themselves to be.
- Gender expression is the way a person expresses their gender. A person's gender expression may vary depending on the context, for instance, expressing different genders at work and at home.
- Gender experience describes a person's alignment with the sex recorded for them at birth i.e. a cis experience or a trans experience.

Gender is often used interchangeably with sex, however they are distinct concepts and it is important to differentiate between them.

When comparing the concepts of sex and gender:

- Sex is understood in relation to sex characteristics.
- Gender is about social and cultural differences in identity, expression and experience.

While they are related concepts, caution should be exercised when comparing counts for gender with those for sex.

Examples

	Gender, code
A patient is admitted to hospital and discloses their current gender is male.	1 – Male
A patient is admitted to hospital and advises their sex recorded at birth is male but they currently identify as a female.	2 – Female

	Gender, code
A patient is admitted from the waitlist to undergo surgery and discloses that their gender is non-binary.	3 – Non-binary
A patient directly admitted to ward discloses that their current gender is 'Sistergirl'.	4 – Different term
A patient is admitted to hospital and does not wish to disclose their gender.	5 – Prefer not to answer

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/741842>

Revision history

N/A

Hours in Intensive Care Unit

Field name:	hours_in_intensive_care_unit
Source data elements:	N/A
Definition:	The number of hours spent in a licensed designated intensive care bed during an episode of admitted care.
Requirement status:	Conditional
Data type:	Numeric
Format:	N(5)
Permitted values:	N/A

Guide for use

Required if time spent in a designated intensive care bed, blank otherwise.

Intensive Care Units (ICU) include Adult or Paediatric ICUs. It does not include High Dependency Units, Critical Care Units or Level 2 Nurseries.

Hours in ICU must be reported separately for each episode of care type (i.e. if a patient has multiple ICU admissions during their period of stay multiple instances of hours in ICU must be reported on the final discharge.

Time is to be rounded to the nearest hour. If the patient has spent 0 - 29 minutes in ICU round down to 0 hours, if the patient has spent 30 - 59 minutes in ICU round up to 1 hour.

Examples

	Hours in ICU
A patient is admitted to ICU 12/04/2015 at 1300 hours. Discharged from ICU 12/04/2015 at 1720 hours. Total time in ICU = 4 hours and 20 minutes. Round down to 4 hours.	4
A patient is admitted to ICU 15/07/2015 at 1315 hours. Discharged from ICU 19/07/2015 at 1600 hours. Total time in ICU = 98 hours and 45 minutes. Round up to 99 hours.	99
A patient is admitted to ICU 20/09/2015 at 2000 hours. Discharged from ICU 20/09/2015 at 2020 hours. Total time in ICU = 20 minutes. Round down to 0 hours.	[blank]

Related national definition

<https://meteor.aihw.gov.au/content/731473>

Revision history

N/A

Hours of Continuous Ventilatory Support

Field Name:	hours_of_continuous_ventilatory_support
Source data elements:	N/A
Definition:	The total number of hours an admitted patient has spent on continuous ventilator support.
Requirement status:	Conditional
Data type:	Numeric
Format:	N(5)
Permitted values:	N/A

Guide for use

Continuous ventilatory support (CVS) or invasive ventilation refers to the application of ventilation via an invasive artificial airway. For the purposes of this data element, invasive artificial airway is that provided via an endotracheal tube or a tracheostomy tube.

If a patient is intubated and ventilated for < 1 hour the intubation and ventilation are not reported. This includes patients who die or are discharged or transferred.

CVS can occur within or outside of an ICU.

Non-invasive ventilation support (that without invasive artificial airway) such Continuous Positive Airways Pressure, Bi-Level Positive Airway Pressure and Intermittent Positive Pressure Breathing should not be reported as CVS hours unless it forms part of the weaning from CVS.

Examples

	Hours of CVS
A patient is treated on CVS for seven days.	168
A patient is treated on CVS for 48 hours.	48
A patient goes to theatre and is on mechanical ventilation for 12 hours. CVS hours is not coded as it is less than 24 hours, and is associated with the anaesthesia and considered an integral part of the surgical procedure.	[blank]

Related national definition

<http://meteor.aihw.gov.au/content/746676>

Revision history

N/A

Infant Weight

Field Name:	infant_weight
Source data elements:	N/A
Definition:	The first weight, in grams, of the live-born baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth.
Requirement status:	Conditional
Data type:	Numeric
Format:	NNNN
Permitted values:	N/A

Guide for use

Required if < 1 year of age.

Weight is to be recorded in grams.

Weights greater than 9999gms or an unknown weight are to be recorded as 9999gms.

Admission includes live newborns born during the mother's previous admission to hospital for the birth, patient's <1 year born elsewhere, or patient's <1 year born during the mother's previous admission to hospital.

For infants admitted as boarders, an infant weight does not need to be recorded. Some systems may require a weight to be recorded, in which case it is permissible to record the birth weight as 9999gms.

Examples

	Infant Weight
A 10-day old baby is readmitted for circumcision and his admission weight was 4130 grams.	4130
A premature baby six months old with a low birth weight is transferred to another hospital to increase weight and condition, and on admission weighed 1820 grams.	1820
An eleven month old baby is admitted with RSV positive bronchiolitis with an admission weight of 10,200 grams.	9999

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/310245>

Revision history

N/A

Insurance Status

Field Name:	insurance_status
Source data elements:	N/A
Definition:	Indicates whether a patient has hospital insurance.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 - Yes 2 - No

Guide for use

This data element indicates whether the patient has hospital insurance, not their method of payment for the episode of care.

A patient can be recorded as having private hospital insurance even if they elect to be treated as a public patient.

Yes

Refers to patients who have hospital insurance with a health insurance fund registered under the [National Health Act 1953 \(Commonwealth\)](#), or a general insurance company under a guaranteed renewable policy providing benefits similar to those available under a registered insurance fund.

No

Refers to patients who are not covered by any benefits as outlined above.

If a patient does not have Hospital Insurance cover, they can still be admitted as a private patient, but the Funding Source must be 'Self-Funded' and the Insurance Status must be 'No'.

If a patient elects their Funding Source to be Private Health Insurance, the Insurance Status must be 'Yes'.

Examples

	Insurance Status
A patient is admitted to a public hospital as a private patient for treatment and the Health Insurance Fund accepted responsibility for payment.	1
A patient is admitted to a public hospital, and their private insurance covers ancillary benefits only.	2

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/647326>

Revision history

N/A

Intended Length of Stay

Field Name:	intended_length_of_stay
Source data elements:	N/A
Definition:	The intended length of time the patient will be admitted to the hospital.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted Values:	1 - Intended same-day stay 2 - Intended overnight stay

Guide for use

Intended same-day stay

Refers to any patient where the intention of the medical practitioner at admission is to admit and discharge the patient on the same date.

Intended overnight stay

Refers to any patient where the intention of the medical practitioner at admission is to admit and discharge the patient on different dates.

Intended length of stay should be assigned on admission and should not be revised regardless of the actual length of stay.

Where the intended length of stay is not known on admission, the value for the intended overnight stay is assigned.

Examples

	Intended Length of Stay
A patient is admitted to a day ward for uncomplicated cataract extraction, which the medical practitioner indicates will take four hours and the patient would be discharged later the same day.	1
A patient is admitted for cataract extraction intended for discharge on the same day. The patient develops respiratory failure after surgery and is transferred to ICU for five days. Final discharge is nine days after admission.	1
A patient is admitted in the morning for treatment of a concussion and discharged later that day, although it was planned to admit the patient overnight.	2

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/270399>

Revision history

N/A

Interpreter Required

Field Name:	interpreter_service
Source data elements:	N/A
Definition:	Whether an interpreter service is required by or for the patient.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 - Yes 2 - No

Guide for use

The use of an interpreter service may be necessary for any language, including nonverbal languages, used by the patient for communication.

Yes

Refers to instances in which an official paid interpreter is used to assist the patient communicate, or an official paid interpreter is used to assist the patient's family/friends communicate on the patient's behalf (i.e. small children whose relatives are not fluent in English).

No

Refers to family/friends interpreting for the patient or no formal/informal interpreting services required.

Examples

	Interpreter Service
A patient is admitted to hospital for treatment of a urinary tract infection who cannot speak English. An Interpreter is required.	1
A patient is admitted to hospital for treatment of a broken arm. The patient's primary language is not English but they can speak English. An interpreter is not required.	2
A patient with sensorineural deafness is admitted to hospital. The patient's daughter acts as an interpret for their mother.	2

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/304292>

Revision history

N/A

Language of Interpreter

Field Name:	language
Source data elements:	N/A
Definition:	The language a patient has nominated to use when an interpreter is required.
Requirement Status:	Conditional
Data type:	Numeric
Format:	NNNN
Permitted values:	Refer to ABS ASCL 2nd Edition 2011.

Guide for use

This field is only populated if an interpreter is required, leave blank otherwise.

The code list for Language for Interpreter is drawn from the Australian Bureau of Statistics' Australian Standard Classification of Languages (ASCL), with some additional codes to accommodate dialects not in the ASCL.

Note that a patient may speak more than one language, and the Language for Interpreter is not necessarily their main language spoken at home.

Examples

	Language of Interpreter
An interpreter service is used for a patient who spoke Greek only.	2201
A patient with Sensorineural Deafness using Sign language requires an interpreter from the Deaf Society.	9799
A patient's family member (who is not an official paid interpreter) interprets for a patient who spoke only Croatian	[blank]

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/659407>

Revision history

N/A

Marital Status

Field Name:	marital_status
Source data elements:	N/A
Definition:	A patient's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 - Never married 2 - Widowed 3 - Divorced 4 - Separated 5 – Married (registered or de facto) 6 – Not stated/Unknown /Inadequately Described

Guide for use

The category “5 - Married” applies to registered unions and de facto relationships, including same sex couples.

Where a patient’s marital status has not been specified and the patient is a minor (16 years of age or less), assign “1 - Never Married”.

Examples

	Marital Status
An 18-year-old pregnant patient in a de facto relationship is admitted to give birth.	5
A five-year-old child is admitted after falling off playground equipment and breaking their arm.	1

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/291045>

Revision history

N/A

Medicare Card Number

Field name:	medicare_card_number
Source data elements:	N/A
Definition:	Identifying number that appears on a Medicare card.
Requirement status:	Conditional
Data type:	Numeric
Format:	N(10)
Permitted values:	N/A

Guide for use

Must be a valid current Medicare Number issued by Services Australia.

Must be entered for patients using a funding source of Australian Health Care Agreement. Full Medicare Card details are used to define eligibility for specific services and not as a patient identifier.

As patients can be listed on more than one Medicare Card, the full Medicare number is not a unique identifier and should not be used for this purpose.

A child may appear on two different Medicare Cards held in the names of both their parents who are living apart. Each Medicare Card has a separate Medicare Card Number and thus the child will have two valid Medicare Numbers. The card presented by the parent attending with the child is recorded for that attendance.

Examples

	Medicare Card Number
A patient's Medicare card states their number as 6200958026.	6200958026

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/270101>

Revision history

N/A

Medicare Person Number

Field name:	medicare_person_number
Source data elements:	N/A
Definition:	The reference number given to each person listed on the Medicare Card.
Requirement status:	Conditional
Data type:	Numeric
Format:	N
Permitted values:	N/A

Guide for use

Must be a valid current Medicare Person Number issued by Services Australia. Full Medicare Card details are used to define eligibility for specific services and not as a patient identifier.

Examples

	Medicare Person Number
A patient's Medicare card states their person number is 01.	1

Related national definition

N/A

Revision history

N/A

Mental Health Legal Status

Field Name:	mental_health_legal_status
Source data elements:	N/A
Definition:	Whether a patient is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of admitted patient care.
Requirement status:	Conditional
Data type:	Numeric
Format:	N
Permitted values:	1 – Involuntary 2 – Voluntary

Guide for use

Required if mental health patient, blank otherwise.

A MHLS must be reported if a patient is treated as a Mental Health Patient under the state. The MHLS must be retained including if a patient is admitted to another facility during an episode. For example; a patient is admitted at Graylands and is placed on leave to attend a day procedure at SCGH. Both sites should list the patient with a MHLS.

When reporting a MHLS, psychiatric days may or may not be reported and/or Care Type of Mental Health may or may not be reported.

Involuntary

Refers to patients not willing or unable to provide consent for treatment, and who can be admitted or treated as an involuntary patient under the Mental Health Act 2014.

Voluntary

Refers to patients who require and give consent for mental assessment and/or treatment.

Examples

	Mental Health Legal Status
A patient is admitted to Fremantle Hospital on an involuntary basis for five days treatment for acute schizophrenia. After the fifth day, they agreed to remain in hospital as a voluntary patient for extensive treatment.	1
A patient is admitted voluntarily to Abbotsford Private Hospital for treatment of severe depression.	2

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/722675>

Revision history

N/A

Mode of Separation

Field Name:	mode_of_separation
Source data elements:	N/A
Definition:	The status of the patient at separation (discharge/transfer/death) and the location to which they are separated (if applicable).
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted Values:	1 - Discharge/transfer to an acute hospital 2 - Discharge/transfer to a residential aged care service 3 - Discharge/transfer to a psychiatric hospital 4 - Discharge/transfer to other health care accommodation 5 - Statistical discharge Type Change 6 - Left against medical advice/discharge at own risk 7 - Discharge from Leave 8 - Deceased 9 - Other/Home

Guide for use

For Contracted Care related episodes of care, refer to the [Contracted Care Supplementary Information](#).

Discharge/transfer to (an) other acute hospital

Refers to patients separated to another acute care facility. This includes designated psychiatric units that are part of an acute hospital (i.e. Alma Street Centre, Bentley Lodge, Osborne Lodge, etc.)

Discharge/transfer to a residential aged care service

Refers to patients separated to a recognised Residential Aged Care Service (i.e. nursing home or aged care hostel), even if this is considered to be their current residential address.

Discharge/transfer to (an) other psychiatric hospital

Refers to patients separated to a hospital providing only psychiatric services i.e. Graylands Hospital, Selby Authorised Lodge, Perth Clinic, etc.).

Discharge/transfer to other health care accommodation

Refers to patients separated to health care accommodation other than an aged care hostel, nursing home or hospital. This includes hostels providing non-acute care to psychiatric patients and mothercraft hospitals.

Statistical discharge

Refers to patients separated due to a change in care type (i.e. a patient is admitted under

Acute Care who falls mentally ill while in hospital would be statistically discharged and then re-admitted to Mental Health Care Type). Discharges of this type are recorded as Reclassified (0944).

Left against medical advice/discharge at own risk

Refers to patients separated against medical advice, or without advising staff of their intentions (i.e. leave without notice).

Discharge from Leave

Refers to patients separated due to being on leave from the hospital and not returning.

Deceased

Refers to patients separated due to their death.

Other/Home

Refers to patients separated to their usual place of residence (excluding those who return to a Residential Aged Care Service). Other/Home can include prisons, non-health care hostels, psychiatric outpatient facilities, group homes, Medi-hotels or refuge accommodation.

Examples

	Mode of Separation
A patient is discharged from hospital and returns to their home.	9
A patient is transferred to St. John of God Hospital in Subiaco for ongoing treatment.	1
A patient is reclassified from acute to mental health care type.	5
A patient is discharged from hospital to a women's refuge	9

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/270094>

Revision history

N/A

Mother's Identifier

Field Name:	mother_identifier
Source data elements:	N/A
Definition:	The Client Identifier or UMRN of the patient's mother.
Requirement status:	Conditional
Data type:	String
Format:	X(10)
Permitted values:	N/A

Guide for use

Required if newborn, blank otherwise.

The field is to be collected only for a birth admission and is added to the baby's record.

Examples

	Mother's Identifier
A newborn baby is admitted after delivery, the baby's UMRN was C7271864 and the Mother's UMRN was B2059564.	B2059564

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/290046>

Revision history

N/A

Number of Leave Periods

Field name:	number_of_leave_periods
Source data elements:	N/A
Definition:	Number of leave periods associated with the patient's episode of care.
Requirement status:	Conditional
Data type:	Numeric
Format:	NN
Permitted values:	N/A

Guide for use

Required if leave taken, blank otherwise.

A Leave Period is the number of instances in which the patient is not in the hospital overnight, with or without medical approval.

Excludes same day leave periods for admitted patients.

There must be at least one overnight leave day on different occasions to report as separate periods of leave (see example below).

If a patient is on leave for part of a day and was not on leave overnight this should not be reported to HMDS as a Leave Day or a Leave Period.

If the patient's leave period exceeds 7 days (or 21 days for involuntary psychiatric inpatients) and the patient does not return, the patient should be discharged and readmitted if or when they return.

The discharge date is backdated to the day the patient went on leave only if they unexpectedly fail to return.

Note: this data element does not include days on Contracted Leave.

Examples

	Number of Leave Periods
A patient is admitted to hospital on 01/01/2020 and discharged on 08/01/2020. During this time the patient goes on leave overnight from the 06/01/2020 to the 07/01/2020.	1
A patient is admitted to hospital on the 10/10/2021 and discharged on 20/10/2021. During this time the patient goes on leave overnight from the 11/10/2020 to the 13/10/2020, the morning of the 14/10/2020 for three hours, and overnight contracted leave from the 16/10/2021 to the 17/10/2021.	2

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/270058>

Revision history

N/A

Place of Occurrence

Field Name:	place_of_occurrence
Source data elements:	N/A
Definition:	The place where an injury, poisoning or adverse effect occurred.
Requirement status:	Conditional
Data type:	String
Format:	X(10)
Permitted values:	Refer to ICD-10-AM 12th Edition (effective from 1 July 2022)

Guide for use

There are a number of Place of Occurrence fields.

Place of Occurrence codes can be found in the [ICD-10-AM](#).

Refer to [ICD-10-AM](#) for Place of Occurrence codes and/or contact the WA Clinical Coding Authority at coding.query@health.wa.gov.au for a list of the current place of occurrence codes.

Place of Occurrence is mandatory if an external cause code is present.

Guidelines for coding place of occurrence:

- Select the most specific code possible
- The place of occurrence code should be sequenced after the external cause code to which it relates

All external cause codes require a place of occurrence and activity code as set out in the Patient Activity Data Policy (MP 0164/21) Western Australian Coding Rules, 0919/01 Activity Codes.

Examples

	Place of Occurrence
A patient is admitted after falling off a tractor on a farm.	Y92.7

Related national definition

N/A

Revision history

N/A

Principal Diagnosis

Field Name:	principal_diagnosis
Source data elements:	N/A
Definition:	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment.
Requirement status:	Mandatory
Data type:	String
Format:	X(10)
Permitted values:	Refer to ICD-10-AM 12th Edition (effective from 1 July 2022)

Guide for use

The principal diagnosis is the diagnosis that is mainly responsible for the inpatient event.

Each episode of admitted patient care must have a principal diagnosis and may have additional diagnoses. The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.

Examples

	Principal Diagnosis
A patient is admitted after a car accident. The patient is diagnosed with a fractured clavicle (S42.00) and a traumatic brain haemorrhage (S06.23).	S06.23
A patient is admitted for an open biopsy of a breast lump. Pathology confirms that they have malignant breast cancer in which the breast is the primary site. The patient remains in hospital and undergoes a mastectomy.	C50.9

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/699609>

Revision history

N/A

Principal Procedure

Field name:	principal_procedure
Source data elements:	N/A
Definition:	The primary clinical intervention.
Requirement status:	Optional
Data type:	String
Format:	X(10)
Permitted values:	Refer to ACHI 12th Edition (effective from 1 July 2022)

Guide for use

Clinical interventions are those that are surgical in nature, and/or carry a procedural risk, and/or carry an anaesthetic risk, and/or require specialised training, and/or require special facilities or equipment only available in an acute care setting.

The following points should be taken into account when selecting procedures to code but it should be noted that sequencing of procedures, including the Principal Procedure, would not affect AR-DRG grouping.

When no procedure was performed for treatment of the principal diagnosis, use the following hierarchy:

- Procedure performed for treatment of additional diagnoses
- Diagnostic/exploratory procedure related to the principal diagnosis
- Diagnostic/exploratory procedure related to the additional diagnoses

Examples

	Principal Procedure
A patient is admitted to hospital to undergo an excision of a lesion on their breast (31500-00).	31500-00
A patient is admitted to hospital to undergo an emergency caesarean section (16520-03) and internal fetal monitoring (16514-00).	16520-03

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/699716>

Revision history

N/A

Readmission Status

Field Name:	readmission_status
Source data elements:	N/A
Definition:	Indicates whether the patient's readmission to hospital for the same illness or injury within 28 days was deemed planned or unplanned.
Requirement status:	Conditional
Data type:	Numeric
Format:	N
Permitted values:	1 - Planned Readmission 2 - Unplanned Readmission

Guide for use

Required if readmitted within 28 days with related condition, blank otherwise.

This data item should only be reported if a patient is readmitted to the same establishment within 28 days of the previous admission and one of the following is true:

- A patient is admitted for further treatment of the same condition for which the patient was previously hospitalised or
- A patient is admitted for treatment of a condition related to the one for which the patient was previously hospitalised or
- A patient is admitted for complication of the condition for which the patient was previously hospitalised (this may include mechanical complications)

Examples

	Readmission Status
A patient being treated for a dog bite is discharged. It was not expected they would return, however three weeks after discharge their wound develops an infection and they are readmitted to hospital.	2
A patient being treated for burns is discharged. They are advised they will be readmitted the following week to undergo a skin graft procedure. The following week the patient presents at hospital to undergo the procedure.	1
A patient being treated for a concussion is discharged. The following week they are readmitted after dislocating a finger in a football game.	[blank]

Related national definition

N/A

Revision history

N/A

Resident Status

Field name:	resident_status
Source data elements:	N/A
Definition:	The patient's residential arrangement within Australia.
Requirement status:	Conditional
Data type:	String
Format:	X(3)
Permitted values:	DET – Detainee NST – Not stated OVE – Overseas visitor REC – Reciprocal overseas RES – Resident RET – Retiree visa STU – Student visa WOR – Working visa

Guide for Use

Required if patient is admitted to a public hospital, blank otherwise.

Detainee

Refers to a patient who is in Australia without a valid visa (unlawful non-citizen) or detained by warrant or court order/s (prisoner).

Not stated

Refers to a patient whose Resident Status is unknown.

Overseas visitor

Refers to a patient who is temporarily visiting Australia and not undertaking more than three months study or any form of remunerated work.

Reciprocal overseas

Refers to a patient from a country with which Australia has a Reciprocal Health Care Agreement. Refer to Services Australia's [Reciprocal Health Care Agreements](#) for more information.

Resident

Refers to a patient who lives in Australia and is a permanent residence visa holder or a protected Special Category visa (SCV) holder or an Australian citizen.

Retiree visa

Refers to a patient in Australia on an approved retiree visa.

Student visa

Refers to a patient in Australia on an approved student visa.

Working visa

Refers to a patient in Australia on an approved working visa.

Examples

	Resident Status
A patient is admitted to hospital who was born in Australia.	RES
A patient is admitted who is visiting Australia and is from a country with which Australia has a Reciprocal Health Care Agreement.	REC
A patient is admitted who is visiting Australia and is from a country with which Australia does not have a Reciprocal Health Care Agreement.	OVE

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/662921>

Revision history

N/A

Residential Address

Field name:	residential_address
Source data elements:	N/A
Definition:	The house number, street name and street type of the patient's place of usual residence.
Requirement status:	Mandatory
Data type:	String
Format:	X(50)
Permitted values:	N/A

Guide for use

The house number, street name and street type should be on the first of two address lines, suburb is to be recorded on another line.

Estate names must not be entered in the suburb field.

Suburb names are generally not abbreviated, unless otherwise specified by [Australia Post](#).

A residential address cannot be a post box address.

Interstate Patients

If the patient is an interstate visitor, their permanent interstate residential address should be recorded.

Overseas Patients

If the patient is an overseas visitor, their permanent residential address overseas and a postcode of 8888 should be recorded, not their local temporary address. Refer to Overseas Suburbs listings in the [Overseas Country Name List](#).

Patients subsidised by International Health Care Funds

If the patient is subsidised by an International Health Care Fund their residential address should be recorded, not the address of the fund.

Patient with no fixed address

If the patient has NFPA or an unknown address, their address is to be recorded as NFPA. If a patient has NFPA, the address line must always show NFPA at the start. If you need to add additional information to assist with locating a patient, you can report that after recording NFPA (e.g. NFPA Coogee Beach Caravan Park). If the patient is an Australian resident 'Unknown' is to be recorded as the suburb, if the patient is an overseas visitor their country is to be recorded as the suburb.

Prisoners

If the patient is a prisoner, the address of the prison should be listed as their residential address.

Residential Aged Care Patients

If the patient resides in a Residential Aged Care Service, the address of the facility should

be listed as their residential address.

Seafarer

If the patient is a seafarer and a citizen of another country, their permanent residential address overseas and a postcode of 8888 should be recorded. However, if this is unknown, the address of the shipping company that employs the patient is acceptable.

Examples

	Patient Address
A patient is admitted and gives their address as 8 Fourth Avenue, Mount Lawley, Western Australia.	8 FOURTH AVENUE
A patient is admitted and advises they have no permanent address or suburb.	NFPA
A patient is admitted from Acacia Prison.	ACACIA PRISON, GREAT EASTERN HIGHWAY

Related national definition

N/A

Revision history

N/A

Second Forename

Field name:	second_forename
Source data elements:	N/A
Definition:	The second forename of an individual.
Requirement status:	Optional
Data type:	String
Format:	A(30)
Permitted values:	N/A

Guide for use

Second Forenames is not mandatory.

Alias names should be recorded in the Alias field in the hospital's CPI or PMI. The use of brackets () for alias names is not accepted.

Examples

	Second Forename
Catherine Leigh Jones is admitted for hospital.	LEIGH
Daivika Champo Maung who is also known as David, is admitted for surgery.	CHAMPO

Related national definition

N/A

Revision history

N/A

Separation Date

Field Name:	separation_date
Source data elements:	N/A
Definition:	The date on which an admitted patient completes an episode of care.
Requirement status:	Mandatory
Data type:	Date
Format:	DD/MM/YYYY
Permitted values:	N/A

Guide for use

The patient can be formally or statistically discharged from hospital any time after admission.

If a patient dies in hospital, the separation date is the date of death.

Formal Separation/Discharge

Refers to an administrative process that ceases a record of the patient's treatment and accommodation within a hospital. The Separation Date for a formal separation/discharge will be the date the hospital completed treatment and accommodation of the patient.

Statistical Separation/Discharge

Refers to an administrative process that occurs within an episode of care and captures the end date the patient received a particular care type. The Separation Date for a statistical admission will be the date the patient completed a particular Care Type.

Examples

	Separation Date
A patient is discharged from hospital on 1st July 2019.	01/07/2019
A patient is transferred from hospital on 20th February 2019.	20/02/2019
A patient dies on 23rd March 2019.	23/03/2019

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/270025>

Revision history

N/A

Separation Time

Field Name:	separation_time
Source data elements:	N/A
Definition:	The time at which the admitted patient completes an episode of care.
Requirement status:	Mandatory
Data type:	Time
Format:	HH24:MM
Permitted values:	N/A

Guide for use

Separation Time must be captured in 24 hour clock.

Where a patient is deceased during the admission or is transferred to another health unit, the Separation Time should reflect the actual time of death or transfer.

The time the patient was clinically declared neurologically dead is not the recorded time of separation. The separation time is when the patient's life has ended, cessation of heartbeat and the formal notification of death is made.

Examples

	Separation Time
A patient is transferred to another hospital at 2 pm.	14:00
A patient dies at midnight.	00:00
A patient is discharged at 9.15am.	09:15

Related national definition

<http://meteor.aihw.gov.au/content/748820>

Revision history

N/A

Sex recorded at birth, code

Field name:	Sex_code
Source Data Element(s):	[Sex code] – webPAS, Midland webPAS
Definition:	A person’s sex recorded at birth based upon their sex characteristics.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	1 – Male 2 – Female 3 – Another term

Guide for use

The collection of Sex is mandatory.

Sex is often used interchangeably with gender, however they are distinct concepts and it is important to differentiate between them.

When comparing the concepts of sex and gender:

- Sex is understood in relation to sex characteristics.
- Gender is about social and cultural differences in identity, expression and experience.

While they are related concepts, caution should be exercised when comparing counts for sex with those for gender.

Sex recorded at birth is important clinical information and must be collected for all patients. To ensure accuracy and consistency of data collection, gender diverse patients must still report their sex recorded at birth and their current gender in the gender field.

The use of Code 3 “Another term” replaces “Other” and “Indeterminate” in previous versions of this code list. This option recognises that there are a range of different terms used.

Examples

	Sex
A patient is admitted from the waitlist to undergo surgery, the patient advises their sex is female.	2 – Female
A patient directly admitted to the ward discloses that their sex recorded at birth is male but they currently identify as a female.	1 – Male
A patient is admitted to hospital who advises they are intersex.	3 – Another term
A patient is admitted from the waitlist to undergo gender affirmation surgery from male to female.	1 – Male

A baby is born with a rare genetic condition 46 XY disorder, sex at birth is another term.	3 – Another term
A patient is admitted to hospital as a disaster registration. Please note this is only to be used for the initial registration and is required to be updated during the admission.	9 – Not stated/inadequately described

Related national definition

<https://meteor.aihw.gov.au/content/741686>

Revision history

N/A

Source of Referral - Location

Field Name:	source_of_referral_location
Source data elements:	N/A
Definition:	The location the patient was referred or transferred from for admission to hospital.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NN
Permitted values:	1 - Home 2 - Residential Aged Care Service 3 - Other Health Care Accommodation 4 - Acute Hospital 5 - Psychiatric Hospital 6 - Prison 7 - Other

Guide for use

For Contracted Care related episodes of care, refer to the [Contracted Care Supplementary Information](#).

Home

Refers to the patient's usual residential accommodation but does not include institutional care in acute or psychiatric hospitals, prisons, HITH services, or Residential Aged Care Services.

Residential Aged Care Service

Refers to establishments that provide long-term care and residential facilities primarily to aged people but also to chronically ill, frail, disabled or senile persons.

Other Health Care Accommodation

Refers to residential health care services that provide board, lodging or accommodation for individuals who cannot live independently but do not need nursing care in a hospital or nursing home. Include psychiatric residential facilities and hostels for people with disabilities.

Acute Hospital

Refers to acute care establishments that provide, at least, minimal medical, surgical or obstetric services for inpatient treatment and ambulatory care, and comprehensive qualified nursing service as well as other professional health services.

Psychiatric Hospital

Refers to stand-alone establishments devoted primarily to the inpatient treatment and care of patients with psychiatric, mental or behavioural disorders.

Prisons

Refers to institutions in which people are accommodated following punitive sentencing for a criminal offence or awaiting trial for a criminal offence.

Other

Refers to any physical location not defined above.

Examples

	Source of Referral - Location
A patient is admitted from St. Georges Nursing Home, which is their usual place of residence.	2
A patient is admitted from Rangeview Prison.	6

Related national definition

N/A

Revision history

N/A

Source of Referral - Professional

Field Name:	source_of_referral_professional
Source data elements:	N/A
Definition:	The appropriate health professional/medical practitioner who directly referred the patient to hospital for admission.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NN
Permitted values:	1 - General practitioner (GP) 2 - Specialist medical practitioner 3 - Outpatient department medical practitioner 4 - ED medical practitioner 5 - Hospital medical practitioner (re-admission) 6 - Community health medical practitioner 7 - Statistical admission/type change 8 - Other

Guide for use

The code assignment for medical practitioners who fall into two or more categories will depend on where the referral was made from (i.e. if the referral came from a specialist working in an outpatient department, the value for Outpatients Department Medical Practitioner should be assigned).

GP

Refers to a primary medical care officer working in general practice.

Specialist medical practitioner

Refers to a medical officer whose principal area of clinical practice is one special area of medicine.

Outpatient department medical practitioner

Refers to a medical officer who referred the patient to hospital from an outpatient clinic within a hospital.

ED medical practitioner

Refers to a medical officer who referred the patient to hospital from an ED at another hospital or the patient was not referred to hospital by a health professional and the ED medical practitioner made the decision to admit the patient.

Hospital medical practitioner (re-admission)

Refers to a medical officer who decided to re-admit the patient following a previous admission for a second stage procedure or recurring care (i.e. renal dialysis).

Community health medical practitioner

Refers to a medical officer practicing in a community health area (i.e. the Aboriginal Medical Service or Royal Flying Doctor Service).

Statistical admission/type change

Refers to patients whose episode of care changes during a hospital admission, creating an additional episode of care.

Other

Refers to referral from other professionals not listed above.

Examples

	Source of Referral - Professional
A patient is referred to hospital and admitted by his GP.	1
A patient is referred to the hospital by an ED medical practitioner at another hospital.	4
A patient is taken to hospital by ambulance following an accident and the ED medical practitioner decided to admit the patient.	4

Related national definition

N/A

Revision history

N/A

Source of Referral - Transport

Field Name:	source_of_referral_transport
Source data elements:	N/A
Definition:	The type of transport used by the patient to arrive at the hospital.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NN
Permitted values:	1 - Private/public transport 2 - Hospital transport 3 - Ambulance - emergency 4 - Royal Flying Doctor Service 5 - Helicopter (evacuation) 6 - Other

Guide for use

Private/public transport

Refers to any vehicle such as a car, bus or taxi used by the patient to arrive at hospital. Also includes patients who walk to the hospital for care.

Royal Flying Doctor Service

Refers to direct transport to hospital by the Royal Flying Doctor Service and includes transfers between hospital and other health establishments. If a patient is transported by Royal Flying Doctor Service to an airport and then taken to hospital by ambulance, the Royal Flying Doctor Service should be coded as it takes priority over other forms of transport.

Ambulance Emergency

Refers to unbooked ambulance transport (i.e. ambulance transport from accidents or for treatment of serious sudden disorders). The WA Neonatal Transfer Service (Flying Squad) is included in this category.

Hospital transport

Refers to booked hospital transport (i.e. a booked ambulance or other hospital vehicles to transfer patients between hospitals or from a nursing home or other health establishment to hospital). Voluntary transport service that is booked from a hospital to transport patients from home to the hospital is also included.

Helicopter

Refers to direct admission to hospital by helicopter or air ambulance.

Other

Refers to transport methods such as police car or other means not covered under the categories above.

Examples

	Source of Referral - Transport
A patient travels to hospital from a nursing home by ambulance that was previously booked.	2
A patient is evacuated to Royal Perth Hospital by emergency helicopter.	5
The Royal Flying Doctor Service evacuates a patient from Broome to Derby airport. He is then transferred from the airport to Derby Regional Hospital by ambulance.	4

Related national definition

N/A

Revision history

N/A

Specialty of Clinician on Admission

Field Name:	specialty_of_clinician_on_admission
Source data elements:	N/A
Definition:	The area of clinical expertise held by the admitting medical practitioner.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NNN
Permitted values:	Refer to the Clinician Specialty Code list

Guide for use

These specialty type codes are gazetted under the Medical Practitioners Regulations 2008 as part of the *Medical Practitioners Act 2008*. If the Medical Practitioner Specialty Code is 02 - 07, ensure that the nominated code is prefixed with a 0 i.e. "02", "03", "04" etc.

Examples

	Specialty of Clinician on Admission
A patient is admitted under the care of a General Medicine physician.	12
A newborn baby is admitted under the care of a GP.	84
A newborn baby is admitted under the care of a Paediatrician as she developed respiratory distress syndrome.	21

Related national definition

N/A

Revision history

N/A

Specialty of Clinician on Separation

Field Name:	specialty_of_clinician_on_separation
Source data elements:	N/A
Definition:	The clinical specialty of the medical practitioner treating the patient immediately prior to discharge.
Requirement status:	Mandatory
Data type:	Numeric
Format:	NNN
Permitted values:	Refer to the Clinician Specialty Code list

Guide for use

These specialty type codes are gazetted under the Medical Practitioners Regulations 2008 as part of the *Medical Practitioners Act 2008*. If the Medical Practitioner Specialty Code is 02 - 07, ensure that the nominated code is prefixed with a 0 i.e. "02", "03", "04" etc.

Examples

	Specialty of Clinician on Separation
A patient is discharged from the care of a Gynaecologist.	52
A newborn baby is discharged under the care of a GP.	84
A newborn baby is discharged under the care of a Paediatrician.	21

Related national definition

N/A

Revision history

N/A

State or Territory

Field Name:	state_or_territory
Source data elements:	N/A
Definition:	The state or territory of usual residence of a patient, as represented by a code.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N
Permitted values:	0 - Not applicable (includes overseas resident and unknown) 1 - New South Wales 2 - Victoria 3 - Queensland 4 - South Australia 5 - Western Australia 6 - Tasmania 7 - Northern Territory 8 - Australian Capital Territory 9 - Other Territories

Guide for use

The order of permitted values is the standard for the Australian Bureau of Statistics (ABS).

Examples

	State or Territory
A patient is admitted whose Residential Address was in the Northern Territory.	7
A patient is admitted whose Residential Address was in Western Australia.	5

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/722751>

Revision history

N/A

Surname

Field name:	surname
Source data elements:	N/A
Definition:	The part of a name a patient usually has in common with other members of their family, as distinguished from their given names.
Requirement status:	Mandatory
Data type:	String
Format:	A(50)
Permitted values:	N/A

Guide for use

Surname is a 50 character alphabetical field.

Alias or assumed names should not be included if the legal Surname is known.

Do not use brackets () for alias names in the Surname.

Where hospitals have the facility to record an alias, this field must be used for alias names.

Where the Surname is unknown or there is no Surname, the name the patient is identified by should be recorded in the Surname field and the First Forename field recorded as 'No Name Given'.

Numeric values are not permitted.

To minimise discrepancies in the recording and reporting of name information, establishments should ask the patient for their full (formal) 'First Forename' and 'Surname'. These may be different from the name that the patient may prefer the establishment to use.

Examples

	Surname
A patient is admitted to hospital in a coma and her name was not known.	UNKNOWN
Dallas Silva is admitted from the Waiting List.	SILVA
A patient is identified by a first given name of Anastasia and has no surname.	ANASTASIA

Related national definition

<http://meteor.aihw.gov.au/content/index.phtml/itemId/286953>

Revision history

N/A

Total Leave Days

Field Name:	total_leave_days
Source data elements:	N/A
Definition:	Sum of the length of leave for all periods within the hospital stay, excluding contract leave.
Requirement Status:	Conditional
Data type:	Numeric
Format:	NNNN
Permitted values:	N/A

Guide for use

Required if overnight leave taken, blank otherwise.

Total number of leave days taken by a patient during a hospital stay, excluding contract leave.

The following rules apply in the calculation of leave days:

- The day the patient goes on leave is counted as a leave day.
- The day the patient is on leave is counted as a leave day.
- The day the patient returns from leave is counted as a patient day.
- If the patient is admitted and goes on leave on the same day, this is counted as a patient day, not a leave day.
- If the patient returns from leave and then goes on leave again on the same day, this is counted as a leave day.
- If the patient returns from leave and is separated on the same day, the day should not be counted as either a patient day or a leave day.

Examples

	Total Leave Days
A patient goes on overnight leave on the second day in hospital, returns to hospital for 3 days, goes on overnight leave for one day, returns to hospital for 1 day and is discharged the next day.	2
A patient goes on leave from 0900 hrs and returns that evening at 2000 hrs.	[blank]

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/270251>

Revision history

N/A

Unplanned Return to Theatre

Field Name:	unplanned_return_to_theatre
Source data elements:	N/A
Definition:	Indicates when the patient unexpectedly returns to theatre for further surgery.
Requirement status:	Conditional
Data type:	Numeric
Format:	N
Permitted values:	1 - Yes 2 - No

Guide for use

Yes –

Refers to when the patient had one or more unplanned returns to theatre during an episode of admitted patient care.

No –

Refers to when the patient did not have one or more unplanned returns to the theatre during an episode of admitted patient care.

Examples

	Unplanned Return to Theatre
A patient booked and admitted for an abdominal hysterectomy, needs to return to theatre on day 2 of admission to control a postoperative haemorrhage.	1
A patient admitted for excisional debridement and SSG of a chronic leg ulcer attends theatre firstly for the excisional debridement, and harvesting of skin. The patient then returns to theatre 5 days later for laying of the skin graft as a planned return	2

Related national definition

N/A

Revision history

N/A

Ward Location

Field Name:	ward
Source data elements:	N/A
Definition:	The ward or unit within the hospital where the patient was being treated immediately prior to discharge.
Requirement status:	Mandatory
Data type:	String
Format:	X(20)
Permitted values:	N/A

Guide for use

This refers to the ward on which the patient was being treated immediately prior to being discharged.

Examples

	Ward Location
A patient is separated from the paediatric ward.	PAEDIATRICS
A patient is admitted to Wandoo ward and later transferred to Karri ward before being discharged home.	KARRI

Related national definition

N/A

Revision history

N/A

Appendix A – Summary of revisions

Date Released	Author	Approval	Amendment
1 July 2021	Arek Szejna & Catherine Ayling	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created
1 July 2022	Catherine Ayling & Bernard Sharpe	Rob Anderson, Assistant Director General, Purchasing and System Performance	<p>Amendments to a number of fields:</p> <ul style="list-style-type: none"> -Aboriginal Status -Admitted From -Australian State or Country of Birth -Care Type -Client Status -Contracted Care Flag -Date of Birth -Discharged To -Employment Status -Establishment Code -Infant Weight -Language for Interpreter -Marital Status -Mode of Separation -Readmission Status -Sex -Source of Referral - Location <p>Added Revision history and National Definition headers for each field.</p> <p>Converted Examples to tables to enhance readability.</p>
1 July 2023	Selina Li & Bernard Sharpe	Rob Anderson, Assistant Director General, Purchasing and System Performance	<p>Change datetime fields to either date or time depending on how they are configured in HMDS</p> <p>Standardised formatting in Guide for Use for a number of fields with multiple value selections</p> <p>Minor changes to following fields</p> <ul style="list-style-type: none"> -Contracted Care Flag -Condition Onset Flag -Place of Occurrence -Unplanned return to theatre <p>Added fields</p> <ul style="list-style-type: none"> -Gender code -Sex recorded at birth, code

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