

## Data Dictionary & Collection Requirements for the NSW MDS for Drug and Alcohol Treatment Services

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**Functional Sub group** Corporate Administration - Information and data  
Clinical/ Patient Services - Information and data

**Summary** This Policy Directive outlines the mandatory requirement to report a minimum data set describing the provision of specialist hospital and community based drug and alcohol services from 1 July 2015.

**Replaces Doc. No.** Data Dictionary & Collection Requirements - NSW Minimum Data Set - Drug/Alcohol Services 2005 - 2007 [PD2006\_015]

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**Applies to** Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Community Health Centres, Ministry of Health, Public Hospitals

**Audience** Public D&A treatment services, NGO D&A treatment agencies, Local Health Districts and Networks

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

## DATA DICTIONARY AND COLLECTION REQUIREMENTS FOR THE NSW MINIMUM DATA SET FOR DRUG AND ALCOHOL TREATMENT SERVICES

### PURPOSE

This Policy Directive mandates that all government and non-government drug and alcohol services receiving NSW Ministry of Health funding for the provision of specialist services to people with alcohol and/or other drug and / or gambling problems, collect and report the NSW Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS).

### MANDATORY REQUIREMENTS

All government and non-government drug and alcohol agencies receiving NSW Ministry of Health funding to provide specialised drug and alcohol services must collect and report data to the NSW MDS DATS from 1 July 2015. This includes:

- Agencies under the Justice Health and Forensic Mental Health Network
- Aboriginal health services
- Mental health services
- Generalist agencies such as community health services and multi-purpose centres
- Hospital-based services administered and funded by the LHD Drug and Alcohol Services
- Agencies that prescribe and/or provide dosing for Opioid Pharmacotherapy.

The following are excluded:

- Agencies that provide services that are primarily preventative or educational, such as needle and syringe exchanges (with the exception of diversion initiatives)
- Admitted patients in acute care or psychiatric hospitals, other than those indicated above.

Data collected for the NSW MDS DATS must be stored electronically. Data is to be submitted to the NSW Ministry of Health on a monthly basis via the Health Information Exchange (HIE). The deadline for data submission is the 21<sup>st</sup> day of the month following the month of collection. Agencies / LHDs are responsible for collating, cleansing and validating the data prior to submitting to the HIE.

### IMPLEMENTATION

Existing state-supported information systems have been or are being modified to comply with the requirements of the revised NSW MDS DATS collection. Agencies using locally developed systems must ensure their systems are modified to meet the revised reporting requirements.

Agencies / LHDs are required to begin reporting the NSW MDS DATS from 1 July 2015, or earlier if their information system is capable of collecting and reporting the data. Until that occurs, LHDs should continue to collect and provide data as specified in the 2005–2006 and 2006-2007 Data Dictionary and Collection Guidelines for the NSW MDS DATS.

Any queries concerning the NSW NMDS DATS should be directed to Lelde Taylor, Senior Systems and Development Officer on (02) 8877 5127 or [lelde.taylor@health.nsw.gov.au](mailto:lelde.taylor@health.nsw.gov.au)

## REVISION HISTORY

Version	Approved by	Amendment notes
April 2015 (PD2015_014)	Deputy Secretary System Purchasing and Performance	Revision of collection requirements, data elements and data domains
February 2006 (PD2006_015)	Deputy Director- General	Revision of collection requirements, data elements and data domains
July 2004		Revision of collection requirements, data elements and data domains
July 2003		Revision of collection requirements, data elements and data domains
2002-2003		Revision of collection requirements, data elements and data domains
2001-2002		Specified the data collection requirements of government funded drug and alcohol services.

## ATTACHMENTS

1. Data Dictionary and Collection Requirements for the NSW Minimum Data Set for Drug and Alcohol Treatment Services

**DATA DICTIONARY  
AND COLLECTION  
REQUIREMENTS FOR**  
THE NSW MINIMUM DATA SET  
FOR DRUG AND ALCOHOL  
TREATMENT SERVICES



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# Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS	Alcohol and Other Drug Treatment Services
APDC	Admitted Patient Data Collection
BTOM	Brief Treatment Outcome Measure
BTOM-C	Brief Treatment Outcome Measure – Concise
CHIME	Community Health Information Management Enterprise
DADC	Drug and Alcohol Data Co-ordinator
DATS	Drug and Alcohol Treatment Services
eMR	Electronic Medical Record
HIE	Health Information Exchange
HSIPR	Health System Information and Performance Reporting
LHD	Local Health District
MATISSE	Monitoring AOD Treatment Information System for Services Everywhere
MDS	Minimum Data Set
MHDAO	Mental Health and Drug and Alcohol Office
NADA	Network of Alcohol and other Drug Agencies
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
NHDD	National Health Data Dictionary
NHDSC	National Health Data Standards Committee
NHIG	National Health Information Group
NMDS	National Minimum Data Set
NSW MOH	NSW Ministry of Health
SLK	Statistical Linkage Key
UPI	Unique Patient Identifier
WP	Working Party

## Conventions

Data element concepts are in **bold** (eg **Service Episode**)

Data elements are in *italics* (eg *Main Service Provided*)

Data domains are in 'single quotes' (eg 'support and case management only')

ONE

## Introduction

These requirements have been prepared as a reference for those involved in collecting and supplying data for the New South Wales Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS), formerly known as the New South Wales Minimum Data Set for Alcohol and Other Drug Treatment Services (NSW MDS AODTS). The intended audience is staff in Local Health Districts and Drug and Alcohol treatment agencies (public and non-government) who are directly involved in collecting and reporting the data, and those involved with developing information systems for use in drug and alcohol agencies.

This publication is intended to provide:

- some history on the collection's development and outline the overall collection process
- information about changes made to the data set over time
- guidelines to ensure the best quality data is received
- definitions of all data elements included in the data set
- an up-to-date reference to facilitate consistent, co-ordinated and timely data collection.

### Why do we need this data collection?

The NSW MDS DATS data collection was developed to provide consistent information across NSW about the clients and activities of Drug and Alcohol services. The collection ultimately aims to contribute standardised state and national data to be used to inform planning and policy developments designed to reduce drug-related harm and improve the quality of drug treatment service provision within NSW.

The NSW MDS DATS consists of 44 separate items to be collected throughout the course of the Service Episode. Data is reported monthly, with annual reporting being on a financial year basis. Agencies covered by the data collection are required to submit a complete data set for each Service Episode that was either open or completed during the reporting month.

The data collection makes it possible to compare and aggregate information across NSW on drug problems, service utilisation and treatment programs for a variety of clients, communities and service settings. It also provides agencies with access to basic data relating to particular types of clients, their drug problems and treatment responses. The data derived from this collection will be considered in conjunction with other information sources (eg admitted-patient data and national surveys) to inform debate, policy decisions and strategies related to the Drug and Alcohol treatment sector.

TWO

## Background

### **Alcohol and other Drugs Council of Australia Forum**

The current data collection originates from a forum conducted by the Alcohol and other Drugs Council of Australia (ADCA) in 1995, which investigated the barriers between research and the development of treatment policies and practices. The Forum, attended by researchers, administrators, clinicians and policy officers, found that a lack of data on clients and services was impeding treatment practice development and recommended consolidating existing data collections, and establishing a National Minimum Data Set.

### **National Drug and Alcohol Research Centre – data set development**

In 1997, the National Drug and Alcohol Research Centre (NDARC) conducted a review of the existing data collection practices in each state. It found that while the data required for a minimum data set were generally already collected by agencies, they were often either not recorded or were reported inconsistently.

On the strength of these findings, in 1998 the Commonwealth Department of Health and Aged Care funded NDARC to develop data definitions on which to base a national data collection. A National Advisory Committee was established (the Inter-Governmental Committee on Drugs National Minimum Data Set Working Group), with nominated appointees of each State/Territory Health Department. Its role was to guide the development process, which included engaging in extensive consultation with the drug and alcohol workforce, and to conduct a pilot study of the proposed data elements.

### **NSW Drug Summit**

In 1999, the NSW Drug Summit endorsed the implementation of a minimum data set as part of a co-ordinated strategy to monitor outcomes for drug and alcohol services in New South Wales. The result of this was the New South Wales Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS).

### **National Minimum Data Set for Alcohol and Other Drug Treatment Services**

At the end of 1999, all States and Territories agreed to the national collection of a defined set of treatment data elements – the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

Data collection commenced nationally on 1 July 2000. The data elements in the first year of the collection were a subset of the items collected in NSW and were collected on a client registration basis only. In July 2001, the AODTS NMDS changed to collect closed treatment episodes and to include the majority of the data elements already collected by NSW.

### **Collection Authorities**

The NSW Ministry of Health is the collection authority for the New South Wales data collection. The Australian Institute of Health and Welfare is the collection authority for the national collection, on behalf of the Commonwealth Department of Health. The NSW data for the national collection is forwarded to the AIHW by InforMH, Health Information System and Reporting, NSW Ministry of Health. This is done after the data has been through a data cleansing and mapping process.

## THREE

# Scope

It is critical that service providers know whether they are within the scope of the collection, and, if they are, which of their services are included. Only agencies within scope should provide data, and only for services within scope.

The following information defines the scope of the NSW MDS DATS.

### Which agencies?

#### *Included:*

- All publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist services to people with alcohol and/or other drug and/or gambling problems. This includes Justice Health facilities, Aboriginal or Mental Health services, and generalist agencies such as community health services and multi-purpose centres, if they also provide specialist drug and alcohol services.
- Drug and alcohol agencies associated with an acute care hospital where they have staff permanently allocated to provide a drug and alcohol service that is administered and funded by LHD Drug and Alcohol Services separate to the hospital, irrespective of whether those agencies also report to the Admitted Patient Data Collection.
- Agencies whose sole function is to prescribe and/or provide dosing for opioid pharmacotherapy treatment.

#### *Excluded:*

- Beds in acute care and psychiatric hospitals where staff have **not** been permanently allocated to provide a drug and alcohol service.
- Agencies that provide primarily accommodation or overnight stays, such as halfway houses and sobering-up shelters.
- Agencies that provide services that are primarily preventative or educational, such as needle and syringe exchanges (with the exception of diversion initiatives).

### Which clients?

#### *Included:*

- All clients assessed and/or accepted for one or more types of specialised drug and alcohol service for their own, or another person's, alcohol and/or other drug and/or gambling problem. This includes people who seek advice or information only.

#### *Excluded:*

- Admitted patients in acute care or psychiatric hospitals, other than those indicated above as in scope.
- Clients treated in excluded agencies noted previously.

Information required about patients admitted to beds in acute care and psychiatric hospitals, where staff have **not** been permanently allocated to provide a drug and alcohol service, will be extracted from currently available admitted patient data. Although information on these clients may be collected at a local level, no activity related to these clients is to be reported to the NSW Ministry of Health.

### Which activities?

Treatment activities can range from early, brief intervention to long-term treatment. The NSW MDS DATS intends to cover a wide variety of treatment interventions and among others includes withdrawal and rehabilitation programs, and pharmacological and psychological treatments.

#### *Included:*

- All **Service Episode** records for the types of service specified in the data element *Main Service Provided* that were **open** at any point during the reporting period (financial year).

*Excluded:*

- Any inpatient consultation activity performed within acute care or psychiatric hospitals, although these may be collected locally at an Agency/LHD level. This includes any inpatient consultation activities undertaken with a client admitted to a bed within an acute care, psychiatric or Justice Health and Forensic Mental Health Network hospital under the care of a clinician or service other than the drug and alcohol clinician performing the consultation or the drug and alcohol service. Activities performed must be specifically for drug and alcohol issues and include a clinical assessment.
  
- Although excluded from the scope of the NSW MDS DATS, agencies recording consultation activity are permitted to submit this data to the NSW Ministry of Health; however the data will not be included in analysis of the NSW MDS DATS.
  
- Any activity provided to clients presenting to specialised drug and alcohol agencies solely for gambling issues, although these may be collected locally at an Agency/LHD level. Although excluded from the scope of the NSW MDS DATS, agencies collecting this data domain are permitted to submit this data to the, NSW Ministry of Health if a clinical assessment was performed. Analysis of the NSW MDS DATS will not include this data.

## **Future development**

A regular review and evaluation process will be established to recommend further extensions and changes to the data collection.

## FOUR

# Roles and responsibilities

There are a number of key players in the development, implementation and monitoring of the NSW MDS DATS data collection. These are listed below with a description of their roles and responsibilities.

### **IGCD NMDS Working Group**

The Inter-Governmental Committee on Drugs National Minimum Data Set Working Group is responsible for the development, implementation and monitoring of the National Minimum Data Set for Alcohol and Other Drug Treatment Services. Members include representatives from each Australian jurisdiction (including for NSW, the Mental Health and Drug and Alcohol Office, NSW Ministry of Health) the AIHW, the ABS, NDARC, and the Commonwealth's National Drug Strategy Unit. Recommendations for modification of the NMDS are submitted by the IGCD NMDS Working Group to the National Health Information Group (NHIG) and the National Health Data Standards Committee (NHDSC) for approval.

### **NSW Health Drug and Alcohol Council**

The NSW Health Drug and Alcohol Council is responsible for approving any proposed changes to the development, implementation, quality improvement, monitoring and utilisation of the NSW Minimum Data Set for Drug and Alcohol Treatment Services. Members include the Mental Health and Drug and Alcohol Office Executive, Local Health District Drug and Alcohol Directors and the Executive Officer of the Network of Alcohol and other Drug Agencies.

### **NSW Ministry of Health – Mental Health and Drug and Alcohol Office**

MHDAO is the custodian of the NSW Minimum Data Set Drug and Alcohol Treatment Service. They are responsible for developing policy around the collection and use of the data reported and strategies related to the Drug and Alcohol treatment sector.

### **NSW Ministry of Health – InforMH, Health Information System and Performance Reporting**

InforMH, in conjunction with the LHDs, is responsible for the establishment and coordination of the collection of data from drug and alcohol service providers.

Key responsibilities include:

- allocating establishment identifiers and ensuring that these are consistent with establishment identifiers used in other NSW MDS collections, where appropriate
- developing a data collection and reporting tool to assist drug and alcohol agencies with collecting client-level information and a process for agencies to collate, clean and submit the data to NSW
- producing quality and frequency reports for the State and each Local Health District
- establishing a process of data checking and validation at the State level and where possible assisting and advising on data quality checks at the agency level
- producing and maintaining this data dictionary and collection requirements document
- liaising with and providing feedback and reports to Local Health Districts on data issues
- cleansing and mapping the NSW data prior to submitting to the Commonwealth data collection

### **Network of Alcohol and other Drug Agencies (NADA)**

The Network of Alcohol and other Drug Agencies is the peak body representing the non-government drug and alcohol sector in NSW. NADA represents over 100 organisational members that provide a broad range of services including drug and alcohol health promotion, early intervention, treatment, and after-care programs. These community based organisations operate throughout NSW. They comprise both large and small services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery.

NADA provides a range of programs and services that focus on sector representation and advocacy, workforce development, information management and data collection, governance and management support plus a range of capacity development initiatives.

NADA provides support for the collection of the NSW MDS DATS by assisting in the implementation, training and ongoing management across the non-governmental organisation (NGO) sector as a whole. This includes employment of an IT Project Officer who liaises with NGOs, NSW Ministry of Health and the LHD Drug and Alcohol Data Co-ordinators.

The IT Project Officer is responsible for liaising with InforMH and local agencies over data quality issues, queries and problems, and collating, cleansing, and validating the data prior to submitting data files.

## **Local Health Districts – Drug and Alcohol Data Co-ordinators**

Each LHD employs a Drug and Alcohol Data Coordinator in order to support the data collection at the local level, for government and non-government sectors.

Key responsibilities include:

- implementing and managing the collection for the LHD/NGO agency
- providing training where necessary on all aspects of the data collection process
- ensuring all agencies within the scope of the collection are collecting and reporting data
- liaising with the NSW Ministry of Health and local agencies over data quality issues, queries and problems
- collating, cleansing and validating the data prior to submitting data files to the NSW Ministry of Health in line with data submission deadlines.

The contact details for Drug and Alcohol Data Co-ordinators may be obtained from the appropriate Local Health District Drug and Alcohol Department. Any queries regarding the data collection should be directed to the relevant Drug and Alcohol Data Co-ordinator.

## **Drug and Alcohol agencies**

Drug and alcohol agencies are responsible for ensuring that the data is recorded accurately and in a timely manner, to ensure they meet the monthly reporting deadlines. Agencies should inform their Local Health District Drug and Alcohol Data Co-ordinator if they are having difficulty in this regard.

All government-funded agencies and non-government agencies not using the NADA database send their data to their LHD's Drug and Alcohol Data Co-ordinator, who then collates the various files into one file for submitting to the NSW Ministry of Health. If the Drug and Alcohol Data Co-ordinator identifies a data quality issue that needs to be addressed, agencies are required to investigate and fix the problem, and resubmit the data.

## Collection requirements

The NSW MDS DATS consists of a broad range of items describing administrative, social, demographic, drug-related and service-related information. The data set has been developed in conjunction with service providers to ensure that data elements are useful, not only at a Commonwealth or State level, but also to individual agencies needing consistent, accurately defined information for service development and planning.

### General

- All data elements should be completed, where appropriate. Where a nil response is required, tick or code the appropriate response eg 'no other service provided', 'no other drugs of concern'.
- The data collected pertains largely to **clinical** information and should therefore be completed by a **clinician** of the agency and not by a member of the administrative or support staff.
- All items should be based on the client's response, not on the clinician's guesses or assumptions. This is particularly important for collection of the '*Aboriginal and Torres Strait Islander Origin*' data element. When the client is unable to respond personally, the person answering for them should be qualified to do so (ie the respondent must know the client and feel confident to provide accurate information about him or her). However, it is strongly recommended that all questions be asked directly whenever possible. Where this is impossible, such as in the case of death, questions should be asked of a close relative or friend. If a relative or friend is not available, the undertaker or other such person may be asked for the information.

### Service Episode

A **Service Episode** is the unit of measurement for the NSW MDS DATS. This is defined as 'a treatment process with defined dates of commencement and cessation, between a patient/client and a provider or team of providers, provided at the treatment agency or one of its service delivery outlets, in which there is no major change in the *Service Delivery Setting, Main Service Provided or Principal Drug of Concern/Gambling*, and within which there

is no unplanned interval of contact greater than one month'.

A client may have more than one concurrent **Service Episode**. There are four triggers for opening a new **Service Episode** with an existing client. These are:

- A change in the *Main Service Provided* (eg from withdrawal management to rehabilitation); or
- A change in the *Principal Drug of Concern/Gambling* (eg from heroin to cocaine); or
- A change in the *Service Delivery Setting* (eg from inpatient to community); or
- The episode reaching its maximum episode length (this varies from 30 days to 12 months depending on the Main Service Type).

For example, a client who begins regular counselling sessions while undergoing ambulatory withdrawal is considered to be participating in two concurrent **Service Episodes** and would require the completion of the data set for each of these.

If a client has been assessed in a community setting and proceeds to have counselling in the same setting on the same day, the Service Episode would be created with the *Main Service Provided* coded to 'Counselling'.

An 'Assessment only' Service Episode should be created only when the client receives just the clinical assessment and does not proceed directly onto the intended form of treatment, and no other form of treatment is provided in the interim.

For example, if a client is assessed for a rehabilitation bed, but the bed is not available for another week, and **no** other form of treatment is provided in the interim, a **Service Episode** would be created for the day of the assessment with the *Main Service Provided* coded to 'Assessment only'. Another **Service Episode** would then be opened when the client presents and is admitted for rehabilitation, with the *Main Service Provided* coded to 'Rehabilitation activities' and the *Date of*



*Commencement of Service Episode* recorded as the date of admission.

## Closing Service Episodes

As a general rule, all **Service Episodes** have a maximum length of 12 months. Exceptions to this are episodes where:

- the *Main Service Provided* is 'Withdrawal management (detoxification)' – these have a maximum length of 30 days;
- the *Main Service Provided* is 'Consultation Activities' or 'Support and case management only' – these have a maximum length of 12 months;
- the *Main Service Provided* is 'Counselling' – these are limited to 12 sessions; and
- the *Main Service Provided* is '*Maintenance pharmacotherapy (Opioid)*' or '*Maintenance pharmacotherapy (Non-Opioid)*' – these can exceed 12 months of continuous service contact.

Collection agencies must ensure that a **Service Episode** is not left open indefinitely. A **Service Episode** will normally be declared 'closed' at the **Cessation of Service** however, when there has been no client contact for a period of one month and there are no plans in place for contact in the future, the **Service Episode** must be declared 'closed'. In these circumstances, the *Date of Cessation of Service Episode* is the date on which the client was **last seen** (or, in the case of opioid pharmacotherapy treatment clients, the date on which the client was **last dosed**), not the date the client's record is updated.

## Referral

Where a client is referred to another service or treatment to be provided within the same service agency, this is to be treated in the same manner as if the client was referred to an external service agency. This includes the appropriate coding of the *Reason for Cessation of Service* and *Referral to Another Service* data elements.

## Client identifier

The NSW Ministry of Health is moving towards a process of unique patient identification at a State level. Until this occurs, agencies are required to submit a patient identifier unique at the Local Health District or agency level. This identifier is important because it will enable determination of the number of individual clients of drug and alcohol agencies and a measure of how many times individual clients visit agencies. Agencies are encouraged to

contact their LHD Drug and Alcohol Data Co-ordinator for advice on local business rules.

The client identifier must have between 4 and 12 alphanumeric characters. Agencies may choose to use the existing Medical Record Number or Patient Identifier Code system, or to initiate a new identifier. An external identifier should not be used (eg Medicare Number).

## Client demographics

Client demographics were added to the NSW MDS DATS in July 2015, in response to increased demand from the Commonwealth and NSW Ministry of Health regarding unique client identification, using either the state unique patient identifier (SUPI) or a statistical linkage key (SLK). The AODTS NMDS Review published in February 2011 recommended the inclusion of the SLK-581 linkage key, which will enable reporting agencies to estimate the number of clients who use AODT services and analyse how clients move between agencies over time

The client name, sex, date of birth and Medicare number are used in the SUPI process, while the client name, sex and date of birth are used to derive the statistical linkage key (SLK- 581). Client address has been added to the MDS as these data elements are required for loading data to the NSW Health Information Exchange (HIE) Patient tables.

## Secondary clients

The term **secondary clients** describes people who contact a service in relation to another person's drug use. This may include relatives, friends, employers, etc, but does not include a person seeking a service for their own drug use who is also affected by the drug use of another person. For secondary clients, the *Client Type* is recorded as '2' – 'Other's drug use'.

Data relating to secondary clients is within the scope of the Minimum Data Set and must be reported to the NSW Ministry of Health. All responses for data elements should refer to the actual client making contact with the service. For secondary clients, specific details are not collected for the following drug-related data elements, due to their unreliability and inappropriateness. Instead, these drug-related data elements should be left blank or have 'Not stated' or 'Not collected' reported for secondary clients:

- *Principal Drug of Concern/Gambling*
- *Method of Use for Principal Drug of Concern*
- *Other Drugs of Concern/Gambling*
- *Injecting Drug Use*
- *Previous Services Received.*

Agencies may collect information locally for these data elements, but they should not be submitted to the NSW Ministry of Health as they would relate to the person that the secondary client is concerned about, not the secondary client.

### **Multiple response items**

While most data elements require only a single response, there are a few that may have multiple responses. These are:

- *Other Drugs of Concern/Gambling*
- *Other Services Provided*
- *Service Contact Dates.*

It is recommended that clinicians limit to five the number of responses recorded for each of the first two data elements. This will help minimise the likelihood of clients reporting they have had 'all' services or are concerned about 'all' drugs. If a clinician wishes to record more than five responses, all of the responses will be reported to the NSW MDS, however only the first five for each data element will be reported to the Commonwealth (in line with Commonwealth reporting requirements). Thus, clinicians should record the most significant responses first to ensure these will be reported to the Commonwealth.

Please note that *Other Services Provided* should not include the value selected for *Main Service Provided*. Similarly, there should be no duplication of the *Principal Drug of Concern/Gambling* within the *Other Drugs of Concern/Gambling* data element. There should also be no duplication within multiple response items (eg listing 'alcohol' as the first and second *Other Drugs of Concern/Gambling*, because the client has problems with both wine and spirits).

## Data collection times

It is recommended that the following data elements be recorded on an ongoing basis: *Previous Services Received, Other Services Provided, Service Contact Dates* and *Postcode of Service Contact*. Some service providers may wish to keep the service contact date form on the front of client files to

allow simple and quick recording of service contacts as they occur. Items marked for collection at **Commencement of Service Episode** should be completed on the day of initial assessment. Items marked for collection at the **Cessation of Service Episode** should be completed within **three days** of the actual date of cessation.

## Data collection times

**Table 1: Data collection times for each data element**

Commencement of Service Episode	
<p><b>Administrative data elements:</b></p> <p><i>Establishment Identifier (Agency Code)</i></p> <p><i>State Identifier (State Code)</i></p> <p><i>Establishment Sector (Agency Sector)</i></p> <p><i>Region Code</i></p> <p><i>Establishment Number (Agency Number)</i></p> <p><i>Agency Location</i></p> <p><i>Person Identifier (Client Code)</i></p> <p><b>Client data elements:</b></p> <p><i>Date of Birth</i></p> <p><i>Date of Birth Status</i></p> <p><i>Sex</i></p> <p><i>Aboriginal and Torres Strait Islander Origin</i></p> <p><i>Country of Birth</i></p> <p><i>Preferred Language</i></p> <p><i>Principal Source of Income</i></p> <p><i>Living Arrangement</i></p> <p><i>Usual Accommodation</i></p> <p><i>Title</i></p> <p><i>Family Name</i></p> <p><i>Given Name(s)</i></p> <p><i>Middle Name(s)</i></p> <p><i>SLK-581</i></p> <p><i>Medicare Number</i></p> <p><i>Property name</i></p> <p><i>Unit Flat number</i></p> <p><i>Street Number</i></p> <p><i>Street Name</i></p> <p><i>Suburb</i></p>	<p><b>Drug Use data elements:</b></p> <p><i>Client Type</i></p> <p><i>Principal Drug of Concern/Gambling</i></p> <p><i>Method of Use for Principal Drug of Concern</i></p> <p><i>Other Drugs of Concern/Gambling</i></p> <p><i>Injecting Drug Use</i></p> <p><b>Service data elements:</b></p> <p><i>Service Delivery Setting</i></p> <p><i>Date of Commencement of Service Episode</i></p> <p><i>Postcode of Residence at Commencement of Service Episode</i></p> <p><i>Source of Referral to Service</i></p> <p><i>Previous Services Received</i></p> <p><i>Main Service Provided</i></p>
During Service Episode	
	<p><b>Drug Use data elements:</b></p> <p><i>Other Drugs of Concern/Gambling</i></p> <p><b>Service data elements:</b></p> <p><i>Previous Services Received</i></p> <p><i>Other Services Provided</i></p> <p><i>Service Contact Dates</i></p> <p><i>Postcode of Service Contact</i></p>
Cessation of Service Episode	
	<p><b>Service data elements:</b></p> <p><i>Date of Cessation of Service Episode</i></p> <p><i>Reason for Cessation of Service Episode</i></p> <p><i>Referral to Another Service</i></p>

## Data collection tools

In order to facilitate the data collection, the NSW Ministry of Health has provided both paper forms (See Appendix B) and a Microsoft Access database (called MATISSE) to assist agencies in the entry and maintenance of the data collection.

The MATISSE (Monitoring AOD Treatment Information System for Services Everywhere) database provides for the automatic generation of

monthly extracts in the appropriate format for submission. Data may be entered directly into the database or transferred from the paper form. These extract files are collated monthly by the Local Health District DADCs into an "Area MATISSE". The data will be checked and cleansed prior to loading into the Health Information Exchange used by the LHD. Data automatically flows from here into the state HIE and is available to the NSW Ministry of Health.

Please note that MATISSE has been developed as an interim reporting tool. Agencies and Local Health Districts are encouraged to implement state endorsed eMR systems such as the Cerner CHOC eMR and Community Health Information Management Enterprise (CHIME) to collect the NSW MDS DATS. Other data collection tools may also be developed or used to meet agency or LHD reporting requirements.

Some agencies may have an existing computerised system used for data collection. The use of other computerised data collection mechanisms is acceptable with the following provisos:

- data collection must conform to these specifications
- data output must be formatted as per the protocol documented in Appendix A.

A copy of the paper form for the collection of the NSW MDS DATS is included in Appendix B. The basic form comprises four pages, but a number of additional pages may be required when there is insufficient space on the form to record all service contacts. All data elements included in the header must be completed for each page. Forms should be completed with a ballpoint pen using black or blue ink. The use of pencils, felt tipped or fountain pens is not recommended.

## Data quality

Data collections require ongoing attention to quality. There is a need to attend to:

- the way questions are asked
- data entry
- handling of 'not stated' or 'null' information
- data checking and validation
- follow-up with data providers for any problems.

In order to ensure the NSW Ministry of Health is supplied with a good quality data, LHDs must review and edit the data provided by the agencies before collating the data into the file to be loaded into the HIE. This is the data cleansing step of the reporting cycle. The quality of the data will be improved if the agencies check their data before sending it to the LHD.

The LHD Drug and Alcohol Data Co-ordinator is responsible for all data checking, validation, follow-up and correction of data generated within their region. All data received by the NSW Ministry of Health will be reviewed to detect obvious omissions or errors. If an error is found, the LHD Drug and Alcohol Data Co-ordinator will be contacted to investigate and provide corrected data.

There are two forms of data quality checks that should be applied to the data set before it is submitted to the NSW Ministry of Health, validity checks and logic checks.

**Validity checks** are used to ensure that values entered for each data element are within a valid numeric range. For example, responses to the data element *Injecting Drug Use* should only be coded as a single figure within the range of 0-4 or as 9. Any response that does not fall within this range is an error. If an error is found, the clinician should go back to the client record to attempt to fix it. Refer to the Drug and Alcohol Data Dictionary for the valid ranges of codes.

All data elements must be completed in order for the client record to be accepted as valid, except for the following:

- *Other Drugs of Concern/Gambling*
- *Other Services Provided*
- *Date of Cessation of Service Episode* (**mandatory** for **closed** service episodes only)
- *Reason for Cessation of Service Episode* (**mandatory** for **closed** service episodes only)
- *Referral to Another Service* (**mandatory** for **closed** service episodes only).

**Logic checks** are used to ensure internal consistency between responses, and to ensure that contradictory responses are not included. For example, when the response for *Injecting Drug Use* is 4 ('never injected'), the response for *Method of Use for Principal Drug of Concern* cannot be 3 ('inject').

Validity checks are performed first, so that logic checks can be performed on valid data. Details are listed in Table 2 below. These checks are done as part of the extract process in the Area MATISSE database.

Some general checks that should be conducted by the DADCs:

- **Missing agencies:** ensure that all agencies within the scope of the collection have sent data for the entire collection period.
- **Missing data:** investigate missing data to ensure that agencies are reporting all MDS data elements. Where possible, a reasonable attempt should be made to resolve missing data issues.
- **Incorrect codes:** ensure that agencies are using the correct codes for all data elements.
- **Incorrect dates:** dates reported by agencies should be checked to ensure that they are not sending incorrect dates (eg dates in the future) or in incorrect date formats (eg mmddyyyy). Dates should be reported in the format ddmmyyyy (ie without any delimiters). Time information should not be included in date fields.
- **Duplicate records:** check for duplicate Service Episodes being submitted by agencies (eg two episodes for the same client on the same day. Where the *Main Service Provided* for one is 'Assessment only', and the other 'Rehabilitation activities', this is duplication). When records are identified as possible duplicates, the agency should be consulted to ensure that Service Episodes have not been mistakenly submitted on more than one occasion.
- **Reporting period:** the *Date of Commencement of Service Episode* and *Date of Cessation of Service Episode* should be checked to ensure

that only Service Episodes that were open during and/or closed within the valid reporting period are reported. For example Service Episodes that were open during and/or closed between 1 July 2014 to 30 June 2015 are reported for the 2014-2015 collection.

- **Data inclusion:** ensure that data not within scope of the collection is excluded from the collated data set sent to the NSW Ministry of Health.

## Data submission

All government agencies must submit their collected data to the Drug and Alcohol Data Co-ordinator (DADC) in their Local Health District. DADCs must submit the data via the LHD's HIE to the NSW Ministry of Health no later than the 21st day of the month following the month of collection. DADCs have the responsibility of ensuring that the data is correctly and completely loaded into their HIE.

NADA will prepare a single extract which will include data from all their NGO partners that use the NADA database. The extract files will be supplied to InforMH who will provide additional validation of the data prior to loading directly into the State HIE. As this process bypasses the LHD HIE the NADA-supplied data will therefore will not be available in the LHD HIE.

See Appendix A for more details on the submission of data and the file format.

**Table 2: Data quality – logic checks**

1	<i>Date of Birth</i> must be less than or equal to the <i>Date of Commencement of Service Episode</i>
2	<i>Date of Birth</i> must be less than or equal to the date of data entry.
3	<i>Date of Commencement of Service Episode</i> must be less than or equal to the <i>Date of Cessation of Service Episode</i> .
4	<i>Date of Commencement of Service Episode</i> must be less than or equal to the date of data entry.
5	When <i>Injecting Drug Use</i> is 4 ('never injected'), <i>Method of Use for Principal Drug of Concern</i> cannot be 3 ('inject').
6	<i>Other Drugs of Concern/Gambling</i> cannot be duplicated or equal to <i>Principal Drug of Concern/Gambling</i> .
7	<i>Other Services Provided</i> cannot be duplicated or equal to <i>Main Service Provided</i> .
8	<i>Method of Use for Principal Drug of Concern</i> must be consistent with <i>Principal Drug of Concern/Gambling</i> (eg if <i>Principal Drug of Concern/Gambling</i> is 'alcohol', the <i>Method of Use for Principal Drug of Concern</i> should not be 'smoke').
9	<i>Preferred Language</i> should be reasonably consistent with <i>Country of Birth</i> (eg if <i>Preferred Language</i> is an Australian indigenous language, it would normally be logical for the <i>Country of Birth</i> to be 'Australia').
10	<i>Service Contact Dates</i> should be equal to or between the <i>Date of Commencement of Service Episode</i> and <i>Date of Cessation of Service Episode</i> .

## Reporting and ownership

LHD collection authorities and agencies are reminded that the Chief Executive of the relevant Local Health District is the Data Custodian for all data held at LHD level and fed via the LHD HIE.

The data custodian for the Statewide data collection is the Director of the Mental Health and Drug and Alcohol Office, NSW Ministry of Health. The data custodian is responsible for approval of any release of the unit record file or publications relating to the data.

Data obtained from agencies within an LHD can be used internally as the LHD sees fit, so long as client privacy considerations are complied with. If data is to be used to identify individual agencies or NGOs, it is recommended that the agency be consulted and permission be obtained from the agency or NGO before any publication of the data.

Local Health District staff must also be aware of the need for ethical management and reporting of data. Consideration should be given as to how the information is analysed, and in particular how it is to be used, interpreted and reported so that the information does not have unintended consequences. Reporting should not allow the identification of individuals and must be published in a form that gives due regard to cultural and other sensitivities.

Data reporting and analysis between agencies at an LHD level needs to be done with due consideration and consultation with the relevant agencies. The following points identify some areas of particular concern regarding the release of:

- agency information beyond the agency
- comparative data between agencies without consultation with the agencies concerned
- comparative data between Government and Non-Government service providers
- information based on a small number of cases. No results should be reported with a frequency of less than six.

Where any doubt exists as to the appropriate use of data, refer to the NSW Ministry of Health website for:

- NSW Ministry of Health Privacy Manual, version 2 2005  
[www.health.nsw.gov.au/policies/pd/2005/PD2005\\_593.html](http://www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html)

- NSW Ministry of Health Privacy Management Plan 2005:  
[www.health.nsw.gov.au/policies/pd/2005/PD2005\\_554.html](http://www.health.nsw.gov.au/policies/pd/2005/PD2005_554.html)

The NSW Ministry of Health will produce a range of reports on data quality and data quantity for each LHD and for NSW as a whole. These reports will be made available to LHD Drug and Alcohol Data Co-ordinators and agency staff.

It is expected that LHD Drug and Alcohol Data Co-ordinators will play a key role in the analysis and reporting of data at an LHD level.

## Privacy and confidentiality

Whenever data regarding individuals, service provider organisations, or funding departments are collected or disseminated, privacy and confidentiality issues must be considered.

Agency staff must be made aware of the need for ethical management and privacy of data. Generally, clients should be informed as to what information is collected, by whom, how it will be used, and their rights in relation to it. Staff should comply with their Local Health District's policy and procedures regarding privacy of patient information.

The requirement to inform people applies, irrespective of whether the information was collected from a third party, or directly from the person concerned. The law recognises there will be situations when it is not reasonable or appropriate to do this, such as if informing a person will prejudice their interests or pose a threat.

All aspects of collection, collation, use and reporting of the data are subject to the NSW Ministry of Health Privacy Manual, version 2 2005. Where any doubt exists as to the appropriate use of data or informing people about what information is collected, refer to the NSW Ministry of Health website for:

- NSW Ministry of Health Privacy Manual, version 2 2005:  
[www.health.nsw.gov.au/policies/pd/2005/PD2005\\_593.html](http://www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html)
- NSW Ministry of Health Privacy Management Plan 2005:  
[www.health.nsw.gov.au/policies/pd/2005/PD2005\\_554.html](http://www.health.nsw.gov.au/policies/pd/2005/PD2005_554.html)

## What is new from 1 July 2015

**Table 3. The NSW MDS DATS, showing revisions to data elements and concepts from 1 July 2015**

Data element	New data element	Data element modified	New data domain	Data domain modified	New data element concept	Data element concept modified
Country of Birth				X		
Facility Identifier	X					
Family name	X					
Flat/Unit type and number	X					
Given name(s)	X					
Main Service Provided				X		
Medicare Number	X					
Middle Name	X					
Other Drugs of Concern/ Gambling				X		
Other services provided				X		
Preferred Language				X		
Previous services received				X		
Principal Drug of Concern				X		
Property Name	X					
Region Code				X		
Service delivery setting				X		
Service Episode (concept)						X
Statistical Linkage Key-581	X					
Street Name	X					
Street Number	X					
Suburb	X					
Title	X					

### Changes in data collection scope and reporting from 1 July 2015

#### 1 New data elements from 1 July 2015

##### 1.1 Demographic information

- Family Name
- Given Name(s)
- Middle Name
- Name Title
- Medicare Number
- Property Name
- Flat/Unit Type Number
- Street Name
- Street Number
- Suburb

##### 1.2 Administrative information

- Facility Identifier
- Statistical Linkage Key 581 (SLK-581)

## 2 Revised data domains from 1 July 2015

### 2.1 Principal Drug of Concern/Gambling

The following items have been added to the data domain:

- |        |                                   |        |  |
|--------|-----------------------------------|--------|--|
| ■ 0005 | Pharmaceutical opioids, nfd       | ■ 3799 | Cathinones, nec                        |
| ■ 0006 | Psychostimulants, nfd             | ■ 3801 | 1-Benzylpiperazine                     |
| ■ 0009 | Gambling                          | ■ 3802 | 1-(3-Trifluoromethylphenyl)-piperazine |
| ■ 1307 | Tramadol                          | ■ 3803 | 1-(3-Chlorophenyl)-piperazine          |
| ■ 1403 | Ibuprofen                         | ■ 3804 | Phenylpiperazine analogues             |
| ■ 2205 | Propofol                          | ■ 3899 | Piperazines, nec                       |
| ■ 2502 | Gamma-butyrolactone               | ■ 5601 | Amisulpride                            |
| ■ 2503 | 1,4-butanediol                    | ■ 5602 | Aripiprazole                           |
| ■ 2599 | GHB Type Drugs and Analogues, nec | ■ 5603 | Clozapine                              |
| ■ 2904 | Doxylamine                        | ■ 5604 | Olanzapine                             |
| ■ 2905 | Promethazine                      | ■ 5605 | Quetiapine                             |
| ■ 2906 | Zolpidem                          | ■ 5606 | Risperidone                            |
| ■ 3104 | Amphetamine analogues             | ■ 5607 | Ziprasidone                            |
| ■ 3411 | DOI                               | ■ 5699 | Atypical Antipsychotics, nec           |
| ■ 3412 | PMMA                              | ■ 7100 | Cannabinoids and Related drugs, nfd    |
| ■ 3413 | 2C-B                              | ■ 7101 | Cannabinoids                           |
| ■ 3414 | Phenethylamine analogues          | ■ 7102 | Cannabinoid agonists                   |
| ■ 3506 | Tryptamine analogues              | ■ 7199 | Cannabinoids and Related Drugs, nec    |
| ■ 3703 | Cathinone analogues               | ■ 9301 | Laxatives                              |

The descriptions for the following items have been changed:

2005/2006 data domain		2015 data domain	
3100	Amphetamines (broad category)	3100	Amphetamines, nfd
2400	Benzodiazepines (broad category)	2400	Benzodiazepines, nfd
3405	Ecstasy	3405	MDMA/Ecstasy

The following item is no longer valid in the data domain:

- 3201 Cannabis

This has been replaced by the code 7101

### Non-drug items

The non-drug items in the data domain have been amended to align the NSW MDS with the AODTS NMDS. Details are as follows:

Value	2005/2006 data domain	2015 data domain
0000	Not collected	Inadequately described
0001	Inadequately described	Not stated
0002	Gambling	Not identified as a drug of concern

**NB** Following the change in description, Code 0002 has been removed from the NSW data domain. Code 0009 has been added for Gambling.

### 2.2 Other Drugs of Concern/Gambling

The changes are the same as those described under Principal Drug of Concern/Gambling shown above.



### 2.3 Country of Birth

The following items have been added to the data domain:

- 8433 Bonaire Eustatius and Saba
- 8434 Curacao
- 2107 Guernsey
- 3216 Kosovo
- 3214 Montenegro
- 1513 Pitcairn Islands
- 8435 Sint Maarten (Dutch part)
- 4111 South Sudan
- 4108 Spanish North Africa
- 8431 St Barthelemy
- 8432 St Martin (French Part)

The descriptions for the following items have been changed:

2005/2006 data domain	2015 data domain
8202 Bolivia	8202 Bolivia, Plurinational State of
5101 Burma (Myanmar)	5101 Burma (Republic of the Union of Myanmar)
6101 China	6101 China, Peoples Republic of
9107 Congo	9107 Congo, Republic of
5206 East Timor	5206 Timor-Leste
3206 Former Yugoslav Republic of Macedonia (FYROM)	3206 Macedonia, Republic of
7206 Kyrgyz Republic	7206 Kyrgyzstan
7105 Nepal	7105 Nepal, Federal Democratic Republic of
8418 Netherlands Antilles	8400 Netherlands Antilles
9225 South Africa	9225 South Africa, Republic of
9222 St Helena	9222 St Helena, Ascension and Tristan da Cunha
8216 Venezuela	8216 Venezuela, Bolivarian Republic of

The following items have expired:

Expired code	Replacement codes
0002 Not elsewhere classified	<no replacement>
2101 Channel Islands	0922 Former Channel Islands, nfd
3213 Serbia and Montenegro	0921 Former Serbia & Montenegro
4199 North Africa, NEC	0918 Africa, nfd

### 2.4 Preferred Language

The collection is moving from a 2-digit to a 4-digit data domain (Australian Standard Classification of Languages (ABS Cat No 1267.0)). Source systems that have not yet implemented the 4-digit codes can continue to report 2-digit codes and these will be mapped to the equivalent 4-digit code in the HIE.

## 2.5 Region Code

The following items have been relabelled:

2005/2006 data domain		2015 data domain	
A	Sydney South West (Eastern Zone)	A	Sydney LHD
B	Northern Sydney Central Coast (Central Coast region)	B	Central Coast LHD
C	Hunter New England (Southern region)	C	Hunter New England (Southern region)
D	South Eastern Sydney and Illawarra (Illawarra region)	D	Illawarra Shoalhaven LHD
E	Northern Sydney Central Coast (North Sydney region)	E	Northern Sydney LHD
F	South Eastern Sydney and Illawarra (South Eastern Sydney region)	F	South Eastern Sydney LHD
		R	St Vincent's Hospital Network
G	Sydney South West (Western zone)	G	South Western Sydney LHD
H	Sydney West (Western cluster)	H	Nepean Blue Mountains LHD
I	Sydney West (Eastern cluster)	I	Western Sydney LHD
J	Greater Western (Remote region)	J	Far West LHD
K	Greater Southern (Western region)	K	Murrumbidgee LHD
L	Greater Western (Central region)	L	Western NSW LHD
M	North Coast (Northern region)	M	Mid North Coast LHD
N	Greater Western (Eastern region)	N	<i>Western NSW LHD – no longer allocated for new agencies being created, however existing agencies retain this code</i>
O	Hunter New England (Northern region)	O	Hunter New England (Northern region)
P	North Coast (Northern region)	P	Northern NSW LHD
Q	Greater Southern (Eastern region)	Q	Southern NSW LHD
S	Justice Health Service	S	Justice Health & Forensic Mental Health Network

## 2.6 Service delivery setting

The data domain has been simplified. Changes are outlined below.

2005/2006 data domain	2015 data domain
1 – Non-residential/outpatient/community setting	1 – Community/Outpatient
2 – Residential/ inpatient setting	A – Inpatient
	B – Residential
3 – Home	3 – Home
4 – Outreach setting	no longer valid
5 – Correctional setting	5 – Correctional
6 – Therapeutic community	no longer valid
8 – Other	no longer valid

## 2.7 Previous services received

The data domain has been simplified. Changes are outlined below.

2005/2006 data domain	2015 data domain
00 – Not collected	00 – Not collected
	80 – Previous service received
10 – Counselling	no longer valid
31 – Residential rehabilitation activities	
32 – Day rehabilitation activities	
51 – Inpatient consultation	
52 – Outpatient consultation	
60 – Support and case management only	
91 – Assessment only	
92 – Information and education only	
98 – Other	
99 – No previous service received	99 – No previous service received

## 2.8 Method of Use

The following item has been removed from the data domain:

6 Absorption

## 2.9 Main Service Provided

The data domain has been simplified. Changes are outlined below:

2005/2006 data domain	2015 data domain
10 – Counselling	10 – Counselling
21 – Inpatient/ residential withdrawal management	20 – Withdrawal management (detoxification)
22 – Outpatient withdrawal management	
31 – Residential rehabilitation activities	30 – Rehabilitation activities
32 – Day rehabilitation activities	
40 – Maintenance pharmacotherapy	40 – Maintenance pharmacotherapy (Opioid)
	48 – Maintenance pharmacotherapy (Non- opioid)
51 – Inpatient consultation	50 – Consultation activities
52 – Outpatient consultation	
60 – Support and case management only	60 – Support and case management only
	70 – Involuntary D&A Treatment (IDAT)
91 – Assessment only	91 – Assessment only
92 – Information and education only	92 – Information and education only
98 – Other	98 – Other

## 2.10 Other Services Provided

The data domain has been simplified. Changes are outlined below:

2005/2006 data domain	2015 data domain
10 – Counselling	10 – Counselling
21 – Inpatient/ residential withdrawal management	20 – Withdrawal management (detoxification)
22 – Outpatient withdrawal management	
31 – Residential rehabilitation activities	30 – Rehabilitation activities
32 – Day rehabilitation activities	
40 – Maintenance pharmacotherapies	40 – Maintenance pharmacotherapy (Opioid)
	48 – Maintenance pharmacotherapy (Non-opioid)
41 – Naltrexone	No longer valid
42 – Buprenorphine	
43 – Buprenorphine/Naloxone	
44 – Slow release oral Morphine	
45 – Methadone	
46 – Acamprosate	
47 – Disulfiram	
49 – Other maintenance pharmacotherapy	
51 – Inpatient consultation	50 – Consultation activities
52 – Outpatient consultation	
98 – Other	98 – Other
99 – No other service provided	99 – No other service provided

## 2.11 Living Arrangement

The description has changed for the following item:

2005/2006 data domain	2015 data domain
03 – Alone with Child(ren)	03 – Single parent with child(ren)

## 3 Changes to data element concepts from 1 July 2015

### 3.1 Service Episode

There are new rules around the duration of a service episode. Service Episodes have a maximum length of 12 months, except where:

- the Main Service Provided is ‘Withdrawal management (detoxification)’ – these have a maximum length of 30 days;
- the Main Service Provided is ‘Consultation activities’ or ‘Support and case management only’ – these have a maximum length of 12 months;
- the Main Service Provided is ‘Counselling’ – these have an episode length limited to 12 sessions; and
- the Main Service Provided is ‘Maintenance Pharmacotherapy (Opioid)’ and ‘Maintenance Pharmacotherapy (Non –Opioid)’ – these can exceed 12 months of continuous service contact.

## 4 Removed data elements from 1 July 2015

The following data elements have been removed:

- Principal Drug of Concern Illicit Drug Flag
- Other Principal Drug of Concern Illicit Drug Flag
- Pharmacotherapy Type of Main Service Provided

## Changes in data collection scope and reporting from 1 July 2005

### 1 New data elements from 1 July 2005

#### 1.1 Other Drugs of Concern Illicit Use Flag

A new data element has been added to denote the illicit use of any other drug of concern:

0 – Not collected

1 – Illicit

2 – Licit

9 – Not stated/Inadequately described.

#### Note to system developers

The Flag will be used as follows:

- If the *Client Type* was selected as '2' – 'other's drug use', the Illicit Use Flag will default to code '0' – 'not collected'.
- If the *Client Type* was selected as '1' – 'own drug use':
- If the Other Drugs of Concern/Gambling was selected as '1202' – 'heroin', the Illicit Use Flag will default to code '1' – 'illicit'.
- If the Other Drugs of Concern/Gambling was selected as a drug coded between '1100' and '1201', inclusive, or between '1203' and '1399', inclusive, the Illicit Use Flag will be available for selection.
- If the Other Drugs of Concern/Gambling was selected as a drug coded to a value not listed above, the Illicit Use Flag will default to code '0' – 'not collected'.
- For historic Service Episodes that are open as at 1/7/2005, the Illicit Flag will be defaulted to code:
  - '0' for those where the *Client Type* has been coded to '2'.
  - If the *Client Type* was selected as '1' – 'own drug use':
  - '1' for those with an *Other Drugs of Concern/Gambling* coded as '1202' – 'heroin'.
  - '9' for those with an *Other Drugs of Concern/Gambling* coded between '1100' and '1201', inclusive, or between '1203' and '1399', inclusive.
  - '0' for those with an *Other Drugs of Concern/Gambling* coded to a value not listed above.

#### 1.2 Postcode of Residence at Commencement of Service Episode

A new data element has been added to denote the client's postcode of residence at the commencement of the **Service Episode**. This will be used for planning purposes. Data domains utilised will be valid geographic residential Australia Post postcodes. Administrative and post office box postcodes are **excluded**. '9999' may be used if the postcode is 'Unknown'. '9998' may be used for clients with 'No fixed abode'.

#### Note to system developers

For historic open and closed **Service Episodes**, the postcode of residence will be defaulted as follows:

- To the current postcode of residence of the client for those **Service Episodes** open as at 1/7/2005 where the *Date of Commencement of Service Episode* is between 1/1/2005 and 30/6/2005, inclusive.
- '9999' for those **Service Episodes** where the *Date of Commencement of Service Episode* is prior to 1/1/2005.
- '9999' for all **Service Episodes** closed prior to 1/7/2005.
- The value collected in this field should **not** be used to default to the *Postcode of Service Contact* field when a **Service Contact** occurring in the client's home is recorded.

## 2 Revised data elements from 1 July 2005

### 2.1 Revised data element labels

The following data elements have been relabelled as follows:

2004/2005 data element label	2005/2006 data element label
Principal Drug of Concern	Principal Drug of Concern/Gambling
Other Drugs of Concern	Other Drugs of Concern/Gambling

## 3 Removed data domains from 1 July 2005

### 3.1 Reason for Cessation of Service Episode

The following data domain has been removed from the *Reason for Cessation of Service Episode* list:

- 11 – Ceased to participate at expiation.

#### Note to system developers

For historic **Service Episodes** that are open as at 1/7/2005, values recorded in the *Reason for Cessation of Service Episode* field as '11' – 'ceased to participate at expiation' should be re-coded to code '98' – 'other'.

### 3.2 Postcode of Service Contact

The following data domain has been removed from the *Postcode of Service Contact* list and will be replaced by a valid geographical residential postcode (administrative and post office box postcodes are **excluded**) provided by Australia Post:

- 9999 – Client's home.

#### Note to system developers

For historic **Service Episodes** open as at 1/7/2005, where the *Date of Commencement of Service Episode* is between 1/1/2005 and 30/6/2005, inclusive, any **Service Contact** records recorded as having occurred in the client's home should have the *Postcode of Service Contact* re-coded to the current postcode of residence of the client.

## 4 New data domains from 1 July 2005

### 4.1 Principal Drug of Concern/Gambling

New data domains have been added to the *Principal Drug of Concern/Gambling* list:

- 0002 – Gambling
- 1298 – Buprenorphine/Naloxone.

#### Note to system developers

For clients who are presenting with gambling issues (*Principal Drug of Concern/Gambling* = code '0002' – 'gambling'), the *Principal Drug of Concern Illicit Use Flag* and *Method of Use for Principal Drug of Concern* should default to code '0' – 'not collected'.

### 4.2 Other Drugs of Concern/Gambling

New data domains have been added to the *Other Drug of Concern/Gambling* list:

- 0002 – Gambling
- 1298 – Buprenorphine/Naloxone.

#### Note to system developers

For clients who have gambling recorded under *Other Drugs of Concern/Gambling* (code '0002' – 'gambling'), the *Other Drugs of Concern Illicit Use Flag* should default to code '0' – 'not collected'.

### 4.3 Method of Use for Principal Drug of Concern

A new data domain has been added to the *Method of Use for Principal Drug of Concern* list:

- 6 – Absorption.

### 4.4 Previous Services Received

A new data domain has been added to the *Previous Services Received* list:

- 43 – Buprenorphine/Naloxone

### 4.5 Pharmacotherapy Type for Main Service Provided

A new data domain has been added to the *Pharmacotherapy Type for Main Service Provided* list:

- 43 – Buprenorphine/Naloxone.

### 4.6 Other Services Provided

A new data domain has been added to the *Other Services Provided* list:

- 43 – Buprenorphine/Naloxone.

## 5 Revised data domains from 1 July 2005

### 5.1 Revised data domain labels for Region Code

The following data domains have been relabelled as follows:

2004/2005 data domain label			2005/2006 data domain label	
A	Central Sydney	→	A	Sydney South West (Eastern zone)
B	Central Coast	→	B	Northern Sydney Central Coast (Central Coast region)
C	Hunter	→	C	Hunter New England (Southern region)
D	Illawarra	→	D	South Eastern Sydney and Illawarra (Illawarra region)
E	Northern Sydney	→	E	Northern Sydney Central Coast (Northern Sydney region)
F	South Eastern Sydney	→	F	South Eastern Sydney and Illawarra (South Eastern Sydney region)
G	South Western Sydney	→	G	Sydney South West (Western zone)
H	Wentworth	→	H	Sydney West (Western cluster)
I	Western Sydney	→	I	Sydney West (Eastern cluster)
J	Far West	→	J	Greater Western (Remote region)
K	Greater Murray	→	K	Greater Southern (Western region)
L	Macquarie	→	L	Greater Western (Central region)
M	Mid North Coast	→	M	North Coast (Southern region)
N	Mid Western	→	N	Greater Western (Eastern region)
O	New England	→	O	Hunter New England (Northern region)
P	Northern Rivers	→	P	North Coast (Northern region)
Q	Southern	→	Q	Greater Southern (Eastern region)
S	Justice Health	→	S	Justice Health Service

## 6. Scope changes to data elements from 1 July 2005

### 6.1 AHS who are collecting 'gambling' in *Principal Drug of Concern/Gambling* or *Other Drugs of Concern/Gambling* are encouraged to submit data to NSW Health

'Gambling' is an optional NSW MDS DATS data domain for *Principal Drug of Concern/Gambling* and *Other Drugs of Concern/Gambling*, which AHS can **collect and submit to NSW Health** if they so choose. It is not mandatory, since it is not always possible to collect the full NSW MDS DATS on these clients and its collection may result in a large burden on some AHS. However, for those AHS who are collecting it, the scope has been updated to encourage them to submit the data to NSW Health.

### 6.2 Service Contact Dates

Service contacts that involve the taking of urine or blood samples will be included within scope for *Service Contact Dates* and **submitted to NSW Health**.

## 7 Definition changes to data elements from 1 July 2005

### 7.1 Postcode of Service Contact

To date, the data element *Postcode of Service Contact* has collected a postcode of '9999' for when a service contact occurs at the client's home. This code will be replaced by a valid geographical residential postcode provided by Australia Post representing the location at which the service was provided in the client's place of residence. Administrative and post office box postcodes are **excluded**.

#### Note to system developers

The postcode of the client's place of residence current at the time a **Service Contact** occurred in the client's home should be recorded as the *Postcode of Service Contact for the Service Contact*. The value collected for *Postcode of Service Contact* should **not** be defaulted from the *Postcode of Residence at Commencement of Service Episode* field when a **Service Contact** occurring within the client's home is recorded.



## Changes in data collection scope and reporting from 1 July 2004

Note: Changes to the NSW MDS DATS from 1 July 2004 have also been included within this section due to the delayed publication of the 2004/2005 NSW MDS DATS Data Dictionary and Collection Guidelines.

### 1 Removed data elements from 1 July 2004

#### 1.1 Number of Service Contacts

Number of Service Contacts was removed from the AODTS NMDS starting in July 2003. It is no longer needed in the NSW MDS DATS Data Dictionary. Analysis on it can still be done at a State/AHS level but it does not need to be separately identified.

### 2 Revised data elements from 1 July 2004

#### 2.1 Revised data element labels from 'Treatment' to 'Service'

The following data elements have been relabelled as follows:

2003/2004 data element label		2004/2005 data element label
Cessation of Treatment Episode	→	Cessation of Service Episode
Commencement of Treatment Episode	→	Commencement of Service Episode
Date of Cessation of Treatment Episode	→	Date of Cessation of Service Episode
Date of Commencement of Treatment Episode	→	Date of Commencement of Service Episode
Main Treatment Type	→	Main Service Provided
Other Treatment Type	→	Other Services Provided
Pharmacotherapy Type for Main Treatment	→	Pharmacotherapy Type for Main Service Provided
Previous Treatment	→	Previous Services Received
Reason for Cessation of Treatment Episode	→	Reason for Cessation of Service Episode
Source of Referral to Treatment	→	Source of Referral to Service
Treatment Delivery Setting	→	Service Delivery Setting
Treatment Episode	→	Service Episode

### 3 Revised data domains from 1 July 2004

#### 3.1 Revised data domain label for Region Code

The following data domain has been relabelled as follows:

2003/2004 data element label		2004/2005 data element label
S Corrections Health	→	S Justice Health

#### 3.2 Revised data domain label for Country of Birth

The following data domain has been relabelled as follows:

2003/2004 data element label		2004/2005 data element label
3213 Yugoslavia, Federal Republic of	→	3213 Serbia and Montenegro

### 3.3 Revised data domain labels from 'Treatment' to 'Service'

The following data domains have been relabelled as follows:

Previous Services Received

2003/2004 data element label		2004/2005 data element label
99 No previous treatment	→	No previous service received

Other Services Provided

2003/2004 data element label		2004/2005 data element label
99 No other treatment provided	→	99 No other service provided

Reason for Cessation of Service Episode

2003/2004 data element label		2004/2005 data element label
01 Treatment completed	→	01 Service completed

## 4 Scope changes to data elements from 1 July 2004

### 4.1 AHS who are collecting 'Inpatient consultation' in *Main Service Provided* are encouraged to submit data to NSW Health

'Inpatient consultation' is an optional NSW MDS DATS data domain for *Main Service Type*, which AHS can **collect and submit to NSW Health** if they so choose. It is not mandatory, since it is not always possible to collect the full NSW MDS DATS on these clients and its collection may result in a large burden on some AHS. However, for those AHS who are collecting it, the scope has been updated to encourage them to submit the data to SW Health.

### 4.2 BTOM/BTOM-C clients in scope for collecting the NSW MDS DATS

Collection of the BTOM/BTOM-C is **required** for public pharmacotherapy clinics. As the BTOM/BTOM-C data collection instrument includes the full NSW MDS DATS, the NSW MDS DATS scope has been revised to include BTOM/BTOM-C clients.

### 4.3 Drug and Alcohol agencies who currently report to both the Admitted Patient Data Collection (formerly known as the Inpatient Statistics Collection) and the NSW MDS DATS (the majority of inpatient detoxification services) are in scope for submitting their data to NSW Health

The previous description of the scope of the NSW MDS DATS excludes all services that also report to the Admitted Patient Data Collection (APDC) (formerly known as the Inpatient Statistics Collection), even if they are specifically funded and administered by drug and alcohol services (eg Drug Summit). This rule was established to avoid any additional workload for agencies and to avoid any potential double counting at the State and National level. However, since the start of the NSW MDS DATS, nearly all of these agencies have been collecting both the ISC and the NSW MDS DATS and submitting their data to NSW Health.

Therefore, the scope of the NSW MDS DATS has been revised to clarify the circumstances where drug and alcohol agencies also collecting the ISC should **collect and submit the NSW MDS DATS**. Though this involves continued double counting, the ISC does not contain the majority of NSW MDS DATS data elements, so it is not possible to easily add this data into any NSW MDS DATS reports.

## 5 Definition changes to data elements from 1 July 2004

### 5.1 *Living Arrangement and Usual Accommodation* data elements have been revised so they refer to 'just prior to the start of the Service Episode'

To date, the data element *Living Arrangement* has been collected based on 'immediately prior to the treatment episode', whilst the data element *Usual Accommodation* has been collected based on the '3 months preceding the treatment episode'. These have been revised to refer to 'just prior to the start of the **Service Episode**' to provide a more definitive time period to which they relate, as well as to create uniformity.

### 5.2 Examples provided of when it is appropriate to code 'Methadone' as the Principal Drug of Concern

Collection of opioid treatment activities by the NSW MDS DATS began on a trial basis from July 2003. This includes a number of clients in Methadone treatment who want to cease Methadone and consider it their *Principal Drug of Concern*, rather than the original opiate (most likely heroin) for which they entered treatment. Examples have been provided in the *Principal Drug of Concern* data element for when it is appropriate to select 'Methadone'.

### 5.3 *Reason for Cessation of Service Episode* has been clarified regarding when to choose 'service completed' versus 'transferred/referred'

The *Reason for Cessation of Service Episode* data element has been clarified to indicate that the 'transferred/referred' data domain should only be selected if the service was not completed.

### 5.4 Definitions for the data domains in *Main Service Provided* has been clarified, including:

#### ■ Definition of an 'Assessment only' *Main Service Type* and when it should be created as a separate **Service Episode**

The definition of 'assessment only' has been revised to indicate that it refers to a clinical assessment (not a triage or intake) and examples have been provided explaining when it is appropriate for a separate **Service Episode** to be created.

#### ■ Definition of 'Support and case management only' as the *Main Service Provided*

A better definition of 'support and case management only' has been provided, including some examples.

#### ■ Which clients to collect the NSW MDS DATS on for group counselling sessions

In group counselling situations, the NSW MDS DATS should only be collected for registered clients.

#### ■ Definition of 'Outpatient consultation' as the *Main Service Provided*

For consultation activity, the NSW MDS DATS should only be collected when there is direct client contact (ie exclude liaison consultation between clinicians).

A better definition of 'outpatient consultation' has been provided, including some examples.

# Data Dictionary User Guide

## Purpose of the Data Dictionary

The NSW MDS DATS Data Dictionary includes the data elements that are required for the National Minimum Data Set for Alcohol and Other Drug Treatment Services as well as some additional data elements specifically collected within NSW.

The dictionary has been developed to support the process of data collection, by assisting the implementation of data systems and the development of training programs. It will also provide an ongoing reference source for data managers and clinicians, and serve as a tool to support data analysis and interpretation.

## General guidelines

The data elements and coding schemes provided in this data dictionary comprise a minimum data set that meets the reporting requirements for service agencies reporting to the NSW Ministry of Health and the Commonwealth Department of Health.

Agencies may collect data that is additional to the items specified in this data dictionary. Agencies may also use a more detailed coding scheme than that which is specified for any data element, as long as they can be accurately mapped to the data domain for that data element as specified within this Data Dictionary.

If you are in doubt about the proper usage of any data elements, please contact the Drug and Alcohol Data Co-ordinator for your Local Health District or InforMH, NSW Ministry of Health. These co-ordinators are also available to attend to any other questions regarding data collection.

Please note that some of the codes in the NSW MDS DATS differ from those specified for the AODTS NMDS. The codes used in NSW will be mapped to AODTS NMDS codes prior to data submission. Refer to Appendix F.

## Definition structure

Each definition is comprised of four main sections:

1. Defining Characteristics
2. Representation
3. Guidelines and collection rules
4. Administrative information

### ‘Defining Characteristics’

This is the key reference section for each data element, and includes the formal definition of the item, as well as a context section that explains the intended application and purpose of the items.

### ‘Representation’

This contains the data domain (coding) for each data element – the selection of responses that will appear on paper forms or computer systems. It also provides software configuration information.

## ‘Guidelines and collection rules’

This provides further information about how the data element should be collected, including the ‘guide for use’, ‘collection methods’ and ‘comments’. The ‘guide for use’ contains important information, including an explanation of the data domain, where required.

## ‘Administrative information’

This is comprised of information about the source of the data element, and whether the item is part of the required Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). All AODTS NMDS data elements are included in the data dictionary and are part of the NSW MDS DATS.

Within the administrative information section, ‘source documents’ include any documents from which any component of the definition has been derived. Source organisations include any bodies that have substantially contributed to the development of the definition.

## Layout

The data elements are listed alphabetically in the dictionary. The following table shows the data elements grouped by type.

<b>Administrative</b>	Agency geographical location	<b>Drug Use</b>	Client Type
	Establishment Identifier (Agency code)		Injecting Drug Use
	Establishment Number (Agency number)		Method of Use for Principal Drug of Concern
	Establishment Sector (Agency sector)		Other Drugs of Concern/ Gambling
	Facility Identifier		Principal Drug of Concern/ Gambling
	Person Identifier (Client code)		
	Region Code	<b>Service Data</b>	Date of Cessation of Service Episode
	State Identifier (State Code)		Date of Commencement of Service Episode
	Statistical Linkage Key (SLK-581)		Main Service Provided
			Other Services Provided
<b>Demographic</b>	Aboriginal and Torres Strait Islander origin		Postcode of Residence at Commencement of Service Episode
	Country of Birth		Postcode of Service Contact
	Date of Birth		Previous Services Received
	Date of Birth status		Reason for Cessation of Service Episode
	Family Name		Referral to Another Service
	Flat/ Unit Type and Number		Service Contact Dates
	Given Name(s)		Service Delivery Setting
	Living Arrangement		Source of Referral to Service
	Medicare Number		
	Middle Name	<b>Concept</b>	Cessation of Service Episode
	Preferred Language		Commencement of Service Episode
	Principal Source of Income		Service Contact
	Property Name		Service Episode
	Sex		
	Street Name		
	Street Number		
	Suburb		
	Title		
	Usual accommodation		





# Aboriginal and Torres Strait Islander origin

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** A person of Aboriginal or Torres Strait Islander origin.

**Context:** Given the gross inequalities in health status between Indigenous and non-Indigenous Australians, the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

## Representation

**Data type:** Numeric **Representational form:** CODE

**Field size:** **Min** 1 **Max** 1 **Representational layout:** N

**Data domain:**

- 1 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated

## Guidelines and collection rules

**Guide for use:** Staff should be clear that this data element is a client's self-assessment of Australian Aboriginal or Torres Strait Islander origin or descent and should be asked of everyone. In regard to sensitivity in asking or being asked the question, staff and the general public should be encouraged to understand that the question is asked because it is known that people of Aboriginal or Torres Strait Islander origin have poorer health and greater health service needs and the need to rectify the situation is urgent.

The acronym 'ATSI' should not be used, as it is offensive to many Aboriginal or Torres Strait Islander people. However, where systems cannot display the full description, 'Aboriginal/TSI' may be used.

It is not acceptable to guess a person's indigenous origin by their appearance or name.

**Collection methods:** The standard question for this data element is as follows:

[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

The procedure for coding multiple responses on a form is as follows:

- If the respondent indicates 'No' and either 'Aboriginal' or 'Torres Strait Islander' then the response should be coded to either the 'Aboriginal' or 'Torres Strait Islander' options as indicated (ie disregard the 'no' response).
- If the respondent indicates both the 'Aboriginal' and 'Torres Strait Islander' options then the response should be coded to the 'Aboriginal and Torres Strait Islander' option.
- If the respondent indicates 'Non-indigenous' and both 'Aboriginal' and 'Torres Strait Islander' then the response should be coded to the 'Aboriginal and Torres Strait Islander' option (ie disregard the 'no' response).

'Not stated' is not to be available as a valid answer to the questions but is intended for use:

- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.

When the client is unable to respond personally, the person answering for him or her should be qualified to do so (ie the respondent must know the client and feel confident to provide accurate information about him or her). However, it is strongly recommended that this question be asked directly whenever possible. Where this is impossible, such as in the case of death, the question should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.



## Administrative information

**Version: 2** Effective Date: 1/7/2002

**Summary of Changes:** July 2002

Name of data element changed from *Indigenous Status* to *Aboriginal and Torres Strait Islander Origin*.

Definition updated based on the guidelines in the NSW Ministry of Health Circular 2000/38.

The data domain for codes '1' to '4' has dropped mention of whether a person is 'indigenous' or 'non-indigenous'.

**Source document:** NSW Health Data Dictionary Version 1.2

**Source organisation:** NSW Ministry of Health

**Current national item?** Yes

# Agency geographical location

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The geographic location of the agency that is conducting the current <b>Service Episode</b> . If the <b>Service Episode</b> occurs across a number of agency sites, the location corresponds to the agency's main administrative site.
<b>Context:</b>	To enable the analysis of the service provision in relation to demographic and other characteristics of the population of a geographic area.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 5 <b>Max</b> 5	<b>Representational layout:</b>	NNNNN
<b>Data domain:</b>	The <i>Agency Location</i> is reported using a five-digit numerical code to indicate the Statistical Local Area (SLA) within the reporting State or Territory, as defined in the Australian Standard Geographical Classification (Australian Bureau of Statistics, catalogue number 1216.0)		

## Guidelines and collection rules

<b>Guide for use:</b>	InforMH, NSW Ministry of Health will allocate the code for each agency.
<b>Related data:</b>	Related to the data element <i>Establishment Identifier (Agency Code)</i> .
<b>Comments:</b>	<p>The geographical location does not provide direct information on the geographical catchment area or catchment population of the agency.</p> <p>The Statistical Local Area (SLA) is an Australian Standard Geographical Classification (ASGC) defined area. SLAs are Local Government Areas (LGAs) or part thereof. SLAs are also defined for unincorporated areas, those areas for which LGAs are not defined. They therefore cover the whole of Australia without gaps or overlaps.</p> <p>In July 2011, the ABS introduced the Australian Statistical Geography Standard (ASGS) to replace the ASGC as the standard geographical framework for ABS data. The ASGC formally ceased to be an ABS standard from 1 July 2012 and in 2014 will be replaced entirely by the ASGS 2014 in all ABS collections.</p> <p>With this change the SLA will be replaced by the Statistical Area Level 2 (SA2). Wherever possible, SA2s are based on officially gazetted State suburbs and localities. For the NSW DATS MDS, the agency location code will continue to be the 5-digit SLA however, for the AODTS NMDS the agency location will be reported using the appropriate SA2 code. This mapping will be done by InforMH.</p>

## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2000
<b>Source document:</b>	Australian Standard Geographical Classification ABS Cat. No. 1216.0
<b>Source organisation:</b>	Australian Bureau of Statistics
<b>Current national item?</b>	Yes

# Cessation of Service Episode

## Defining characteristics

**Data element type:** DATA ELEMENT CONCEPT

**Definition:** **Cessation of Service Episode** occurs when treatment is completed or discontinued; or there has been a change in the *Principal Drug of Concern/Gambling*, the *Main Service Provided*, or the *Service Delivery Setting*.

**Context:** To enable determination of the length of the **Service Episode**.

## Guidelines and collection rules

**Guide for use:** A client is identified as ceasing treatment if one or more of the following apply:

- The treatment plan is completed.
- The need for treatment has ended.
- There has been no contact with the service provider for one month, and there is no plan for further contact.
- The *Principal Drug of Concern/Gambling* has changed.
- The *Main Service Provided* has changed.
- The *Service Delivery Setting* has changed; or
- The treatment has ceased for other reasons (eg imprisoned, ceased treatment against advice, transferred to another service provider, died).

When the episode is closed because there has been no contact with the service provider for a period of one month, the *Date of Cessation of Service Episode* should be the date on which the client was **last seen** (or, in the case of opioid treatment clients, the date on which the client was **last dosed**, whichever is the latter), and **not** the date on which the decision is made to close the **Service Episode**.

Note that if a client is switching between pharmacotherapy types for their *Main Service Provided*, the **Service Episode** is **not** closed.

**Related data:** Related to the data elements *Reason for Cessation of Service* and *Date of Cessation of Service Episode*.

## Administrative information

**Version: 4** Effective Date: 1/7/2015

**Summary of changes:** July 2015  
Rule regarding length of time since last contact with service provider changed. Time elapsed changed from three months to one month.  
July 2004  
Name of this data concept changed to **Cessation of Service Episode**.

**Source organisation:** NSW Health Drug and Alcohol Council

**Current national item?** Yes

# Client type

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The status of the client in terms of whether contact with the service concerns their own alcohol and/or drug use or that of another person.
<b>Context:</b>	Required to differentiate between clients to provide a basis for description of the people accessing Drug and Alcohol services.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	N
<b>Data domain:</b>	1 Own drug use 2 Other's drug use		

## Guidelines and collection rules

<b>Guide for use:</b>	Code 1: Own drug use – a client who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use. These clients are sometimes referred to as primary clients.  Code 2: Other's drug use – a client who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person (ie a parent concerned about their drug dependent child). These clients are sometimes referred to as secondary clients.  Any client who presents with issues about their own and someone else's drug use should be coded to '1' – 'own drug use' and all data elements should be filled in relating to their own drug use.
<b>Collection methods:</b>	To be collected on <b>Commencement of Service Episode</b> .
<b>Comments:</b>	For secondary clients, presenting due to issues with someone else's drug use, collection of <i>Principal Drug of Concern/Gambling, Method of Use for Principal Drug of Concern, Other Drugs of Concern/Gambling, Injecting Drug Use</i> and <i>Previous Services Received</i> is optional.

## Administrative information

<b>Version: 3</b>	Effective Date: 1/7/2003
<b>Summary of changes:</b>	July 2002 Code 4 – 'Not stated' removed. July 2003 Code 3 – 'Both own and other's drug use' removed.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Commencement of Service Episode

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT CONCEPT
<b>Definition:</b>	The date of the first service contact between the service provider and the client, when formal assessment and/or treatment occurs, for a particular <b>Service Episode</b> .
<b>Context:</b>	To enable determination of the length of the <b>Service Episode</b> .

## Guidelines and collection rules

**Guide for use:** A client is identified as commencing a **Service Episode** if one or more of the following conditions apply:

- The client is new; or
- The client is re-commencing treatment after having had no contact with the service provider for one month or more; or
- The client has no open **Service Episode** for the same *Main Service Provided* and *Principal Drug of Concern/Gambling* and *Service Delivery Setting*; or
- The *Principal Drug of Concern/Gambling* has changed; or
- The *Main Service Provided* has changed; or
- The *Service Delivery Setting* has changed.

Commencement of a **Service Episode** would not normally be initiated by client intake or screening/eligibility assessment (undertaken prior to a clinical assessment) or triage assessment.

The first date of the **Service Episode** is the date of the first **Service Contact** when assessment and/or treatment occurs. In residential programs, the **Service Episode** begins on the date of admission. If the assessment is carried out on a date prior to admission, it is counted as a **separate Service Episode** with the *Main Service Provided* coded as 'assessment only'.

Please note that this is not a change in the **Commencement of Service Episode** concept, but is included here for reinforcement.

**Related data:** Related to the data element *Date of Commencement of Service Episode* and the data element concepts **Service Episode** and **Cessation of Service Episode**.

## Administrative information

<b>Version: 3</b>	Effective Date: 1/7/2004
<b>Summary of changes:</b>	July 2004
	The name of this data concept has changed to <b>Commencement of Service Episode</b> .
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Country of birth

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The country in which the client was born.

**Context:** *Country of Birth* is important in the study of access to services by different population sub-groups. It is the most easily collected and consistently reported of possible data elements. It may be used with other data elements to derive more sophisticated measures of access to services by different population sub-groups.

## Representation

**Data type:** Numeric

**Representational form:** CODE

**Field size:** Min 4 Max 4

**Representational layout:** NNNN

### Data domain

0000	Inadequately described
0001	At sea
0003	Unknown
<b>Alphabetical listing:</b>	
1601	Adelie Land (France)
7201	Afghanistan
0918	Africa, nfd
2408	Aland Islands
3201	Albania
4101	Algeria
3101	Andorra
9201	Angola
8401	Anguilla
8402	Antigua and Barbuda
8201	Argentina
1602	Argentinian Antarctic Territory
7202	Armenia
8403	Aruba
0001	At sea
1101	Australia
1603	Australian Antarctic Territory
1199	Australian External Territories, NEC
2301	Austria
7203	Azerbaijan
8404	Bahamas
4201	Bahrain
7101	Bangladesh
8405	Barbados
3301	Belarus
2302	Belgium
8301	Belize
9101	Benin
8101	Bermuda
7102	Bhutan
8202	Bolivia, Plurinational State of

### Data domain

8433	Bonaire, Sint Eustatius and Saba
3202	Bosnia and Herzegovina
9202	Botswana
8203	Brazil
1604	British Antarctic Territory
5201	Brunei Darussalam
3203	Bulgaria
9102	Burkina Faso
5101	Burma (Republic of the Union of Myanmar)
9203	Burundi
5102	Cambodia
9103	Cameroon
8102	Canada
9104	Cape Verde
8406	Cayman Islands
9105	Central African Republic
9106	Chad
8204	Chile
1605	Chilean Antarctic Territory
6101	China, People's Republic of
8205	Colombia
9204	Comoros
9107	Congo
9108	Congo, Democratic Republic
1501	Cook Islands
8302	Costa Rica
9111	Cote d'Ivoire
3204	Croatia
8407	Cuba
8434	Curacao
3205	Cyprus
3302	Czech Republic
2401	Denmark
9205	Djibouti

## Data domain

8408	Dominica
8411	Dominican Republic
8206	Ecuador
4102	Egypt
8303	El Salvador
2102	England
9112	Equatorial Guinea
9206	Eritrea
3303	Estonia
9207	Ethiopia
0911	Europe, nfd
2402	Faeroe Islands
8207	Falkland Islands
1502	Fiji
2403	Finland
0922	Former Channel Islands, nfd
2303	France
8208	French Guiana
1503	French Polynesia
9113	Gabon
9114	Gambia
4202	Gaza Strip and West Bank
7204	Georgia
2304	Germany
9115	Ghana
3102	Gibraltar
3207	Greece
2404	Greenland
8412	Grenada
8413	Guadeloupe
1401	Guam
8304	Guatemala
2107	Guernsey
9116	Guinea
9117	Guinea-Bissau
8211	Guyana
8414	Haiti
3103	Holy See
8305	Honduras
6102	Hong Kong (SAR of China)
3304	Hungary
2405	Iceland
0000	Inadequately described
7103	India
5202	Indonesia
4203	Iran
4204	Iraq
2201	Ireland, Republic of
2103	Isle of Man
4205	Israel

## Data domain

3104	Italy
8415	Jamaica
6201	Japan
2108	Jersey
4206	Jordan
7205	Kazakhstan
9208	Kenya
1402	Kiribati
6202	Korea, Democratic People's Republic of (North)
6203	Korea, Republic of (South)
3216	Kosovo
4207	Kuwait
7206	Kyrgyzstan
5103	Laos
3305	Latvia
4208	Lebanon
9211	Lesotho
9118	Liberia
4103	Libya
2305	Liechtenstein
3306	Lithuania
2306	Luxembourg
6103	Macau (SAR of China)
3206	Macedonia, Republic of
9212	Madagascar
9213	Malawi
5203	Malaysia
7104	Maldives
9121	Mali
3105	Malta
1403	Marshall Islands
8416	Martinique
9122	Mauritania
9214	Mauritius
9215	Mayotte
8306	Mexico
1404	Micronesia, Federated States of
3208	Moldova
2307	Monaco
6104	Mongolia
3214	Montenegro
8417	Montserrat
4104	Morocco
9216	Mozambique
9217	Namibia
1405	Nauru
7105	Nepal, Federal Democratic Republic of
2308	Netherlands
8400	Netherlands Antilles

## Data domain

1301	New Caledonia
1201	New Zealand
8307	Nicaragua
9123	Niger
9124	Nigeria
1504	Niue
1102	Norfolk Island
2104	Northern Ireland
1406	Northern Mariana Islands
2406	Norway
4211	Oman
7106	Pakistan
1407	Palau
8308	Panama
1302	Papua New Guinea
8212	Paraguay
8213	Peru
5204	Philippines
1513	Pitcairn Islands
3307	Poland
1599	Polynesia (excl Hawaii),NEC
3106	Portugal
8421	Puerto Rico
4212	Qatar
1606	Queen Maud Land (Norway)
9218	Reunion
3211	Romania
1607	Ross Dependency (New Zealand)
3308	Russian Federation
9221	Rwanda
8433	Saba
1505	Samoa
1506	Samoa, American
3107	San Marino
9125	Sao Tome and Principe
4213	Saudi Arabia
2105	Scotland
9126	Senegal
3215	Serbia
9223	Seychelles
9127	Sierra Leone
5205	Singapore
8435	Sint Maarten (Dutch part)
3311	Slovakia
3212	Slovenia
1303	Solomon Islands
9224	Somalia
9225	South Africa, Republic of
8299	South America, NEC
4111	South Sudan

## Data domain

9299	Southern and East Africa, NEC
3108	Spain
4108	Spanish North Africa
7107	Sri Lanka
8431	St Barthelemy
9222	St Helena, Ascension and Tristan da Cuncha
8422	St Kitts and Nevis
8423	St Lucia
8432	St Martin (French part)
8103	St Pierre and Miquelon
8424	St Vincent and the Grenadines
4105	Sudan
8214	Suriname
9226	Swaziland
2407	Sweden
2311	Switzerland
4214	Syria
6105	Taiwan
7207	Tajikistan
9227	Tanzania
5104	Thailand
5206	Timor-Leste
9128	Togo
1507	Tokelau
1508	Tonga
8425	Trinidad and Tobago
4106	Tunisia
4215	Turkey
7208	Turkmenistan
8426	Turks and Caicos Islands
1511	Tuvalu
9228	Uganda
3312	Ukraine
4216	United Arab Emirates
8104	United States of America
0003	Unknown
8215	Uruguay
7211	Uzbekistan
1304	Vanuatu
8216	Venezuela, Bolivian Republic of
5105	Vietnam
8427	Virgin Islands, British
8428	Virgin Islands, United States
2106	Wales
1512	Wallis and Futuna
4107	Western Sahara
4217	Yemen
9231	Zambia
9232	Zimbabwe



## Guidelines and collection rules

**Guide for use:** A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics to the units classified as Polynesia in the ASCCSS.

Clients who were born at sea are to be coded to '0001' – 'at sea'. Clients who were born in an aeroplane are to be coded to '0000' – 'Inadequately described'.

## Administrative information

**Version: 3** Effective Date: 1/7/2015

**Summary of changes:** **July 2015:**  
**Countries added**

8433	Bonaire, Sint Eustatius and Saba	1513	Pitcairn Islands
8434	Curacao	8435	Sint Maarten (Dutch part)
2107	Guernsey	4111	South Sudan
3216	Kosovo	4108	Spanish North Africa
3214	Montenegro	8431	St Barthelemy
3215	Serbia	8432	St Martin (French Part)

### Countries with expired codes

0002	Not elsewhere classified
2101	Channel Islands
4199	North Africa, NEC
3213	Serbia and Montenegro

### Replacement codes to be used

0000	Inadequately described
0922	Former channel islands
0918	Africa nfd
0921	Former Serbia and Montenegro

### Countries with name or code changes

Old	New		
8202	Bolivia	8202	Bolivia, Plurinational State of
5101	Burma (Myanmar)	5101	Burma (Republic of the Union of Myanmar)
6101	China	6101	China, Peoples Republic of
9107	Congo	9107	Congo, Republic of
5206	East Timor	5206	Timor-Leste
3206	Former Yugoslav Republic of Macedonia (FYROM)	3206	Macedonia, Republic of
7206	Kyrgyz Republic	7206	Kyrgyzstan
7105	Nepal	7105	Nepal, Federal Democratic Republic of
8418	Netherlands Antilles	8400	Netherlands Antilles
9225	South Africa	9225	South Africa, Republic of
9222	St Helena	9222	St Helena, Ascension and Tristan da Cunha
8216	Venezuela	8216	Venezuela, Bolivian Republic of

**Source document:** Standards Australian Classification of Countries (SACC) ABS Cat. No. 1269.0 (2011). While not formally adopted by the National Health Data Standards Committee (NHDSC), the use of SACC is consistent with the data domains described, as there is a direct concordance between the two classifications.

**Source organisation:** Australian Bureau of Statistics

**Current national item?** Yes

# Date of birth

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The client's date of birth.
<b>Context:</b>	Required for deriving age to conduct demographic analyses and analysis by age at a point of time.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	DATE
<b>Field size:</b>	<b>Min</b> 8 <b>Max</b> 8	<b>Representational layout:</b>	DDMMYYYY
<b>Data domain:</b>	Valid dates		

## Guidelines and collection rules

<b>Guide for use:</b>	<p>The <i>Date of Birth</i> should be represented as DDMMYYYY without delimiters (eg '/' or '-' or '.'). The day and month should be zero-filled (ie February is '02' not '2') and the year should be 4 digits.</p> <p>For estimated or approximate dates of birth do <b>not</b> use 'XX' for DD, MM or YY. Instead, use '01' if the day or month is not known (eg 01011954); and use '01011900' where no part of the date of birth is available. This last case should be used sparingly, since efforts should be made to derive at least the year of birth from the client's age.</p> <p>In all cases where any part of the <i>Date of Birth</i> has been estimated or defaulted, use the <i>Date of Birth Status</i> to flag the data.</p>
<b>Verification rules:</b>	Must be a valid date, less than or equal to the <i>Date of Commencement of Service Episode</i> and less than the date of data entry.
<b>Collection methods:</b>	If the exact date of birth is not known, provision should be made to collect as much of the date of birth as possible. The other components of the date of birth should be estimated, and the <i>Date of Birth Status</i> indicated accordingly.
<b>Related data:</b>	<i>Date of Birth Status</i>

## Administrative information

<b>Version: 2</b>	Effective Date: 1/7/2002
<b>Summary of changes:</b>	July 2002 The <i>Date of Birth</i> should be submitted without any delimiters. If the month or day is unknown, it should be listed as '01' not 'XX'. If any part of the <i>Date of Birth</i> is estimated, the data element <i>Date of Birth Status</i> should be set accordingly.
<b>Source document:</b>	National Health Data Dictionary Version 16
<b>Source organisation:</b>	National Health Data Standards Committee
<b>Current national item?</b>	Yes

# Date of birth status

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	An indication of whether any component of the client's <i>Date of Birth</i> was estimated.
<b>Context:</b>	Required for assessing the quality of the age data for demographic analyses.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	N
<b>Data domain:</b>	1 Estimated 2 Not estimated		

## Guidelines and collection rules

<b>Guide for use:</b>	This data element should be reported in conjunction with the client's date of birth. Code 1: Estimated – used to indicate if any component of the <i>Date of Birth</i> has been estimated. Code 2: Not estimated – used if the <i>Date of Birth</i> has not been estimated and/or has been self-reported by the client.
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This item is used to derive the Date Accuracy Indicator reported with the SLK-581 in the AODTS NMDS. The value 1 is reported as EEE, the value 2 is reported as AAA. See Appendix E for more details about the SLK-581 and the Date Accuracy Indicator.

<b>Related data:</b>	<i>Date of Birth</i>
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## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2002
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	No

# Date of Cessation of Service Episode

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	Date on which a <b>Service Episode</b> ceases.
<b>Context:</b>	Required to identify the closure of a <b>Service Episode</b> by a Drug and Alcohol service.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	DATE
<b>Field size:</b>	<b>Min</b> 8 <b>Max</b> 8	<b>Representational layout:</b>	DDMMYYYY
<b>Data domain:</b>	Valid dates		

## Guidelines and collection rules

<b>Guide for use:</b>	<p>The <i>Date of Cessation of Service Episode</i> should be represented as DDMMYYYY without delimiters (eg '/' or '-' or '.').</p> <p>Refers to the date of the last service contact in a <b>Service Episode</b> between the client and service provider.</p> <p>A <b>Service Episode</b> will normally be declared 'closed' at the <b>Cessation of Service Episode</b>. However, when there has been no client contact for one month, and there are no plans for future contact, the <b>Service Episode</b> must be declared 'closed'. In these circumstances, the <i>Date of Cessation of Service Episode</i> should be the date of the last client contact (or, in the case of opioid treatment clients, the date on which the client was <b>last dosed</b>, whichever is the latter).</p> <p>For residential programs, the <b>Service Episode</b> will be declared 'closed' on the date of discharge.</p> <p>Refer to data element concept <b>Cessation of Service Episode</b> to determine when a <b>Service Episode</b> ceases.</p>
<b>Verification rules:</b>	Must be greater than or equal to the <i>Date of Commencement of Service Episode</i> and <i>Date of Birth</i> .
<b>Related data:</b>	Related to the data element concept <b>Cessation of Service Episode</b> .

## Administrative information

<b>Version: 3</b>	Effective Date: 1/7/2004
<b>Summary of changes:</b>	July 2004 Name of data element changed to <i>Date of Cessation of Service Episode</i> .
	July 2002 Format for the <i>Date of Cessation of Service Episode</i> changed to exclude delimiters (eg '/' or '-' or '.').
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Date of Commencement of Service Episode

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	Date on which a <b>Service Episode</b> commences.
<b>Context:</b>	Required to identify the <b>Commencement of Service Episode</b> in a service.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	DATE
<b>Field size:</b>	<b>Min</b> 8 <b>Max</b> 8	<b>Representational layout:</b>	DDMMYYYY
<b>Data domain:</b>	Valid dates		

## Guidelines and collection rules

<b>Guide for use:</b>	<p>The <i>Date of Commencement of Service Episode</i> should be represented as DDMMYYYY without delimiters (eg '/' or '-' or '.').</p> <p>The Date of Commencement of <b>Service Episode</b> is the date of the first service contact, when assessment and/or treatment occurs.</p> <p>In residential programs, the Date of Commencement of <b>Service Episode</b> is the date of admission. If the assessment is carried out on a date prior to admission, it is counted as a separate <b>Service Episode</b> as 'assessment only'.</p>
<b>Verification rules:</b>	Must be less than or equal to the <i>Date of Cessation of Service Episode</i> . Must be greater than or equal to <i>Date of Birth</i> .
<b>Related data:</b>	Related to the data element concept <b>Commencement of Service Episode</b> and data element <i>Postcode of Residence at Commencement of Service Episode</i> .

## Administrative information

<b>Version: 3</b>	Effective Date: 1/7/2004
<b>Summary of changes:</b>	July 2004 Name of data element changed to <i>Date of Commencement of Service Episode</i> . July 2002 The <i>Date of Commencement of Service Episode</i> should be submitted without delimiters (eg '/' or '-' or '.').
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

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# Episode identifier

## Defining characteristics

**Data element type:** Data element  
**Definition:** A number to identify a service episode.  
**Context:** Allows an agency to distinguish different episodes for the same client.

## Representation

<b>Data type:</b>	Integer	<b>Representational form:</b>
<b>Field size:</b>	<b>Min</b> <b>Max</b>	<b>Representational layout:</b>
<b>Data domain:</b>		

## Guidelines and collection rules

**Guide for use:** Each agency or collection authority (LHD) may use their own process to allocate episode identifiers.  
Episode identifiers must not be re-issued.  
May also be known as Contact Identifier.

**Collection methods:**

**Related data:**

**Comments:**

## Administrative information

**Version:** 1                      Effective Date: 1/7/2000

**Source document:**

**Source organisation:**

**Current national item?**

# Establishment identifier (agency code)

## Defining characteristics

<b>Data element type:</b>	COMPOSITE ELEMENT
<b>Definition:</b>	Identifier (code) for the agency that provided the service. Each separately administered agency is to have a unique identifier at the State level.
<b>Context:</b>	To identify agency level information.

## Representation

<b>Data type:</b>	Alphanumeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 6 <b>Max</b> 6	<b>Representational layout:</b>	NNANNN
<b>Data domain:</b>	Comprised of: N <i>State Identifier</i> (State Code) N <i>Establishment Sector</i> (Agency Sector) A <i>Region Code (LHD)</i> NNN <i>Establishment Number</i> (Agency Number)		

## Guidelines and collection rules

<b>Guide for use:</b>	InforMH, NSW Ministry of Health will allocate this code to agencies. If the data is supplied on computer media, this data element is required for each record submitted. If information is supplied manually, this data element should be provided on each form submitted.
<b>Collection methods:</b>	Agency Code is a synonym for ' <i>Establishment Identifier</i> ', and either term may be used as a field label on paper or electronic forms.
<b>Related data:</b>	Is composed of <i>State Identifier</i> , <i>Establishment Sector</i> (Agency Sector), <i>Region Code</i> , and <i>Establishment Number</i> .
<b>Comments:</b>	An agency is considered to be separately administered if managed as an independent institution for which there are financial, budgetary and activity statistics. Even if these statistics are in an aggregate format at an LHD or inter-agency level, this is not in itself grounds for treating multiple agencies as a single entity unless no separate statistics are available from any level of the LHD system.

## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2000 July 2002 AODTS NMDS has changed the length of this data element to 9. This is to accommodate an increase in size of the <i>Establishment Number</i> (from 3 to 5 characters) and <i>Region Code</i> (from 1 to 2 characters). InforMH, NSW Ministry of Health will map to AODTS NMDS standards.
<b>Source document:</b>	National Health Data Dictionary Version 16
<b>Source organisation:</b>	National Health Data Standards Committee
<b>Current national item?</b>	Yes

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# Establishment number (agency number)

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	A number for the agency unique within New South Wales.
<b>Context:</b>	To identify agency level information.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 3 <b>Max</b> 3	<b>Representational layout:</b>	NNN
<b>Data domain:</b>			

## Guidelines and collection rules

<b>Guide for use:</b>	InforMH, NSW Ministry of Health will allocate this code to agencies.
<b>Collection methods:</b>	Agency Number is a synonym for <i>Establishment Number</i> , and either term may be used as a field label on paper and electronic forms.
<b>Related data:</b>	Composite part of <i>Establishment Identifier</i> (Agency Code).

## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2000
<b>Summary of changes:</b>	July 2002 The AODTS NMDS changed the length of this data element to 5. InforMH, NSW Ministry of Health will map to NMDS standards.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes



# Establishment sector (agency sector)

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The sector of the health-care system within which the agency operates.
<b>Context:</b>	To identify agency sector level information.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	N
<b>Data domain:</b>	1 Public 2 Private 3 Non-government (funded) 4 Non-government (non-funded)		

## Guidelines and collection rules

<b>Guide for use:</b>	Code 1: Public – operated by the government
	Code 2: Private – operated on a commercial basis
	Code 3: Non-government (funded) – not-for-profit agencies, in receipt of some government funding
	Code 4: Non-government (not funded) – not-for-profit agencies, not in receipt of any government funding

**Related data:** Composite part of *Establishment Identifier* (Agency Code).

**Comments:** This item is a proxy of the National Health Data Dictionary data element *Establishment Sector*. It has been modified in consultation with Drug and Alcohol service stakeholders to reflect the needs of service providers and the actual structure of service provision.

## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2000
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Facility Identifier

## Defining characteristics

**Data element type:** DATA ELEMENT  
**Definition:** Identifier for the drug and alcohol agency.  
**Context:** Required to allow data to be written to the patient-related tables in the HIE.

## Representation

**Data type:** Alphanumeric                      **Representational form:** CODE  
**Field size:**                      **Min** 4                      **Max** 4                      **Representational layout:** NNNA  
**Data domain:**

## Guidelines and collection rules

**Guide for use:** The Facility Identifier is automatically generated within the HIE from the Establishment Identifier (Agency Code) reported in the Drug and Alcohol extract. The identifier is stored in the HIE "Patient", "Patient Contact" and "Patient Contact Details" tables.  
While the agency is not necessarily a "facility" in the sense of being a building where services are provided, it is a facility in terms of being an entity that provides services.

**Collection methods:** Derived from the Establishment Identifier (supplied in the Episode extract file), using the values at positions 3, 4, 5 and 6. The Facility Identifier comprises the values in positions 4 through to 6, followed by the value in position 3. For example: for Establishment Identifier 12Q456 the derived Facility Identifier is 456Q.

## Administrative information

**Version: 1**                      Effective Date: 1/7/2015  
**Source organisation:** NSW Ministry of Health  
**Current national item?** No

# Family name

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The person's surname or name by which the family group is identified, as distinguished from his/her given names.
<b>Context:</b>	Required for person identification.

## Representation

<b>Data type:</b>	Alphanumeric	<b>Representational form:</b>	Text
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 40	<b>Representational layout:</b>	A(40)
<b>Data domain:</b>	Valid names		

## Guidelines and collection rules

**Guide for use:** Family name should be recorded in the format required for identification purposes, and should be as printed on the Medicare card, rather than a preferred name, to ensure consistent collection of name data.

Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits.

**Collection methods:** **Persons with only one name**  
If the person has only one name, enter that name in the Family name field. If the Given name field is mandatory, enter "NoGivenName" in that field.

**Maiden or previous name as an alias**  
If a person changes their name following marriage or returns to their maiden name, the previous name should be recorded as an Alias if different to their current Family name, to ensure past records can be linked.

**If the Family name needs to be shortened**  
If the length of the Family name exceeds the length of the field and needs to be shortened, truncate the Family name from the right (i.e. drop the final letters). Where both source and interfaced system(s) functionality permit, the last character should be a hash (#) to identify that the name has been truncated.

**Punctuated names**  
If special characters form part of the name they should be included. Do not leave a space before or after an apostrophe or a hyphen. A space should be left between a full stop and the next character, e.g. "St. John".

**Hyphenated Family names**  
The full hyphenated name should be recorded as the Family name.  
Hyphenated names should be entered with the hyphen and no spaces before or after the hyphen. In addition, record each of the hyphenated names as an Alias (if the local system has this capacity). Sometimes persons with hyphenated Family names use only one of the two hyphenated names, so recording each of the hyphenated names as Aliases facilitates searching.

**Multiple words in Family name**  
Where a person has multiple words in their Family name, record them all. Separate the words with a space, e.g. El Haddad, Van Der Linden.

**Prefixes**  
Where a Family name contains a prefix, such as one to indicate that the client is a widow, this must be recorded in the Family name field. For example, when widowed some Hungarian women add "Ozvegy" (abbreviation is "Ozy") before their married Family name – Mrs Szabo would become Mrs Ozy Szabo. "Ozy Szabo" should therefore become the Family name.

**Ethnic names**  
Correct coding for ethnic names is provided in the Centrelink publication "Naming Systems of Ethnic Groups" (2000) Commonwealth of Australia, p. 67-8.

**Misspelled Family name**  
If the person's Family name has been misspelled, update the Family name with the correct spelling and record the misspelled Family name as an Alias name.

**Collection methods:**      **Confirmation of Family name**

Confirmation should be sought where it is unclear to the Data Collector which of the provided names is the Family name. It is recommended that the Medicare card be sighted to clarify which name is the Family name.

If two names are provided and the Family name is unable to be clarified, until further information becomes available register the client under the name that is thought to be the Family name with the other name registered as the Given name, and add an Alias name with the names exchanged.

## **Administrative information**

**Version: 1**                      Effective Date: 1/7/2015  
**Source document:**        NSW Health Data Dictionary 1.2  
**Source organisation:**    NSW Ministry of Health  
**Current national item?**    No

# Flat/Unit Type and Number

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The number of the separately identified dwelling within a building, complex or marina.
<b>Context:</b>	The data element is used together with Street Name, Patient Suburb and Postcode to complete the address.

## Representation

<b>Data type:</b>	Alphanumeric	<b>Representational form:</b>	TEXT
<b>Field size:</b>	<b>Min</b> 0 <b>Max</b> 14	<b>Representational layout:</b>	A(14)

## Guidelines and collection rules

<b>Guide for use:</b>	<p>This item is one of the items grouped to form the composite element 'Patient Address'. This item may include both the Flat/Unit Type and Number. These should be positioned within the Address before the Street Number. Numeric Representation (e.g. 2) is usually sufficient however a descriptor, such as the word Flat or Unit may be included if required. For example, flat 2 of 17 Jones Street can be reported as 2/17 Jones Street or Flat 2 17 Jones Street.</p> <p>Care Of: "C/-" should be used as the first component of this item where the address is 'care of ' a residential address, for example C/- 17 Jones St.</p>
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## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2015
<b>Source document:</b>	NSW Health Data Dictionary 1.2
<b>Source organisation:</b>	NSW Ministry of Health
<b>Current national item?</b>	No

# Given name(s)

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	A person's identifying name within the family group or by which the person is uniquely socially identified.
<b>Context:</b>	Required for person identification.

## Representation

<b>Data type:</b>	Alphanumeric	<b>Representational form:</b>	Text
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 40	<b>Representational layout:</b>	A(40)
<b>Data domain:</b>	Valid names		

## Guidelines and collection rules

**Guide for use:** Health care establishments may record Given names (first and other given names) in one field or several fields. This data element definition applies regardless of the format of data recording or capture.

Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits.

Given name should be recorded in the format required for identification purposes, and should generally be that printed on the Medicare card rather than a preferred name, to ensure consistent collection of name data.

**Collection methods:**

**Persons with only one name**  
If the person has only one name, enter that name in the Family name field, and leave the Given name blank.

If the Given name field is mandatory in an information system and is unable to remain blank, enter 'NoGivenName'.

**Punctuated names**  
If special characters form part of the name they should be included. Do not leave a space before or after an apostrophe or a hyphen. A space should be left between a full stop the next character, e.g. "St. John".

**Hyphenated Given names**  
The full hyphenated name should be recorded as the Given name.

Hyphenated names should be entered with the hyphen and no spaces before or after the hyphen. In addition, for a hyphenated first Given name, record each of the hyphenated names as an Alias. Sometimes persons with hyphenated Given names use only one of the two hyphenated names, so recording each of the hyphenated names as Aliases facilitates searching.

**Ethnic names**  
Correct coding for ethnic names is provided in the Centrelink publication "Naming Systems of Ethnic Groups" (2000) Commonwealth of Australia, p. 67-8.

**Misspelled Given name**  
If the person's Given name has been misspelled in error, update the Given name with the correct spelling and record the misspelled Given name as an Alias name. However, it should not be assumed that the name has been misspelled, as there may be an unusual spelling of the name, e.g. Peter spelt Pieter, Lee spelt Ly, and Michael spelt Micheal.

Recording misspelled names is important for filing documents that may be issued with previous versions of the person's name and also to assist in searching in the event the misspelled name is used again.

## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2015
<b>Source document:</b>	NSW Health Data Dictionary, Version 1.2
<b>Source organisation:</b>	NSW Ministry of Health
<b>Current national item?</b>	No

# Injecting drug use

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The period of time since the client last had any drug administered by injection. Includes intravenous, intramuscular and subcutaneous injection.
<b>Context:</b>	The data element is important for identifying patterns of drug use and harms associated with injecting drug use.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	N
<b>Data domain:</b>	0 Not collected 1 Last injected within the previous 3 months 2 Last injected more than 3 months ago but less than 12 months ago 3 Last injected 12 months ago or more 4 Never injected 9 Not stated/inadequately described		

## Guidelines and collection rules

<b>Guide for use:</b>	Code 0: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use.
<b>Collection methods:</b>	To be collected on <b>Commencement of Service Episode</b> .
<b>Related data:</b>	Related to the data elements <i>Principal Drug of Concern/Gambling, Method of Use for Principal Drug of Concern</i> and <i>Other Drugs of Concern/Gambling</i>
<b>Comments:</b>	<p>For secondary clients who are presenting with issues about someone else's drug use (Client Type = code '2' – 'Other's drug use'), Injecting Drug Use should default to code '0' – 'Not collected' or be left blank.</p> <p>This data element is collected at the time of Commencement of Service Episode. A three-month period is required as a clinically relevant period of time for the definition of 'current' injecting drug use (code '1').</p> <p>The data element may be used in population surveys that require a longer timeframe, for example to generate 12-month prevalence rates, by aggregating codes '1' and '2'. However, caution must be exercised when comparing clinical samples with population samples.</p>

## Administrative information

<b>Version: 2</b>	Effective Date: 1/7/2002
<b>Summary of changes:</b>	July 2002 Code 3 – Description rewritten to include '12 months ago or more'. Code 0 – 'Not collected' added.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Living arrangement

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The people with whom the client is/was living just prior to the start of the **Service Episode**.

**Context:** To ascertain the level of support to which a person may have access.  
The type of relationships, responsibilities and support within a person's living situation are significant for their well-being and could influence the outcomes of service received. Living arrangements may be relevant when deciding between different service and support options for the client.

## Representation

**Data type:** Numeric **Representational form:** CODE

**Field size:** **Min** 2 **Max** 2 **Representational layout:** NN

**Data domain:**  
01 Alone  
02 Spouse/partner  
03 Single parent with child(ren)  
04 Spouse/partner and child(ren)  
05 Parent(s)  
06 Other relative(s)  
07 Friend(s)  
08 Friend(s)/parent(s)/relative(s) and child(ren)  
98 Other  
99 Not known/not stated/inadequately described

## Guidelines and collection rules

**Guide for use:**

- Code 03: Single parent with child(ren) – a sole parent living with one or more dependent children.
- Code 04: Spouse/partner and child(ren) – living with a spouse or partner and one or more dependent children.
- Code 06: Other relative(s) – living in an extended family without a spouse or partner.
- Code 08: Friend(s)/parent(s)/relative(s) and child(ren) – living in an extended family, with or without a spouse or partner, and with any combination of friends, parents, relatives and dependent children.
- Code 98: Other – for people in an institutional living arrangement.

**Related data:** Related to the data element *Usual Accommodation*.

## Administrative information

**Version: 3** Effective Date: 1/7/2004

**Summary of changes:**

- July 2015  
Code 03: 'Living alone' replaced by 'Single parent' in the description
- July 2004  
The definition of *Living Arrangement* refers to the people with whom the client is/was living 'just prior to the start of the **Service Episode**', rather than 'immediately prior to the **Commencement of Service Episode**'.
- July 2002  
The code for 'other' has changed from '09' to '98'. The code for 'Not known' has changed from '10' to '99'.

**Source organisation:** NSW Health Drug and Alcohol Council

**Current national item?** No



# Main service provided

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The main activity determined at assessment by the service provider to treat the client's alcohol and/or drug problem for the *Principal Drug of Concern/Gambling*.  
A service provided to the client that requires regular contact with agency staff throughout the **Service Episode**.

**Context:** Required for the management and planning of service provision.

## Representation

**Data type:** Numeric **Representational form:** CODE

**Field size:** **Min** 2 **Max** 2 **Representational layout:** NN

**Data domain:**

- 10 Counselling
- 20 Withdrawal management (detoxification)
- 30 Rehabilitation activities
- 40 Maintenance pharmacotherapy (Opioid)
- 48 Maintenance pharmacotherapy (Non-opioid)
- 50 Consultation activities
- 60 Support and case management only
- 70 Involuntary D&A Treatment (IDAT)
- 91 Assessment only
- 92 Information and education only
- 98 Other

## Guidelines and collection rules

**Guide for use:** To be completed at assessment or at **Commencement of Service Episode**.

The *Main Service Provided* is the principal activity as judged by the service provider that is necessary for the completion of the treatment plan for the *Principal Drug of Concern/Gambling*. The *Main Service Provided* is the principal focus of a single **Service Episode** and thus each **Service Episode** will only have one *Main Service Provided*.

For brief interventions, the *Main Service Provided* might apply to as few as one contact between the client and agency staff.

- Code 10: Counselling – includes any method of individual or group counselling directed towards any therapeutic goals of Drug and Alcohol treatment. This code excludes counselling activity that is part of a rehabilitation program.
- Code 20: Withdrawal Management (detoxification) – any form of withdrawal management, including medicated and non-medicated, in any delivery setting.
- Code 30: Rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (ie up to 24 hours a day) and tends towards a medium to longer-term duration.
- Code 40: Maintenance pharmacotherapy (Opioid) – includes Methadone, Buprenorphine, Buprenorphine/Naloxone and Slow release oral Morphine. Use Code 20 where a pharmacotherapy is used solely for withdrawal.
- Code 48: Maintenance pharmacotherapy (Non-Opioid) – pharmacotherapy using drugs other than opioid substitutes. Includes Naltrexone, Acamprosate, and Disulfiram. Includes those used as maintenance therapies and those used as relapse prevention. Use Code 20 where a pharmacotherapy is used solely for withdrawal.

<b>Guide for use:</b>	<p>Code 50: Consultation activities – activities undertaken with a client under the care of a clinician or service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment, but not involve prescribing maintenance pharmacotherapy. Services that may be included in this category include dual diagnosis and pain management activities.</p> <p>Code 60: Support and case management only – to be used when the other service type descriptions are inadequate and ‘support and case management only’ best describes the service being provided. It is noted that service contacts would generally include a component of support and case management.</p> <p>Code 70: Involuntary Drug and Alcohol Treatment (IDAT) – a structured D&amp;A Treatment program that provides medically supervised withdrawal, rehabilitation and supportive interventions to identified patients through involuntary detention.</p> <p>Code 91: Assessment only – where there is no service provided to the client other than a <b>clinical assessment</b>, involving the comprehensive gathering of information to determine the severity of the person’s alcohol and/or other drug use, resulting in the determination of the most appropriate form of service. It is noted that service contacts would generally include an assessment component.</p> <p>Code 92: Information and education only – where there is no service provided to the client other than providing information and education. It is noted that, in general, service contacts would include a component of information and education.</p> <p>Code 98: Refers to other treatment types not further defined, such as nicotine replacement therapy or outdoor therapy.</p>
<b>Verification rules:</b>	There should be no duplication with <i>Other Services Provided</i> .
<b>Collection methods:</b>	Only one code is to be selected.
<b>Related data:</b>	Used in conjunction with the data element concept <b>Service Episode</b> and the data elements <i>Other Services Provided</i> and <i>Previous Services Received</i> .
<b>Comments:</b>	<p>In a group counselling session, the NSW MDS DATS should be collected only for registered clients.</p> <p>‘Support and case management only’ should <b>not</b> be selected as the <i>Main Service Provided</i> when case management and/or short interventions are included during dosing at a pharmacotherapy clinic. In this instance, the appropriate maintenance pharmacotherapy option should be selected as the <i>Main Service Provided</i>.</p> <p>Examples of when to use ‘Support and case management only’ include:</p> <ul style="list-style-type: none"> <li>■ Agencies which have a mission or strategy that is based on a case management model and use this as a focus of treatment (eg MERIT).</li> <li>■ Agencies which provide a range of services (eg Hepatitis C or drug use in pregnancy programs) or have service partnership agreements with other service providers (eg a non-government organisation providing support to a client who is on pharmacotherapy treatment),</li> </ul> <p>‘Assessment only’ is to be used when there is no other service provided (or planned to be provided) to the client, other than a <b>clinical assessment</b> involving the comprehensive gathering of information to determine the severity of the person’s alcohol and/or other drug use, resulting in the determination of the most appropriate form of service to be provided by another agency. It is considered that the majority of ‘assessment only’ <i>Main Service Provided</i> activities would result in the completion of the assessment process and referral of the client to an appropriate form of service.</p> <p>Examples of ‘Assessment only’ activities include:</p> <ul style="list-style-type: none"> <li>■ A client is assessed by the LHD Community based Assessment Team, is considered to be eligible for withdrawal treatment, and is referred to the local residential withdrawal unit.</li> <li>■ A client is assessed at a day program rehabilitation unit, but is found to be ineligible for the service and is referred elsewhere.</li> <li>■ A client is assessed at a detoxification unit, but is found to be suicidal and is referred to the Mental Health service.</li> <li>■ A client is assessed as eligible at a residential rehabilitation unit, but the bed is not available for another week, and <b>no</b> other form of treatment is provided in the interim.</li> </ul> <p>‘Assessment only’ should <b>not</b> be selected as the <i>Main Service Provided</i> where the client is assessed and deemed eligible at an agency, with the intent that the client proceed onto treatment provided by the agency.’</p>

**Comments:**

Examples of where 'Assessment only' would not be used include:

- A client is assessed as eligible at a residential withdrawal unit, but the client does not progress further into treatment – in this case, 'Withdrawal management (detoxification)' should be selected as the *Main Service Provided*.
- A client is assessed as eligible at a day program rehabilitation unit and attends the first session, but fails to attend any further session – in this case, 'Rehabilitation activities' should be selected as the *Main Service Provided*.
- A client is assessed as eligible for counselling and is provided some counselling over and above that normally provided as part of the assessment, but fails to attend any further counselling session – in this case, 'counselling' should be selected as the *Main Service Provided*.

Consultations between clinicians regarding a particular client are considered out of scope for the NSW MDS DATS.

Refer to Appendix F for mapping of NSW MDS DATS values to AODTS NMDS values

## Administrative information

**Version: 5**

Effective Date: 1/7/2015

**Summary of changes:**

July 2015

Data domain simplified

Following items removed from Data domain:

Code 21 – Inpatient/ Residential Withdrawal Management

Code 22 – Outpatient Withdrawal management

Code 31 – Residential rehabilitation activities

Code 32 – Day Program rehabilitation activities

Code 51 – Inpatient Consultation

Code 52 – Outpatient Consultation

Following items added to Data domain:

Code 20 – Withdrawal management (detoxification)

Code 30 – Rehabilitation activities

Code 48 – Maintenance Pharmacotherapy (Non-opioid)

Code 50 – Consultation activities

Code 70 – Involuntary Drug and Alcohol Treatment (IDAT)

July 2004

Name of data element changed to *Main Service Provided*.

July 2003

Codes 41-47 and 49 removed. Detail about the type of maintenance pharmacotherapy administered to the client to be captured in the new data element *Pharmacotherapy Type for Main Service Provided*. All maintenance pharmacotherapies to be coded to '40' 'Maintenance pharmacotherapy'.

Please note that the codes in the NSW MDS DATS differ from those specified by the AODTS NMDS. The codes used in NSW will be mapped to AODTS NMDS codes by InforMH, NSW Ministry of Health.

July 2002

Code 60 – 'Support and case management only' has been added.

Code 92 – Description modified to indicate it is for 'Information and education **only**'.

**Source organisation:**

NSW Health Drug and Alcohol Council

**Current national item?**

Yes

# Medicare Number

## Defining characteristics

Data element type:	DATA ELEMENT
Definition:	Person identifier, allocated by the Health Insurance Commission to eligible persons under the Medicare scheme that appears on a Medicare card.
Context:	Medicare utilisation statistics. Persons eligible for Medicare services.

## Representation

Data type:	Numeric	<b>Representational form:</b>	CODE
Field size:	<b>Min</b> 11 <b>Max</b> 11	<b>Representational layout:</b>	N(11)

## Guidelines and collection rules

<b>Guide for use:</b>	Full Medicare number for an individual (i.e. family number plus person (individual reference) number).
<b>Comments:</b>	

<b>Collection methods:</b>	<p>The Medicare card number is printed on a Medicare card and is used to access Medicare records for an eligible person.</p> <p>Persons grouped under one Medicare Card Number are often a family, however, there is no requirement for persons under the same Medicare Card Number to be related.</p> <p><i>Situations where a person may not have a Medicare Card Number include:</i></p> <ul style="list-style-type: none"><li>■ Overseas visitors who come from a non-reciprocal country</li><li>■ Temporary residents</li><li>■ Overseas visitors travelling on a student visa (except if from Sweden or Norway)</li><li>■ Overseas visitors who reside in Malta and Italy whose visa is greater than six months.</li><li>■ Overseas visitors who come from a reciprocal country</li><li>■ Unable to ascertain Medicare number for whatever reason, (e.g. card unavailable, person unconscious, card number unknown, unable to identify person)</li></ul> <p>The Medicare Card Number should be collected from all persons eligible to receive health services funded by the Commonwealth Government. The number should be reported to the appropriate government agency to reconcile payment for the service provided.</p> <p>The data should not be used by private sector organisations for any other purpose unless specifically authorised by law. For example, data linkage should not be carried out unless specifically authorised by law.</p> <p>The Medicare Card should be sighted and number checked for each presentation. This information should be provided by the person or the person's next of kin, and collected via a form completed by the person or the person's next of kin.</p> <p>Veterans may have a Medicare card number and a Department of Veterans' Affairs (DVA) number, or only a DVA number.</p> <p>If the Medicare Number is a mandatory data item and the Medicare Number cannot be obtained, enter the number 9999999999.</p>
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## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2015
<b>Source document:</b>	National Health Data Dictionary V16
<b>Source organisation:</b>	Commonwealth Department of Health and Aged Care
<b>Current national item?</b>	No

# Method of use for principal drug of concern

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The client's usual method of administering the *Principal Drug of Concern/Gambling*, as stated by the client.

**Context:** Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing service approaches.

## Representation

**Data type:** Numeric

**Representational form:** CODE

**Field size:** **Min** 1 **Max** 1

**Representational layout:** N

**Data domain:**  
0 Not collected  
1 Ingest  
2 Smoke  
3 Inject

4 Sniff (powder)  
5 Inhale (vapour)  
8 Other  
9 Not stated/inadequately described

## Guidelines and collection rules

**Guide for use:**

Code 0: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use.

Code 1: Ingest – refers to eating, drinking or swallowing.

Code 2: Smoke – includes smoking from bongs.

Code 4: Sniff – snorting of powder (eg cocaine).

Code 5: Inhale – chasing and chroming of volatile substances (eg paint, petrol and amyl nitrate).

**Collection methods:** Collect only for the *Principal Drug of Concern/Gambling*. To be collected on **Commencement of Service Episode**.

**Verification rules:** Data for method of use should be concordant with *Principal Drug of Concern/Gambling* (eg if principal drug is 'alcohol', the method of use should not be 'smoke').

**Related data:** Related to the data elements *Principal Drug of Concern/Gambling*, and *Injecting Drug Use*.

**Comments:** For clients who are presenting with gambling issues (*Principal Drug of Concern/Gambling* = code '0009' – 'Gambling'), the *Method of Use for Principal Drug of Concern* should default to code '0' – 'Not collected'.

For secondary clients who are presenting with issues about someone else's drug use (*Client Type* = code '2' – 'Other's drug use'), *Method of Use for Principal Drug of Concern* should default to code '0' – 'Not collected' or be left blank.

Refer to Appendix F for mapping of NSW MDS DATS values to AODTS NMDS values

## Administrative information

**Version: 4** Effective Date: 1/7/2015

**Summary of Changes:**

July 2015  
Code 6 – 'Absorption' removed.

July 2005  
Code 6 – 'Absorption' added.

July 2002  
Code 6 – 'Other' changed to Code 8  
Code 0 – 'Not collected' added.

**Source organisation:** NSW Ministry of Health

**Current national item?** Yes

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# Middle Name

## Defining characteristics

**Data element type:** DATA ELEMENT  
**Definition:** A name given to a client (other than given name) which is that person's second identifying name.  
**Context:** Required for administration and identification.

## Representation

**Data type:** Alpha-numeric                      **Representational form:** TEXT  
**Field size:**                      **Min** 0                      **Max** 40                      **Representational layout:** A(40)

## Guidelines and collection rules

**Guide for use:** This data element will be used in New South Wales solely for the purpose of Client Data Linkage.

## Administrative information

**Version: 1**                      Effective Date: 1/7/2015  
**Source document:** NSW Health Data Dictionary 1.2  
**Source organisation:** NSW Ministry of Health  
**Current national item?** No

# Other drugs of concern/gambling

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	Any drugs apart from the <i>Principal Drug of Concern/Gambling</i> that the client perceives as being a concern.
<b>Context:</b>	This item complements <i>Principal Drug of Concern/Gambling</i> . The existence of other drugs of concern may have a role in determining the types of service required and also may influence service outcomes.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 4 <b>Max</b> 4	<b>Representational layout:</b>	NNNN
<b>Data domain:</b>	0000 Inadequately Described 0001 Not Stated 0003 No other drugs of concern 0005 Opioid analgesics, nfd 0006 Psychostimulants, nfd 0009 Gambling 1202 Heroin 1305 Methadone 2101 Alcohol 2400 Benzodiazepines, nfd 3100 Amphetamines, nfd 3405 MDMA/Ecstasy 3901 Caffeine 3903 Cocaine 3906 Nicotine 7100 Cannabinoids and related Drugs, nfd Other substance (specify the ASCDC four-digit code)		

## Guidelines and collection rules

<b>Guide for use:</b>	<p>This is a multiple response item to allow for the coding of varied drug use. The data element is used in conjunction with <i>Principal Drug of Concern/Gambling</i>. Please note that this data element can be updated over the course of the <b>Service Episode</b>, if the client indicates any additional drugs of concern.</p> <p>The Australian Standard Classification of Drugs of Concern (ASCDC) produced by the ABS (Cat. No. 1248.0) is the four-digit coding standard to be used for this data element. A short list of the most common drugs of concern and their accompanying four-digit code is listed above. If the client indicates a more specific drug of concern (eg pethidine, LSD), the clinician must indicate this using the four-digit ASCDC codes (see Appendix C). Polydrug use should no longer be used.</p> <p>Code 0000: Inadequately Described –only to be used when Source of referral is one of: code 15 – Police Diversion, code 16 – Court diversion, code 98 – Other, code 99 – Not stated/ inadequately described.</p> <p>Code 0001: Not stated – only to be used for secondary clients who are presenting only with issues about someone else’s drug use.</p> <p>Code 0003: No other drug of concern</p> <p>Code 0005: Opioid analgesics, not further defined – to be used when it is known that the client’s principal drug of concern is an opioid but the specific opioid used is not known.</p> <p>Code 0006: Psychostimulants, not further defined – to be used when it is known that the client’s principal drug of concern is a psychostimulant but not which type.</p>
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## Guidelines and collection rules

<b>Guide for use:</b>	Code 0009: Gambling – should only be selected if the client indicates that this is the issue that led them to seek the service. Activities performed must include a clinical assessment. Although excluded from the scope of the NSW MDS DATS, agencies can include activities performed for clients presenting for gambling issues in data submitted to the NSW Ministry of Health. Analysis of the NSW MDS DATS will not include this data.
	Code 1305: Methadone – should only be selected if the client indicates that this is a secondary issue that led them to seek the service. ‘Methadone’ may also be selected where the specific aim of treatment for the client is the reduction of their (prescribed) Methadone (eg MTAR Program).
	Code 2400: Benzodiazepines – a broad category for benzodiazepines if the specific code (eg diazepam code ‘2403’, rohypnol code ‘2404’) is not known.
	Code 3100: Amphetamines – a broad category for amphetamines if the specific code (eg benzedrine code ‘3101’, dexamphetamine code ‘3102’, methamphetamine code ‘3103’) is not known.
<b>Verification rules:</b>	Responses selected for <i>Other Drugs of Concern/Gambling</i> should not be the same as the response selected for <i>Principal Drug of Concern/Gambling</i> .
<b>Collection methods:</b>	More than one drug may be selected. To be collected on <b>Commencement of Service Episode</b> , but may be <b>updated</b> or <b>added to</b> if additional drugs of concern are reported at a later date.
<b>Related data:</b>	Related to the data element <i>Principal Drug of Concern/Gambling</i> and <i>Injecting Drug Use</i> .
<b>Comments:</b>	For secondary clients who are presenting with issues about someone else’s drug use ( <i>Client Type</i> = code ‘2’ – ‘Other’s drug use’), <i>Other Drugs of Concern/Gambling</i> should default to code ‘0001’ – ‘Not stated’ or be left blank.

## Administrative information

Version: 4	Effective Date: 1/7/2015
Summary of Changes:	July 2015 The following items have been added to the data domain: Code 0000 – ‘Inadequately described’ Code 0001 – ‘Not Stated’ Code 0005 – ‘Pharmaceutical opioids , nfd’ Code 0006 – ‘Psychostimulants, nfd’ Code 0002 – ‘Gambling’ replaced by ‘0009’ July 2005 Code 0002 – ‘Gambling’ added Code 1298 – ‘Buprenorphine/naloxone’ added July 2002 Four digit ASCDC codes will be used for this data element. A shortlist of the most common drugs of concern included above for ease of reference. Any drugs of concern specifically mentioned by clients (eg pethidine, ecstasy) should be noted in the ‘Other-please specify’ field. The Mental Health and Drug and Alcohol Office, NSW Ministry of Health will map these to their appropriate codes. A code ‘0000’ has been included for ‘not collected’.
Source document:	Australian Standard Classification of Drugs of Concern (ASCDC) ABS Cat. No. 1248.0 (2011).
Source organisation:	Australian Bureau of Statistics
Current national item?	Yes



# Other services provided

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** All other forms of service provided to the client during the specified **Service Episode** in addition to the *Main Service Provided*, excluding any services provided as part of a concurrent **Service Episode**.

Any service provided to a client, in addition to the *Main Service Provided*, that does not require regular contact with agency staff throughout the **Service Episode**.

**Context:** Required for the management and planning of service provision and to provide a more complete measure of clinical activity.

## Representation

**Data type:** Numeric **Representational form:** CODE

**Field size:** **Min** 2 **Max** 2 **Representational layout:** NN

**Data domain:**

- 10 Counselling
- 20 Withdrawal management (detoxification)
- 30 Rehabilitation activities
- 40 Maintenance pharmacotherapy (Opioid)
- 48 Maintenance pharmacotherapy (Non-opioid)
- 50 Consultation activities
- 98 Other
- 99 No other service provided

## Guidelines and collection rules

**Guide for use:** To be completed at the cessation of a **Service Episode**. Only report services recorded in the client's file for a **Service Episode** that is in addition to, and not a component of, the *Main Service Provided*. Service activity reported here is not necessarily for the *Principal Drug of Concern/Gambling* in that it may be service activity for *Other Drugs of Concern/Gambling*. More than one type of *Other Services Provided* may occur in a **Service Episode**.

Code 10: Counselling – includes any method of individual or group counselling directed towards any therapeutic goals of Drug and Alcohol treatment. This code excludes counselling activity that is part of a rehabilitation program.

Code 20: Withdrawal Management (detoxification) – any form of withdrawal management, including medicated and non-medicated, in any delivery setting.

Code 30: Rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (ie up to 24 hours a day) and tends towards a medium to longer-term duration.

Code 40: Maintenance pharmacotherapy (Opioid) – includes Methadone, Buprenorphine, Buprenorphine/Naloxone and Slow release oral Morphine. Use Code 20 where a pharmacotherapy is used solely for withdrawal.

Code 48: Maintenance pharmacotherapy (Non-opioid) – pharmacotherapy using drugs other than opioid substitutes. Includes Naltrexone, Acamprosate, and Disulfiram. Includes those used as maintenance therapies and those used as relapse prevention. Use Code 20 where a pharmacotherapy is used solely for withdrawal.

## Guidelines and collection rules

<b>Guide for use:</b>	<p>Code 50: Consultation activities – activities undertaken with a client under the care of a clinician or service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment, but not involve prescribing maintenance pharmacotherapy. Services that may be included in this category include dual diagnosis and pain management activities.</p> <p>Code 98: Other – Refers to other treatment types not further defined, such as nicotine replacement therapy or outdoor therapy.</p>
<b>Verification rules:</b>	Value for this item must not duplicate <i>Main Service Provided</i> .
<b>Collection methods:</b>	More than one code may be selected.
<b>Related data:</b>	Related to the data elements <i>Main Service Provided</i> and <i>Previous Services Received</i> .
<b>Comments:</b>	<p>All service types are generally considered to include components of assessment, education and information.</p> <p>Consultations between clinicians regarding a particular client are considered 'out of scope' for the NSW MDS DATS.</p> <p>It is recommended that clinicians try to limit the number of responses for <i>Other Services Provided</i> to five or less. This will help minimise the likelihood of clinicians indicating that they have provided 'all' other service types to the client. Also, the Commonwealth is only interested in five responses so it will enable clinicians to indicate which are the five most important service types provided to the client in addition to the <i>Main Service Provided</i>.</p> <p>Refer to Appendix F for mapping of NSW MDS DATS values to AODTS NMDS values</p>

## Administrative information

<b>Version: 5</b>	Effective Date: 1/7/2015
<b>Summary of changes:</b>	<p>July 2015 Data domain simplified</p> <p>Following items removed from the Data domain:</p> <ul style="list-style-type: none"><li>Code 21 – Inpatient/ Residential Withdrawal Management</li><li>Code 22 – Outpatient Withdrawal management</li><li>Code 31 – Residential rehabilitation activities</li><li>Code 32 – Day Program rehabilitation activities</li><li>Codes 41 – 47 &amp; 49 – Maintenance pharmacotherapy drugs</li><li>Code 51 – Inpatient Consultation</li><li>Code 52 – Outpatient Consultation</li></ul> <p>Following items added to the Data domain:</p> <ul style="list-style-type: none"><li>Code 20 – Withdrawal management (detoxification)</li><li>Code 30 – Rehabilitation activities</li><li>Code 48 – Maintenance Pharmacotherapy (non-opioid)</li><li>Code 50 – Consultation activities</li></ul> <p>July 2005 Code '43' – 'buprenorphine/naloxone' added.</p> <p>July 2004 Name of data element changed to <i>Other Services Provided</i>.</p> <p>July 2003 Code 43 – 'LAAM' has been deleted; Code 49 – 'Other maintenance pharmacotherapies' description changed to 'other maintenance pharmacotherapy'.</p> <p>July 2002 Code 92 – 'Information and education' deleted. Code 99 – description rewritten to reflect the change in the name of data domain to 'no other service provided'.</p>
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Person identifier (Client code)

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	A person identifier, unique within an establishment or agency, as represented by a combination of alphanumeric characters.
<b>Context:</b>	Used to individually distinguish the person within the establishment or agency. This item could be used for editing at the establishment or collection authority level and, potentially, for episode linkage. There is no intention that this data element would be available beyond collection authority level (NSW Ministry of Health).

## Representation

<b>Data type:</b>	Alphanumeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 4 <b>Max</b> 12	<b>Representational layout:</b>	Alphanumeric
<b>Data domain:</b>	Individual establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems.		

## Guidelines and collection rules

<b>Guide for use:</b>	This code will be assigned individually by agencies.
<b>Collection methods:</b>	'Client Code' is a synonym for <i>Person Identifier</i> , and either term may be used as a field label on paper and electronic forms. Agencies may report any person identifier unique at the agency/establishment level.

## Administrative information

<b>Version: 2</b>	Effective Date: 1/7/2002
<b>Summary of changes:</b>	July 2002 The minimum field size has increased from 3 to 4. The maximum field size has increased from 7 to 12.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Postcode of residence at Commencement of Service Episode

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The postcode of the client's usual place of residence at the commencement of the <b>Service Episode</b> .
<b>Context:</b>	Required for planning service delivery.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	Code
<b>Field size:</b>	<b>Min</b> 4 <b>Max</b> 4	<b>Representational layout:</b>	NNNN
<b>Data domain:</b>	Valid postcodes		

## Guidelines and collection rules

<b>Guide for use:</b>	The <i>Postcode of Residence at Commencement of Service Episode</i> should use actual geographic postcodes provided by Australia Post. Postcodes for post office boxes or other administrative centres should <b>not</b> be used. '9999' may be used if the postcode is 'Unknown'. '9998' may be used for clients where the address is 'No fixed abode'.
<b>Related data:</b>	Relates to the data element concept <b>Commencement of Service Episode</b> and data element <i>Date of Commencement of Service Episode</i> .
<b>Comments:</b>	The value collected in this field should <b>not</b> be used to default the <i>Postcode of Service Contact</i> field when a <b>Service Contact</b> occurring within the client's home is recorded, as the client may have moved since the start of the episode.

## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2005
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	No

# Postcode of Service Contact

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The postcode of the point of service delivery for a service contact.
<b>Context:</b>	Required for determining the geographic location of service delivery for a <b>Service Episode</b> and client.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	Code
<b>Field size:</b>	<b>Min</b> 4 <b>Max</b> 4	<b>Representational layout:</b>	NNNN
<b>Data domain:</b>	Valid postcodes		

## Guidelines and collection rules

<b>Guide for use:</b>	<p>The <i>Postcode of Service Contact</i> should use actual geographic postcodes provided by Australia Post. Postcodes for post office boxes or other administrative centres should <b>not</b> be used.</p> <p>If a <b>Service Contact</b> is provided in the client's home, record the postcode of the client's home at the time of the contact.</p> <p>If a <b>Service Contact</b> is provided by telephone, record the postcode of the <b>clinician's</b> location at the time of the contact.</p>
<b>Related data:</b>	Relates to the data element concept <b>Service Contact</b> and data element <i>Service Contact Dates</i> .
<b>Comments:</b>	The value collected in this field should <b>not</b> be defaulted from the <i>Postcode of Residence at Commencement of Service Episode</i> field when a <b>Service Contact</b> occurs within the client's home.

## Administrative information

<b>Version: 2</b>	Effective Date: 1/7/2005
<b>Summary of changes:</b>	July 2005 '9999' – 'Client's home' made obsolete. Correct postcode for client's home/residence now to be collected.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	No

# Preferred language

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The language (including sign language) most preferred by the client for communication. This may be a language other than English, even where the person can speak fluent English.

**Context:** An important indicator of ethnicity, especially for persons born in non-English-speaking countries. Its collection will assist in the planning and provision of multilingual services and facilitate program and service delivery to migrants and other non-English speakers.

## Representation

**Data type:** Numeric

**Representational form:** Code

**Field size:** Min 4 Max 4

**Representational layout:** NNNN

**Data domain:**

### Alphabetical listing:

8998	Aboriginal English, so described
6513	Acehnese
9201	Acholi
8901	Adnymathanha
9299	African Languages, nec
9200	African Languages, nfd
1403	Afrikaans
9203	Akan
8121	Alawa
3901	Albanian
8315	Alingith
8603	Alyawarr
9101	American Languages
9214	Amharic
8156	Amurdak
8101	Anindilyakwa
8619	Anmatyerr, nec
8610	Anmatyerr, nfd
8607	Antekerrepenh
8703	Antikarinya
9241	Anuak
8902	Arabana
4202	Arabic
8699	Arandic, nec
8600	Arandic, nfd
4901	Armenian
8199	Arnhem Land and Daly River Region Languages, nec
8100	Arnhem Land and Daly River Region Languages, nfd
3903	Aromunian (Macedo-Romanian)

8629	Arrernte, nec
8620	Arrernte, nfd
5213	Assamese
4206	Assyrian Neo-Aramaic
9701	Auslan
8000	Australian Indigenous Languages, nfd
4302	Azeri
8946	Baanbay
8947	Badimaya
6514	Balinese
4104	Balochi
3100	Baltic, nfd
8903	Bandjalang
8904	Banyjima
8948	Barababaraba
8801	Bardi
9242	Bari
2901	Basque
9243	Bassa
8905	Batjala
3401	Belorussian
9215	Bemba
5201	Bengali
8906	Bidjara
6515	Bikol
8504	Bilinarra
6501	Bisaya
9402	Bislama
3501	Bosnian
3502	Bulgarian
8802	Bunuba
8181	Burarra

8189	Burarran, nec
8180	Burarran, nfd
6101	Burmese
6199	Burmese and Related Languages, nec
6100	Burmese and Related Languages, nfd
7101	Cantonese
8399	Cape York Peninsula Languages, nec
8300	Cape York Peninsula Languages, nfd
2301	Catalan
6502	Cebuano
1199	Celtic, nec
1100	Celtic, nfd
8611	Central Anmatyerr
4207	Chaldean Neo-Aramaic
6102	Chin Haka
7199	Chinese, nec
7100	Chinese, nfd
0005	Creole, nfd
3503	Croatian
0004	Cypriot, so described
3601	Czech
3604	Czechoslovakian, so described
8233	Daatiwuy
8951	Dadi Dadi
8122	Dalabon
9244	Dan (Gio-Dan)
1501	Danish
4105	Dari
8221	Dhalwangu
8907	Dhanggatti
8219	Dhangu, nec
8210	Dhangu, nfd
8952	Dharawal
8229	Dhay'yi, nec
8220	Dhay'yi, nfd
5214	Dhivehi
8239	Dhuwal, nec
8230	Dhuwal, nfd
8249	Dhuwala, nec
8240	Dhuwala, nfd
8291	Dhuwaya
9216	Dinka
8908	Diyari
8305	Djabugay
8953	Djabwurrung
8231	Djambarrpuyngu
8292	Djangu
8232	Djapu
8222	Djarrwark
8259	Djinang, nec

8250	Djinang, nfd
8262	Djinba
8269	Djinba, nec
8260	Djinba, nfd
5199	Dravidian, nec
5100	Dravidian, nfd
1401	Dutch
1400	Dutch and Related Languages, nfd
8306	Dyirbal
3400	East Slavic, nfd
8612	Eastern Anmatyerr
8621	Eastern Arrernte
7000	Eastern Asian Languages, nfd
3000	Eastern European Languages, nfd
1201	English
1601	Estonian
9217	Ewe
9301	Fijian
5217	Fijian Hindustani
6512	Filipino
1602	Finnish
1699	Finnish and Related Languages, nec
1600	Finnish and Related Languages, nfd
2101	French
0006	French Creole, nfd
1402	Frisian
9245	Fulfulde
9218	Ga
1101	Gaelic (Scotland)
8211	Galpu
8813	Gambera
8911	Gamilaraay
8261	Ganalbingu
8157	Garrwa
8913	Garuwali
4902	Georgian
1301	German
1300	German and Related Languages, nfd
9302	Gilbertese
8307	Girramay
8914	Githabul
8212	Golumala
8803	Gooniyandi
2201	Greek
8123	Gudanji
8954	Gudjal
5202	Gujarati
8242	Gumatj
8915	Gumbaynggir
8171	Gundjehmi

8182	Gun-nartpa
8243	Gupapuyngu
8505	Gurindji
8506	Gurindji Kriol
8183	Gurr-goni
8302	Guugu Yimidhirr
8244	Guyamirrilili
7102	Hakka
9221	Harari
9222	Hausa
9403	Hawaiian English
4107	Hazaraghi
4204	Hebrew
5203	Hindi
6201	Hmong
6299	Hmong-Mien, nec
6200	Hmong-Mien, nfd
3301	Hungarian
6516	Iban
2399	Iberian Romance, nec
2300	Iberian Romance, nfd
1502	Icelandic
9223	Igbo
6503	Ilokano
6517	Ilonggo (Hiligaynon)
0000	Inadequately Described
5299	Indo-Aryan, nec
5200	Indo-Aryan, nfd
6504	Indonesian
9601	Invented Languages
4199	Iranic, nec
4100	Iranic, nfd
1102	Irish
2401	Italian
8127	Iwaidja
8128	Jaminjung
7201	Japanese
8507	Jaru
6518	Javanese
8814	Jawi
8131	Jawoyn
8132	Jingulu
8401	Kalaw Kawaw Ya/Kalaw Lagaw Ya
8916	Kanai
5101	Kannada
8917	Karajarri
6103	Karen
8918	Kariyarra
8704	Kartujarra
5215	Kashmiri

8921	Kaurna
8922	Kayardild
8606	Kaytetye
8955	Keerray-Woorroong
6301	Khmer
8815	Kija
9224	Kikuyu
8899	Kimberley Area Languages, nec
8800	Kimberley Area Languages, nfd
9246	Kinyarwanda (Rwanda)
9247	Kirundi (Rundi)
9502	Kiwai
8308	Koko-Bera
5204	Konkani
7301	Korean
9248	Kpelle
9251	Krahn
9225	Krio
8924	Kriol
8316	Kugu Muminh
8705	Kukatha
8706	Kukatja
8301	Kuku Yalanji
8133	Kunbarlang
8172	Kune
8173	Kuninjku
8174	Kunwinjku
8179	Kunwinjkuan, nec
4101	Kurdish
8311	Kuuk Thayorre
8303	Kuuku-Ya'u
8158	Kuwema
8170	Kuwinjkuan, nfd
8956	Ladji Ladji
8312	Lamalama
6401	Lao
8925	Lardil
8136	Larrakiya
2902	Latin
3101	Latvian
1302	Letzeburgish
9252	Liberian (Liberian English)
8508	Light Warlpiri
3102	Lithuanian
8235	Liyagalawumirr
8236	Liyagawumirr
9253	Loma (Lorma)
9226	Luganda
9254	Lumun (Kuku Lumun)
9227	Luo



8707	Luritja
3504	Macedonian
8293	Madarrpa
9255	Madi
9702	Makaton
8137	Malak Malak
6505	Malay
5102	Malayalam
8511	Malngin
2501	Maltese
4208	Mandaeen (Mandaic)
7104	Mandarin
9256	Mandinka
8926	Mangala
8138	Mangarrayi
8246	Manggalili
9257	Mann
8263	Manyjalpingu
8708	Manyjilyjarra
9303	Maori (Cook Island)
9304	Maori (New Zealand)
5205	Marathi
8141	Maringarr
8142	Marra
8161	Marramaninyshi
8234	Marrangu
8166	Marridan (Maridan)
8143	Marrithiyel
8711	Martu Wangka
8144	Matngala
8111	Maung
9205	Mauritian Creole
8175	Mayali
8402	Meriam Mir
4299	Middle Eastern Semitic Languages, nec
4200	Middle Eastern Semitic Languages, nfd
7107	Min Nan
8804	Miriwoong
8957	Mirning
6303	Mon
7902	Mongolian
6399	Mon-Khmer, nec
6300	Mon-Khmer, nfd
9258	Moro (Nuba Moro)
8317	Morrobalama
9503	Motu (HiriMotu)
8512	Mudburra
8146	Murrinh Patha
8927	Muruwari
8147	Na-kara

8928	Narungga
9306	Nauruan
9228	Ndebele
8148	Ndjébbana (Gunavidji)
5206	Nepali
8712	Ngaanyatjarra
8151	Ngalakgan
8152	Ngaliwurru
8162	Ngandi
8113	Ngan'gikurunggurr
8514	Ngardi
8805	Ngarinyin
8515	Ngarinyman
8931	Ngarluma
8932	Ngarrindjeri
8958	Ngatjumaya
8281	Nhangu
8289	Nhangu, nec
9307	Niue
0001	Non Verbal, so described
8599	Northern Desert Fringe Area Languages, nec
8500	Northern Desert Fringe Area Languages, nfd
1000	Northern European Languages, nfd
1503	Norwegian
0002	Not Stated
9231	Nuer
8153	Nungali
8114	Nunggubuyu
8933	Nyamal
8934	Nyangumarta
9232	Nyanja (Chichewa)
8806	Nyikina
8935	Nyungar
9499	Oceanian Pidgins and Creoles, nec
9400	Oceanian Pidgins and Creoles, nfd
5216	Oriya
9206	Oromo
8999	Other Australian Indigenous Languages, nec
8900	Other Australian Indigenous Languages, nfd
7999	Other Eastern Asian Languages, nec
7900	Other Eastern Asian Languages, nfd
3999	Other Eastern European Languages, nec
3900	Other Eastern European Languages, nfd
9000	Other Languages, nfd
4900	Other Other Southwest and Central Asian Languages, nfd

6999	Other Southeast Asian Languages
5999	Other Southern Asian Languages
2900	Other Southern European Languages, nfd
2999	Other Southern Languages, nec
4999	Other Southwest and Central Asian Languages, nec
8299	Other Yolngu Matha, nec
8936	Paakantyi
9399	Pacific Austronesian Languages, nec
9300	Pacific Austronesian Languages, nfd
8937	Palyku/Nyiyaparli
6521	Pampangan
9599	Papua New Guinea Languages, nec
9500	Papua New Guinea Languages, nfd
4102	Pashto
4106	Persian (excluding Dari)
0009	Pidgin, nfd
8713	Pintupi
9404	Pitcairnese
8714	Pitjantjatjara
3602	Polish
2302	Portuguese
0008	Portuguese Creole, nfd
5207	Punjabi
8115	Rembarrnga
8295	Rirratjingu
8271	Ritharrngu
6104	Rohingya
3904	Romanian
3905	Romany
9312	Rotuman
3402	Russian
9308	Samoan
1599	Scandinavian, nec
1500	Scandinavian, nfd
3505	Serbian
3507	Serbo-Croatian/Yugoslavian, so described
9238	Seychelles Creole
9233	Shilluk
9207	Shona
9799	Sign Languages, nec
9700	Sign Languages, nfd
5208	Sindhi
5211	Sinhalese
3603	Slovak
3506	Slovene
9405	Solomon Islands Pijin
9208	Somali

3500	South Slavic, nfd
6599	Southeast Asian Austronesian Languages, nec
6500	Southeast Asian Austronesian Languages, nfd
6000	Southeast Asian Languages, nfd
5000	Southern Asian Languages, nfd
2000	Southern European Languages, nfd
4000	Southwest and Central Asian Languages, nfd
2303	Spanish
0007	Spanish Creole, nfd
9211	Swahili
1504	Swedish
0003	Swiss, so described
6511	Tagalog
6499	Tai, nec
6400	Tai, nfd
5103	Tamil
4303	Tatar
5104	Telugu
6507	Tetum
6402	Thai
8318	Thaynakwith
9261	Themne
7901	Tibetan
9234	Tigré
9235	Tigrinya
6508	Timorese
8117	Tiwi
8322	Tjungundji
8722	Tjupany
9504	Tok Pisin (Neomelanesian)
9313	Tokelauan
9311	Tongan
8400	Torres Strait Island Languages, nfd
9236	Tswana
5105	Tulu
4399	Turkic, nec
4300	Turkic, nfd
4301	Turkish
4304	Turkmen
9314	Tuvaluan
3403	Ukrainian
5212	Urdu
4305	Uygur
4306	Uzbek
6302	Vietnamese
8163	Waanyi
8272	Wagilak

8164	Wagiman
8938	Wajarri
8516	Walmajarri
8961	Waluwarra
8154	Wambaya
8715	Wangkajunga
8962	Wangkangurru
8716	Wangkatha
8213	Wangurri
8517	Wanyjirra
8155	Wardaman
8963	Wargamay
8518	Warlmanpa
8521	Warlpiri
8717	Warnman
8294	Warramiri
8522	Warumungu
1103	Welsh
8964	Wergaia
3600	West Slavic, nfd
8622	Western Arrarnta
8799	Western Desert Language, nec
8700	Western Desert Language, nfd
8304	Wik Mungkan
8314	Wik Ngathan
8941	Wiradjuri
8807	Worla
8808	Worrorra
7106	Wu
8247	Wubulkarra
8811	Wunambal
8251	Wurlaki
9237	Xhosa
8279	Yakuy, nec
8270	Yakuy, nfd
8718	Yankunytjatjara
8282	Yan-Nhangu
8165	Yanyuwa
9315	Yapese
8812	Yawuru
1303	Yiddish
8313	Yidiny
8943	Yindjibarndi
8944	Yinhawangka
8200	Yolngu Matha, nfd
8945	Yorta Yorta
9212	Yoruba
8721	Yulparija
8403	Yumplatok (Torres Strait Creole)
8321	Yupangathi
9213	Zulu

## Guidelines and collection rules

- Guide for use:** The classification used in this data element is a modified version of the 2-digit and 4 digit level Australian Standard Classification of Languages (ABS) classification.
- The collection has transitioned from 2-digit to 4-digit codes. All systems will be required to supply 4-digit codes, either by direct collection or mapping. As it may take some time for local systems to change to the 4 digit code set, either code set may be used at the point of collection however 2-digit codes will need to be mapped to 4-digit codes for loading into the HIE. The above table shows the mapping required.
- Collection methods:** This information may be collected in a variety of ways. It may be collected by using a predetermined short-list of languages that are most likely to be encountered from the above code list accompanied by an open text field for "Other language" or by using an open ended question that allows for recording of the language nominated by the person. Regardless of the method used for data collection the language nominated should be coded using the above ABS codes.
- Comments:** The Australian Bureau of Statistics has developed a detailed four-digit language classification. Although it is preferable to use the classification at a four-digit level, the requirements of administrative collections have been recognised and the ABS has developed a classification of 86 languages at a two-digit level from those most frequently spoken in Australia. Mapping of this 2-digit running code system to the 4-digit Australian Standard Classification of Language is shown above. The classification used in this data element is a modified version of the 2-digit level ABS classification.

## Administrative information

- Version: 3** Effective Date: 1/7/2015
- Summary of Changes** July 2015  
Data collection changed to use 4-digit codes for preferred language
- Source document:** Australian Standard Classification of Languages, ABS Cat. No. 1267.0 (1997 & 2011).
- Source organisation:** National Health Data Standards Committee
- Current national item?** Yes

# Previous services received

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	Indicator of whether the client has received any drug and alcohol services prior to the current <b>Service Episode</b> .
<b>Context:</b>	Used to distinguish episodes that are first-ever presentations from those where the client has received a previous Drug and Alcohol service. May allow for a <b>Service Episode</b> to be considered within the context of a service history.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 2 <b>Max</b> 2	<b>Representational layout:</b>	NN
<b>Data domain:</b>	00 Not collected 80 Previous service received 99 No previous service received		

## Guidelines and collection rules

<b>Guide for use:</b>	Includes any previous <b>Service Episode</b> within any drug and alcohol agency, including the agency providing the current <b>Service Episode</b> . Should be based upon the client's own response, as well as agency records and referral information where applicable.  Code 00:      Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use.  Code 80:      Previous Drug and Alcohol treatment has been received from a public or NGO Drug and Alcohol Service.  Code 99:      No previous service received – only to be used if the client has not previously received any drug and alcohol services.
<b>Related data:</b>	Related to the data elements <i>Main Service Provided</i> and <i>Other Services Provided</i> .
<b>Comments:</b>	For secondary clients who are presenting with issues about someone else's drug use (Client Type = '2' – 'Other's drug use'), the value reported should be '00' – 'Not collected' or be left blank.

## Administrative information

<b>Version: 6</b>	Effective Date: 1/7/2015
<b>Summary of changes:</b>	July 2015 Data Domain has been simplified to three items. The following item has been added to the data domain: Code 80 – 'Previous service received' The following codes have been removed: Code 10 – Counselling Code 31 – Residential rehabilitation activities Code 32 – Day Program rehabilitation activities Code 51 – Inpatient consultation Code 52 – Outpatient consultation Code 60 – Support and case management only Code 91 – Assessment only Code 92 – Information and education only Code 98 – Other

**Summary of changes:** July 2005  
Code 43 – ‘buprenorphine/naloxone’ added.

July 2004  
Name of data element changed to *Previous Services Received*.

July 2003  
Code 43 – ‘LAAM’ deleted  
Code 49 – ‘Other maintenance pharmacotherapies’ description changed to ‘Other maintenance pharmacotherapy’.

July 2002  
Code 00 – ‘Not collected’ added.  
Code 60 – ‘Support and case management only’ added.  
Code 92 – Description modified to indicate it is for ‘information and education **only**’.

**Source organisation:** NSW Health Drug and Alcohol Council

**Current national item?** No

# Principal drug of concern/gambling

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The drug, as identified by the client that has led the client to seek the service.
<b>Context:</b>	Required as an indicator of the client's service needs.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 4 <b>Max</b> 4	<b>Representational layout:</b>	NNNN
<b>Data domain:</b>	0000 Inadequately Described 0001 Not Stated 0005 Pharmaceutical opioids, nfd 0006 Psychostimulants, nfd 0009 Gambling 1202 Heroin 1305 Methadone 2101 Alcohol 2400 Benzodiazepines, nfd 3100 Amphetamines, nfd 3405 MDMA/Ecstasy 3901 Caffeine 3903 Cocaine 3906 Nicotine 7100 Cannabinoids and related Drugs, nfd Other substance (specify the ASCDC four-digit code)		

## Guidelines and collection rules

<b>Guide for use:</b>	<p>A <i>Principal Drug of Concern/Gambling</i> may be indicated on a client's referral; however, the criterion for nominating the <i>Principal Drug of Concern/Gambling</i> is the identification by the client of the drug.</p> <p>The Australian Standard Classification of Drugs of Concern (ASCDC) produced by the ABS (Cat. No. 1248.0) is the four-digit coding standard to be used for this data element. A short list of the most common drugs of concern and their accompanying four-digit code is listed above. If the client indicates a more specific drug of concern (eg pethidine, LSD), the clinician must indicate this using the four-digit ASCDC codes (see Appendix C).</p> <p>Code 0000: Inadequately Described -only to be used when Source of referral is one of: code 15 – Police Diversion, code16- Court diversion, code 98 – Other, code 99 – Not stated/ inadequately described.</p> <p>Code 0001: Not stated – only to be used for secondary clients who are presenting only with issues about someone else's drug use.</p> <p>Code 0005: Pharmaceutical analgesics not further defined – this code is to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known.</p> <p>Code 0006: Psychostimulants not further defined – This code is to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type.</p> <p>Psychostimulants refer to the types of drugs that would normally be coded to 3100-3199, 3300-3399 and 3400-3499 categories plus 3903 and 3905.</p> <p>Code 0009: Gambling – should only be selected if the client indicates that this is the issue that led them to seek the service. Activities performed must include a clinical assessment. Although excluded from the scope of the NSW MDS DATS, agencies can include activities performed for clients presenting for gambling issues in data submitted to the NSW Ministry of Health. Analysis of the NSW MDS DATS will not include this data.</p>
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<b>Guide for use:</b>	<p>Code 1305: Methadone – should only be selected if the client indicates that this is the drug that led them to seek the service. ‘Methadone’ may also be selected where the specific aim of treatment for the client is the reduction of their (prescribed) Methadone (eg MTAR Program). Therefore, the service provider may provide pharmacotherapy treatment (including a reduction regime), yet still correctly code the <i>Principal Drug of Concern/Gambling</i> as ‘methadone’.</p> <p>Code 2400: Benzodiazepines – a broad category for benzodiazepines if the specific code (eg diazepam code ‘2403’, rohypnol code ‘2404’) is not known.</p> <p>Code 3100: Amphetamines – a broad category for amphetamines if the specific code (eg benzedrine code ‘3101’, dexamphetamine code ‘3102’, methamphetamine code ‘3103’) is not known.</p>
<b>Verification rules:</b>	Responses selected for <i>Principal Drug of Concern/Gambling</i> should not duplicate responses selected for <i>Other Drugs of Concern/Gambling</i> . Data for <i>Principal Drug of Concern/Gambling</i> should be consistent with data for <i>Method of Use for Principal Drug of Concern</i> (eg if principal drug is ‘alcohol’, the method of use should not be ‘smoke’).
<b>Collection methods:</b>	To be collected or verified during assessment or on <b>Commencement of Service Episode</b> .
<b>Related data:</b>	Related to the data elements <i>Method of Use for Principal Drug of Concern</i> , <i>Other Drugs of Concern/Gambling</i> and <i>Injecting Drug Use</i> .
<b>Comments:</b>	<p>For clients who are presenting with gambling issues (<i>Principal Drug of Concern/Gambling</i> = code ‘0009’ – ‘gambling’), the <i>Method of Use for Principal Drug of Concern</i> should default to code ‘0’ – ‘not collected’.</p> <p>For secondary clients who are presenting with issues about someone else’s drug use (<i>Client Type</i> = code ‘2’ – ‘Other’s drug use’), <i>Principal Drug of Concern/Gambling</i> should default to code. ‘0001 – Not stated’.</p>

## Administrative information

**Version: 4** Effective Date: 1/7/2015

**Summary of Changes:** July 2015

One new broad group has been created at the broad group level. Six new narrow groups have been included, and one narrow group has been removed. Four base-level categories that existed have been moved to different narrow groups. Thirty-two new base-level categories have been created, and one base-level category has been expanded. These changes are detailed below:

- **Cannabinoids and Related Drugs Broad Group**

‘Cannabinoids’ has been removed from Group 3 ‘Stimulants and Hallucinogens’ and a new Group 7 ‘Cannabinoids and Related Drugs’ has been created.

- **GHB Type Drugs and Analogues**

The ‘GHB Type Drugs and Analogues’ group was created to reflect the rise in prevalence of a number of drugs that are similar to gamma-hydroxybutyrate (GHB) in action and composition

- **Cathinones**

While ‘Cathinone’ and ‘Methcathinone’ were identified as separate base level categories, stakeholders identified a number of related drugs that were not separately identified. The new narrow group ‘Cathinones’ groups all of these drugs together.

- **Piperazines**

Group 38, ‘Piperazines’, represents a category of stimulant whose use as a recreational drug has increased markedly. There was considerable interest from stakeholders in having this category of drug separately identified as a narrow group.

- **Atypical Antipsychotics**

Group 56, ‘Atypical Antipsychotics’, are a class of antipsychotic medication that had only recently been introduced. Since then, their prescription has become commonplace and the opportunity for them to be misused and abused has consequently increased.

- **Laxatives**

Group 93 ‘Laxatives’, comprises a type of drug that is frequently and increasingly abused, especially by people with eating disorders. The inclusion of ‘Laxatives’ was seen by stakeholders as a useful adjunct to the existing narrow group.



**Summary of Changes: Movement of existing drugs of concern**

Several base-level categories have been moved from existing narrow groups to these new groups. Specifically, 'Gammahydroxybutyrate'

has moved from 2201 to 2501, 'Cannabinoids' from 3201 to 7101,

'Cathinone' from 3902 to 3701 and 'Methcathinone' from 3904 to 3702.

**New drugs of concern**

Due to the increasing incidence of their misuse and abuse and consequent need to individually identify them in statistics, the following base level categories have been included in the 2011 Edition ASCDC:

0005	Pharmaceutical opioids, nfd	3799	Cathinones, n.e.c.
0006	Psychostimulants, nfd	3801	1-Benzylpiperazine
1307	Tramadol	3802	1-(3-Trifluoromethylphenyl)-piperazine
1403	Ibuprofen	3803	1-(3-Chlorophenyl)-piperazine
2205	Propofol	3804	Phenylpiperazine analogues
2502	Gamma-butyrolactone	3899	Piperazines, n.e.c.
2503	1,4-butanediol	5601	Amisulpride
2599	GHB Type Drugs and Analogues, n.e.c.	5602	Aripiprazole
2904	Doxylamine	5603	Clozapine
2905	Promethazine	5604	Olanzapine
2906	Zolpidem	5605	Quetiapine
3104	Amphetamine analogues	5606	Risperidone
3411	DOI	5607	Ziprasidone
3412	PMMA	5699	Atypical Antipsychotics, n.e.c.
3413	2C-B	7102	Cannabinoid agonists
3414	Phenethylamine analogues	7199	Cannabinoids and Related Drugs, n.e.c.
3506	Tryptamine analogues	9301	Laxatives
3703	Cathinone analogues		

**Changes to Supplementary codes**

Value	2005/2006 data domain	2015 data domain
0000	Not collected	Inadequately described
0001	Inadequately described	Not stated
0002	Gambling	Not identified as a drug of concern

NB Following the change in description, Code 0002 has been removed from the NSW data domain. Code 0009 has been added for Gambling.

July 2005

Code 0002 – 'Gambling' added

Code 1298 – 'buprenorphine/naloxone' added.

The former code has also been included within the 'short list'.

July 2002

The four digit ASCDC codes will be used for this data element. A shortlist of the most common drugs of concern is included above for ease of reference. Any drugs of concern that are specifically mentioned by clients (eg pethidine, crystal meth) should be noted in the 'other-please specify' field. The Centre for Drug and Alcohol, NSW Department of Health will map these to their appropriate codes. A code '0000' has been included for 'not collected'.

**Source document:** Australian Standard Classification of Drugs of Concern (ASCDC) ABS Cat. No. 1248.0 (2011).

**Source organisation:** Australian Bureau of Statistics

**Current national item?** Yes

# Principal source of income

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The source from which the client legally derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income obtained legally, and none amounts to 50%, the one that contributes the largest percentage should be entered.
<b>Context:</b>	An indicator of the needs and circumstances of individuals and may be used in assessment of income equity.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 2 <b>Max</b> 2	<b>Representational layout:</b>	NN
<b>Data domain:</b>	01 Full-time employment 02 Part-time employment 03 Temporary benefit (eg unemployment) 04 Pension (eg aged, disability) 05 Student allowance 06 Dependent on others 07 Retirement fund 08 No income 98 Other 99 Not stated/not known/inadequately described		

## Guidelines and collection rules

<b>Guide for use:</b>	Should be based upon the client's personal legal source of income, not another person's source of income. If the client is reliant upon another for their income, use 'dependent on others'.  A client with more than one income should be categorised only to the data domain category that best describes their primary legal source of income. If there is more than one source, and they are exactly equal, list the source of income that the client most identifies as their primary source.  Code 01: Full-time employment – applies when the person is working more than 20 hours a week, whether as a permanent or casual.  Code 02: Part-time employment – applies when the person is working 20 hours a week or less, whether as a permanent or casual.  Code 03: Temporary benefit – refers to interim government payments, including the New Start Allowance (unemployment benefit), Youth Training Allowance, Sickness Allowance, Special Benefit, Widow Allowance or Mature Age Allowance (granted on or after 1 <sup>st</sup> July 1996).  Code 04: Pension – includes permanent government payments, such as the Age Pension, Disability Support Pension, Disability Wage Supplement, Carer Pension, Wife Pension, Widow Pension (Class B) Bereavement Allowance), Mature Age Allowance (granted before 1st of July, 1996), Mature Age Partner Allowance, Sole Parent Pension or Veterans Affairs Benefit.
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## Administrative information

<b>Version: 3</b>	Effective Date: 1/7/2015
<b>Summary of changes:</b>	July 2015 Code 08 – No Income added to the collection.  July 2002 Code 01 and Code 02 definitions clarified to include whether the client is employed on a permanent or casual basis. Code 04 – 'Pension' changed to <b>include</b> Veterans Affairs payments.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	No

# Property Name

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The full name used to identify the physical building or property at which the client usually resides.
<b>Context:</b>	Required for administration and identification.

## Representation

<b>Data type:</b>	Alpha-numeric	<b>Representational form:</b>	TEXT
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 60	<b>Representational layout:</b>	A(60)

## Guidelines and collection rules

<b>Guide for use:</b>	The building or property name includes any reference to a wing or other component of a building complex and any reference to rural properties.  Inverted comas (‘’) are not to be used as the HIE will not recognise the text held within. This is due to the fact that inverted commas are used as a data qualifier in the Data extracts being loaded to the HIE.
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## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2015
<b>Summary of changes:</b>	
<b>Source document:</b>	NSW Health Data Dictionary 1.2
<b>Source organisation:</b>	NSW Ministry of Health
<b>Current national item?</b>	No

# Reason for Cessation of Service Episode

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The reason that the client's <b>Service Episode</b> ceased.
<b>Context:</b>	Given the levels of attrition within Drug and Alcohol programs, it is important to identify the range of different reasons for ceasing a service.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 2 <b>Max</b> 2	<b>Representational layout:</b>	NN
<b>Data domain:</b>	01 Service completed 02 Transferred/referred to another service 03 Left without notice 04 Left against advice 05 Left Involuntarily (non-compliance) 06 Moved out of area 07 Sanctioned by drug court/court diversion program 08 Imprisoned, other than drug court sanction 09 Released from prison 10 Died 98 Other 99 Not stated/inadequately described		

## Guidelines and collection rules

<b>Guide for use:</b>	Each category applies to particular circumstances, as follows:  Code 01: Service completed – all of the immediate goals of the treatment program have been fulfilled or treatment is no longer needed. This includes where the client ceased to participate by mutual agreement and where the service is no longer required.  Code 02: Transferred/referred to another service – the service is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital or nursing home. Excludes situations where the original service was completed before the client transferred to a different provider for another service (use code '01' – 'service completed').  Code 03: Left without notice – the client has ceased to participate in treatment without providing any prior notice of their intention to stop participating.  Code 04: Left against advice – service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from service provider that such action is against their best interests.  Code 05: Left involuntarily – the client has been discharged by the service provider from the treatment program due to non-compliance with the rules or conditions of the program (use code '07' for drug court/court diversion program clients).  Code 06: Moved out of area – the client ceased to receive treatment from the service because the client moved out of the geographic area.  Code 07: Sanctioned by drug court/court diversion program – a drug court and/or court diversion program client is sanctioned back into jail for non-compliance with program.  Code 08: Imprisoned, other than drug court sanction – a client is imprisoned for reasons other than code '07'.  Code 09: Released from prison – a client of a prison treatment program is released from prison.  Code 10: Died – a client has died.  Code 98: Other – any other reason for cessation.
<b>Collection methods:</b>	To be collected on <b>Cessation of Service Episode</b> .

**Related data:** Related to the data element concept **Cessation of Service Episode** and data element *Date of Cessation of Service Episode*.

**Comment:** Refer to Appendix F for mapping of NSW MDS DATS values to AODTS NMDS values.

## Administrative information

**Version: 4** Effective Date: 1/7/2005

**Summary of changes:** July 2005  
Code '11' – 'ceased to participate at expiation' removed.

July 2004  
Name of this data element changed to *Reason for Cessation of Service Episode*.  
Code '01' – Description changed from 'treatment completed' to 'service completed'.

July 2002  
Code '05' – description changed from 'involuntary discharge (non-compliance)' to 'left involuntarily (non-compliance)'  
Code '11' – description changed from 'ceased treatment upon expiation' to 'ceased to participate at expiation'.

**Source organisation:** NSW Health Drug and Alcohol Council

**Current national item?** Yes

# Referral to another service

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The type of service to which clients are referred, either during the **Service Episode** or at the completion of the **Service Episode**.

**Context:** Allows for the monitoring of agency interrelationships and is complementary to the data element *Source of Referral*. May contribute to an assessment of continuity of care.

## Representation

**Data type:** Numeric **Representational form:** CODE

**Field size:** **Min** 2 **Max** 2 **Representational layout:** NN

**Data domain:**

- 03 General practitioner
- 04 Medical officer/specialist
- 05 Psychiatric hospital
- 06 Other hospital
- 07 Residential community mental health care unit
- 08 Residential alcohol and other drug treatment agency
- 09 Other residential community care unit
- 10 Education institution
- 11 Non-residential community mental health centre
- 12 Non-residential alcohol and other drug treatment agency
- 13 Non-residential community health centre
- 14 Other non-health service agency
- 18 Workplace (EAP)
- 19 Family and child protection service
- 97 No referral
- 98 Other
- 99 Not stated/inadequately described

## Guidelines and collection rules

**Guide for use:** Referral in this context should be regarded as a formal referral process that results in a letter or phone call to the agency that the client is being referred to for the continuation of the clients principal treatment needs.

Code 03: General practitioner – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice.

Code 04: Medical officer/specialist – used for any medical personnel apart from general practitioners, including medical officers at hospitals and specialists in private practice.

Code 05: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities.

Code 06: Other hospital – includes public and private acute care hospitals, hospitals specialising in dental, palliative care, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded '11' to '13').

Code 07: Residential community mental health care unit – includes mental health settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability.

Code 08: Residential alcohol and other drug treatment agency – includes drug and alcohol settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes drug and alcohol residential treatment units.

- Guide for use:**
- Code 09: Other residential community care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
  - Code 10: Educational institution – includes all educational institutions such as schools, universities and colleges.
  - Code 11: Non-residential community mental health care centre – includes non-residential centre-based establishments providing a range of community-based mental health services.
  - Code 12: Non-residential alcohol and other drug treatment agency – includes non-residential centre-based establishments providing a range of community-based drug and alcohol health services.
  - Code 13: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women’s health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres.
  - Code 14: Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, Aboriginal co-operatives, Department of Housing, Department of Education and Training, and the Department of Health and Aging.
  - Code 18: Workplace (EAP) – includes any referrals from the client’s workplace such as the Employee Assistance Program (EAP).
  - Code 19: Family and child protection service – includes family and children’s health services and Department of Community Services.

**Collection methods:** To be collected on **Cessation of Service Episode**.

**Related data:** Related to the data element *Source of Referral to Service*.

**Comments:**

## Administrative information

**Version: 2** Effective Date: 1/7/2002

**Summary of changes:** July 2002

Most of the codes used for this data element have been changed to match the NMDS codes for *Source of Referral to Treatment* for standardisation. The codes for police, court and criminal justice settings have been deleted

The code for ‘no referral’ has been re-coded from ‘99’ to ‘97’.

The following New data domains have been added:

Code ‘07’ – ‘residential community mental health care unit’

Code ‘09’ – ‘other residential community care unit’

Code ‘99’ – ‘not stated/inadequately described’

**Source organisation:** NSW Health Drug and Alcohol Council

**Current national item?** No

# Region code

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	An identifier (code) for the location of drug and alcohol service agencies within an area.
<b>Context:</b>	To identify regional level information.

## Representation

<b>Data type:</b>	Alpha	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	A
<b>Data domain</b>	<i>Region Code</i> corresponds to NSW Ministry of Health Local Health Districts:		

- A Sydney LHD
- B Central Coast LHD
- C Hunter New England LHD (Southern region)
- D Illawarra Shoalhaven LHD
- E Northern Sydney LHD
- F South Eastern Sydney LHD
- G South Western Sydney LHD
- H Nepean Blue Mountains LHD
- I Western Sydney LHD
- J Far West LHD
- K Murrumbidgee LHD
- L Western NSW LHD
- M Mid North Coast LHD
- N Western NSW LHD (no new codes allocated, existing agencies retain this code)
- O Hunter New England LHD (Northern region)
- P Northern NSW LHD
- Q Southern NSW LHD
- R St Vincent's Hospital Network
- S Justice & Forensic Mental Health

## Guidelines and collection rules

<b>Guide for use:</b>	InforMH NSW Ministry of Health will allocate this code to agencies. Note: Existing agencies which have previously had a code allocated, and are now administratively under another LHD will retain that code unless they substantially change, requiring the creation of a new agency code. This is to ensure continuity of analysis of agency data over time.
<b>Related data:</b>	Composite part of <i>Establishment Identifier</i> (Agency Code).

## Administrative information

<b>Version: 3</b>	Effective Date: 1/7/2015
<b>Summary of changes:</b>	July 2015 Code R – allocated to St Vincent's Hospital Network. Previously it was part of the South Eastern Sydney and Illawarra AHS. July 2010 The old 8 region (AHS) structure changed to a 19 region (LHD) structure. The Mental Health and Drug and Alcohol Office, NSW Ministry of Health will map to AODTS NMDS standards.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes



# Service Contact

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT CONCEPT
<b>Definition:</b>	A contact made with a client for the purpose of providing a service that results in a dated entry being made in the client's record.
<b>Context:</b>	Required for deriving the frequency of client contact within a <b>Service Episode</b> . Identifies service delivery at the client level for Drug and Alcohol services.

## Guidelines and collection rules

<b>Guide for use:</b>	<p>Any client contact that does not constitute part of a service should not be considered a <b>Service Contact</b>. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.</p> <p><i>Service Contact Dates</i> are collected for all non-residential activities. For clients in residential settings, <i>Service Contact Dates</i> are collected only when the <i>Main Service Provided</i> is 'Consultation activities'.</p> <p>For public sector opioid treatment clients, only a non-dosing <b>Service Contact</b> is to be collected. Thus, a contact involving the taking of a blood or urine sample is 'in scope' for the NSW MDS DATS.</p>
<b>Related data:</b>	Relates to the data element <i>Service Contact Dates</i> .
<b>Comments:</b>	Only a <b>Service Contact</b> between the client and the service provider should be reported. A <b>Service Contact</b> can include face-to-face, group, telephone or video link service delivery modes. A <b>Service Contact</b> with a carer or family member (unless they are a registered client being seen in their own right), or another health professional or a health worker involved in providing care, is <b>not</b> included.

## Administrative information

<b>Version: 2</b>	Effective Date: 1/7/2002
<b>Summary of changes:</b>	<p>Addition of comments to clarify what a service contact includes:</p> <ul style="list-style-type: none"><li>■ Only a Service Contact between the client and the service provider should be reported.</li><li>■ A Service Contact can include either face-to-face, group, telephone or video link service delivery modes.</li><li>■ A Service Contact with a carer or family member (unless they are a registered client), or another health professional or a health worker involved in providing care, is not included.</li></ul>
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Service Contact dates

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The date of each <b>Service Contact</b> between a treatment agency and a client. This excludes a <b>Service Contact</b> with a carer or family member (unless they are a registered client) or another health professional or health worker involved in providing care. Only a <b>Service Contact</b> between the client and the service provider should be reported.
<b>Context:</b>	Required for deriving the frequency of client contact within a <b>Service Episode</b> . A service contact can include either face-to-face, telephone or video link service delivery modes.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	DATE
<b>Field size:</b>	<b>Min</b> 8 <b>Max</b> 8	<b>Representational layout:</b>	DDMMYYYY
<b>Data domain:</b>	Valid dates		

## Guidelines and collection rules

<b>Guide for use:</b>	<p>The <i>Service Contact Dates</i> should be represented as DDMMYYYY without delimiters (eg '/' or '-' or '.').</p> <p>Only a <b>Service Contact</b> between the client and the service provider should be reported.</p> <p><i>Service Contact Dates</i> are only collected for non-residential activities. <i>Service Contact Dates</i> are not collected for clients in residential settings, except when <i>Main Service Provided</i> is 'Consultation activities'. Only a <b>non-dosing Service Contact</b> is to be collected for public sector opioid treatment clients. A <b>Service Contact</b> involving the taking of a blood or urine sample is therefore 'in scope' for the NSW MDS DATS.</p> <p>It is possible to have more than one <b>Service Contact</b> that happens on the same date. Where more than one <b>Service Contact</b> with the client occurs on the same day, each contact is to be captured.</p>
<b>Verification rules:</b>	<p><i>Service Contact Dates</i> must be greater than or equal to the <i>Date of Commencement of Service Episode</i>. <i>Service Contact Dates</i> must be less than or equal to the <i>Date of Cessation of Service Episode</i>.</p>
<b>Related data:</b>	Relates to the data element concept <b>Service Contact</b> and the data element <i>Postcode of Service Contact</i> .
<b>Comments:</b>	Service contacts are not a complete measure of episode intensity, complexity or resource usage.

## Administrative information

<b>Version: 2</b>	Effective Date: 1/7/2002
<b>Summary of changes:</b>	July 2002 The format for <i>Service Contact Date</i> should be submitted without delimiters (eg '/' or '-' or '.').
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	No

# Service delivery setting

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The principal setting in which the <i>Main Service Provided</i> is provided to the client.
<b>Context:</b>	To identify the types of settings in which services are occurring to allow for trends in treatment patterns to be monitored.

## Representation

<b>Data type:</b>	Alphanumeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	N
<b>Data domain:</b>	1 Community/ Outpatient 3 Home 5 Correctional A Inpatient B Residential		

## Guidelines and collection rules

**Guide for use:** The *Service Delivery Setting* relates to the services being provided for a client during a particular **Service Episode**. Consequently, where agencies operate services within more than one type of setting, the type of setting specified will differ according to the nature of the **Service Episode**.

- Code 1: Community/outpatient – includes hospital outpatient departments and community settings.
- Code 3: Home – the client's own home or usual place of residence.
- Code 5: Correctional – correctional settings, including Juvenile Justice centres and prisons.
- Code A: Inpatient – hospital based environment where the client is a registered inpatient receiving care in a hospital, bed or equivalent.
- Code B: Residential – facilities providing drug and alcohol treatment where the client is a temporary or long term resident. Excludes the client's home/ usual place of residence.

**Verification rules:** Only one code to be selected.

**Related data:** Related to the data element, *Main Service Provided*.

**Comments:** A change in this data element constitutes a trigger for commencing a new **Service Episode**. For example, If a client switches from an inpatient to an outpatient *Service Delivery Setting*, a new **Service Episode** should be opened.

Refer to Appendix F for mapping of NSW MDS DATS values to AODTS NMDS values

## Administrative information

**Version: 4** Effective Date: 1/7/2015

**Summary of changes:** July 2015  
Service delivery setting has been simplified.  
Code 1 – The words Non-residential and setting removed from description  
Code 2 – removed  
Code 5 – The word setting has been removed from description  
Code 4 – Outreach setting removed from Data Domain  
Code 6 – Therapeutic community removed from Data Domain  
Code 8 – Other removed from Data Domain  
Inpatient and residential have been separated out with their own Data Domain.  
Code A: Inpatient  
Code B: Residential

**Summary of changes:** July 2004  
Name of data element changed to *Service Delivery Setting*.  
July 2002  
Name of data element changed to *Treatment Delivery Setting*.  
Descriptions of Code 1, Code 2, Code 4 and Code 5 changed from 'service' to 'setting'.  
Code 3 – 'Home' added  
Code 6 – 'Therapeutic community' re-coded from Code 3.  
Code 8 – 'Other' recoded from Code 9.

**Source organisation:** NSW Ministry of Health

**Current national item?** Yes

# Service Episode

## Defining characteristics

**Data element type:** DATA ELEMENT CONCEPT

**Definition:** A treatment process, with defined dates of commencement and cessation, between a patient/client and a provider or team of providers, provided at the treatment service agency or one of its service delivery outlets, in which there is no major change in the *Service Delivery Setting*, *Main Service Provided* or *Principal Drug of Concern/Gambling* and within which there has been no unplanned interval of contact greater than one month.

**Context:** This concept is required for the management and planning of service provision across a variety of service types and settings. It provides the basis for a standard approach to effective recording and monitoring of client and service characteristics.

## Guidelines and collection rules

**Guide for use:**

### Elements of a Service Episode:

- A **Service Episode** is delivered within the one setting at the treatment service agency or one of its service delivery outlets.
- It consists of one *Main Service Provided* and one *Principal Drug of Concern/Gambling*.
- It has a defined *Date of Commencement of Service Episode* and, for closed episodes, a defined *Date of Cessation of Service Episode*.
- It may be delivered by one or more providers.
- There is no change in the *Main Service Provided*.

### Opening Service Episodes

There are four triggers for opening a new **Service Episode** with an existing client. These are:

- A change in the *Main Service Provided* (eg from detox to rehab); or
- A change in the *Principal Drug of Concern/Gambling* (eg from heroin to cocaine); or
- A change in the *Service Delivery Setting* (eg from inpatient to outpatient); or
- The episode reaching its maximum episode length (this varies from 30 days to 12 months depending on the *Main Service Type*).

### Service Episode and *Main Service Provided*:

A **Service Episode** may only consist of one *Main Service Provided* and only one *Principal Drug of Concern/Gambling*. If the client is receiving more than one *Main Service Provided*, concurrent episodes are required for each of these services.

An example of where the creation of concurrent service episodes is **not** required is when a client undergoes a clinical assessment and presents for counselling on the same day at the same agency and within the same *Service Delivery Setting* for a *Main Service Provided*. In this case, only one **Service Episode** should be opened with the *Main Service Provided* coded to 'Counselling'.

### Closing Service Episodes

As a general rule, all Service Episodes have a maximum length of 12 months. Exceptions to this are episodes where:

- the *Main Service Provided* is 'Withdrawal management (detoxification)' – these have a maximum length of 30 days;
- the *Main Service Provided* is 'Consultation activities' or 'Support and case management only' – these have a maximum length of 12 months; and
- the *Main Service Provided* is 'Counselling' – these have an episode length limited to 12 sessions.

Collection agencies must ensure that a **Service Episode** is not left open indefinitely.

A **Service Episode** will normally be declared 'closed' at the **Cessation of Service**; however, when there has been no client contact for a period of one month and there are no plans in place for contact in the future, the **Service Episode** must be declared 'closed'. In these circumstances, the *Date of Cessation of Service Episode* is the date on which the client was **last seen** (or, in the case of opioid treatment clients, the date on which the client was **last dosed**), not the date the client's record is updated.

It is essential that agencies take care in auditing their files to ensure that outstanding episodes are closed and reported.

**Collection methods:** Is determined as the period starting from the *Date of Commencement of Service Episode* and ending at the *Date of Cessation of Service Episode*.

**Related data:** This item is related to the data element concepts **Commencement of Service Episode** and **Cessation of Service Episode**, and the data elements *Main Service Provided*, *Service Delivery Setting*, *Date of Commencement of Service Episode* and *Date of Cessation of Service Episode*.

## Administrative information

**Version: 3** Effective Date: 1/7/2004

**Summary of changes:** July 2004  
The name of this data concept has changed to **Service Episode**.

**Source organisation:** NSW Health Drug and Alcohol Council

**Current national item?** Yes

# Sex

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The sex of the client.
<b>Context:</b>	Required for analyses of service utilisation, needs for services and epidemiological studies.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	N
<b>Data domain:</b>	1 Male 2 Female 9 Not stated/inadequately described		

## Guidelines and collection rules

<b>Guide for use:</b>	See comments below.
<b>Collection methods:</b>	It is suggested that the following format be used for data collection: What is your (the person's) sex? - Male - Female
<b>Comments:</b>	The term 'sex' refers to the biological differences (typically, but not necessarily genetic) between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity. The ABS advises that the correct terminology for this data element is sex.  Information collection for transsexuals and people with transgender issues should be treated in the same manner. For recording consistency, transsexuals undergoing a sex change operation should have their sex at the time of assessment recorded.  If the local source system uses the value Indeterminate (code 3) this should be mapped to 9.

## Administrative information

<b>Version: 1</b>	Effective Date: 1/7/2000 Note: This data element differs from that collected by the AODTS NMDS, which also collects code '3' – 'Indeterminate'.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	Yes

# Source of referral to service

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The source from which the person was transferred or referred for the current **Service Episode**.

**Context:** Important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

## Representation

**Data type:** Numeric **Representational form:** CODE

**Field size:** **Min** 2 **Max** 2 **Representational layout:** NN

**Data domain:**

01	Self
02	Family member/friend
03	General practitioner
04	Medical officer/specialist
05	Psychiatric hospital
06	Other hospital
07	Residential community mental health care unit
08	Residential alcohol and other drug treatment agency
09	Other residential community care unit
10	Education institution
11	Non-residential community mental health centre
12	Non-residential alcohol and other drug treatment agency
13	Non-residential community health centre
14	Other non-health service agency
15	Police diversion
16	Court diversion
17	Other criminal justice setting
18	Workplace (EAP)
19	Family and child protection service
20	Needle and syringe program
21	Medically supervised injecting centre
98	Other
99	Not stated/inadequately described

## Guidelines and collection rules

**Guide for use:** The referral may be interpreted informally, ie not requiring a written or phone referral. For clarification, the client could be asked 'Where or from whom did you hear of this service?'

Code 03: General practitioner – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice.

Code 04: Medical officer/specialist – used for any medical personnel, apart from general practitioners, including medical officers at hospitals and specialists in private practice.

Code 05: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities.

Code 06: Other hospital – includes public and private acute care hospitals, hospitals specialising in dental, palliative care, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded '11' to '13').

Code 07: Residential community mental health care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability.



- Code 08: Residential alcohol and other drug treatment agency – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes drug and alcohol residential treatment units.
- Code 09: Other residential community care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
- Code 10: Educational institution – includes all educational institutions such as schools, universities and colleges.
- Code 11: Non-residential community mental health care centre – includes non-residential centre-based establishments providing a range of community-based mental health services.
- Code 12: Non-residential alcohol and other drug treatment agency – includes non-residential centre-based establishments providing a range of community-based drug and alcohol health services.
- Code 13: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women’s health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres.
- Code 14: Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, and Aboriginal co-operatives.
- Code 15: Police diversion – includes all police diversion schemes such as the Cannabis Cautioning Scheme.
- Code 16: Court diversion – includes all court diversion schemes including the Adult Drug Court, Youth Drug Court, and Magistrates Early Referral into Treatment (MERIT) program.
- Code 17: Other criminal justice setting – includes all correctional and criminal justice settings, apart from police diversion and court diversion (including probation and parole), prisons and detention centres.
- Code 18: Workplace (EAP) – includes any referrals from the client’s workplace such as the Employee Assistance Program (EAP).
- Code 19: Family and child protection service – includes family and children’s health services and Department of Community Services.
- Code 20: Needle and syringe program – includes all referrals from needle and syringe programs.
- Code 21: Medically supervised injecting centre – includes all referrals from a medically supervised injecting centre.
- Code 98: Other – any referral from a source not listed above.

**Comments:** Refer to Appendix F for mapping of NSW MDS DATS values to AODTS NMDS values

## Administrative information

**Version: 3** Effective Date: 1/7/2004

**Summary of changes:** July 2004  
Name of data element changed to *Source of Referral to Service*.

July 2002  
Data domain for data element changed to align with AODTS NMDS standards.  
New items added to data domain:  
Code 07 – ‘Residential community mental health care unit’  
Code 09 – ‘Other residential community care unit’  
Code 21 – ‘Medically supervised injecting centre’  
Code 20 – ‘Needle and syringe program’

**Source organisation:** NSW Health Drug and Alcohol Council

**Current national item?** Yes

# State identifier (state code)

## Defining characteristics

**Data element type:** DATA ELEMENT  
**Definition:** An identifier for State or Territory.  
**Context:** To identify State level information.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 1 <b>Max</b> 1	<b>Representational layout:</b>	N
<b>Data domain:</b>	1 New South Wales		

## Guidelines and collection rules

**Guide for use:** InforMH, NSW Ministry of Health will allocate this code to agencies.  
**Related data:** Composite part of *Establishment Identifier* (Agency Code).  
**Collection methods:** State Code is a synonym for *State Identifier*, and either term may be used as a field label on paper or electronic forms.

## Administrative information

**Version: 1** Effective Date: 1/7/2000  
**Source document:** Domain values derived from the Australian Standard Geographic Classification (Australian Bureau of Statistics, Catalogue No. 1216.0), July 2011  
**Source organisation:** Australian Bureau of Statistics  
**Current national item?** Yes

# Statistical Linkage Key 581 (SLK-581)

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** A statistical linkage key (SLK) is an alphanumeric code that identifies unique records. It consists of a combination of letters and numbers, represented by a code, from an individual's first and last names, their sex and date of birth. This combination of components is highly unlikely to be the same for any two people and therefore it is possible to count unique records without the individual's actual identity being disclosed.

**Context:** The recommendation to include an SLK-581 in AODTS-NMDS was made by the Enhancement Project of the Alcohol and Other Drug Treatment Services National AODTS-NMDS, released in March 2009 and again recommended in the AODTS-NMDS Review published in February 2011.

Required for administration and identification. At present, the collection is limited to reporting episode numbers. By including the SLK-581 in the collection, it will be possible to estimate the number of clients who use AODT services and analyse how clients move between agencies over time.

## Representation

**Data type:** Alpha-numeric

**Representational form:** CODE

**Field size:** Min 14 Max 14

**Representational layout:** STRING(14)  
XXXXXDDMMYYYYN

## Guidelines and collection rules

**Guide for use:** The SLK-581 allows for records belonging to the same client to be identified in a manner that protects the privacy of the individual. The resulting client identifiers are sufficiently accurate for analysis purposes but are not sufficiently accurate for client management purposes.

The SLK-581 is a client identifier based on information likely to be:

- relatively stable across a client's lifetime
- reliably reported by clients across multiple treatment settings.

Therefore records with the same SLK-581 value are likely to belong to the same client.

The SLK-581 is derived from data already captured for each client, comprising:

- Letters of family name (second, third and fifth letters)
- Letters of given name (second and third letters)
- Date of birth
- Sex

The structure of the complete SLK-581 element is: **XXXXXDDMMYYYYN**.

The SLK-581 is submitted with a companion element: *Date accuracy indicator*.

See Appendix E for further details.

## Administrative information

**Version: 1** Effective Date: 1/7/2015

**Source document:** Alcohol and Other Drug Treatment Services National Minimum Data Set 2012-13

**Source organisation:** Australian Institute of Health and Welfare

**Current national item?** Yes

# Street Name

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The descriptor(s) used to identify the street component of the address at which the client usually resides.

**Context:** Required for administration and identification. Collection of this data facilitates:

- More accurate SLA Derivation
- Comparison of use of services
- Characterisation of catchment areas and populations
- Documentation of cross-border provision of services
- Analysis of patient origin.

This data item will also be used in NSW for Client Data Linkage.

## Representation

**Data type:** Alpha-numeric

**Representational form:** TEXT

**Field size:** **Min** 1 **Max** 60

**Representational layout:** A(60)

## Guidelines and collection rules

**Guide for use:** This field generally contains the known names of streets, roads, avenues etc.

Street name: the street name must retain its grammatical integrity, ie where the street name contains spaces, apostrophes or abbreviations, they should be included (eg St Neot's Ave, San Bernadino Drive).

- Street type: most street names will include a street type (eg. Highway, Road, Street, Ave), but some do not (eg, "The Rampant")

## Administrative information

**Version: 1** Effective Date: 1/7/2015

**Source document:** NSW Health Data Dictionary 1.2

**Source organisation:** NSW Ministry of Health

**Current national item?** No

# Street Number

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** Street Number component of the address at which the client usually resides.

**Context:** Required for administration and identification. Collection of this data facilitates:

- More accurate SLA Derivation
- Comparison of use of services
- Characterisation of catchment areas and populations
- Documentation of cross-border provision of services
- Analysis of patient origin.

This data item will also be used in NSW for Client Data Linkage.

## Representation

**Data type:** Alpha-numeric

**Representational form:** TEXT

**Field size:** **Min** 1 **Max** 12

**Representational layout:** A(12)

## Guidelines and collection rules

**Guide for use:** This item is one of the items grouped to form the composite data element 'Address of usual residence'.

Not all addresses will necessarily contain a street number.

Where the client resides in a flat or unit or in a separately identifiable portion within a building/complex, then this should be specified as part of the number, for example 5/17, or 3A/25.

The number may identify a particular building or property or range of buildings within the street, and therefore may contain separate number components within the complete item.

## Administrative information

**Version: 1** Effective Date: 1/7/2015

**Source document:** NSW Health Data Dictionary 1.2

**Source organisation:** NSW Ministry of Health

**Current national item?** No

# Suburb

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The name of the geographic district, town, suburb or city most applicable to the address at which the client usually resides.

**Context:** Required for administration and identification.

Collection of this data facilitates More accurate SLA Derivation; Comparison of use of services; Characterisation of catchment areas and populations; Documentation of cross-border provision of services.

This item forms part of the composite item Address of Usual Residence.

## Representation

**Data type:** Alpha-numeric

**Representational form:** TEXT

**Field size:** **Min** 3 **Max** 46

**Representational layout:** A(46)

## Guidelines and collection rules

**Guide for use:** This item is one of the items grouped to form the composite data element 'Address'. All addresses must contain a Suburb/locality or valid code.

Remote area addresses: The Australian Bureau of Statistics has included many remote rural property names as localities. Therefore, remote rural property names may be recorded additionally as a Building/Property Name.

Via: Some remote area addresses legitimately contain the word "via" to indicate the nearest locality. System developers need to be aware that the presence of "via" in these addresses may cause problems for some automated locality coding products.

NFA and NFIA: These items are used to signify incomplete or unknown addresses and correlate with values within 'Postcode', 'State Abbreviation' and 'State Code' items.

This item should be positioned prior to the 'State' and 'Postcode' items within the composite 'Address' item.

## Administrative information

**Version: 1** Effective Date: 1/7/2015

**Source document:** NSW Health Data Dictionary 1.2

**Source organisation:** NSW Ministry of Health

**Current national item?** No

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# Title

## Defining characteristics

**Data element type:** DATA ELEMENT

**Definition:** The title to be used when addressing the person by name, whether by mail, by phone or in person.

**Context:** Required for administration and identification.

## Representation

**Data type:** Alpha-numeric

**Representational form:** TEXT

**Field size:** **Min** 0 **Max** 12

**Representational layout:** A(12)

## Guidelines and collection rules

**Guide for use:**

## Administrative information

**Version: 1.** Effective Date: 1/7/2015

**Source document:** NSW Health Data Dictionary 1.2

**Source organisation:** NSW Ministry of Health

**Current national item?** No

# Usual accommodation

## Defining characteristics

<b>Data element type:</b>	DATA ELEMENT
<b>Definition:</b>	The client's usual type of accommodation just prior to the start of the <b>Service Episode</b> .
<b>Context:</b>	The setting in which the client usually lives can have a bearing on the type of service and support required by the client, and the outcomes that may result from their service.

## Representation

<b>Data type:</b>	Numeric	<b>Representational form:</b>	CODE
<b>Field size:</b>	<b>Min</b> 2 <b>Max</b> 2	<b>Representational layout:</b>	NN
<b>Data domain:</b>	01 Rented house or flat (public or private) 02 Privately owned house or flat 03 Boarding house 04 Hostel/supported accommodation services 05 Psychiatric hospital 06 Alcohol/other drug treatment residence 07 Shelter/refuge 08 Prison/detention centre 09 Caravan on a serviced site 10 No usual residence/homeless 98 Other 99 Not known		

## Guidelines and collection rules

<b>Guide for use:</b>	'Usual' is defined as the type of accommodation the person has lived in predominantly just prior to the start of the <b>Service Episode</b> . It is necessary to distinguish between physical accommodation and the location of the residence (eg a house at a remote outstation should be listed as a house for the purpose of this question).  Code 01: Rented house or flat – is to be used when either the client or someone with whom the client has a significant personal relationship (eg partner, parent) pays any form of board, rent or fee to live in the abode.  Code 02: Privately owned house or flat – is to be used when either the client or someone with whom the client has a significant personal relationship (eg partner, parent) owns the accommodation in question and resides there.  Code 04: Hostel/supported accommodation service – is to be used when the client is living in a supervised hostel or accommodation service such as aged care, mental health community facility or a group home.  Code 07: Shelter/refuge – includes short-term crisis, transition, and emergency accommodation.  Code 98: Other – for any accommodation not included in any other data domain (eg Aboriginal Mission).
<b>Related data:</b>	Related to the data element <i>Living Arrangement</i> .

## Administrative information

<b>Version:</b> 3	Effective Date: 1/7/2004
<b>Summary of changes:</b>	July 2004 The definition of <i>Usual Accommodation</i> refers to the usual type of accommodation in which the client lived 'just prior to the start of the <b>Service Episode</b> ', rather than 'the three months immediately preceding the <b>Commencement of Service Episode</b> '. July 2002 Code 02 – Description includes privately owned flat as well as a house Code 04 – Description includes 'supported accommodation services' Code 05 – Description referred to as a 'psychiatric hospital' not a 'psychiatric home/hospital'.
<b>Source organisation:</b>	NSW Health Drug and Alcohol Council
<b>Current national item?</b>	No









## Data Submission Guidelines

All data must be supplied to the Ministry of Health via the HIE. Data will not be accepted via any other means. The deadline for submission to the HIE is the **21st** day of the month **FOLLOWING THE MONTH OF DATA COLLECTION**. Data Coordinators need to ensure agencies submit their data within sufficient time for data validation and error correction prior to the HIE loading deadline.

Further details regarding contacts and data submission are available from InforMH, Health System Information and Performance Reporting, NSW Ministry of Health:

InforMH, NSW Ministry of Health  
PO Box 169  
NORTH RYDE NSW 1670

### File Structure

Data is to be provided in six separate files and must be named as shown below:

- 1. EPISODE.TXT:** This file contains all fields apart from those indicated below
- 2. OTHERDRG.TXT:** This file contains the data for the multiple response item, *Other Drugs of Concern/Gambling*
- 3. PREVTRMT.TXT:** This file contains the data for the multiple response item, *Previous Services Received*
- 4. OTHERSRV.TXT:** This file contains the data for the multiple response item, *Other Services Provided*
- 5. SRVCCNCT.TXT:** This file contains *Service Contact Dates* and *Postcode of Service Contact* information for each episode
- 6. PHARMACO.TXT:** This file previously contained *Pharmacotherapy Type for Main Service Provided*. While this data element is no longer collected the file structure must stay in place.

### Keys

The primary key for the episode file and the agency code are used as the foreign keys to other files.

### Data Requirements.

Data on service episodes are to be reported in each text file:

- once after the opening of the **Service Episode**;
- each month until the **Service Episode** has been closed;
- at cessation of the **Service Episode**; and
- after an **update** has been made to **any part** of a **closed Service Episode**.

### All fields are mandatory, other than the following:

- *Principal Drug of Concern – specify*
- *Other Drug of Concern – specify*
- *Date of Cessation of Service Episode* (**mandatory** for **closed** service episodes only)
- *Reason for Cessation of Service Episode* (**mandatory** for **closed** service episodes only)
- *Referral to Another Service* (**mandatory** for **closed** service episodes only)

## New Data Elements from July 1 2015

Table: EPISODE.txt

Family Name
Given Name
Middle Name
Title
Statistical Linkage Key 581 (SLK-581)
Medicare Number
Property Name
Unit/ Flat Number
Street Number
Street Name
Suburb

### Note

Government drug and alcohol agencies must submit the client's Family Name and Given Name for each episode. These organisations should not submit an SLK-581.

Non-Government drug and alcohol agencies must submit an SLK-581. They should not submit Family Name and Given Name.

The extract must maintain the file structure regardless of whether or not the fields are populated. Any fields that are blank must be reported with the double quote character text qualifier.

If the source system does not store the individual street address components in separate fields then the client's street address (Unit/ Flat Number, Street Number and Street Name) should be reported in the Street Name field. The data will be split into its component parts as part of the HIE load process.

### Data Format Specifications

- Data must be saved as normal windows (ANSI) text files and have file extension 'txt'.
- Data must be submitted in comma-delimited format, but not saved as a CSV file.
- All fields, apart from integer fields, are text fields. The double quote character (") is to be used as the text qualifier.
- Field name information is **not** to be included in the data submission.
- Dates should be reported in the format ddmmmyyy. Time information should **not** be included in date fields.

Records do **not** need to be submitted in the SRVCCNCT.TXT file for service episodes where the *Main Service Provided* has been coded to:

- '20' - '**Withdrawal management (detoxification)**'
- '30' - '**Rehabilitation activities**'.

Records only need to be submitted in the PHARMACO.TXT file for service episodes where the *Main Service Provided* has been coded to '**40**' - '**Maintenance pharmacotherapy (Opioid)**' or '**48**' - '**Maintenance pharmacotherapy (Non-opioid)**'.

## General

It is important that agencies that change the software or method of data output ensure that episode id numbers generated do not replicate those already used.

All coded data elements are to be reported in code form, not as text representations.

### FILE LAYOUT

EPISODE.TXT	
Description	Data Type
Establishment Identifier (Agency Code)	N (6)
Agency Location	N (5)
<b>Episode ID (Primary Key)</b>	<b>Integer</b>
Person Identifier (Client Code)	Char (12)
Date of Birth	Date (ddmmyyyy)
Date of Birth Status	Char (1)
Sex	Char (1)
Country of Birth	Char (4)
Aboriginal and Torres Strait Islander Origin	Char (1)
Preferred Language	Char (2)
Principal Source of Income	Char (2)
Living Arrangement	Char (2)
Usual Accommodation	Char (2)
Client Type	Char (1)
Principal Drug of Concern/Gambling	Char (4)
Principal Drug of Concern – specify	Char (50)
Blank	Char (1)
Method of Use for Principal Drug of Concern	Char (1)
Injecting Drug Use	Char (1)
Service Delivery Setting	Char (1)
Date of Commencement of Service Episode	Date (ddmmyyyy)
Postcode of Residence at Commencement of Service Episode	Char (4)
Source of Referral to Service	Char (2)
Main Service Provided	Char (2)
Date of Cessation of Service Episode	Date (ddmmyyyy)
Reason for Cessation of Service Episode	Char (2)
Referral to Another Service	Char (2)
Family Name	Char (40)
Given Name	Char (40)
Middle Name	Char (40)
Title	Char (12)
Statistical Linkage Key 581 (SLK-581)	Char (14)
Medicare Number	Char (11)
Property Name	Char (60)
Unit/ Flat Number	Char (14)
Street Number	Char (12)
Street Name	Char (60)
Suburb	Char (46)

OTHERDRG.TXT	
Description	Data Type
Establishment Identifier (Agency Code)	Char (6)
<b>Episode ID (Foreign key to EPISODE.TXT)</b>	<b>Integer</b>
Other Drug of Concern/Gambling	Char (4)
Other Drug of Concern – specify	Char (50)
Blank	Char (1)

PREVTRMT.TXT	
Description	Data Type
Establishment Identifier (Agency Code)	Char (6)
<b>Episode ID (Foreign key to EPISODE.TXT)</b>	<b>Integer</b>
Previous Services Received	Char (2)

OTHERSRV.TXT	
Description	Data Type
Establishment Identifier (Agency Code)	Char (6)
<b>Episode ID (Foreign key to EPISODE.TXT)</b>	<b>Integer</b>
Other Services Provided	Char (2)

SRVCCNCT.TXT	
Description	Data Type
Establishment Identifier (Agency Code)	Char (6)
<b>Episode ID (Foreign key to EPISODE.TXT)</b>	<b>Integer</b>
Service Contact Primary Key	Long Integer
Service Contact Dates	Date (ddmmyyyy)
Postcode of Service Contact	Num (4)

PHARMACO.TXT	
Description	Data Type
Establishment Identifier (Agency Code)	Char (6)
<b>Episode ID (Foreign key to EPISODE.TXT)</b>	<b>Integer</b>
Pharmacotherapy Type Primary Key	Integer
Blank	Char (2)

APPENDIX B

# Data Collection Form

**Agency Code:** \_\_\_\_\_

**Agency Location:** \_\_\_\_\_

**Client Code:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_

## DEMOGRAPHIC ITEMS

Sex:		<i>Tick one box only</i>
1	Male	
2	Female	
9	Not stated/inadequately described	
<b>Date of Birth:</b>		<b>Date of birth status:</b>
____ / ____ / ____ d d m m y y y y		<input type="checkbox"/> 1 Estimated <input type="checkbox"/> 2 Not estimated
<b>NOTE:</b> When D.O.B. is estimated, enter 01/01 as day and month and estimate year. If any component of the date of birth is estimated, this is to be indicated using the Date of Birth Status field.		
Is the person of Aboriginal or Torres Strait Islander origin?		
1	Yes, Aboriginal	
2	Yes, Torres Strait Islander	
3	Yes, both Aboriginal and Torres Strait Islander	
4	Neither Aboriginal nor Torres Strait Islander	
9	Not stated	
Country of Birth:		<i>Tick the box if 'Australia', or complete code for all others</i>
<input type="checkbox"/> 1101 Australia		
or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Preferred Language:		<i>Tick the box if 'English' or complete code for all others</i>
<input type="checkbox"/> 1201 English		
or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Date of Commencement of Service Episode:		
____ / ____ / ____ d d m m y y y y		<b>NOTE:</b> Date of Commencement of Service Episode is the date of assessment, <b>not</b> of intake or triage.
Postcode of Residence at Commencement of Service Episode:		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>NOTE:</b> Postcode of Residence at Date of Commencement of Service Episode is the postcode of the client's usual place of residence at the time of assessment/on commencement of treatment.

Service Delivery Setting:		<i>Tick one box only</i>
1	Community/ outpatient	
3	Home	
5	Correctional	
A	Inpatient	
B	Residential	
Principal Source of Income:		<i>Tick one box only</i>
01	Full-time employment	
02	Part-time employment	
03	Temporary benefit (e.g. unemployment)	
04	Pension (e.g. aged, disability)	
05	Student allowance	
06	Dependent on others	
07	Retirement fund	
08	No income	
98	Other	
99	Not stated/not known/inadequately described	
Living Arrangement:		<i>Tick one box only</i>
01	Alone	
02	Spouse/ partner	
03	Single parent with child(ren)	
04	Spouse/partner and child(ren)	
05	Parent(s)	
06	Other relative(s)	
07	Friend(s)	
08	Friend(s)/parent(s)/relative(s) and child(ren)	
98	Other	
99	Not stated/not known/ inadequately described	
Usual Accommodation:		<i>Tick one box only</i>
01	Rented house or flat (public or private)	
02	Privately owned house or flat	
03	Boarding house	
04	Hostel/supported accommodation service	
05	Psychiatric home/hospital	
06	Alcohol/other drug treatment residence	
07	Shelter/refuge	
08	Prison/detention centre	
09	Caravan on a serviced site	
10	No usual residence/homeless	
98	Other	
99	Not known	



## DRUG USE ITEMS

Client Type:		<i>Tick one box only</i>
1	Own drug use	
2	Other's drug use	
Injecting Drug Use:		<i>Tick one box only</i>
0	Not collected (for secondary clients only)	
1	Last injected within the previous three months	
2	Last injected more than 3 months ago but less than 12 months ago	
3	Last injected 12 months ago or more	
4	Never injected	
9	Not stated/ inadequately described	
Principal Drug of Concern/Gambling:		<i>Tick one box only</i>
0000	Inadequately described	
0001	Not stated	
0003	No drug of concern	
0005	Pharmaceutical Opioid, nfd	
0006	Psychostimulant, nfd	
0009	Gambling	
1202	Heroin	
1305	Methadone	
2101	Alcohol	
2400	Benzodiazepines, nfd	
3100	Amphetamines, nfd	
3405	MDMA/Ecstasy	
3901	Caffeine	
3903	Cocaine	
3906	Nicotine	
7100	Cannabinoids and related drugs, nfd	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other – Specify ASCDC four digit code	
<b>GUIDE TO CODING:</b> If a client indicates a specific drug of concern (eg. pethidine, LSD, etc) indicate the four digit code in 'other – specify'.		
Method of Use for Principal Drug of Concern:		<i>Tick one box only</i>
0	Not collected (for secondary clients only)	
1	Ingest	
2	Smoke	
3	Inject	
4	Sniff (powder)	
5	Inhale (vapour)	
8	Other	
9	Not stated/inadequately described	

Other Drugs of Concern/Gambling:		<i>Tick the box for '0003' if there are no Other Drugs of Concern/Gambling, otherwise use one row per drug. Do not include Principal Drug of Concern/Gambling.</i>
Drug Code	Drug Name	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
0001 <input type="checkbox"/>	Not stated (secondary clients only)	
(Tick if applicable)		
0009 <input type="checkbox"/>	Gambling	
(Tick if applicable)		
0003 <input type="checkbox"/>	No other drugs of concern	
(Tick if applicable)		
<b>GUIDE TO CODING:</b> Use codes provided in the <i>Principal Drug of Concern/Gambling</i> table, which is a subset of the ASCDC four-digit code listing.		

## SERVICE PROVISION ITEMS

Source of Referral to Service:		<i>Tick one box only</i>
01	Self	
02	Family member/friend	
03	General practitioner	
04	Medical officer/specialist	
05	Psychiatric hospital	
06	Other hospital	
07	Residential community mental health unit	
08	Residential D&A treatment agency	
09	Other residential community care unit	
10	Education institution	
11	Non-residential community mental health centre	
12	Non-residential D&A treatment agency	
13	Non-residential community health centre	
14	Other non-health service agency	
15	Police diversion	
16	Court diversion	
17	Other criminal justice setting	
18	Workplace (EAP)	
19	Family and child protection service	
20	Needle and syringe program	
21	Medically supervised injecting centre	
98	Other	
99	Not stated/ inadequately described	

<b>Main Service Provided:</b>		<i>Tick one box only</i>
10	Counselling	
20	Withdrawal management (detoxification)	
30	Rehabilitation activities	
40	Maintenance pharmacotherapy (Opioid)	
48	Maintenance pharmacotherapy (Non-opioid)	
50	Consultation Activities	
60	Support and case management only	
70	Involuntary D&A Treatment (IDAT)	
91	Assessment only	
92	Information and education only	
98	Other	
<b>Previous Services Received:</b>		
00	Not collected (for secondary clients only)	
80	Previous Drug and Alcohol treatment has been received from a Public or NGO Drug and Alcohol Service	
99	No previous service received	
<b>Other Services Provided:</b>		<i>More than one box may be ticked. If no Other Service has been received, code to '99'. Do not include the Main Service Provided.</i>
10	Counselling	
20	Withdrawal management (detoxification)	
30	Rehabilitation activities	
40	Maintenance pharmacotherapy (Opioid)	
48	Maintenance pharmacotherapy (Non-opioid)	
50	Consultation Activities	
98	Other	

## COMPLETE AT CESSATION OF SERVICE EPISODE

### Date of Cessation of Service Episode:

— — / — — / — — — —  
 d d m m y y y y

A client is identified as ceasing treatment if:

1. their need for treatment has ended; or
2. their principal treatment needs (corresponding to the Main Service Provided) have changed; or
3. they have had no contact with the service for a period of 1 month and no further contact has been arranged.
4. their Principal Drug of Concern/Gambling has changed; or
5. the episode has been terminated for other reasons at the discretion of the client and/or service provider.

### Reason for Cessation of Service Episode:

*Tick one box only*

01	Service completed
02	Transferred/referred to another service
03	Left without notice
04	Left against advice
05	Left involuntary (non-compliance)
06	Moved out of area
07	Sanctioned by drug court/court diversion program
08	Imprisoned
09	Released from prison
10	Died
98	Other
99	Not stated/inadequately described

### Referral to Another Service:

*Tick one box only. If no referral was made, code to '97'.*

03	General practitioner
04	Medical officer/specialist
05	Psychiatric hospital
06	Other hospital
07	Residential community mental health unit
08	Residential D&A treatment agency
09	Other residential community care unit
10	Education institution
11	Non-residential community mental health centre
12	Non-residential D&A treatment agency
13	Non-residential community health centre
14	Other non-health service agency
18	Workplace (EAP)
19	Family and child protection service
97	No Referral
98	Other
99	Not stated/inadequately described



## APPENDIX C

## Australian Standard Classification of Drugs of Concern

Code	Drug Name	Code	Drug Name
	<b>ANALGESICS</b>		<b>SEDATIVES AND HYPNOTICS – Benzodiazepines (2400)</b>
0005	Pharmaceutical Opioid, nfd	2401	Alprazolam
	<b>ANALGESICS - Organic Opiate Analgesics (1100)</b>	2402	Clonazepam
1101	Codeine	2403	Diazepam
1102	Morphine	2404	Flunitrazepam
1199	Organic Opiate Analgesics, nec	2405	Lorazepam
	<b>ANALGESICS – Semisynthetic Opioid Analgesics (1200)</b>	2406	Nitrazepam
1201	Buprenorphine	2407	Oxazepam
1202	Heroin	2408	Temazepam
1203	Oxycodone	2499	Benzodiazepines, nec
1299	Semisynthetic Opioid Analgesics, nec		<b>SEDATIVES AND HYPNOTICS – GHB Type Drugs and Analogues (2500)</b>
	<b>ANALGESICS – Synthetic Opioid Analgesics (1300)</b>	2501	Gamma-hydroxybutyrate
1301	Fentanyl	2502	Gamma-butyrolactone
1302	Fentanyl analogues	2503	1,4-butanediol
1303	Levomethadyl acetate hydrochloride	2599	GHB Type Drugs and Analogues, nec
1304	Meperidine analogues		<b>SEDATIVES AND HYPNOTICS – Other Sedatives and Hypnotics (2900)</b>
1305	Methadone	2901	Chlormethiazole
1306	Pethidine	2902	Kava lactones
1307	Tramadol	2903	Zopiclone
1399	Synthetic Opioid Analgesics, nec	2904	Doxylamine
	<b>ANALGESICS –Non Opioid Analgesics (1400)</b>	2905	Promethazine
1401	Acetylsalicylic acid	2906	Zolpidem
1402	Paracetamol	2999	Other Sedatives and Hypnotics, nec
1403	Ibuprofen		<b>STIMULANTS AND HALLUCINOGENS</b>
1499	Non Opioid Analgesics, nec	0006	Psychostimulant, nfd
	<b>SEDATIVES AND HYPNOTICS – Alcohols (2100)</b>		<b>STIMULANTS AND HALLUCINOGENS – Amphetamines (3100)</b>
2101	Ethanol	3101	Amphetamine
2102	Methanol	3102	Dexamphetamine
2199	Alcohols, nec	3103	Methamphetamine
	<b>SEDATIVES AND HYPNOTICS – Anaesthetics (2200)</b>	3104	Amphetamine analogues
2202	Ketamine	3199	Amphetamines, nec
2203	Nitrous oxide		<b>STIMULANTS AND HALLUCINOGENS – Ephedra Alkaloids (3300)</b>
2204	Phencyclidine	3301	Ephedrine
2205	Propofol	3302	Norephedrine
2299	Anaesthetics, nec	3303	Pseudoephedrine
	<b>SEDATIVES AND HYPNOTICS – Barbiturates (2300)</b>	3399	Ephedra Alkaloids, nec
2301	Amylobarbitone		<b>STIMULANTS AND HALLUCINOGENS – Phenethylamines (3400)</b>
2302	Methylphenobarbitone	3401	DOB
2303	Phenobarbitone	3402	DOM
2399	Barbiturates, nec	3403	MDA
		3404	MDEA

Code	Drug Name	Code	Drug Name
3405	MDMA	4111	Stanozolol
3406	Mescaline	4112	Testosterone
3407	PMA	4199	Anabolic Androgenic Steroids, nec
3408	TMA		<b>ANABOLIC AGENTS AND SELECTED HORMONES – Beta<sub>2</sub> Agonists (4200)</b>
3411	DOI	4201	Eformoterol
3412	PMMA	4202	Fenoterol
3413	2C-B	4203	Salbutamol
3414	Phenethylamine analogues	4299	Beta <sub>2</sub> Agonists, nec
3499	Phenethylamines, nec		<b>ANABOLIC AGENTS AND SELECTED HORMONES - Peptide Hormones, Mimetics and Analogues (4300)</b>
	<b>STIMULANTS AND HALLUCINOGENS – Tryptamines (3500)</b>	4301	Chorionic gonadotrophin
3501	Atropinic alkaloids	4302	Corticotrophin
3502	Diethyltryptamine	4303	Erythropoietin
3503	Dimethyltryptamine	4304	Growth hormone
3504	Lysergic acid diethylamide	4305	Insulin
3505	Psilocybin or Psilocin	4399	Peptide Hormones, Mimetics and Analogues, nec
3506	Tryptamine analogues		<b>ANABOLIC AGENTS AND SELECTED HORMONES – Other Anabolic Agents and Selected Hormones (4900)</b>
3599	Tryptamines, nec	4901	Sulfonylurea hypoglycaemic agents
	<b>STIMULANTS AND HALLUCINOGENS – Volatile Nitrates (3600)</b>	4902	Tamoxifen
3601	Amyl nitrate	4903	Thyroxine
3602	Butyl nitrate	4999	Other Anabolic Agents and Selected Hormones, nec
3699	Volatile Nitrates, nec		<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS – Monoamine Oxidase Inhibitors (5100)</b>
	<b>STIMULANTS AND HALLUCINOGENS – Cathinones (3700)</b>	5101	Moclobemide
3701	Cathinone	5102	Phenelzine
3702	Methcathinone	5103	Tranylcypromine
3703	Cathinone analogues	5199	Monoamine Oxidase Inhibitors, nec
3799	Cathinones, nec		<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS – Phenothiazines (5200)</b>
	<b>STIMULANTS AND HALLUCINOGENS – Piperazines (3800)</b>	5201	Chlorpromazine
3801	1-Benzylpiperazine	5202	Fluphenazine
3802	1-(3-Trifluoromethylphenyl)-piperazine	5203	Pericyazine
3803	1-(3-Chlorophenyl)-piperazine	5204	Thioridazine
3804	Phenylpiperazine analogues	5205	Trifluoperazin
3899	Piperazines, nec	5299	Phenothiazines, nec
	<b>STIMULANTS AND HALLUCINOGENS – Other Stimulants and Hallucinogens (3900)</b>		<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS – Serotonin Reuptake Inhibitors (5300)</b>
3901	Caffeine	5301	Citalopram
3903	Cocaine	5302	Fluoxetine
3905	Methylphenidate	5303	Paroxetine
3906	Nicotine	5304	Sertraline
3999	Other Stimulants and Hallucinogens, nec	5399	Serotonin Reuptake Inhibitors, nec
	<b>ANABOLIC AGENTS AND SELECTED HORMONES – Anabolic Androgenic Steroids (4100)</b>		<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS – Thioxanthenes (5400)</b>
4101	Boldenone	5401	Flupenthixol
4102	Dehydroepiandrosterone	5402	Thiothixene
4103	Fluoxymesterone	5499	Thioxanthenes, nec
4104	Mesterolone		
4105	Methandriol		
4106	Methenolone		
4107	Nandrolone		
4108	Oxandrolone		

Code	Drug Name	Code	Drug Name
	<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS – Tricyclic Antidepressants (5500)</b>		<b>VOLATILE SOLVENTS – Halogenated Hydrocarbons (6300)</b>
5501	Amitriptyline	6301	Bromochlorodifluoromethane
5502	Clomipramine	6302	Chloroform
5503	Dothiepin	6303	Tetrachloroethylene
5504	Doxepin	6304	Trichloroethane
5505	Nortriptyline	6305	Trichloroethylene
5599	Tricyclic Antidepressants, nec	6399	Halogenated Hydrocarbons, nec
	<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS – Atypical Antipsychotics (5600)</b>		<b>VOLATILE SOLVENTS – Other Volatile Solvents (6900)</b>
5601	Amisulpride	6901	Acetone
5602	Aripiprazole	6902	Ethyl acetate
5603	Clozapine	6999	Other Volatile Solvents, nec
5604	Olanzapine		<b>CANNABINOIDS AND RELATED DRUGS –Cannabinoids and Related Drugs (7100)</b>
5605	Quetiapine	7101	Cannabinoids
5606	Risperidone	7102	Cannabinoid agonists
5607	Ziprasidone	7199	Cannabinoids and Related Drugs, nec
5699	Atypical Antipsychotics, nec		<b>MISCELLANEOUS DRUGS OF CONCERN – Diuretics (9100)</b>
	<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS – Other Antidepressants and Antipsychotics (5900)</b>	9101	Antikaliuretics
5901	Butyrophenones	9102	Loop diuretics
5902	Lithium	9103	Thiazides
5903	Mianserin	9199	Diuretics, nec
5999	Other Antidepressants and Antipsychotics, nec		<b>MISCELLANEOUS DRUGS OF CONCERN – Opioid Antagonists (9200)</b>
	<b>VOLATILE SOLVENTS – Aliphatic Hydrocarbons (6100)</b>	9201	Naloxone
6101	Butane	9202	Naltrexone
6102	Petroleum	9299	Opioid Antagonists, nec
6103	Propane		<b>MISCELLANEOUS DRUGS OF CONCERN – Laxatives (9300)</b>
6199	Aliphatic Hydrocarbons, nec	9301	Laxatives
	<b>VOLATILE SOLVENTS – Aromatic Hydrocarbons (6200)</b>		<b>MISCELLANEOUS DRUGS OF CONCERN – Other Drugs of Concern (9900)</b>
6201	Toluene	9999	Other Drugs of Concern
6202	Xylene		
6299	Aromatic Hydrocarbons, nec	0000	<b>INADEQUATELY DESCRIBED (for Principal Drug of Concern only)</b>
		0001	<b>NOT STATED</b>
		0003	<b>NO DRUG OF CONCERN</b>
		0009	<b>GAMBLING</b>

## Family Name Guide for Use

Family name should be recorded in the format required for identification purposes, and should generally be that printed on the Medicare card, driver's licence or passport, rather than a preferred name, to ensure consistent collection of name data. It is also more likely to be the Legal name and used in contacts with funding bodies such as health funds.

Some people use more than one Family name (e.g. formal/legal name, birth name, married/maiden name, tribal name) depending on the circumstances. A Name Type should be recorded for every name.

Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits.

### Registering an unidentified person

If the Family name of the client is unable to be established, the default is entered as "Unknown" with an Alias Name Type. A fictitious Family name should not be created.

Follow-up to determine the identity of the person should occur as soon as practicable. If the person's name becomes known at a later stage, record it as the Legal name and leave "Unknown" as an Alias Name Type.

### Persons with only one name

If the person has only one name, enter that name in the Family name field. Refer to the Given name data element for guidance on completing the Given name in this instance.

### Maiden or previous name as an alias

If a person changes their name following marriage or returns to their maiden name, the previous name should be recorded as an Alias if different to their current Family name, to ensure past records can be linked.

### Registering unnamed newborn babies

When registering a newborn baby, use the mother's Family name as the baby's Family name. Record unnamed babies under the Newborn Name Type.

If the newborn's Family name is later notified or changed during the birth admission, the Family name should not be updated on the information system until discharge, to ensure correct linking of information recorded during the birth admission, e.g. pathology. Once the Family name is updated, the birth Family name should be retained as an alias.

If a person is found to be registered as their Newborn name during a subsequent attendance or re-presentation, the name should be updated to reflect their current name, with the Newborn name retained as an Alias.

Stillborn babies, where registered, should be named as for other newborn babies. A deceased flag should be used to indicate the baby is deceased.

## **Baby for adoption**

The word "Adoption" should not be used as the Family name or Alias for a newborn baby. A newborn baby that is up for adoption should be registered in the same way as other newborn babies are registered. If a baby born in the hospital is subsequently adopted, and re-presents for treatment after adoption, the child is registered under their adopted (current) name, and the record should not be linked to the birth record.

Any old references to "Adoption" in client databases (for names) should be changed as babies for adoption should not be able to be identified from a client registration system. Any such references to "Adoption" should be changed to the naming convention as for other newborn babies, i.e. the Family name is the birth mother's Family name. This is to ensure that the birth record can be tracked (with appropriate authority) under the provisions of the Adoption Act 2000. Further information can be obtained from the NSW Adoption and Permanent Care Services in the Department of Community Services.

[www.community.nsw.gov.au/adoptions/index.htm](http://www.community.nsw.gov.au/adoptions/index.htm)

## **Anonymous persons**

It is not recommended that clients remain anonymous in an information system. If, despite counselling, a person continues to wish their true identity be unknown, record the Family name as follows:

If the person wishes to remain truly anonymous with no identifier provided, record the Family name as "Unknown" with an Alias Name Type.

If the person chooses to provide a pseudonym (fictitious or partial name) in lieu of their full or actual name, record this as the Family name with an Alias Name Type.

## **Identity restricted**

If the person wishes or requires that their identity be protected for personal privacy, follow local policy as to how the name is recorded and the identity is restricted.

## **If the family name needs to be shortened**

If the length of the Family name exceeds the length of the field and needs to be shortened, truncate the Family name from the right (i.e. drop the final letters). Where both source and interfaced system(s) functionality permit, the last character should be a hash (#) to identify that the name has been truncated.

## **Punctuated names**

If special characters form part of the name they should be included. Do not leave a space before or after an apostrophe or a hyphen. e.g. "Ann-Maree".

## **Hyphenated family names**

The full hyphenated name should be recorded as the Family name. Hyphenated names should be entered with the hyphen and no spaces before or after the hyphen. In addition, record each of the hyphenated names as an Alias. Sometimes persons with hyphenated Family names use only one of the two hyphenated names, so recording each of the hyphenated names as Aliases facilitates searching.

## **Multiple words in family name**

Where a person has multiple words in their Family name, record them all. Separate the names with a space, e.g. El Haddad, Van Der Linden.

## **Prefixed**

Where a Family name contains a prefix, such as one to indicate that the client is a widow, this must be recorded in the Family name field. For example, when widowed some Hungarian women add "Ozvegy" (abbreviation is "Ozy") before their married Family name – Mrs Szabo would become Mrs Ozy Szabo. "Ozy Szabo" should therefore become the Preferred Family name.



## **Registering persons from disaster sites**

A pre-allocated disaster client identifier number should be utilised. Record "Disaster" as the Family name until the person is identified. If the person's name becomes known at a later stage, record it as the Family name and record "Disaster" as an Alias.

The use of "Disaster" as the Family name for disaster clients is preferred to "Unknown" as it is helpful to be able to separately identify disaster clients when searching the client database to bring it up-to-date following a disaster.

## **Ethnic names**

Correct coding for ethnic names is provided in the Centrelink publication "Naming Systems of Ethnic Groups" (2000) Commonwealth of Australia, p. 67-8.

## **Misspelled family name**

If the person's Family name has been misspelled in error, update the Family name with the correct spelling and record the misspelled Family name as an Alias name. However, it should not be assumed that the name has been misspelled, as there may be an unusual spelling of the name.

Recording misspelled names is important for filing documents that may be issued with previous versions of the person's name and also to assist in searching in the event the misspelled name is used again.

## **Confirmation of family name**

Confirmation should be sought where it is unclear to the Data Collector which of the provided names is the Family name. It is recommended that the Medicare card, driver's licence or other identifying documentation be sighted, to clarify which name is the Family name.

If two names are provided and the Family name is unable to be clarified, until further information becomes available register the client under the name that is thought to be the Family name with the other name registered as the Given name, and add an Alias name with the names exchanged.

## **Source Documents**

AS4590-1999 Interchange of Client Information; AS5017-2002 Health Care Client Identification; NHDD v12, 2003; Naming Systems of Ethnic Groups, 2000 (Centrelink)

## Statistical Linkage Key 581

### What is the SLK-581?

The SLK-581 is a client identifier that is based on information that is likely to be:

- unique to each client
- relatively stable across a client’s lifetime
- reliably reported by clients across multiple treatment settings.

This means that records with the same SLK-581 value are likely to belong to the same client. By including the SLK-581 in the collection, it will be possible to estimate the number of clients who use AODT services and analyse how clients move between agencies over time. Previously the collection was limited to reporting episode numbers.

### Structure

The structure of the complete SLK-581 element is **XXXXXDDMMYYYYN**.

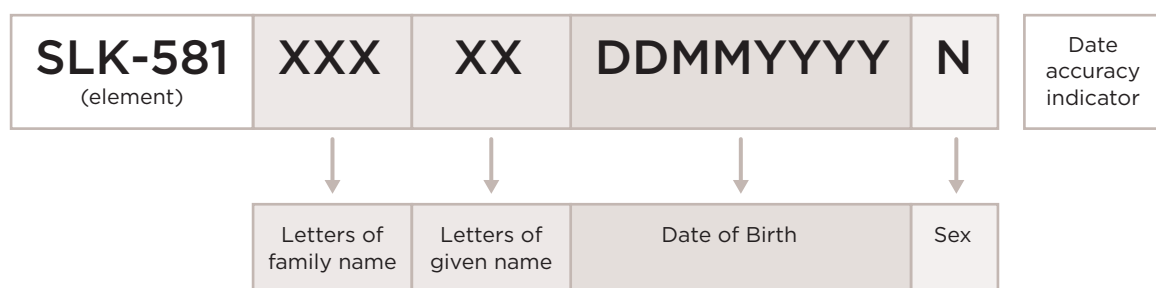
The SLK-581 is made up of four elements:

- *Letters of family name*
- *Letters of given name*
- *Date of birth*
- *Sex*.

Additionally, the SLK-581 is to be submitted with a companion element: *Date accuracy indicator*. Because client number derivation depends on dates of birth matching, the date accuracy indicator specifies if the date of birth has been estimated or is unknown, as this will influence the accuracy of client number derivation.

Figure 1 shows the relationships between the elements that make up the SLK-581.

**Figure 1 The relationship between the elements relating to the SLK-581**



## Component elements

### **[XXX]XXDDMMYYYYN - Letters of the family name**

In the first three characters of the SLK-581, the agency should record the second, third and fifth letters of the client's family name.

For example: If the client's family name is Smith the reported value should be MIH. If the client's family name is Jones the reported value should be ONS.

#### **Cases where the family name has less than five letters:**

Regardless of the length of a person's name, the reported value should always be three characters long. If the family name is not long enough to supply the requested letters (that is a family name of less than five letters), then agencies should substitute the number 2 to reflect the missing letters. The placement of a number 2 should always correspond to the same space that the missing letter would have within the 3-digit string. A number (rather than a letter) is used for such a substitution in order to clearly indicate that an appropriate corresponding letter from the person's name is not available. If a person's family name is Farr, then value reported would be AR2 because the 2 is substituting for a missing fifth letter of the family name. Similarly, if the person's family name as Hua, then the value reported would be UA2 because the 2 is substituting for the missing fifth letter of the family name.

#### **Cases where family name is missing:**

If a client's family name is missing altogether, the agency should record the number 999 in all three fields associated with the family name (not the number 2).

#### **Cases where family name is usually stated first:**

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies should always ask the person to specify their first given name and their family name separately. These 12 should then be recorded as first given name and family name as appropriate, regardless of the order in which the client usually states them.

#### **Cases where the family name contains non-alphabetic characters:**

If the client's family name includes non-alphabetic characters—for example hyphens (as in Lee-Archer), apostrophes (as in O'Mara) or blank spaces (as in De Vries)—these non-alphabetic characters should be ignored when counting the position of each character. For instance, if a person's family name is O'Ram-Wilson, the value reported would be RAW, because the apostrophe and the hyphen would not be counted.

### **XXX[XX]DDMMYYYYN - Letters of given name**

In the fourth and fifth characters of the SLK-581, the agency should record the second and third letters of the client's given name.

For example: If the client's given name is Elizabeth the reported value should be LI. If the client's given name is Robert the reported value should be OB.

#### **Cases where the given name has less than three letters:**

Regardless of the length of a person's given name, the reported value should always be two characters long. If the given name of the person is not long enough to supply the requested letters (i.e. a name of less than three letters), then agencies should substitute the number '2' to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the 2-digit field. A number (rather than a letter) is used for such substitutions in order to clearly indicate that an appropriate corresponding letter from the person's name is not available.

For example, if the person's given name was Jo then the value reported would be O2 because the 2 is substituting for the missing third letter of the given name.

### **Cases where given name is missing:**

If the person's given name is missing altogether, the agency should record 99 for the two fields associated with the given name.

### **Cases where given name is not usually stated first:**

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, agencies should always ask the person to specify their given name and their family name separately. These should then be recorded as given name and family name as appropriate, regardless of the order in which the client usually states them.

### **Cases where the given name contains non-alphabetic characters:**

If the client's given name includes non-alphabetic characters—for example hyphens (as in Jo-Anne) or apostrophes (as in D'Arcy), these non-alphabetic characters should be ignored when counting the position of each character. For example, if a person's given name is Ri- Anna, the reported value would be IA.

### **XXXXX[DDMMYYYY]N – Date of birth**

The sixth through to the thirteenth characters of the SLK-581 represent the person's date of birth:

- DD represents the day in the month a person was born
- MM represents the month in the year a person was born
- YYYY represents the year a person was born.

For example if a client was born on the 8th of February, 1977, their *Date of birth* would read 08021977.

If date of birth is not known or cannot be obtained, attempts should be made to collect or estimate age. Additionally, a date accuracy indicator is to be reported in conjunction with all dates of birth.

### **XXXXXDDMMYYY[N] – Sex**

The fourteenth character in the SLK-581 represents the sex of a person.

In the AODTS-NMDS, acceptable values for sex are:

Code Value  
1 Male  
2 Female  
9 Unknown

Operationally, sex is the distinction between male and female, as reported by a person or as determined by an interviewer. When collecting data on sex by personal interview, asking the sex of the respondent is usually unnecessary and may be inappropriate, or even offensive. It is usually a simple matter to infer the sex of the respondent through observation, or from other cues such as the relationship of the person(s) accompanying the respondent, or first name. The interviewer may ask whether persons not present at the interview are male or female.

A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment. Throughout this process, which may be over a considerable period of time, the person's sex could be recorded as either Male or Female.

### **Code 9 Not stated/inadequately described**

Code 9 is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

## XXX – Date Accuracy Indicator

The date accuracy indicator is a three character code that indicates the extent to which the recorded *Date of birth* is accurate, estimated or unknown. It is the second component of the SLK-581. The current specifications for *Date of birth* lay out steps for dealing with incomplete *Date of birth* records. The *Date accuracy indicator* has many possible combinations depending on whether the day, month or year of birth is estimated or unknown.

Level of accuracy	Date component (for a format DDMMYYYY)		
	(D)ay	(M)onth	(Y)ear
Accurate	A	A	A
Estimated	E	E	E
UnKnown	U	U	U

Common examples of *Date accuracy indicator* codes include:

AAA: If a date has been sourced from a reliable source and is known as accurate then the Date Accuracy indicator should be AAA

Example: Sarah was born on the 1st of October 1983 and Date of Birth is recorded as 01101983.  
Date accuracy indicator = AAA

Source: National Health Data Dictionary 2012 V16

APPENDIX F

## Data mapping NSW MDS DATS and AODTS NMDS

Some of the codes in the NSW MDS DATS differ from those specified for the NMDS AODTS. The codes used in NSW will be mapped to the AODTS NMDS codes prior to submission.

<b>AODTS NMDS Data Item</b>			
<b>Source of referral to alcohol and other drug treatment service</b>			
<b>Code</b>	<b>NSW MDS DATS</b>	<b>Code</b>	<b>AODTS NMDS</b>
01	Self	01	Self
02	Family member/ friend	02	Family member/ friend
03	General practitioner	03	Medical practitioner
04	Medical officer	03	Medical practitioner
05	Psychiatric hospital	05	Mental health care service
06	Other hospital	04	Hospital
07	Residential community mental health care unit	05	Mental health care service
08	Residential alcohol and other drug treatment agency	06	Alcohol and other drug treatment service
09	Other residential community care unit	07	Other community/ health care service
10	Education institution	98	Other
11	Non-residential community mental health care	05	Mental health care service
12	Non-residential alcohol and other drug treatment agency	06	Alcohol and other drug treatment service
13	Non-residential community health centre	07	Other community/ health care service
14	other non-health service agency	98	Other
15	Police diversion	09	Police diversion
16	Court diversion	10	Court diversion
17	Other criminal justice setting	08	Correctional service
18	Workplace (EAP)	98	Other
19	Family and child protection	07	Other community/ health care service
20	Needle and syringe program	07	Other community/ health care service
21	Medically supervised injecting centre	06	Alcohol and other drug treatment service
98	Other	98	Other
99	Not stated/ inadequately described	99	Not stated/ inadequately described

<b>AODTS NMDS Data Item</b>			
<b>Treatment delivery setting for alcohol and other drugs</b>			
<b>Code</b>	<b>NSW MDS DATS</b>	<b>Code</b>	<b>AODTS NMDS</b>
1	Community/ Outpatient	1	Non-residential treatment facility
3	Home	3	Home
5	Correctional	8	Other
A	Inpatient	1	Non-residential treatment facility
B	Residential	2	Residential treatment facility

AODTS NMDS Data Item			
Reason for cessation of treatment episode for alcohol and other drugs			
Code	NSW MDS DATS	Code	AODTS NMDS
01	Service completed	1	Treatment Completed
02	Transferred/ referred to another service	5	Transferred to another service provider
03	Left without notice	7	Ceased to participate without notice
04	Left against advice	6	Ceased to participate against advise
05	Left involuntarily (non-compliance)	8	Ceased to participate involuntary (non-compliance)
06	Moved out of area	Map to Code as 5 unless Referral to another service is 97 - 'no referral' then code as 7	
		5	Transferred to another service provider
		7	Ceased to participate without notice
07	Sanctioned by drug court/ court diversion program	11	Drug court and/ or sanctioned by court diversion service
08	Imprisoned, other than drug court sanction	12	Imprisoned, other than drug court sanctioned
09	Released from prison	98	Other
10	Died	13	Died
98	Other	98	Other
99	Not stated/ inadequately described	99	Not stated

Where client type is coded '2' do not collect (leave blank) for the following 3 items: Method of use for principal drug of concern, Injecting drug use and Principal drug of concern.

AODTS NMDS Data Item			
Method of use for principal drug of concern			
Code	NSW MDS DATS	Code	AODTS NMDS
0	Not collected	Blank	Treatment Completed
1	Ingest	1	Ingests
2	Smoke	2	Smokes
3	Inject	3	Injects
4	Sniff (powder)	4	Sniffs (powder)
5	Inhale (vapour)	5	Inhales (vapour)
8	Other	6	Other
9	Not stated/ inadequately described	9	Not stated

AODTS NMDS Data Item			
Main treatment type for alcohol and other drugs			
Code	NSW MDS DATS	Code	AODTS NMDS
10	Counselling	2	Counselling
20	Withdrawal management (detoxification)	1	Withdrawal management (detoxification)
30	Rehabilitation activities	3	Rehabilitation
40	Maintenance pharmacotherapy (opioid)	4	Pharmacotherapy
48	Maintenance pharmacotherapy (non-opioid)	4	Pharmacotherapy
60	Support and case management only	5	Support and case management only
70	Involuntary D&A Treatment (IDAT)	1	Withdrawal management (detoxification)
91	Assessment only	7	Assessment only
92	Information and education only	6	Information and education only
98	Other	8	Other

AODTS NMDS Data Item			
Other treatment type			
Code	NSW MDS DATS	Code	AODTS NMDS
10	Counselling	2	Counselling
20	Withdrawal management (detoxification)	1	Withdrawal management (detoxification)
30	Rehabilitation activities	3	Rehabilitation
40	Maintenance pharmacotherapy (opioid)	4	Pharmacotherapy
48	Maintenance pharmacotherapy (non-opioid)	4	Pharmacotherapy
98	Other	8	Other
99	No other service provided		Blank

Source:

AODTS NMDS Data Collection Manual 2014-15, Version 1.0

Data Dictionary and Collection Requirements for the NSW Minimum Data Set for Drug and Alcohol Treatment Services, Version 6







