

Appendix B: National Collections Glossary

Introduction

This glossary includes terms defined by the Ministry of Health. Some of these terms may not be currently used in the national collections, however have been included for completeness.

Admission

The documentation process, which may include entry to the NHI, by which a person becomes a resident in a healthcare facility. For the purposes of the national collections, healthcare users who receive assessment and/or treatment for three hours or more, or who have a general anaesthetic are to be admitted. This also applies to healthcare users of Emergency Departments (ED). When calculating the three hours, exclude waiting time in a waiting room, exclude triage and use only the duration of assessment/treatment. If part of the assessment/treatment includes observation, then this time contributes to the three hours. 'Assessment/treatment' is clinical assessment, treatment, therapy, advice, diagnostic or investigatory procedures from a nurse or doctor or other health professional.

ACHI

The Australian Classification of Health Interventions (ACHI) is the Australian national standard for procedure and intervention coding. The procedure classification captures procedure and interventions performed in public and private hospitals. The codes in ACHI are numeric only. There are no alphabetic characters used in ACHI. ACHI contains codes for all surgical operations and medical procedures, and includes codes for allied health interventions and dental services.

Acute Admission (AC)

An unplanned admission on the day of presentation at the admitting healthcare facility. Admission may be to an Emergency Department (ED), Acute Assessment (AAU) or Short Stay Units (SSU) or may be from the Emergency or Outpatient Departments of the healthcare facility. If a patient is admitted to ED/AAU/SSU or is admitted from ED to an inpatient ward, the event start datetime will be the datetime assessment/treatment commenced in ED/AAU/SSU (in the NNPA national collection - datetime of first contact). Procedures carried out in ED meeting the criteria for clinical coding are to be coded on the inpatient event.

Additional Diagnosis (Adx)

A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a healthcare establishment.

For coding purposes, additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:

- commencement, alteration or adjustment of therapeutic treatment
- diagnostic procedures
- increased clinical care and/or monitoring.

AHB

Area Health Board (AHB). AHBs were health funding bodies until 1 July 1993. They were replaced with four Regional Health Authorities (RHA).

Arranged Admission (AA)

A planned admission where: the admission date is less than seven days after the date the decision was made by the specialist that this admission was necessary, or the admission relates to normal maternity cases, 37 to 42 weeks gestation, delivered during the event. These maternity patients will have been booked into the admitting facility.

Attendance

An encounter where the healthcare user goes to the healthcare provider and leaves within three hours of the start of the consultation.

Bed equivalent

The term 'bed equivalent' includes the categories beds, cots/bassinets, incubators, and special day patient chairs that can accommodate a patient after admission to a healthcare facility.

Boarder

A boarder is a person who is receiving food and/or accommodation but for whom the hospital does not accept the responsibility for treatment and/or care. However, a hospital may register and admit a boarder. This excludes all babies born in hospital. Boarder events are not required to be reported to the NMDS.

CHE

Crown Health Enterprise (CHE). This term was used to refer to hospitals from 1 July 1993 to 31 December 1997, first under Regional Health Authorities, and then under the Transitional Health Authority (THA).

Codefinder™

The 3M™ Codefinder™ Software is an application that assists in the coding process. The software replaces the task of searching for codes in manual with computerised prompts that aid in the decision-making process. The Codefinder uses the same coding information used in the manual coding to ensure that terminology, rules and codes are applied consistently. The software does not identify the relevant information in the patient's clinical record; this is the responsibility of a clinical coder. The Codefinder also contains grouping and editing functions.

Community Client

A person receiving healthcare assistance from outside of a healthcare facility.

Community Patient

A healthcare user who receives treatment, therapy, advice or diagnostic services outside of a healthcare facility, eg, those in the care of a community mental health team.

Community Support

A community client not resident in a healthcare facility who receives assistance only with the normal activities of daily living, or visits for monitoring purposes only where there is no active treatment or clinical intervention, eg, those receiving:

- nappy/linen service
- meals on wheels
- home care
- attendant care
- home help
- hygiene and dressing assistance
- visits from a DHB well elderly visitor
- accredited visitors
- befriending schemes.

Community support clients are healthcare nonusers.

Day Case Patient

A patient admitted for healthcare with a length of stay three hours or more but less than one day, regardless of intent. Day case events will have the same event start and end date. See also 'Admission' and 'Intended day case'. This term is synonymous with 'same day patient' and 'short stay event'.

DHB

District Health Board (DHB). Previously there were 21 DHB health funding bodies which were introduced 1 January 2001. As of 1 May 2010 there are 20 DHBs, as Otago and Southland DHBs merged and are now known as Southern DHB.

Did Not Attend (DNA) Outpatient Clinic Appointment

A patient is classified as DNA if they did not attend the outpatient clinic appointment and there was no communication before the appointment. If there was communication, this is deemed to be a cancellation.

Discharge

A healthcare user physically leaves a healthcare facility or the process of documentation that changes the status of an admitted healthcare user eg, statistical discharge. See NMDS event end datetime and event end type code.

Domiciliary Service

A domiciliary service is aimed at the treatment of healthcare users in the community in their home. This sub-categorisation of community service is no longer in common usage.

DRGs

Diagnosis Related Groups (DRGs) are a patient classification system used to structure episodes of care into groups that are clinically similar both in terms of patient characteristics and health interventions, and that are therefore anticipated to consume comparable levels of hospital resources. DRG codes are calculated by National Collections and Reporting (NCR). They are not reported to the National Minimum Data Set (NMDS) by hospitals.

Elective Admission

A planned (booked) admission where the admission date is seven or more days after the date the decision was made by the specialist that the admission was necessary.

Episode of Care/Event

A phase of treatment defined according to the acuity of the patient: acute, non-acute (arranged/elective). Patients may have more than one episode of care in the period from admission to discharge, for example in one hospitalisation there may have been an acute episode of care for a fractured neck of femur, followed by a rehabilitation episode of care. This term is synonymous with 'event'.

First Specialist Assessment (FSA)

The first assessment by a registered medical practitioner or nurse practitioner for a particular referral (or, with a self referral, for a discrete episode). The healthcare user receives treatment, therapy, advice, diagnostic or investigatory procedures at a health care facility and leaves within three hours of the start of the consultation. Service is provided in a ward and/or at designated outpatient clinic. Excludes Emergency Department attendances and outpatient attendance for preadmission assessment/screening.

Follow Up Attendances

Healthcare user sees a registered medical practitioner or nurse practitioner for services, following the first specialist assessment for a particular referral. The healthcare user receives treatment, therapy, advice, diagnostic or investigatory procedures at a healthcare facility and leaves within three hours of the start of the consultation. Includes post discharge follow up, including new clinic attendance. Service is provided in ward and/or at designated outpatient clinic. Excludes Emergency Department attendances and attendances specified as separate purchase units.

Forensic Psychiatry

Forensic psychiatry is that branch of psychiatry which requires special knowledge and training in the law as it relates to the mental state of the offender (or alleged offender), and training in the assessment, treatment and care of persons who have offended or who are alleged to have offended or appear likely to do so because of their psychiatric condition.

Grouper

The grouper is specially designed computer software that assigns patient episodes of care to DRGs using diagnosis and intervention codes and other specific patient attributes such as age or sex. External cause codes are not used by the grouper. The DRG grouper uses up to 30 diagnoses and up to 30 procedures in its calculations. It is recommended that hospitals prioritise diagnoses and procedure codes within the current coding standards and guidelines in order to present the grouper with the most serious diagnoses and procedures.

Health Agency Facility

A place that may be permanent, temporary or mobile (excluding supervised hostels, halfway houses and staff residences), which people attend or are resident in, for the primary purpose of receiving healthcare or disability support services (ie, would not be resident if no need for healthcare).

Healthcare User (HCU)

A person booked to receive or receiving healthcare resulting from direct contact with a healthcare provider where the healthcare results in the use of resources associated with observation, assessment, diagnosis, consultation, rehabilitation or treatment. This term is synonymous with 'patient'.

Healthcare Nonuser

A person in contact with the health service but not booked to receive or receiving healthcare.

HFA

Health Funding Authority (HFA). The HFA was the health funding body from 1 January 1998 to 12 December 2000. It was replaced with the District Health Boards.

HHS

Hospitals and Health Services (HHS). This term was used to refer to hospitals from 1 January 1998 to 12 December 2000, under Health Funding Authorities.

ICD-10-AM

The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) is based on the World Health Organization (WHO) disease publication ICD-10. ICD-10-AM enables the translation of diagnoses, injuries and other health related problems from medical statement into an alphanumeric code, which permits easy storage, retrieval and analysis of data.

Information Group (IG)

The Information Group is the key central group that supports the delivery of sector and Ministry priorities in relation to health information. Formally known the Information Delivery and Operations (IDO) Group.

Intended Day Case (ID)

A patient where the intention at admission is that the event will be a day case event. These intended day case events will have an event type of ID. This event type (ID) was retired for all event records reported with an event end date on or after 1 July 2013.

Inpatient (IP)

A patient admitted for healthcare. Includes day case (same day) events. Includes patients who are transferred from another healthcare facility, and or interdepartmental transfers (statistical discharge between specific health specialities) within the same facility. For events reported with an event end date before 1 July 2013 the definition of 'inpatient' included 'where the intention at admission was that it would not be a day case event'.

Inpatient Length of Stay

The time in days between admission to hospital 'X' and discharge, death or transfer from hospital 'X', minus leave days from hospital 'X'.

Leave

The planned absence of an inpatient from the healthcare facility to which they were most recently admitted. Leave is counted only where that patient is absent at midnight and has a planned return within three nights of going on leave, for the continuation of their treatment or care. If after three days for non-psychiatric hospital inpatients or 14 days for informal mental health inpatients the patient has not returned to care, discharge is effective on the date of leaving hospital. Where there is more than one period of leave during an episode, accumulated leave days should be reported. National Collections and Reporting will be notified when formal or sectioned patients have been on leave for 14 days. This definition does not cover sectioned Mental Health Service patients whose leave definitions are included in the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Leave Days

The number of days an inpatient on leave is absent from the hospital at midnight, up to a maximum of three days (midnights) for non-psychiatric hospital inpatients and 14 days (midnights) for informal psychiatric patients. If after three days for non-psychiatric hospital inpatients or 14 days for informal psychiatric inpatients the patient has not returned to care, discharge is effective on the date of leaving hospital. This period of leave is not to be reported in the event leave day's field. Where there is more than one period of leave during an episode, accumulated leave days should be reported. National Collections and Reporting will be notified when formal or sectioned patients have been on leave for 14 days.

For formal patients the duration of their leave is variable and is determined by the legislation they are under.

Longstay

A healthcare user who has received continuous inpatient care, regardless of periods of leave and location, for a period as specified by the requirement of the service or data user.

Mass Contacts

Healthcare nonusers whose only contact with the health service is through health promotion or screening campaigns.

Measures

These are cumulative stays that are incremented at midnight:

- (a) Unoccupied bed equivalent days per period
- (b) Occupied bed equivalent days per period
- (c) Resourced bed equivalent days per period.

Percentage occupancy = (occupied bed nights per period/resourced bed nights per period) x 100.

Turnover rate = (admissions/number of days in period)/resourced bed nights per period.
Turnover interval = unoccupied bed nights per period/ (admissions x number of days in period).

Five-day wards need to be handled carefully. They have five resourced bed nights per week but only four bed-equivalent days, as they are counted at midnight. The denominator used should be four resourced bed nights rather than five; otherwise 100 percent occupancy would not be possible.

Mental Health First Admissions

A patient admitted for the first time with a mental illness diagnosis.

Mental Health Readmissions

A patient admitted for subsequent treatment of a mental illness.

NBRS

The National Booking Reporting System (NBRS) is a national collection that contains information by health speciality and booking status on how many patients are waiting for treatment (elective surgery), and how long they have had to wait for before receiving treatment.

NCAMP

The National Collections Annual Maintenance Programme (NCAMP) is an annual project in order for the Ministry of Health to meet its statutory obligation of delivering information from the Ministry's national collections. NCAMP requires DHBs to initiate changes to their PMSs.

NCCC

National Casemix and Classification Centre (NCCC), University of Wollongong, Australia
<http://nccc.uow.edu.au/index.html>

The NCCC was responsible for the development of the Australian Refined Diagnosis Related Group (AR-DRG) Classification System that consists of:

- The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI), the Australian Coding Standards (ACS) Eighth Edition, and
- The Australian Refined Diagnosis Related Group (AR-DRG) classification AR-DRG v7.0.

NCCH

National Centre for Classification in Health (NCCH), Sydney University, Australia. NCCH was the service provider for the ICD-9-CM-A and ICD-10-AM classifications (1st to 7th Editions) up until 30 June 2010.

The NCCH is responsible for the development of the Australian Refined Diagnosis Related Group (AR-DRG) Classification System from 1 July 2013 to 2017 which consists of:

- The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), the Australian Classification of Health Interventions (ACHI), the Australian Coding Standards (ACS), and
- The Australian Refined Diagnosis Related Group (AR-DRG) classification.

NCR

National Collections and Reporting (NCR) sit within the Information Group (IG). The NCR teams manage the national collections, reporting systems and provide access to information and coded clinical data.

New Zealand Health Information Services (NZHIS)

New Zealand Health Information Service was a group within the Ministry of Health responsible for the collection and dissemination of health related data. NZHIS was disestablished in 2008 and is now known as the Information Group (IG).

NHI

The National Health Index (NHI) is a mechanism for uniquely identifying every healthcare user. It assigns each person a unique number (known as the NHI number). The NHI includes demographic information such as name, address, date of birth, sex and ethnicity.

NMDS

The National Minimum Dataset (NMDS) is a national collection of public and private hospital discharge information, including clinical information for inpatient and day patients.

The NMDS is used for policy formation, performance monitoring, research and review. It provides statistical information, reports, and analyses about the trends in the delivery of hospital inpatient and day patient health services, both nationally and on a provider basis. It is also used for funding purposes.

NNPAC

The National Non-Admitted Patient Collection (NNPAC) is a national collection of non-admitted (outpatient and emergency department) activity, which was introduced 1 July 2006.

Occupied Bed Equivalent

A resourced bed equivalent that is assigned to an admitted patient who is not on leave.

Old Longstay

A client who has achieved old long stay status as at July 1991. This status results from continuous residence in a psychiatric hospital since 1 April 1975, except for periods of absence of less than one year.

Outpatient (OP)

An outpatient is a patient who receives a preadmission assessment, or a diagnostic procedure or treatment at a healthcare facility, and who is not admitted, and the specialist's intent is that they will leave that facility within three hours from the start of the consultation. When patients receive a general anaesthetic they are deemed not to be outpatients. See 'Follow-up attendance'.

Outpatient Clinic

A scheduled administrative arrangement enabling outpatients to receive the attention of a healthcare provider. The holding of a clinic provides the opportunity for consultation, investigation and minor treatment, and patients normally attend by prior arrangement. The clinic may be held on or off the hospital site. See 'Follow-up attendance'.

Patient

This term is synonymous with 'healthcare user'.

PAS

A facility's local Patient Administration System (PAS).

PMS

A facility's local Patient Management System (PMS).

PRIMHD

The Programme for the Integration of Mental Health Data (PRIMHD) creates a single national mental health information collection of service activity and outcomes data from across New Zealand's mental health sector. DHBs and NGOs electronically report their activity and outcomes data to NCR.

Principal Diagnosis (Pdx)

The diagnosis established after study to be chiefly responsible for causing the patient's episode of care in hospital (or attendance at the healthcare facility). The phrase "after study" in the definition means evaluation of findings to establish the condition that was chiefly responsible for the episode of care. Findings evaluated may include information gained from the history of illness, any mental status evaluation, specialist consultations, physical examination, diagnostic tests or procedures, any surgical procedures, and any pathological or radiological examination. The condition established after study may or may not confirm the admitting diagnosis.

Procedure

A discrete therapeutic or diagnostic intervention.

Recurrent Care Patient

A patient who attends as a day patient but where the intention is for recurring day therapy, eg, renal dialysis, chemotherapy, geriatric, paediatric care.

Recurrent Care Psychiatry

A patient who attends at a day/recurrent care facility, staffed by a mental health service (excluding substance abuse and forensic services), for a period of more than three hours and less than one day, including treatment/education/promotion services.

Referral

Referral is a request for the shifting of responsibility. The actual transfer of responsibility is recorded by (usually) a change from one status to another or a change of responsible clinician. The request may precede the assumption of responsibility by some time, the difference being the waiting time.

Rehabilitation

Intensive therapy and skill retraining required, after an acute treatment period, to permit an independent or semi-independent existence outside the hospital environment.

Resourced Bed Equivalent

A bed equivalent that is resourced to accommodate an admitted patient. Resources must include staff, linen, etc. The old term 'commissioned bed' corresponds with the term 'resourced bed'.

Respite/Crisis Care

A short term admission, usually in order to give a carer respite from the provision of care.

RHA

Regional Health Authority. The four RHAs were the health funding bodies from 1 July 1993 to 1 July 1997. They were replaced with a single Transitional Health Authority.

Short Stay Event

A patient admitted for healthcare with a length of stay three hours or more but less than one day, regardless of intent. Short stay events will have the same event start and end date. See also 'Admission' and 'Intended day case'. This term is synonymous with 'day case patient' or 'same day event'.

THA

Transitional Health Authority. The THA was the single health funding body from 1 July 1997 to 31 December 1997. It was replaced with the Health Funding Authority.

Total Attendances

The sum of first and follow-up attendances.

Transfer

The physical movement of a healthcare user within a healthcare facility not involving a change of healthcare status. The transfer of responsibility is signalled when a referral is accepted.

Underlying Cause of Death

The underlying cause of death is defined by the World Health Organization (WHO) as:
“(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.”

Unoccupied Bed Equivalent

A resourced bed equivalent that is not an occupied bed equivalent. The old term 'commissioned bed' corresponds with the term 'resourced bed'.

Visit

An encounter where the healthcare provider goes to the healthcare user.