

2002-2003
Data Dictionary and
Collection Guidelines
for the

NSW Minimum Dataset for
Alcohol and Other Drug
Treatment Services

Version 2
July 2002

New South Wales Department of Health

National Drug & Alcohol Research Centre
University of New South Wales

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Abbreviations

ABS	– Australian Bureau of Statistics
AHS	– Area Health Service
AODTS	– Alcohol and Other Drug Treatment Services
AIHW	– Australian Institute of Health and Welfare
CHIME	– Community Health Information Management Enterprise
MATISSE	– Monitoring AOD Treatment Information System for Services Everywhere
MDS	– Minimum Dataset
MOP	– Monitoring and Outcomes Project
NADA	– Network of Alcohol and Other Drugs Agencies
NDARC	– National Drug and Alcohol Research Centre, University of New South Wales
NHDC	– National Health Data Committee
NHDD	– National Health Data Dictionary
NMDS	– National Minimum Dataset
SADC	– Service Access & Data Coordinator

Introduction

These guidelines have been prepared as a reference for those involved in the collection and supplying of the data for the New South Wales Minimum Dataset for Alcohol and Other Drug Treatment Services (NSW MDS AODTS). It should be particularly useful to staff in Area Health Services and alcohol and other drug treatment agencies directly involved in the collection and reporting of the data set.

This publication is intended to:

- provide some history on the collection's development and outline the overall collection process;
- provide information about changes and variations made to the data set from the previous year's collection;
- provide collection guidelines to ensure the best quality data is received;
- provide definitions of all data elements included in the data set; and
- provide an up-to-date reference to ensure that the collection can run in a co-ordinated and timely fashion.

Why do we need this data collection?

This data collection has been developed in order to provide nationally consistent information about the clients and activities of alcohol and other drug treatment services. The collection ultimately aims to contribute standardised state and national data that will be used to inform planning and policy developments designed to reduce drug-related harm.

The NSW MDS AODTS will make it possible to compare and aggregate information statewide and nationally on drug problems, service utilisation and treatment programs for a variety of clients, communities and service settings. It will also provide 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 (e.g. admitted-patient data and national surveys) to inform debate, policy decisions and strategies that occur within the alcohol and other drug treatment sector.

Background

ADCA Forum

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

NDARC – Data Set Development

In 1997, the National Drug and Alcohol Research Centre (NDARC) conducted a feasibility study, which reviewed the existing data collection practices in each state. It found that the categories of data required for a minimum data set were generally collected by agencies, but were recorded and reported in an inconsistent fashion.

NDARC was funded by the Commonwealth Department of Health and Aged Care in 1998 to develop a set of data definitions that could provide the basis for a national collection. The Intergovernmental Committee on Drugs National Minimum Data Set Working Group, a National Advisory Committee, was established with nominated appointees of each State/Territory Health Department to guide the development process, which included extensive consultation with the sector and a pilot study of the proposed data items. A report of the pilot study was produced, which included a revised set of data items that are essentially the same as those that are now collected in New South Wales.

The NSW Drug Summit

The Drug Summit held in NSW in 1999 endorsed the implementation of a minimum data collection, as part of a coordinated strategy to monitor outcomes for drug and alcohol services in New South Wales. The NSW MDS AODTS Data Collection will provide consistent data across the State to guide future planning and assist in improving the quality of drug treatment service provision within NSW.

NSW MDS AODTS Data Collection

The New South Wales Minimum Dataset for Alcohol and Other Drug Treatment (NSW MDS AODTS) Data Collection is the culmination of many developments at a national and state level. Given the costs associated with harmful drug use, the resources required to address these harms, and the rapid development of the treatment sector, the NSW Health Department aims to develop a relevant and timely information system to inform strategies for the sector. It has recognised the established work on the National Minimum Data Set Alcohol and Other Drug Treatment Services (NMDS AODTS) as an appropriate and effective mechanism for achieving this goal.

At the end of 1999, all States and Territories agreed to the national collection of a defined set of treatment data items – comprising the initial NMDS. Data collection for NSW (and the other states and territories) commenced on the first of July 2000. The data items from the first year (2000/2001) of the collection were a *subset* of the items to be collected throughout New South Wales and were collected on a registration basis. The NMDS shifted to a closed episode treatment episode collection from 1 July 2001 and expanded to include the majority of the data items already collected by NSW.

The NSW Health Department 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 data collection, on behalf of the Commonwealth Department of Health and Aged Care. The required Commonwealth data (after it has been cleaned and mapped) will be forwarded to the AIHW annually by the NSW Health Department. It is not necessary for agencies to collect two sets of data for State and Commonwealth requirements. The one data set meets both needs.

Scope

The NSW MDS AODTS consists of 32 separate items to be collected at the beginning, during and upon cessation of the treatment episode. Data is submitted monthly. Since 1 July 2001, the National MDS AODTS is a subset of 28 items contained within the NSW data set. The data collection is an ongoing monthly data collection, which is managed on a financial year basis from 1 July to 30 June. All agencies, clients and activities covered by the data collection (see below) are required to submit a complete data set for every treatment episode *completed* within the data submission period.

It is critical that service providers are aware which of their component services are included in data collection. Agencies may provide treatment activities that fall both inside and outside the intended scope of the data set. In these situations, only the information recorded for clients accessing a treatment activity that falls within the intended scope should be forwarded for inclusion in the MDS. Furthermore, some agencies providing treatment services or other forms of assistance to people with alcohol and/or other drug problems are not included within the scope of the MDS collection. The following information describes what's included and what's excluded from the MDS collection.

Which Agencies?

Included

- All publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist treatment services to people with alcohol and/or other drug problems. This may include Aboriginal or Mental Health Services if they also provide specialist alcohol and other drug treatment. It also includes generalist agencies with dedicated drug and alcohol treatment staff, in particular community health services.
- In the 2002-2003 financial year, a pilot will be underway implementing the NSW MDS AODTS in public methadone clinics and the prison sector.

Excluded

- Acute care and psychiatric hospitals, or alcohol and drug treatment centres that report to the Admitted Patient Care NMDS (also known as the inpatient statistics collection) and do not provide treatment to non-admitted patients.

- Agencies that provide primarily accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters'.
- Agencies that provide services primarily concerned with a preventative or educational emphasis such as needle and syringe exchanges (with the exception of diversion initiatives).

Which clients?

Included

- All clients assessed and accepted for one or more types of treatment from an alcohol and other drug treatment service. This includes people who seek advice or information only.

Excluded

- Admitted patients in acute care or psychiatric hospitals, irrespective of whether a consultation is provided by specialist alcohol and other drug treatment staff.
- Clients treated in excluded agencies previously noted.

Information required about patients in hospitals 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 NSW Health.

Which Activities?

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

Included

- All closed treatment episodes for the types of treatment specified in the data element 'Main treatment type' (except Inpatient Consultation) that have been completed within the financial year.

Excluded

- Any methadone dosage and/or prescription received by a client;
- All treatment episodes that are still open.
- Activities performed in excluded agencies previously noted.

Future development

As previously mentioned, the NSW MDS AODTS will be piloted in public methadone clinics and the prison sector in 2002-2003. A regular review and evaluation process will be put in place to recommend further extensions of the data collection.

Roles and Responsibilities

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

IGCD NMDS Working Group

Representatives from the NSW MOP Committee sit on the Intergovernmental Committee on Drugs National Minimum Dataset Working Group. This committee is responsible for the development, implementation and monitoring of the National Minimum Dataset for alcohol and other drug treatment services. Members include representatives from each Australian jurisdiction, the AIHW, the ABS, NDARC, and the Commonwealth's National Drug Strategy Unit. The National Health Information Management Group (NHIMG) and the National Health Data Committee (NHDC) must pass any modifications to the data collection recommended by the IGCD NMDS Working Group.

NSW MOP Committee

The NSW Monitoring and Outcomes Project (MOP) Committee is responsible for providing advice on the development, implementation and monitoring of the NSW MDS AODTS. It is composed of expert advisers from NSW Health Department, the National Drug and Alcohol Research Centre, Area Health Services, Network of Alcohol and Other Drug Agencies, non-government organisations and Drug and Alcohol agencies.

NSW Health – Drug Programs Bureau

It is the responsibility of the NSW Health Drug Programs Bureau to establish and co-ordinate the collection of data from their alcohol and other drug treatment service providers. Some of its key responsibilities are to:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate.
- develop 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.
- produce quarterly quality and frequency reports for the state and each Area Health Service.
- establish a process of data checking and validation at the State level and where possible assist and advise on data quality checks at the agency level.
- produce and keep up-to-date this data dictionary and collection guidelines document.
- Liaise, provide feedback and reports to Area Health Services on data issues.
- clean and forward the NSW data to the Commonwealth annually.

Area Health Services – Data Coordinators

In order to support the data set collection, each Area Health Service has been funded to employ a person to act as the collection data coordinator. This position is responsible (within its AHS, for both the public and non-government sectors) for:

- implementation and ongoing management of the collection
- providing training where necessary on all aspects of the data collection process
- ensuring all agencies within the scope of the collection are collecting it
- managing queries and problems
- collation, cleaning and validation of data
- submitting the data to NSW Health on a monthly basis

The contact details for data coordinators may be obtained from the appropriate Area Health Service Drug and Alcohol Departments. Any queries regarding the data collection should be directed to the relevant data coordinator.

Network of Alcohol and Other Drug Agencies (NADA)

In order to support the data set collection, the Network of Alcohol and Other Drug Agencies (NADA) will assist 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 will liaise with NGO's, NSW Health and the AHS Data Coordinators.

Drug and Alcohol agencies

Drug and alcohol agencies have the responsibility of ensuring that required information is correctly recorded, and should inform their Area Health Service Data Coordinator if they are having difficulty in collecting the information. Service providers also have a responsibility for maintaining the confidentiality of their clients.

All agencies must submit their collected data to the nominated Data Coordinator in their Area Health Service. No data is to be directly submitted by agencies to NSW Health. If the Data Coordinator identifies a data quality issue that needs to be addressed, agencies are required to investigate and attempt to fix the data.

Collection Guidelines

The data set consists of a broad range of items describing administrative, social, demographic, drug related and treatment related information. The data set has been developed in conjunction with treatment providers to ensure that data items are useful not only on a Commonwealth or state level but also to individual agencies needing consistent and accurately defined information with which to inform service development and planning.

General Issues

- No data item is to be left blank. Where a data item is not relevant, tick or code the appropriate response eg 'No other treatment types', 'No other drugs of concern'.
- All items should be based on client's response not clinicians guesses or assumptions. This is particularly important for collection of the 'Aboriginal and Torres Strait Islander Origin' data item.
- It is likely that agencies may have to develop their own 'business rules' relating to the collection. Where this is done, the key requirement is consistency across all data collected within the agency.
- The data set collected pertains largely to *clinical* information and should therefore be completed by a clinician of the agency and not a member of administrative or support staff.

Treatment Episodes

The unit of measurement for the NSW MDS AODTS Data Collection is a '*treatment episode*'. A treatment episode is defined as '*a period of contact, with a defined date of commencement and cessation between a patient/client and a provider or team of providers that occurs in one setting and in which there is no major change in the main treatment type or principal drug of concern, and there has not been a non-planned absence of contact for greater than 3 months.*'

There are three primary triggers for opening a new treatment episode with an existing client. They are when there is a change in any of the following:

- The main treatment type changes (e.g., from detox to rehab)
- The principal drug of concern changes (e.g., from heroin to cocaine)
- The treatment delivery setting changes (e.g., from inpatient to outpatient)

In any of these circumstances, a new treatment episode must be opened. Depending on the treatment episode, the current treatment episode may either be closed or left open. Therefore, it is possible for the client to have multiple treatment episodes open at the same time. A client may therefore have a number of concurrently open treatment episodes – each of which requires data collection and reporting. For example, a client who begins regular counselling sessions while undergoing ambulatory detoxification is considered to be participating in two concurrent treatment episodes and would require the completion of the data set for each of the two episodes.

One exception to opening a new treatment episode occurs when a treatment episode for main treatment of 'assessment only' is provided followed on the same day with opening of another treatment episode of a main treatment type, such as detox. In this case, only one treatment episode should be opened with the main treatment coded to detox, not assessment only. It is only appropriate to code a treatment episode as 'assessment only' when they only receive an assessment and no further treatment is being provided on that day. If a client has been assessed for a rehab bed but the bed is not available for another week then it is appropriate to open the 'assessment only' treatment episode. It then should be followed up with the rehab treatment episode when the client commences that form of treatment.

Collection agencies must ensure that treatment episodes do not remain open indefinitely. A treatment episode may be closed at the discretion of the agency, however any episode that contains no client contact for a period of three months and in which there are no plans in place for contact, is to be closed. In these circumstances, the date of cessation should be listed as the date the client was last seen. It is imperative that agencies take due diligence in the auditing of their files to ensure that outstanding episodes are closed and reported.

Referral

Where a client is referred to another service being provided by the same treatment agency, this is to be treated in the same manner as a referral to an external treatment agency. This includes the appropriate coding of the 'Reason for Cessation of Treatment' item and the 'Referral to Another Service' item.

Client Identifier

NSW Health is seeking to implement a Unique Patient Identifier at a state level. Until this implementation occurs, agencies are required to submit a patient identifier unique at an Area Health Service 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 Area Health Service Data Coordinator for advice on local business rules.

The client identifier must be a minimum of four characters or digits and a maximum of twelve characters or digits. Agencies may choose to use the existing Medical Record Number system or Patient Identifier Code system, or may choose to initiate a new numbering system. It is important that this code cannot be used to identify a client in any way. For example, the use of a Medicare Number or a code based on the client's name is unacceptable.

Through the inclusion of a client code in the data set there exists the possibility of client identification through the use of this in combination with other data domains. Collection agencies and authorities should be aware of the potential for misuse of the data. All aspects relating to collection, collation, use and reporting of the data are subject to the NSW Health Information and Privacy Code of Practice, second edition. Copies of the Code of Practice are available from the Better Health Centre on (02) 9816 0452 or fax (02) 9816 0492. It is also available on the NSW Health website: (<http://www.health.nsw.gov.au/iasd/hi/privacy/policies.html>).

Secondary Clients

The term 'secondary clients' refers to clients that contact a service in relation to another persons drug use (where client type is equal to 'others drug use'). This may include relatives, friends, employers etc. Data relating to secondary clients is within the scope of the minimum dataset and must be reported to NSW Health. All data items are to be collected for secondary clients except the following five drug-related items due to their unreliability and inappropriateness:

- Principal Drug of Concern
- Other Drugs of Concern
- Method of Use for Principal Drug of Concern
- Injecting Drug Use
- Previous Treatment

Agencies may collect this information locally but should not submit it to NSW Health. The reason this data is not to be collected is because they would refer to the person that the secondary client is concerned about, not himself or herself. All responses for data items should refer to the actual client making contact with the service. Due to this difference in collection methodology, any analysis of the data set must be separated on the basis of client type.

Multiple response items

Most data items require a single response only. There are a small number of data items that may contain multiple responses. These are:

- Other drugs of concern
- Previous treatment
- Other treatment types
- Service contact dates

It is recommended that clinicians try to limit these data items (excluding Service Contact Dates) to five or less responses. This will help minimise the likelihood of clients indicating they've had 'all' treatments or are concerned about 'all' drugs. Also, the Commonwealth has only requested the first five of the multiple response items so it is preferable for the clinician to decide on the five most important drugs of concern or other treatment types. If a clinician wishes to list more than five responses, they can submit them but they should be aware that only the first five will be sent to the Commonwealth.

Please note that 'Other treatment types' should not contain the code specified in 'Main Treatment Type', similarly there should be no duplication of the 'Principal Drug of Concern' within the 'Other Drugs of Concern' item. Likewise, there should be no duplication within a multiple response item (eg, listing 'alcohol' as the first and second 'Other drug of concern').

Data Collection Tools

In order to facilitate the collection of the data set, NSW Health has provided both paper forms (See Appendix 2) and a Microsoft Access database (called MATISSE) to assist agencies in the entry and maintenance of the data collection. A user manual specific to this software is available from NSW Health and Area Health Service Access & Data Coordinators (SADCs).

The MATISSE (Monitoring AOD Treatment Information System for Services Everywhere) database allows for the automatic generation of monthly reports in the appropriate format for submission. Data may be entered directly in to the database or transferred from the paper form, depending upon the agency and clinician's preference. These files are then provided monthly to the relevant Area Health Service SADC for that jurisdiction, who will check and clean them and then forward them on to NSW Health.

Please note that MATISSE has been developed as an interim reporting tool. Agencies and Area Health Services are encouraged to implement the Community Health Information Management Enterprise (CHIME) to collect the minimum dataset. Other data collection tools can also be developed or used to meet agency or area 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:

- the data input must align with specifications from these data dictionary and collection guidelines
- the data output must be formatted as per the protocol documented in Appendix 1

A copy of the paper form for the collection of the data set is included in Appendix 2. The basic form is comprised of four pages, but a number of additional service contact pages may be required when there is insufficient space on the form to record all service contact dates. All data items included in the header must be completed for each page. Forms should be completed in fine tipped ballpoint pen. The use of pencils, felt tipped or fountain pens is not recommended.

Data Collection Times

Table 1: Data collection times for each data item

Commencement of Treatment	Cessation of Treatment
Administrative data items: Establishment Identifier (Agency Code) State Identifier (State Code) Establishment Sector (Agency Sector) Region Code Establishment Number (Agency Number) Agency Location Person Identifier (Client Code)	Date of Cessation of Treatment Episode Reason for Cessation of Treatment Episode Referral to Another Service
Client and episode data items: Date of Birth Date of Birth Status Sex Aboriginal and Torres Strait Islander Origin Country of Birth Preferred Language Principal Source of Income Living Arrangement Usual Accommodation Client Type Principal Drug of Concern Other Drugs of Concern Method of Use for Principal Drug of Concern Injecting Drug Use Treatment Delivery Setting Date of Commencement of Treatment Source of Referral to Treatment Previous Treatment Main Treatment Type	
During Treatment	
Service Contact Dates, Other Treatment Types	

It is recommended that the 'Service Contact Dates' and 'Other Treatment Types' data items be recorded on an ongoing basis. Some treatment providers may wish to keep the service contact date form on the front of client files to allow simple and quick recording of service contact dates as they occur. Items marked for collection at commencement of treatment should be completed on the day of initial assessment. Items marked for collection at the cessation of the episode should be completed within **THREE DAYS** of the actual date of cessation.

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 that the NSW Health is supplied with a good quality statewide data set, it is essential that Area Health Services clean (edit) the data they receive from service providers before they transfer the data. The quality of the data will also be enhanced if service providers check the quality of their data before sending it to the Area Health Service. The AHS Data Coordinator is responsible for all data checking, validation, follow-up and fixing of data generated from within their region. All data received by NSW Health will be reviewed to detect obvious omissions or errors. If an error is found, the AHS Data Coordinator will be contacted for clarification.

There are two forms of data quality checks which should be applied to the data set before it is submitted to NSW Health. These include:

1. **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 1-4 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. If they cannot fix it, it should be set to missing. Refer to the Data Dictionary on subsequent pages for the valid range of codes.

There are a number of data items which must be filled in order for the client record to be accepted as valid. These are: establishment identifier, client identifier, date of commencement, date of cessation, principal drug of concern, main treatment type and treatment delivery setting. If any of these data items are missing then the client record will not be accepted.

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

Validity checks are performed first, so that logic checks can be performed on valid data. Please note that the MATISSE database for the NSW MDS AODTS will perform all of the required validity and logic checks outlined below.

Table 2: Data quality - logic checks

1	Date of Birth must be equal to or prior to Date of Commencement of Treatment Episode and not be greater than today.
2	Date of Commencement of Treatment Episode must be equal to or prior to the Date of Cessation of Treatment Episode and not be greater than today.
3	When Injecting Drug Use = 4 (never injected), Method of Use for Principal Drug of Concern cannot = 3 (Injects).
4	Other Drugs of Concern cannot be duplicated or equal to Principal Drug of Concern.
5	Other Treatment Type cannot be duplicated or equal to Main Treatment Type.
6	The method of use for principal drug of concern must be concordant with the principal drug of concern (eg, if principal drug of concern is alcohol, the method of use should equal 'ingests')
7	The preferred language should be reasonably concordant with the country of birth (eg, if the country of birth is not equal to Australia, it would not be logical for the preferred language to equal an Australian indigenous language).
8	Service contact dates should be between the dates of commencement and cessation.

Some general checks that should be conducted:

- **Missing agencies:** AHS should ensure that all agencies within scope of the collection have sent data for the entire collection period.
- **Missing data:** AHS should investigate missing data to ensure that agencies are reporting all MDS data items. Where possible, a reasonable attempt should be made to resolve missing data issues.
- **Incorrect codes:** AHS should ensure that agencies are using the correct codes for all data items.
- **Incorrect dates:** Dates reported by agencies should be checked to ensure that they are not sending incorrect dates (eg. dates in the future) or incorrect date formats (eg, mmddyyyy).
- **Duplicate records:** AHS should check for duplicate treatment episodes (eg. two episodes for the same client on the same day where the main treatment for one is 'assessment only' and the other is something else like detox is a duplicate record) being submitted by agencies. When records are identified as possible duplicates, the agency should be consulted to ensure that treatment episodes have not been mistakenly submitted on more than one occasion.
- **Reporting period:** The cessation dates of treatment episodes should be checked to ensure that only treatment episodes that closed within the valid reporting period (1 July 2002 to 30 June 2003) are included in the 2002-2003 collection.
- **Data inclusion:** AHS should ensure that data not within scope of the MDS is excluded from the collated data set sent to NSW Health (e.g. where the main treatment type is inpatient consultations).

If the Drug Programs Bureau identifies an error in the data, it will request the Data Coordinator in the associated Area Health Service to fix it at an agency level.

Data Submission

All agencies, both government and non-government, must submit their collected data to the Data Coordinator (SADC) in their Area Health Service. No data is to be directly submitted by agencies to NSW Health. SADC's must submit their AHS data in the approved electronic format to Drug Programs Bureau no later than the 21st day of the month following that of collection. See Appendix 1 for more details on the submission of data and the file format.

Reporting and Ownership

Area collection authorities, agencies and NADA are reminded that the Chief Executive Officer of the relevant Area Health Service is the Data Custodian for all data held at Area level including that provided by Non-Government Organisations. The data custodian for the statewide data collection is the Deputy Director General, Chief Health Officer for NSW Health Department. The data custodian is responsible for approval of any release of the unit record file or publications relating to the data.

At an Area level, data obtained from agencies within the AHS can be used as the AHS sees fit internally within the AHS so long as client privacy considerations are assured. If data is to be used to identify individual agencies or NGO's, it is recommended that consultation and permission is granted from the agency or NGO before any publication of the data.

Area Health Service 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 repercussions or 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 Area level needs to be done with due consideration and consultation with the relevant agencies. The following points identify some areas of particular concern:

- The release of agency information beyond the agency;
- The release of comparative data between agencies without consultation with the agencies concerned;
- The release of comparative data between Government and Non-Government treatment service providers;
- The release of information based on a small number of cases. It is advised that no results be reported with a cell size of less than 6.

Where any doubt exists as to the appropriate use of data, refer to the Information Privacy Code of Practice 1998 and the Ethical Management of Health Information Discussion Paper 1999. Both these items are available from NSW Health Web or the Better Health Centre (phone: (02) 9816 0452 fax: (02) 9816 0492).

NSW Health will produce 4 quarterly data quality and data frequency reports for each AHS and for NSW as a whole. These reports will be made available to Area Health Service Data Coordinators and agency staff.

It is expected that Area Health Service Data Coordinators will play a key role in the analysis and reporting of data at an Area level. As a minimum, the following reports would be recommended at quarterly intervals:

- A report on the quality of the data and descriptive analysis on each data item per agency, for distribution to that agency only.
- Descriptive analysis on each data item at an Area Health Service Level for all distribution to AHS D&A Managers and to all agencies within the Area Health Service.

Privacy and Confidentiality

Whenever data are collected or disseminated, in regard to individuals, service provider organisations, or funding departments, the issues of privacy and confidentiality must be considered.

No individual service provider or individual client will be identified/or identifiable in the NSW Health annual report on the AODTS–MDS collection. For example, no identifiers for persons or establishments will be reported and no data when there are less than 5 in a cell will be reported for client confidentiality reasons.

Where any doubt exists as to the appropriate use of data, refer to the Information Privacy Code of Practice 1998 and the NSW Health Privacy Management Plan 2000. Both these items are available on the NSW Health Website (<http://www.health.nsw.gov.au/iasd/hi/privacy/policies.html>) or the Better Health Centre (phone: (02) 9816 0452 fax: (02) 9816 0492).

What's new from 1 July 2002?

List of Data Elements

Table 3: The NSW MDS AODTS, showing revisions to data elements from 1 July 2002.

Data element	New	Domain Modified	Definition Modified	Page No.
Aboriginal and Torres Strait Islander Origin			3	42
Agency location				34
Client type		3		56
Cessation of treatment episode (concept)			3	95
Commencement of treatment episode (concept)			3	92
Country of birth				44
Date of birth		3	3	38
Date of birth status	3			40
Date of cessation of treatment episode		3	3	83
Date of commencement of treatment episode		3	3	68
Establishment identifier (Agency code)				28
Establishment number (Agency number)				33
Establishment sector (Agency sector)				31
Injecting drug use		3	3	62
Living arrangement		3		51
Main treatment type		3		75
Method of use for principal drug of concern		3	3	61
Number of service contacts	3			81
Other drugs of concern		3	3	59
Other treatment types		3	3	78
Person identifier (Client code)		3		36
Preferred language				47
Previous treatment		3	3	72
Principal drug of concern		3	3	57
Principal source of income			3	49
Reason for cessation of treatment episode		3		84
Referral to another service		3		86
Region code				32
Service contact (concept)			3	94
Service contact date		3	3	80
Sex				41
Source of referral to treatment		3		69
State identifier (State code)				30
Treatment delivery setting		3	3	66
Treatment episode (concept)			3	90
Usual accommodation		3	3	53

New Data Elements

Date of birth status

Changes made for 2002-2003:

This is a new data element from July 2002. A flag to indicate whether the date of birth of the person is an estimate. It is required for assessing the quality of the date of birth field for demographic analyses.

The following are valid codes:

- Code 1: Estimated
- Code 2: Not estimated

Number of service contacts

Changes made for 2002-2003:

This is a new data element from July 2002. It will be derived from NSW Health by adding up all the service contact dates within a completed non-residential treatment episode. As service contact dates are not collected for residential clients, the number of service contacts will be set to missing in a residential setting. Agencies and AHS do not need to collect or derive this item. It has been included in the data dictionary because it is a nationally required item so agencies are aware that it will be calculated for each treatment episode.

Modified Data Elements from 1 July 2002

Date format change

Changes made for 2002-2003:

The format for all date fields should be submitted as DDMMYYYY without any slashes. This applies to the following date variables:

- Date of birth
- Date of commencement of treatment episode
- Date of cessation of treatment episode
- Service contact dates

Multiple response items

Changes made for 2002-2003:

It is recommended that clinicians try to limit the number of responses for the following multiple response items to five or less. This will help minimise the likelihood of clients indicating they've had 'all' treatments or are concerned about 'all' drugs. Also, the Commonwealth has only requested the first five of the multiple response items so it is preferable for the clinician to decide on the five most important drugs of concern or other treatment types. If a clinician wishes to list more than five responses, they can submit them but they should be aware that only the first five will be sent to the Commonwealth.

This applies to the following variables:

- Other treatment type
- Other drug of concern
- Previous treatment

Secondary clients

Changes made for 2002-2003:

Definition: For secondary clients who are presenting with issues about someone else's drug use (code 2 Other's drug use), the following data items do not need to be collected:

- principal drug of concern
- other drug of concern
- injecting drug use
- method of use for principal drug of concern
- previous treatment

Data Domain: A code of '0', '00' or '0000' for not collected has been added to these items for this client type. Please refer to the data items for further information.

Administrative data elements

Person Identifier (Client code)

Changes made for 2002-2003:

Data Domain: The field size for Person Identifier has been changed to a minimum and maximum range of 4 to 12.

Social and demographic data elements

Date of Birth

Changes made for 2002-2003:

Data Domain: The format for Date of Birth has been changed to DDMMYYYY without any slashes.

Definition: If the day or month of birth is not known, code them '01' (eg. 01011954). If the year is not known, an attempt should be made to estimate it from the age of the client. If that is not possible, use '01011900' where the day, month and year are not known and are not estimated. This should be used sparingly since efforts should be made to derive date of birth from collecting the person's age in years. In all cases where any part of the date of birth has been estimated, the date of birth status should be used accordingly.

Aboriginal and Torres Strait Islander Origin

Changes made for 2002-2003:

Data Domain: The descriptions of codes 1, 2, 3, and 4 have changed slightly. See below for details.

Definition: The name and definition of this data item has been changed as required by NSW Health Circular 2000/38.

Version 1 - July 2000-June 2002			Version 2 - July 2002	
1	Indigenous – Aboriginal but not Torres Strait Islander origin	→	1	Aboriginal but not Torres Strait Islander origin
2	Indigenous – Torres Strait Islander but not Aboriginal origin	→	2	Torres Strait Islander but not Aboriginal origin
3	Indigenous – Aboriginal and Torres Strait Islander origin	→	3	Aboriginal and Torres Strait Islander origin
4	Non-indigenous – Neither Aboriginal nor Torres Strait Islander origin	→	4	Neither Aboriginal nor Torres Strait Islander origin

Principal source of income

Changes made for 2002-2003:

Definition: The definitions of 01 Full-time employment and 02 Part-time employment have been clarified to include whether a client is employed on a permanent or casual basis. The definition of code 04 Pension has changed to include Veterans Affairs payments.

Living Arrangement

Changes made for 2002-2003:

Data Domain: The code for Other and Not known has changed from '09' and '10' to '98' and '99' respectively. See below for details.

Version 1 - July 2000-June 2002			Version 2 - July 2002	
09	Other	→	98	Other
10	Not known/not stated/ inadequately described	→	99	Not known/not stated/ inadequately described

Drug use data elements

Client Type

<u>Changes made for 2002-2003:</u>		
Data Domain: The code '09' for not stated has been deleted. See below for details.		
Version 1 - July 2000-June 2002		Version 2 - July 2002
4 Not stated/ inadequately described	→	--- Deleted in Version 2 ---

Principal Drug of Concern

<u>Changes made for 2002-2003:</u>		
Data Domain: The code set has changed to the four digit ABS standards from the ASCDC. Nine codes have been short-listed (see below) and the rest should be coded to 'Other – please specify' and will be coded up the ABS four digit codes by NSW Health. See below for details.		
Definition: For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), no principal drug of concern needs to be collected, rather the field should default to code 0000 Not collected.		
Version 1 - July 2000-June 2002		Version 2 - July 2002
--- New in Version 2 ---	→	0000 Not collected
010 Alcohol	→	2101 Alcohol
051 Amphetamines	→	3100 Amphetamines (broad category)
041 Benzodiazepines	→	2400 Benzodiazepines (broad category)
080 Caffeine	→	3901 Caffeine
030 Cannabis	→	3201 Cannabis
052 Cocaine	→	3903 Cocaine
053 Other amphetamine-related	→	3405 Ecstasy
021 Heroin	→	1202 Heroin
022 Methadone (prescribed)	→	1305 Methadone
023 Methadone (non-prescribed)		
070 Nicotine	→	3906 Nicotine
990 Inadequately described	→	0001 Inadequately described
024 Opiates (organic derivatives)	→	Other substance (specify the ASCDC four-digit code)
060 Hallucinogens		
090 Anabolic androgenic steroids		
100 Anaesthetics		
111 Volatile inhalants		
112 Volatile solvents		
960 Polydrug use		
970 Other (specify)		

Other Drugs of Concern

Changes made for 2002-2003:

Data Domain: The code set for has changed to the four digit ABS standards from the ASCDC. Nine codes have been short-listed and the rest should be coded to 'Other – please specify' and will be coded up the ABS four digit codes by NSW Health. A code '0000' has been added for 'Not collected'.

Definition: For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), no other drug of concern needs to be collected, rather the field should default to code 0000 Not collected.

It is recommended that clinicians try to limit the number of responses for Other drugs of concern to five or less. This will help minimise the likelihood of clients indicating they are concerned about 'all' drugs. Also, the Commonwealth is only interested in five responses so it will enable clinicians to indicate which are the five most important drugs of concern for the client.

Version 1 - July 2000-June 2002		Version 2 - July 2002
--- New in Version 2 ---	→	0000 Not collected
010 Alcohol	→	2101 Alcohol
051 Amphetamines	→	3100 Amphetamines (broad category)
041 Benzodiazepines	→	2400 Benzodiazepines (broad category)
080 Caffeine	→	3901 Caffeine
030 Cannabis	→	3201 Cannabis
052 Cocaine	→	3903 Cocaine
053 Other amphetamine-related	→	3405 Ecstasy
021 Heroin	→	1202 Heroin
022 Methadone (prescribed)	→	1305 Methadone
023 Methadone (non-prescribed)		
070 Nicotine	→	3906 Nicotine
024 Opiates (organic derivatives)	→	Other substance (specify the ASCDC four-digit code)
060 Hallucinogens		
090 Anabolic androgenic steroids		
100 Anaesthetics		
111 Volatile inhalants		
112 Volatile solvents		
960 Polydrug use		
970 Other (specify)		
980 No other drugs of concern	→	0003 No other drugs of concern

Method of use for principal drug of concern

Changes made for 2002-2003:

Data Domain: The code '0' for not collected has been added. See below for details.

Definition: For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), no method of use for principal drug of concern needs to be collected, rather the field should default to code 0 Not collected.

The definition for code 2 has been updated to specify that smoking includes bongs; the definition for code 4 has been updated to clarify that sniffing refers to snorting of powder; the definition of code 5 has been updated to clarify that inhaling includes chasing and chroming of volatile substances.

Version 1 - July 2000-June 2002		Version 2 - July 2002
--- New in Version 2 ---	→	0 Not collected

Injecting Drug Use

Changes made for 2002-2003:

Data Domain: The code '0' for not collected has been added. The description of code '3' has been amended to include precisely having injecting a year ago. See below for details.

Definition: For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), the injecting drug use data item does not need to be collected, rather the field should default to code 0 Not collected.

Version 1 - July 2000-June 2002		Version 2 - July 2002
---		0 Not collected
3 Last injected more than 12 months ago	→	3 Last injected 12 months ago or more

Treatment data elements

Treatment Delivery Setting

Changes made for 2002-2003:

Data Domain: The description of codes 1, 2, 4 and 5 have changed from 'service' to 'setting'. Therapeutic community has changed from code '3' to code '6' and 'other' has changed from code '9' to code '8'. A new code '3' has been added for 'home'. See below for details.

Definition: The new code '3' for 'home' refers to the client's own home or usual place of residence as the main treatment delivery setting.

Version 1 - July 2000-June 2002		Version 2 - July 2002
1 Non-residential/outpatient service/ community	→	1 Non-residential/outpatient/ community setting
2 Residential/inpatient service	→	2 Residential/inpatient setting
---		3 Home
4 Outreach service	→	4 Outreach setting
5 Intervention programs in prison	→	5 Correctional setting
3 Therapeutic community	→	6 Therapeutic community
9 Other	→	8 Other

Date of Commencement of Treatment Episode

Changes made for 2002-2003:

Data Domain: The format for Date of Commencement of Treatment Episode has been changed to DDMMYYYY without any slashes.

Definition: The first date of the treatment episode is the first service contact when assessment and/or treatment occurs. In residential programs, the treatment 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 treatment episode as 'Assessment only'.

Source of referral to treatment

Changes made for 2002-2003:

Data Domain: Most of the codes used for this data item have been changed to match the NMDS codes, including the addition of a few new codes. See below for details.

Version 1 - July 2000-June 2002		Version 2 - July 2002
96 Self	→	01 Self
97 Family member/friend	→	02 Family member/friend
01 General practitioner	→	03 General practitioner
02 Medical officer/specialist	→	04 Medical officer/specialist
05 Psychiatric Hospital		05 Psychiatric Hospital
06 Other Hospital		06 Other Hospital
--- New in Version 2 ---	→	07 Residential community mental health care unit
03 Alcohol and other drug treatment agency – residential	→	08 Residential alcohol and other drug treatment agency
--- New in Version 2 ---	→	09 Other residential community care unit
11 Education institution	→	10 Education institution
09 Community mental health centre - non-residential	→	11 Non-residential community mental health centre
04 Alcohol and other drug treatment agency - non-residential	→	12 Non-residential alcohol and other drug treatment agency
08 Community health centre - non-residential	→	13 Non-residential community health centre
10 Other community service agency	→	14 Other non-health service agency
12 Police diversion	→	15 Police diversion
13 Court diversion	→	16 Court diversion
14 Other correctional or criminal justice setting	→	17 Other criminal justice setting
15 Workplace	→	18 Workplace (EAP)
07 Family and child protection service	→	19 Family and child protection service
--- New in Version 2 ---	→	20 Needle and syringe program
--- New in Version 2 ---	→	21 Medically supervised injecting centre

Previous Treatment

Changes made for 2002-2003:

Data Domain: The code '00' for not collected and '60' for 'support and case management only' have been added. The description of code '92' has been modified to indicate it is for 'information and education only'. See below for details.

Definition: For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), the previous treatment data item does not need to be collected, rather the field should default to code 00 Not collected.

It is recommended that clinicians try to limit the number of responses for Previous treatment to five or less. This will help minimise the likelihood of clients indicating they have had 'all' previous treatments. Also, the Commonwealth is only interested in five responses so it will enable clinicians to indicate which are the five most important previous treatments for the client.

Version 1 - July 2000-June 2002		Version 2 - July 2002
--- New in Version 2 ---	→	00 Not collected
--- New in Version 2 ---	→	60 Support and case management only
92 Information and Education	→	92 Information and education only

Main Treatment Type

Changes made for 2002-2003:

Data Domain: The code '60' for 'support and case management only' has been added. The description of code '92' has been modified to indicate it is for 'information and education only'. See below for details. The code '51' for 'inpatient consultation' is now to be used for AHS internal use only. It should not be submitted to NSW Health.

Version 1 - July 2000-June 2002		Version 2 - July 2002
51 Inpatient Consultation	→	51 Inpatient Consultation (<i>AHS internal use only</i>)
--- New in Version 2 ---	→	60 Support and case management only
92 Information and Education	→	92 Information and education only

Other Treatment Types

Changes made for 2002-2003:

Data Domain: The code '92' for 'information and education' has been deleted. The description for code 99 has been rewritten to reflect the change in the name of this data item to 'No other Treatment provided'. See below for details.

Definition: It is recommended that clinicians try to limit the number of responses for Other treatment types to five or less. This will help minimise the likelihood of clinicians indicating that they have provided 'all' other treatment types. Also, the Commonwealth is only interested in five responses so it will enable clinicians to indicate which are the five most important other treatments for the client.

Version 1 - July 2000-June 2002		Version 2 - July 2002
92 Information and Education	→	--- Deleted in Version 2 ---
99 No other services provided	→	99 No other treatment provided

Service Contact Date

Changes made for 2002-2003:

Data Domain: The format for Service Contact Date has been changed to DDMMYYYY without any slashes.

Definition: Only service contacts between the client and the treatment provider that the client has seen should be reported. A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts with a carer or family member or another health professional or health worker involved in providing care, where the client has not attended, are not included. Service contact dates are only collected for non-residential activities. Service contact dates are not collected for clients in residential settings. Where more than one service contact with the client occurs on the same day, each contact is to be counted.

Date of Cessation of Treatment Episode

Changes made for 2002-2003:

Data Domain: The format for Date of Cessation of Treatment Episode has been changed to DDMMYYYY without any slashes.

Definition: The date of cessation of treatment episode refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there any plan in place for further contact, the date of last service contact should be used. In residential programs, the treatment episode ceases on the date of discharge.

Reason for Cessation of Treatment Episode

Changes made for 2002-2003:

Data Domain: The descriptions of codes 05 and 11 have been changed. See below for details.

Version 1 - July 2000-June 2002		Version 2 - July 2002
05 Involuntary discharge (non-compliance)	→	05 Left involuntarily (non-compliance)
11 Ceased treatment upon expiration	→	11 Ceased to participate at expiration

Referral to Another Service

Changes made for 2002-2003:

Data Domain: Most of the codes used for this data item have been changed to match the NMDS codes for Source of Referral into Treatment for standardisation. The codes for police, court and criminal justice settings have been deleted. A code has been added for 'not stated' and 'no referral' has been recoded from '99' to '97'. See below for details.

Version 1 - July 2000-June 2002		Version 2 - July 2002
01 General practitioner	→	03 General practitioner
02 Medical officer/specialist	→	04 Medical officer/specialist
05 Psychiatric Hospital		05 Psychiatric Hospital
06 Other Hospital		06 Other Hospital
--- New in Version 2 ---	→	07 Residential community mental health care unit
03 Alcohol and other drug treatment agency – residential	→	08 Residential alcohol and other drug treatment agency
--- New in Version 2 ---	→	09 Other residential community care unit
09 Community mental health centre - non-residential	→	11 Non-residential community mental health centre
04 Alcohol and other drug treatment agency - non-residential	→	12 Non-residential alcohol and other drug treatment agency
08 Community health centre - non-residential	→	13 Non-residential community health centre
10 Other community service agency	→	14 Other non-health service agency
12 Police diversion	→	--- Deleted in Version 2 ---
13 Court diversion	→	--- Deleted in Version 2 ---
14 Other correctional or criminal justice setting	→	--- Deleted in Version 2 ---
11 Education institution	→	10 Education institution
15 Workplace	→	18 Workplace (EAP)
07 Family and child protection service	→	19 Family and child protection service
99 No referral	→	97 No referral
--- New in Version 2 ---	→	99 Not stated/inadequately described

Supporting data element concepts

Treatment Episode (concept)

Changes made for 2002-2003:

Definition: A treatment episode must only consist of one 'Main Treatment Type' and only one 'Principal Drug of Concern' in one 'Treatment Delivery Setting'. The triggers for opening a new treatment episode are if there is a change in the:

- Main Treatment Type
- Principal Drug of Concern
- Treatment Delivery Setting

Consequently, more than one episode of different types may be in progress for a client at the same time, and it is possible for each of these episodes to have different dates of commencement and cessation. Please note that this is not a change in the treatment episode concept but is included here for reinforcement.

Commencement of Treatment Episode (concept)

Changes made for 2002-2003:

Definition: A client is identified as commencing a treatment episode if one or more of the following conditions apply:

- They are a new client
- They are a client recommencing treatment after they have had no contact with the treatment provider for a period of up to three months;
- Their 'Principal Drug of Concern' has changed;
- Their 'Main Treatment Type' has changed; or
- Their 'Treatment Delivery Setting' has changed.

The first date of the treatment episode is the first service contact when assessment and/or treatment occurs. Commencement of a treatment episode would not normally include client intake (undertaken prior to a (full clinical) assessment), telephone or triage assessment.

In residential programs, the treatment 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 treatment episode as 'Assessment only'. Please note that this is not a change in the commencement of treatment episode concept but is included here for reinforcement.

Service Contact (concept)

Changes made for 2002-2003:

Definition: Only service contacts between the client and the treatment provider should be reported. A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts with a carer or family member, or another health professional or a health worker involved in providing care, are not included. Service contacts are only collected for non-residential activities. Service contacts are not collected for clients in residential settings. Please note that this is not a change in the service contact concept but is included here for reinforcement.

Cessation of treatment episode (concept)

Changes made for 2002-2003:

Definition: A client is identified as ceasing a treatment episode if one or more of the following apply:

- Their treatment plan is completed
- Their need for treatment has ended
- They have had no contact with the treatment provider for a period of three months, nor is there a plan for further contact
- Their 'Principal Drug of Concern' has changed
- Their 'Main Treatment Type' has changed
- Their 'Treatment Delivery Setting' has changed
- Their treatment has ceased for other reasons (eg, imprisoned, ceased treatment against advice, transferred to another service provider, died)

The cessation of a treatment episode refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there any plan in place for further contact, the treatment episode should be closed. In residential programs, the treatment episode ceases on the date of discharge. Please note that this is not a change in the service contact concept but is included here for reinforcement.

Data Dictionary User Guide

Purpose of the data dictionary

The NSW MDS AODTS Data Dictionary is a compilation of all data items that are required for collection within New South Wales. This also includes the items that are required for the National Minimum Data Set.

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 items and coding schemes provided in this data dictionary comprise a minimum set of data, which meets the reporting requirements for treatment agencies reporting to the New South Wales Health Department and the Commonwealth Department of Health and Aging.

Agencies may collect data that is additional to the items specified in this dictionary. Agencies may also use a more detailed coding scheme than that which is specified for any data item, as long as the requirements of that item are met.

If you are in doubt about the proper usage of any data items, please contact the Service Access Coordinator for your Area Health Service or the Service Access Data Coordinator in the NSW Health Department. These coordinators are also available to attend to any other questions regarding data collection.

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 item, and includes the actual 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 item, which presents 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 item 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 item, and whether the item is part of the required National Minimum Data Set (NMDS). All NMDS items are included in the Data Dictionary and are part of the NSW collection.

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.

Section One:

Administrative data elements

1.1 Establishment identifier (Agency code)

Defining Characteristics

Data element type:	COMPOSITE ELEMENT
Definition:	Identifier (code) for the agency in which the treatment episode occurred. Each separately administered agency is to have a unique identifier at the national level.
Context:	To identify agency level information.

Representation

Data type:	Alphanumeric	Representational form:	CODE
Field size:	Min 6 Max 6	Representational layout:	NNANNN
Data domain:	Comprised of: N State identifier (State code) N Establishment Sector (Agency sector) A Region code NNN Establishment number (Agency number)		

Guidelines and collection rules

Guide for use:	The NSW Health Department will allocate this code to agencies. If the data is supplied on computer media, this item is required for each record submitted. If information is supplied manually, this item should be provided on each form submitted.
Collection methods:	'Agency code' is a synonym for 'establishment identifier', and may be used in preference as a field label on paper or electronic forms.
Related data:	Is composed of 'State identifier', 'Establishment Sector (Agency sector)', 'Region code', and 'Establishment number'.
Comments:	An agency is considered to be separately administered if managed as an independent institution for which there are financial, budgetary and activity statistics. If these statistics are in an aggregate format at an area or inter-agency level, this is not grounds for treating multiple agencies as a single entity unless no separate statistics are available from any level of the area health system.

Administrative information

Version: 1 Effective Date: 1/7/2000

Note: From July 2002, the NMDS AODTS has changed the length of this data item to 9. This derives from an increased size in the Establishment number (from 3 to 5) and Region Code (from 1 to 2). NSW will map to NMDS standards.

Source document: National Health Data Dictionary

Source organisation: National Health Data Committee

Current national item? Yes

1.2 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

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

Guidelines and collection rules

Guide for use:	The NSW Health Department 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 may be used in preference 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)
Source organisation:	National Health Data Committee
Current national item?	Yes

1.3 Establishment sector (Agency sector)

Defining Characteristics

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

Representation

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

Guidelines and collection rules

Guide for use:	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 level of 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 item 'establishment sector'. It has been modified in consultation with alcohol and other drug treatment stakeholders to reflect the needs service providers and the actual structure of service provision.

Administrative information

Version: 1	Effective Date: 1/7/2000
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

1.4 Region code

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	An identifier (code) for the location of treatment agencies within an area.
Context:	To identify regional level information.

Representation

Data type:	Alpha	Representational form:	CODE
Field size:	Min 1 Max 1	Representational layout:	A
Data domain:	Areas correspond to NSW Health Area Health Services:		
	A	Central Sydney	
	B	Central Coast	
	C	Hunter	
	D	Illawarra	
	E	Northern Sydney	
	F	South Eastern Sydney	
	G	South Western Sydney	
	H	Wentworth	
	I	Western Sydney	
	J	Far West	
	K	Greater Murray	
	L	Macquarie	
	M	Mid North Coast	
	N	Mid Western	
	O	New England	
	P	Northern Rivers	
	Q	Southern	

Guidelines and collection rules

Guide for use:	The NSW Department of Health will allocate this code to agencies.
Related data:	Composite part of 'establishment identifier (agency code)'.

Administrative information

Version: 1	Effective Date: 1/7/2000
	Note: From July 2002, the NMDS AODTS has changed the length of this data item to 2. NSW will map to NMDS standards.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

1.5 Establishment number (Agency number)

Defining Characteristics

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

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 3 Max 3	Representational layout:	NNN
Data domain:	Data domain to be generated by the NSW Department of Health.		

Guidelines and collection rules

Guide for use:	The NSW Department of Health will allocate this code to agencies.
Collection methods:	'Agency number' is a synonym for 'establishment number', and may be used in preference as a field label on paper and electronic forms.
Related data:	Composite part of 'establishment identifier (agency code)'.

Administrative information

Version: 1	Effective Date: 1/7/2000
	Note: From July 2002, the NMDS AODTS has changed the length of this data item to 5. NSW will map to NMDS standards.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

1.6 Agency location

Defining Characteristics

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

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 5 Max 5	Representational layout:	NNNNN
Data domain:	The agency location 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

Guide for use:	<p>The NSW Health Department will allocate the code for each agency.</p> <p>The Australian Standard Geographical Classification (ASGC) is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.</p> <p>The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to a Statistical Local Area. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC.</p> <p>For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign a Statistical Local Area (SLA). However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.</p> <p>In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment are used with the Streets Sub-index of the NLI to assign the SLA.</p>
Related data:	Related to the data item 'Establishment Identifier (Agency code)'.
Comments:	The geographical location does not provide direct information on the geographical catchment area or catchment population of the agency.

Administrative information

Version: 1 Effective Date: 1/7/2000

Source document: Australian Standard Geographical Classification (ABS cat. No. 1216.0)

Source organisation: National Health Data Committee

Current national item? Yes

1.7 Person identifier (Client code)

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	Person identifier unique within establishment or agency.
Context:	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 item would be available beyond collection authority level (NSW Health).

Representation

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

Guidelines and collection rules

Guide for use:	This code will be assigned individually by agencies.
Collection methods:	Agencies may report any identifier unique at agency/establishment level. The identifier may be any alphanumeric representation with a minimum of four characters and a maximum of twelve characters in length.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the minimum field size has increased from 3 to 4 and the maximum field size has increased from 7 to 12.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

Section two:

Social and demographic data elements

2.1 Date of birth

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The date of birth of the person.
Context:	Required for deriving age to conduct demographic analyses and analysis by age at a point of time.

Representation

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

If the exact date of birth is not known, provision should be made to collect as much of the date of birth as possible, and the other components of the date of birth should be derived from this and the date of birth status indicated accordingly.

Guidelines and collection rules

Guide for use:	<p>The date of birth should be represented as DDMMYYYY without any slashes. The day and month should be zero-filled (ie, February is '02' not '2') and the year should be a 4-digit year.</p> <p>For estimated or approximate dates of birth do <u>not</u> use 'XX' for DD, MM or YY. Instead, use '01' if the day or month is not known (eg. 01011954); and use '01011900' where the day, month and year are not known and are not estimated. This last case should be used sparingly since efforts should be made to derive date of birth from collecting the person's age in years.</p> <p>In all cases where any part of the date of birth has been estimated, use the date of birth status to identify cases where the date of birth is estimated.</p>
Verification rules:	Must be a valid date of birth, be less than or equal to the date of commencement into treatment, and be consistent with diagnosis and procedure codes.
Collection methods:	In cases where any components of the date of birth are not known or where an estimate is arrived at from age, a valid date should be used together with a flag to indicate that this is an estimate.
Related data:	Date of birth status

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the format for the date of birth should be submitted without any slashes. If the month or day is unknown, it should be listed as '01' not 'XX'. If any part of the date of birth is estimated, the new data item 'Date of Birth Status' should be set accordingly.
Source document:	National Health Data Dictionary
Source organisation:	National Health Data Committee
Current national item?	Yes

2.2 Date of birth status

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	An indication of whether any component of the date of birth of the person was estimated.
Context:	Required for assessing the quality of the age variable for demographic analyses.

Representation

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

Guidelines and collection rules

Guide for use:	This data element should be reported in conjunction with the date of birth. Code 1: This code is to be used to indicate if any component of the date of birth has been estimated. Code 2: This code is to be used if the date of birth has not been estimated.
Related data:	Date of birth

Administrative information

Version: 1	Effective Date: 1/7/2002
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	No

2.3 Sex

Defining Characteristics

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

Representation

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

Guidelines and collection rules

Guide for use:	See comments below.
Collection methods:	It is suggested that the following format be used for data collection: What is your (the person's) sex? __Male __Female
Comments:	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 item 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.

Administrative information

Version: 1	Effective Date: 1/7/2000
	Note: This data item differs from that collected by the NMDS AODTS, which also collects code 3 'indeterminate'.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

2.4 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 peoples in Australia, the size of the Aboriginal and Torres Strait 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:	<p>Staff should be clear that this item is a patient's self-assessment of Aboriginal or Torres Strait Islander origin or descent and should be asked of everyone.</p> <p>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.</p> <p>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.</p> <p>It is not acceptable to guess a person's indigenous origin by their appearance or name.</p>
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Collection methods: The standard question for this data item 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; or
- Where the question could not be asked prior to discharge because the Patient was unable to communicate (eg, patient unconscious) or a person who knows the patient was not available.

When someone is not present, the person answering for him or her should be in a position to do so, ie this person must know the person about whom the question is being asked and feel confident to provide accurate information about them. However, it is strongly recommended that this question be asked directly whenever possible. In circumstances where it is impossible to ask the person directly, 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.

For further information, refer to the NSW Health Circular 2000/38 'Principles for recording Aboriginal and Torres Strait Islander Origin information of patients and clients'.

Administrative information

Version: 2

Effective Date: 1/7/2002

Summary of Changes:

The name of this data item has changed from 'Indigenous Status' to 'Aboriginal and Torres Strait Islander Origin'. The definition has been updated based on the guidelines in the NSW Health Circular 2000/38. The data domain for codes 1-4 has dropped mention of whether a person is 'indigenous' or 'non-indigenous'.

Source document:

NSW Health Circular 2000/38

Source organisation:

NSW Health Department

Current national item?

Yes

2.5 Country of birth

Defining Characteristics

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

Context: Country of birth is important in the study of access to services by different population sub-groups. Country of birth is the most easily collected and consistently reported of possible data items. It may be used with other data items 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		
0002	Not elsewhere classified		
0003	Not stated		
Alphabetical listing:			
1601	Adelie Land (France)	3202	Bosnia and Herzegovina
7201	Afghanistan	9202	Botswana
3201	Albania	8203	Brazil
4101	Algeria	1604	British Antarctic Territory
3101	Andorra	5201	Brunei Darussalam
9201	Angola	3203	Bulgaria
8401	Anguilla	9102	Burkina Faso
8402	Antigua and Barbuda	5101	Burma (Myanmar)
8201	Argentina	9203	Burundi
1602	Argentinian Antarctic Territory	5102	Cambodia
7202	Armenia	9103	Cameroon
8403	Aruba	8102	Canada
1101	Australia	9104	Cape Verde
1603	Australian Antarctic Territory	8406	Cayman Islands
1199	Australian External Territories, NEC	9105	Central African Republic
2301	Austria	9106	Chad
7203	Azerbaijan	2101	Channel Islands
8404	Bahamas	8204	Chile
4201	Bahrain	1605	Chilean Antarctic Territory
7101	Bangladesh	6101	China (excludes SARs and Taiwan Province)
8405	Barbados	8205	Colombia
3301	Belarus	9204	Comoros
2302	Belgium	9107	Congo
8301	Belize	9108	Congo, Democratic Republic
9101	Benin	1501	Cook Islands
8101	Bermuda	8302	Costa Rica
7102	Bhutan	9111	Cote d'Ivoire
8202	Bolivia	3204	Croatia

8407	Cuba	6203	Korea, Republic of (South)
3205	Cyprus	4207	Kuwait
3302	Czech Republic	7206	Kyrgyz Republic
2401	Denmark	5103	Laos
9205	Djibouti	3305	Latvia
8408	Dominica	4208	Lebanon
8411	Dominican Republic	9211	Lesotho
5206	East Timor	9118	Liberia
8206	Ecuador	4103	Libya
4102	Egypt	2305	Liechtenstein
8303	El Salvador	3306	Lithuania
2102	England	2306	Luxembourg
9112	Equatorial Guinea	6103	Macau (SAR of China)
9206	Eritrea	9212	Madagascar
3303	Estonia	9213	Malawi
9207	Ethiopia	5203	Malaysia
2402	Faeroe Islands	7104	Maldives
8207	Falkland Islands	9121	Mali
1502	Fiji	3105	Malta
2403	Finland	1403	Marshall Islands
3206	Former Yugoslav Republic of Macedonia (FYROM)	8416	Martinique
2303	France	9122	Mauritania
8208	French Guiana	9214	Mauritius
1503	French Polynesia	9215	Mayotte
9113	Gabon	8306	Mexico
9114	Gambia	1404	Micronesia, Federated States of
4202	Gaza Strip and West Bank	3208	Moldova
7204	Georgia	2307	Monaco
2304	Germany	6104	Mongolia
9115	Ghana	8417	Montserrat
3102	Gibraltar	4104	Morocco
3207	Greece	9216	Mozambique
2404	Greenland	9217	Namibia
8412	Grenada	1405	Nauru
8413	Guadeloupe	7105	Nepal
1401	Guam	2308	Netherlands
8304	Guatemala	8418	Netherlands Antilles
9116	Guinea	1301	New Caledonia
9117	Guinea-Bissau	1201	New Zealand
8211	Guyana	8307	Nicaragua
8414	Haiti	9123	Niger
3103	Holy See	9124	Nigeria
8305	Honduras	1504	Niue
6102	Hong Kong (SAR of China)	1102	Norfolk Island
3304	Hungary	4199	North Africa, NEC
2405	Iceland	2104	Northern Ireland
7103	India	1406	Northern Mariana Islands
5202	Indonesia	2406	Norway
4203	Iran	4211	Oman
4204	Iraq	7106	Pakistan
2201	Ireland	1407	Palau
2103	Isle of Man	8308	Panama
4205	Israel	1302	Papua New Guinea
3104	Italy	8212	Paraguay
8415	Jamaica	8213	Peru
6201	Japan	5204	Philippines
4206	Jordan	3307	Poland
7205	Kazakhstan	1599	Polynesia (excl Hawaii),NEC
9208	Kenya	3106	Portugal
1402	Kiribati	8421	Puerto Rico
6202	Korea, Democratic People's Republic of (North)	4212	Qatar

1606	Queen Maud Land (Norway)	2311	Switzerland
9218	Reunion	4214	Syria
3211	Romania	6105	Taiwan
1607	Ross Dependency (New Zealand)	7207	Tajikistan
3308	Russian Federation	9227	Tanzania
9221	Rwanda	5104	Thailand
1505	Samoa	9128	Togo
1506	Samoa, American	1507	Tokelau
3107	San Marino	1508	Tonga
9125	Sao Tome and Principe	8425	Trinidad and Tobago
4213	Saudi Arabia	4106	Tunisia
2105	Scotland	4215	Turkey
9126	Senegal	7208	Turkmenistan
9223	Seychelles	8426	Turks and Caicos Islands
9127	Sierra Leone	1511	Tuvalu
5205	Singapore	9228	Uganda
3311	Slovakia	3312	Ukraine
3212	Slovenia	4216	United Arab Emirates
1303	Solomon Islands	8104	United States of America
9224	Somalia	8215	Uruguay
9225	South Africa	7211	Uzbekistan
8299	South America, NEC	1304	Vanuatu
9299	Southern and East Africa, NEC	8216	Venezuela
3108	Spain	5105	Viet Nam
7107	Sri Lanka	8427	Virgin Islands, British
9222	St Helena	8428	Virgin Islands, United States
8422	St Kitts and Nevis	2106	Wales
8423	St Lucia	1512	Wallis and Futuna
8103	St Pierre and Miquelon	4107	Western Sahara
8424	St Vincent and the Grenadines	4217	Yemen
4105	Sudan	3213	Yugoslavia, Federal Republic of
8214	Suriname	9231	Zambia
9226	Swaziland	9232	Zimbabwe
2407	Sweden		

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 as the units classified to Polynesia in the ASCCSS.

Administrative information

Version: 1 Effective Date: 1/7/2000

Source document: Standards Australian Classification of Countries (SACC) ABS Cat. No. 1269.0 (1998).

While not formally adopted by the National Health Data Committee (NHDC), 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

2.6 Preferred language

Defining Characteristics

Data element type: DATA ELEMENT

Definition: The language (including sign language) most preferred by the person 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 for migrants and other non-English speakers.

Representation

Data type:	Numeric		Representational form:	CODE
Field size:	Min	2	Max	2
			Representational layout:	NN
Data domain:	00	Afrikaans	36	Italian
	01	Albanian	37	Japanese
	02	Alyawarr (Alyawarra)	38	Kannada
	03	Arabic (including Lebanese)	39	Khmer
	04	Armenian	40	Korean
	05	Arremte (Aranda)	41	Kriol
	06	Assyrian (including Aramaic)	42	Kuurinji (Gurindji)
	07	Australian Indigenous languages, n.e.c.	43	Lao
			44	Latvian
	08	Bengali	45	Lithuanian
	09	Bisaya	46	Macedonian
	10	Bosnian	47	Malay
	11	Bulgarian	48	Maltese
	12	Burarra	49	Mandarin
	13	Burmese	50	Mauritian Creole
	14	Cantonese	51	Netherlandic
	15	Cebuano	52	Norwegian
	16	Croatian	53	Persian
	17	Czech	54	Pintupi
	18	Danish	55	Pitjantjatjara
	19	English	56	Polish
	20	Estonian	57	Portuguese
	21	Fijian	58	Punjabi
	22	Finnish	59	Romanian
	23	French	60	Russian
	24	German	61	Samoan
	25	Gilbertese	62	Serbian
	26	Greek	63	Sinhalese
	27	Gujarati	64	Slovak
	28	Hakka	65	Slovene
	29	Hebrew	66	Somali
	30	Hindi	67	Spanish
	31	Hmong	68	Swahili
	32	Hokkien	69	Swedish
	33	Hungarian	70	Tagalog (Filipino)
	34	Indonesian	71	Tamil
	35	Irish	72	Telugu

73	Teochew	83	Warlpiri
74	Thai	84	Welsh
75	Timorese	85	Wik-Mungkan
76	Tiwi	86	Yiddish
77	Tongan	95	Other languages, NFD
78	Turkish	96	Inadequately described
79	Ukrainian	97	Non verbal, so described (including sign languages eg Auslan, Makaton)
80	Urdu		
81	Vietnamese		
82	Walmajarri (Walmadjari)	98	Not stated

Guidelines and collection rules

Guide for use:	The classification used in this data item is a modified version of the 2-digit level Australian Standard Classification of Languages (ABS) classification.
Code 07:	Australian Indigenous Languages, Not Elsewhere Classified – all Australian Indigenous languages not shown separately on the code list.
Code 96:	Inadequately described – should be used where some information, but insufficient, is provided.
Code 97:	Non-verbal – all non-verbal means of communication, including sign languages.
Code 98:	Not stated – is to be used when no information is provided.

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.
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Comments:	The Australian Bureau of Statistics has developed a detailed four-digit language classification of 193 language units, which was used in the 1996 Census. 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 available from ABS. The classification used in this data item is a modified version of the 2-digit level ABS classification.
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The National Health Data Committee considered that the grouping of languages by geographic region was not useful in administrative settings. Thus the data domain includes an alphabetical listing of the 86 languages from the ABS 2 digit level classification with only one code for "Other languages, NFD". By removing the geographic groupings from the classification information about the broad geographic region of languages that are not specifically coded is lost. However, the NHDC considered that the benefits to data collectors gained from simplifying the code listing outweighed this disadvantage.

Administrative information

Version: 1	Effective Date: 1/7/2000
Source document:	Australian Standard Classification of Languages, ABS Cat. No. 1267.0.
Source organisation:	National Health Data Committee
Current national item?	Yes

2.7 Principal source of income

Defining Characteristics

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

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2 Max 2	Representational layout:	NN
Data domain:	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		

Guidelines and collection rules

Guide for use:	<p>Should be based upon the personal source of income, not another person's source of income. If the person is reliant upon another for their income, use 'dependent on others'.</p> <p>A person with more than one income should be categorised only to the data domain category that best describes their primary source of income. If there is more than one source and they are exactly equal, list the source of income to which the person most identifies as their primary source.</p>
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- Code 01: Full-time employment - applies when the person is working more than 20 hours a week on a permanent or casual basis.
- Code 02: Part-time employment - applies when the person is working 20 hours a week or less on a permanent or casual basis.
- Code 03: Temporary benefit - refers to government payments provided on a limited basis including New Start Allowance (unemployment benefit), Youth Training Allowance, Sickness Allowance, Special Benefit, Widow Allowance, Mature Age Allowance (granted on or after 1st July 1996).
- Code 04: Pension - includes government payments on a permanent basis such as 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.

Administrative information

- Version: 2** Effective Date: 1/7/2002
- Summary of changes:** From July 2002, the definitions of codes 01 and 02 have been clarified to include whether the person is employed on a permanent or casual basis. The definition of code 04 Pension has changed to include Veterans Affairs payments.
- Source document:**
- Source organisation:** NSW Monitoring and Outcomes Project Committee
- Current national item?** No

2.8 Living arrangement

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The people with whom the client is living immediately prior to the treatment 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 to their well-being and could influence the outcomes of treatment received. Living arrangements may be relevant when deciding between different treatment 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 Alone 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: Alone with child(ren) – if the client is living alone with dependent children
	Code 04: Spouse/partner and child(ren) – if the client is living with a spouse or partner and dependent children
	Code 06: Other relative(s) – if the client is living in an extended family without a spouse or partner
	Code 08: Friend(s)/parent(s)/relative(s) and child(ren) – if the client is living in an extended family without a spouse or partner but with any combination of friends, parents, relatives and dependent children
	Code 98: Other – for people in an institutional living arrangement, this code may be used.
Related data:	Related to the data item 'usual accommodation'.

Administrative information

Version: 2 Effective Date: 1/7/2002

Summary of changes: From July 2002, the code for 'Other' has changed from '09' to '98'. The code for 'Not known' has changed from '10' to '99'.

Source document:

Source organisation: NSW Monitoring and Outcomes Project Committee

Current national item? No

2.9 Usual accommodation

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The usual type of accommodation that the person lived in during the three months preceding the commencement of the treatment episode.
Context:	The setting in which the person usually lives can have a bearing on the type of treatment and support required by the person and the outcomes that result from their treatment.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2 Max 2	Representational layout:	NN
Data domain:	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

Guide for use:	<p>'Usual' is defined as the type of accommodation the person has lived in for the most amount of time over the three months prior to treatment.</p> <p>It is necessary to distinguish between physical accommodation and the location of the residence (e.g. a house at a remote outstation should be listed as a house for the purpose of this question).</p> <p>Code 01: Rented house or flat - is to be used when the client pays any form of board, rent or fee to live in the abode.</p> <p>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 (e.g. partner, parent) owns the accommodation in question.</p> <p>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.</p> <p>Code 07: Shelter/refuge: includes short-term crisis, transition, and emergency accommodation.</p>
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Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the description of code '02' includes privately owned flat as well as a house. The description of code '04' includes 'supported accommodation services'. And the description of code '05' is now referred to as a 'psychiatric hospital' not a 'psychiatric home/hospital'.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	No

Section three:

Drug Use
data
elements

3.1 Client type

Defining Characteristics

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

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 1	Max 1	Representational layout: N
Data domain:	1	Own drug use	
	2	Other's drug use	
	3	Both own and other's drug use	

Guidelines and collection rules

Guide for use:	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.
	Code 3:	Both own and other's drug use – only applies to a client who contacts a service to seek treatment or assistance concerning their own alcohol and/or other drug use and the alcohol and/or other drug use of another person (eg, their parent's drug use or their partner's drug use).
Collection methods:	To be collected on commencement of treatment with a service.	
Comments:	For secondary clients who are presenting with issues about someone else's drug use, no drug of concern, drug use or previous treatment information needs to be collected.	

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the data item '4' (not stated) has been deleted.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

3.2 Principal drug of concern

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The drug that has led the person to seek treatment from the service, as stated by the client.
Context:	Required as an indicator of the client's treatment needs.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 4 Max 4	Representational layout:	NNNN
Data domain:	0000 Not collected 2101 Alcohol 3100 Amphetamines (broad category) 2400 Benzodiazepines (broad category) 3901 Caffeine 3201 Cannabis 3903 Cocaine 3405 Ecstasy 1202 Heroin 1305 Methadone 3906 Nicotine 0001 Inadequately described Other substance (specify the ASCDC four-digit code)		

Guidelines and collection rules

Guide for use:	<p>A principal drug of concern may be indicated on a client's referral; however, the criterion for nominating the principal drug of concern 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 item. 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 3). Polydrug use should no longer be used.</p>
0000	Not collected – this code is only applicable for secondary clients who are presenting only with issues about someone else's drug use.
3100	Amphetamines – this code is a broad category for amphetamines if the specific codes (eg Bensedrine code 3101, dexamphetamine code 3102, methamphetamine code 3103) are not known.

2400 Benzodiazepines – this is a broad category for benzodiazepines if the specific codes (eg. diazepam code 2403, rohypnol code 2404) are not known.

- Verification rules:** Data domains selected for 'Principal Drug of Concern' should not duplicate data domains selected for 'Other Drugs of Concern'. Data for principal drug should be concordant with data for method of use of principal drug of concern (eg. if principal drug is 'alcohol', the method of use should be 'ingest').
- Collection methods:** To be collected or verified during assessment or on the commencement of treatment with an agency.
- Related data:** Related to the data items 'method of use for principal drug of concern' and 'other drugs of concern'.
- Comments:** For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), no principal drug of concern needs to be collected; rather the field should default to code 0000 Not collected.

Administrative information

- Version: 2** Effective Date: 1/7/2002
- Summary of Changes:** From July 2002, the four digit ASCDC codes will be used for this data item. A shortlist of the most common drugs of concern is included above for ease of use by clinicians. Any drugs of concern which are more specifically mentioned by clients (eg, pethidine, crystal meth) should be noted in the 'Other-please specify' field. NSW Health will map these up 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.
- Source organisation:** Australian Bureau of Statistics
- Current national item?** Yes

3.3 Other drugs of concern

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	Any drugs apart from the 'principal drug of concern' that the client perceives as being a health concern.
Context:	This item complements 'principal drug of concern'. The existence of other drugs of concern may have a role in determining the types of treatment required and also may influence treatment outcomes.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 4 Max 4	Representational layout:	NNNN
Data domain:	0000 Not collected 2101 Alcohol 3100 Amphetamines (broad category) 2400 Benzodiazepines (broad category) 3901 Caffeine 3201 Cannabis 3903 Cocaine 3405 Ecstasy 1202 Heroin 1305 Methadone 3906 Nicotine Other substance (specify the ASCDC four-digit code) No other drugs of concern		

Guidelines and collection rules

Guide for use:	<p>This is a multiple response item to allow for the coding of varied drug use. The data item is used in conjunction with 'principal drug of concern'. Please note that this data item can be updated over the course of the treatment episode, 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 item. 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 3). Polydrug use should no longer be used.</p>
	<p>0000 Not collected – this code is only applicable for secondary clients who are presenting only with issues about someone else's drug use.</p> <p>3100 Amphetamines – this code is a broad category for amphetamines if the specific codes (eg Benzedrine code 3101, dexamphetamine code 3102, methamphetamine code 3103) are not known.</p>

2400 Benzodiazepines – this is a broad category for benzodiazepines if the specific codes (eg. diazepam code 2403, rohypnol code 2404) are not known.

Verification rules: Data domains selected for 'Other drugs of concern' should not duplicate data domains selected for 'Principal drug of concern'.

Collection methods: More than one drug may be selected.

To be collected on commencement of treatment with a service.

It is recommended that clinicians try to limit the number of responses for Other drugs of concern to five or less. This will help minimise the likelihood of clients indicating they are concerned about 'all' drugs. Also, the Commonwealth is only interested in five responses so it will enable clinicians to indicate which are the five most important drugs of concern for the client.

Related data: Related to the data item 'principal drug of concern'.

Comments: For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), no Other Drugs of Concern need to be collected; rather the field should default to code 0000 Not collected.

Administrative information

Version: 2 Effective Date: 1/7/2002

Summary of Changes: From July 2002, the four digit ASCDC codes will be used for this data item. A shortlist of the most common drugs of concern is included above for ease of use by clinicians. Any drugs of concern which are more specifically mentioned by clients (eg, pethidine, ecstasy) should be noted in the 'Other-please specify' field. NSW Health will map these up 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.

Source organisation: Australian Bureau of Statistics

Current national item? Yes

3.4 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' 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 treatment 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 – this code is applicable for secondary clients who are presenting only with issues about someone else's drug use. Code 1: Ingest – refers to eating, drinking or swallowing as the method of administering the 'principal drug of concern'. 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'. To be collected on commencement of treatment with a service.
Verification rules:	Data for method of use should be concordant with principal drug of concern (eg. if principal drug is 'alcohol', the method of use should be 'ingest').
Related data:	Related to the data items 'principal drug of concern' and 'injecting drug use'.
Comments:	For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), no method of use for principal drug of concern needs to be collected; rather the field should default to code 0 Not collected.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of Changes:	From July 2002, the code for 'Other' has changed from '6' to '8'. A code '0' has been included for 'not collected'.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

3.5 Injecting drug use

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The client's use of injection as a method of administering drugs. Includes intravenous, intramuscular and subcutaneous forms of injection.
Context:	The data item is important for identifying patterns of drug use and harms associated with injecting drug use.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 1	Max 1	Representational layout: N
Data domain:	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

Guide for use:	Code 0: Not collected – this code is only applicable for secondary clients who are presenting only with issues about someone else's drug use.
Collection methods:	To be collected on commencement of treatment with a service.
Related data:	Related to the data items 'principal drug of concern', 'method of use for principal drug of concern' and 'other drugs of concern'.
Comments:	<p>For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), the injecting drug use data item does not need to be collected; rather the field should default to code 0 Not collected.</p> <p>This data item is used at the time of commencement of treatment. 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 item may also 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

Version: 2 Effective Date: 1/7/2002

Summary of changes: From July 2002, the description for code '3' has been rewritten to include '12 months ago or more'. A code '0' has been included for 'not collected'.

Source document:

Source organisation: NSW Monitoring and Outcomes Project Committee

Current national item? Yes

Section four:

Treatment data elements

4.1 Treatment delivery setting

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The principal setting in which the main treatment type is provided to the client
Context:	To identify the types of settings in which treatment types are occurring to allow for trends in treatment patterns to be monitored.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 1 Max 1	Representational layout:	N
Data domain:	1 Non-residential/outpatient/community setting 2 Residential/inpatient setting 3 Home 4 Outreach setting 5 Correctional setting 6 Therapeutic community 8 Other		

Guidelines and collection rules

Guide for use:	<p>The 'treatment delivery setting' relates to the treatment services being provided for a client during a particular treatment 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 treatment episode.</p> <p>Code 1: Non-residential/outpatient/community setting - refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services and community health centres.</p> <p>Code 2: Residential/inpatient setting – refers to settings in which clients reside either temporarily or long-term in a facility, that is not their home or usual place of residence, to receive alcohol and other drug treatment. This does not include ambulatory situations.</p> <p>Code 3: Home – refers to the client's own home or usual place of residence as the main treatment delivery setting.</p> <p>Code 4: Outreach setting – refers to an outreach environment, excluding a client's home or usual place of residence, where treatment is provided. An outreach environment may be any public or private location that is not covered by the other categories. Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting.</p> <p>Code 5: Correctional setting - refers to Treatment that occurs in a correctional setting including Juvenile justice and prisons.</p> <p>Code 6: Therapeutic community – refers to a therapeutic community setting.</p>
Verification rules:	Only one code to be selected.

- Related data:** Related to the data element, 'main treatment type'.
- Comments:** This data element is a trigger for commencing a new treatment episode. For example, If a client switches from an inpatient to an outpatient treatment setting, a new episode should be opened.

Administrative information

- Version: 2** Effective Date: 1/7/2002
- Summary of changes:** From July 2002, the name of this data item has changed to 'Treatment Delivery Setting'. A new code '3' has been added for 'home'. The previous code '3' for 'therapeutic community' has been recoded to '6'. And the code for 'Other' has been changed from '9' to '8'. The descriptions of codes 1, 2, 4 and 5 have changed from 'service' to 'setting'.
- Source document:**
- Source organisation:** NSW Monitoring and Outcomes Project Committee
- Current national item?** Yes

4.2 Date of commencement of treatment episode

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	Date on which a treatment episode commences.
Context:	Required to identify the commencement of a treatment episode in a service.

Representation

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

Guidelines and collection rules

Guide for use:	<p>The date of commencement of treatment episode should be represented as DDMMYYYY without any slashes.</p> <p>The first date of the treatment episode is the first service contact when assessment and/or treatment occurs.</p> <p>In residential programs, the treatment 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 treatment episode as 'Assessment only'.</p>
Verification rules:	Must be less than or equal to the 'date of cessation of treatment'. Must be greater than or equal to 'date of birth'.
Related data:	Related to the data item concept 'commencement of treatment episode'.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the format for the date of commencement of treatment episode should be submitted without any slashes.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

4.3 Source of referral to treatment

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The source from which the person was transferred or referred for the current treatment episode.
Context:	Source of referral is 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 source of referral can 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?'
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- 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 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 outpatient clinics (which should be coded 11-13).
- 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 school counsellors.
- 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 D&A 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, 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.

Administrative information

Version: 2 Effective Date: 1/7/2002

Summary of changes: From July 2002, the codes for this data item have been changed to conform to NMDS AODTS standards (see page 22 for the exact map of changes). New data items have been added for ‘residential community mental health care unit’ (code 07), ‘other residential community care unit’ (code 09), ‘medically supervised injecting centre’ (code 21), and ‘needle and syringe program’ (code 20).

Source document:

Source organisation: NSW Monitoring and Outcomes Project Committee

Current national item? Yes

4.4 Previous treatment

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	Any types of alcohol and other drug treatment that the client has received prior to the current treatment episode.
Context:	This item is used to discriminate episodes that are first ever presentations from those where the person has previous treatment. May allow for an episode to be considered within the context of a treatment history.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2 Max 2	Representational layout:	NN
Data domain:	00 Not collected 10 Counselling		

Withdrawal management (detoxification)

21	Inpatient/residential withdrawal management
22	Outpatient withdrawal management

Rehabilitation activities

31	Residential rehabilitation activities
32	Day program rehabilitation activities

Maintenance pharmacotherapies

41	Naltrexone
42	Buprenorphine
43	LAAM
44	Slow release oral morphine
45	Methadone
46	Acamprosate
47	Disulfiram
49	Other maintenance pharmacotherapies

Consultation activities

51	Inpatient consultation
52	Outpatient consultation (excluding withdrawal management)
60	Support and case management only
91	Assessment only
92	Information and education only
98	Other
99	No previous treatment

Guidelines and collection rules

- Guide for use:** More than one code may be selected. Includes previous episodes within any drug treatment agency including the agency providing the current treatment episode. Should be based upon the client's own response, as well as agency records and referral information where applicable.
- Code 00: Not collected – this code is only applicable for secondary clients who are presenting only with issues about someone else's drug use.
- Code 10: Counselling - includes any method of individual or group counselling directed towards any therapeutic goals of alcohol and other drug treatment. This code excludes counselling activity that is part of a rehabilitation program.
- Code 31: Residential rehabilitation activities - refers to 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 32: Day program residential activities - describes therapeutic programs where a number of different activities are conducted during the course of the program.
- Code 51: Inpatient consultation - includes pain management, management of dependence and differential diagnosis for admitted hospital patients only.
- Code 52: Outpatient consultation - includes pain management, management of dependence and differential diagnosis for outpatients only.
- Code 60: Support and case management only - refers to support and case management offered to clients (eg, treatment provided through youth alcohol and drug outreach services.). This choice only applies where support and case management treatment is recorded as individual client data and the treatment activity is not included in any other category. It is noted that in general, service contacts would include a component of support and case management.
- Code 91: Assessment only - refers to when there is no other treatment provided to the client other than assessment. It is noted that in general, service contacts would include an assessment component.
- Code 92: Information and education only - refers to when there is no other treatment provided to the client other than providing information and education.
- Related data:** Related to the data items 'main treatment type' and 'other treatment types'.
- Comments:** For secondary clients who are presenting with issues about someone else's drug use (Client Type = code 2 Other's drug use), the previous treatment data item does not need to be collected; rather the field should default to code 00 Not collected.
- It is recommended that clinicians try to limit the number of responses for Previous treatment to five or less. This will help minimise the likelihood of clients indicating they have had 'all' previous treatments. Also, the Commonwealth is only interested in five responses so it will enable clinicians to indicate which are the five most important previous treatments for the client.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, new codes for '00' for 'not collected' and '60' for 'support and case management only' have been added. The description of code '92' has been modified to indicate it is for 'information and education <u>only</u> '.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	No

4.5 Main treatment type

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The main activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the 'principal drug of concern'. A treatment service provided to the client that requires regular contact with agency staff throughout the period of the treatment episode.
Context:	Required for the management and planning of treatment service provision.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2 Max 2	Representational layout:	NN
Data domain:	10 Counselling		
	<i>Withdrawal management (detoxification)</i>		
	21	Inpatient/residential withdrawal management	
	22	Outpatient withdrawal management	
	<i>Rehabilitation activities</i>		
	31	Residential rehabilitation activities	
	32	Day program rehabilitation activities	
	<i>Maintenance pharmacotherapies</i>		
	41	Naltrexone	
	42	Buprenorphine	
	43	LAAM	
	44	Slow release oral morphine	
	45	Methadone	
	46	Acamprosate	
	47	Disulfiram	
	49	Other maintenance pharmacotherapies	
	<i>Consultation activities</i>		
	51	Inpatient consultation (<i>for AHS internal use only</i>)	
	52	Outpatient consultation (excluding withdrawal management)	
	60	Support and case management only	
	91	Assessment only	
	92	Information and education only	
	98	Other	

Guidelines and collection rules

- Guide for use:** To be completed at assessment or commencement of treatment.
- The 'main treatment type' is the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. The 'main treatment type' is the principal focus of a single treatment episode. Consequently, each treatment episode will only have one 'main treatment type'.
- For brief interventions, the 'main treatment type' may 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 alcohol and other drug treatment. This code excludes counselling activity that is part of a rehabilitation program.
- Code 31:** Residential rehabilitation activities - refers to 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 32:** Day program residential activities - describes therapeutic programs where a number of different activities are conducted during the course of the program.
- Code 51:** Inpatient consultation - includes pain management, management of dependence and differential diagnosis for admitted hospital patients only. This data item is for AHS internal use only. It is not to be submitted to NSW Health.
- Code 52:** Outpatient consultation - includes pain management, management of dependence and differential diagnosis for outpatients only.
- Code 60:** Support and case management only - refers to support and case management offered to clients (eg, treatment provided through youth alcohol and drug outreach services.). This choice only applies where support and case management treatment is recorded as individual client data and the treatment activity is not included in any other category. It is noted that in general, service contacts would include a component of support and case management.
- Code 91:** Assessment only - refers to when there is no other treatment provided to the client other than assessment. It is noted that in general, service contacts would include an assessment component.
- Code 92:** Information and education only - refers to when there is no other treatment provided to the client other than providing information and education.
- Verification rules:** There should be no duplication with 'other treatment types'. The code '51' for 'inpatient consultation' is now to be used for AHS internal use only. It should not be submitted to NSW Health.
- Collection methods:** Only one code is to be selected.
- Related data:** Used in conjunction with the data item concept 'treatment episode' and the data item 'other treatment types'.

Administrative information

Version: 2 Effective Date: 1/7/2002

Summary of changes: From July 2002, the code '60' for 'support and case management only' has been added. The description of code '92' has been modified to indicate it is for 'information and education only'. The code '51' for 'inpatient consultation' is now to be used for AHS internal use only. It should not be submitted to NSW Health.

Please note that the codes used by NSW differ from those specified by the NMDS AODTS. They will be mapped up by NSW Health.

Source document:

Source organisation: NSW Monitoring and Outcomes Project Committee

Current national item? Yes

4.6 Other treatment types

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	All other forms of treatment provided to the client in addition to the 'main treatment type'. Any service provided to a client in addition to the 'main treatment type' that does not require regular contact with agency staff throughout the period of the treatment episode.
Context:	Required for the management and planning of treatment 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 <i>Withdrawal management (detoxification)</i> 21 Inpatient/residential withdrawal management 22 Outpatient withdrawal management <i>Rehabilitation activities</i> 31 Residential rehabilitation activities 32 Day program rehabilitation activities <i>Maintenance pharmacotherapies</i> 41 Naltrexone 42 Buprenorphine 43 LAAM 44 Slow release oral morphine 45 Methadone 46 Acamprosate 47 Disulfiram 49 Other maintenance pharmacotherapies <i>Consultation activities</i> 51 Inpatient consultation 52 Outpatient consultation (excluding withdrawal management) 98 Other 99 No other treatment provided		

Guidelines and collection rules

- Guide for use:** To be completed at the cessation of a treatment episode. Only report treatment recorded in the client's file for a treatment episode that is in addition to, and not a component of, the 'main treatment type'. Treatment activity reported here is not necessarily for the 'principal drug of concern' in that it may be treatment for an 'other drug of concern'. More than one type of 'other treatment' may occur in a treatment episode.
- Code 10: Counselling - includes any method of individual or group counselling directed towards any therapeutic goals of alcohol and other drug treatment. This code excludes counselling activity that is part of a rehabilitation program.
- Code 31: Residential rehabilitation activities - refers to 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 32: Day program residential activities - describes therapeutic programs where a number of different activities are conducted during the course of the program.
- Code 51: Inpatient consultation - includes pain management, management of dependence and differential diagnosis for admitted hospital patients only.
- Code 52: Outpatient consultation - includes pain management, management of dependence and differential diagnosis for outpatients only.
- Code 99: Only to be used if there are no other treatment types provided.
- Verification rules:** There should be no duplication for 'main treatment type'.
- Collection methods:** More than one code may be selected.
- Related data:** Related to the data item 'main treatment type'.
- Comments:** All treatment service types are generally considered to include components of assessment, education and information.
- It is recommended that clinicians try to limit the number of responses for Other treatment types to five or less. This will help minimise the likelihood of clinicians indicating that they have provided 'all' other treatment types. Also, the Commonwealth is only interested in five responses so it will enable clinicians to indicate which are the five most important other treatments for the client.

Administrative information

- Version: 2** Effective Date: 1/7/2002
- Summary of changes:** From July 2002, the code '92' for 'information and education' has been deleted. The description for code 99 has been rewritten to reflect the change in the name of this data item to 'No other Treatment provided'.
- Please note that the codes used by NSW differ from those specified by the NMDS AODTS. They will be mapped up by NSW Health.
- Source document:**
- Source organisation:** NSW Monitoring and Outcomes Project Committee
- Current national item?** Yes

4.7 Service contact date

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The date of each service contact between a treatment agency and a client. This excludes service contacts with a carer or family member or another health professional or health worker involved in providing care. Only service contacts between the client and the treatment provider should be reported.
Context:	Required for deriving the frequency of client contact within a treatment episode. A service contact can include either face-to-face, telephone or video link service delivery modes. Service contact dates are only collected for non-residential activities. Service contact dates are not collected for clients in residential settings.

Representation

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

Guidelines and collection rules

Guide for use:	The service contact date should be represented as DDMMYYYY without any slashes. Only service contacts between the client and the treatment provider should be reported. This data element is not collected for residential clients. Where more than one service contact with the client occurs on the same day, each contact is to be counted.
Related data:	Relates to the data item concept 'service contact' and 'number of service contacts'.
Comments:	Service contacts are not a complete measure of episode intensity, complexity or resource usage. It is possible to have more than one service contact that happens on the same date.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the format for the service contact dates should be submitted without any slashes.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	No

4.8 Number of service contacts

Defining Characteristics

Data element type: DERIVED DATA ELEMENT

Definition: Total number of service contacts made with a client for the purpose of providing alcohol and other drug treatment during a treatment episode.

Please note that this data item will not need to be collected. It will be derived at the cessation of a treatment episode by counting all the service contact dates that occurred within the treatment episode.

Context: Required for deriving the frequency of client contact and service utilisation within a treatment episode.

A service contact can include either face-to-face, telephone or video link service delivery modes.

Service contact dates are only collected for non-residential activities. Service contact dates are not collected for clients in residential settings.

Representation

Data type: Numeric **Representational form:** QUANTITATIVE VALUE

Field size: **Min** 1 **Max** 3 **Representational layout:** NNN

Data domain:

Guidelines and collection rules

Guide for use: This data element is a count of service contact dates for a treatment episode. Any client contact that does not constitute part of a treatment should not be considered a 'service contact'. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.

Collection methods: Service contact dates are only collected for non-residential activities. Service contact dates are not collected for clients in residential settings. To be collated at the close of a treatment episode. The total number of contacts are calculated or counted for the closed episode.

Related data: Relates to the data item concept 'service contact' and 'treatment episode' and data item 'service contact dates'.

Comments: Service contacts are not a complete measure of episode intensity, complexity or resource usage. It is possible to have more than one service contact that happens on the same date.

Administrative information

Version: 1 Effective Date: 1/7/2002

Source document:

Source organisation: NSW Monitoring and Outcomes Project Committee

Current national item? Yes

4.9 Date of cessation of treatment episode

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	Date on which a treatment episode ceases.
Context:	Required to identify the cessation of a treatment episode by an alcohol and other drug treatment service.

Representation

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

Guidelines and collection rules

Guide for use:	<p>The date of cessation of treatment episode should be represented as DDMMYYYY without any slashes.</p> <p>Refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there any plan in place for further contact, the date of last service contact should be used. In residential programs, the treatment episode ceases on the date of discharge.</p> <p>Refer to data element 'Cessation of treatment episode' to determine when a treatment episode ceases.</p>
Verification rules:	Must be greater than or equal to the 'date of commencement into treatment' and 'date of birth'.
Related data:	Related to the data item concept 'cessation of treatment episode'.
Comments:	Where the client has had no contact with the treatment provider for three months, the date of last contact should be used.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the format for the date of cessation of treatment episode should be submitted without any slashes.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

4.10 Reason for cessation of treatment episode

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The reason that the client's treatment episode from an alcohol and other drugs treatment service ceased.
Context:	Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2 Max 2	Representational layout:	NN
Data domain:	01 Treatment 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 11 Ceased to participate at expiation 98 Other 99 Not stated/inadequately described		

Guidelines and collection rules

Guide for use:	Each category applies to particular circumstances, as follows: Code 01: Treatment 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. 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 7 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 11: Ceased to participate at expiation - a client on a court diversion program is expiated and the treatment is terminated. Code 98: Other – any other reason for cessation.
Collection methods:	To be collected on cessation of a treatment episode.
Related data:	Related to the data item concept 'cessation of treatment episode' and 'date of cessation of treatment episode'.
Comment:	

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the description of code 05 has been changed from 'involuntary discharge (non-compliance)' to 'left involuntarily (non-compliance)' and the description of code 11 has been changed from 'ceased treatment upon expiation' to 'ceased to participate at expiation'. Please note that the codes used by NSW differ from those specified by the NMDS AODTS. They will be mapped up by NSW Health.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

4.11 Referral to another service

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The type of service to which clients are referred, either during the treatment episode or at the completion of the treatment episode.
Context:	Allows for the monitoring of agency interrelationships and is complementary to the data item '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.
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- 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 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 outpatient clinics (which should be coded 11-13).
- 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.
- 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 school counsellors.
- 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 D&A 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, 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 treatment with a service.

Related data: Related to the data item 'source of referral into treatment'.

Comments:

Administrative information

Version: 2 Effective Date: 1/7/2002

Summary of changes: From July 2002, most of the codes used for this data item have been changed to match the NMDS codes for Source of Referral into Treatment for standardisation. The codes for police, court and criminal justice settings have been deleted. A code has been added for 'not stated' and 'no referral' has been recoded from '99' to '97'. New data items have been added for 'residential community mental health care unit' (code 07), 'other residential community care unit' (code 09), and 'not stated/inadequately stated' (code 99). See page 24 for map of changes.

Source document:

Source organisation: NSW Monitoring and Outcomes Project Committee

Current national item? No

Section five:

Supporting data element concepts

5.1 Treatment episode

Defining Characteristics

Data element type:	DATA ELEMENT CONCEPT
Definition:	A period of contact, with a defined date of commencement and cessation, between a client and a provider or team of providers that occurs in one setting. Within a treatment episode, if there is no major change in the main treatment type or the principal drug of concern and there has been an unplanned absence of contact for up to 3 months, the treatment episode will be closed.
Context:	This concept is required for the management and planning of treatment service provision across a variety of treatment types and settings. It provides the basis for a standard approach to recording and monitoring client and treatment service characteristics in an effective manner.

Guidelines and collection rules

Guide for use:	<p>Elements of a treatment episode:</p> <ul style="list-style-type: none"> • A treatment episode is delivered within one setting; • It consists of one 'main treatment type'; • It consists of only one 'principal drug of concern'; • It has a defined beginning and end; • It may be delivered by one or more providers; • There is no major change in the goal of treatment; and • There is no change in the main treatment type being provided. <p>Treatment episode and 'main treatment type': A treatment episode may only consist of one 'main treatment type' and only one 'principal drug of concern'. If the client is receiving more than one 'main treatment type', separate episodes are required for each of these treatments.</p> <p>A treatment episode must have a defined 'date of commencement of treatment episode' and a 'date of cessation of treatment episode'.</p> <p>Consequently, more than one episode of different types may be in progress for a client at the same time, and it is possible for each of these episodes to have different dates of commencement and cessation.</p> <p>Treatment episode and 'treatment delivery setting': A treatment episode is only delivered within one setting. Where an agency operates in more than one 'treatment delivery setting', for any client receiving treatment in multiple settings, a separate treatment episode is required for each setting, with the exception of home/ambulatory detox where the setting is determined by where the majority of treatment occurs. Consequently, more than one episode may be in progress for a client at the same time, and it is possible for each of these episodes to have different dates of commencement and cessation.</p>
Collection methods:	Is taken as the period starting from the date of commencement of treatment episode and ending at the date of cessation of treatment episode.
Related data:	This item is related to the data item concepts 'commencement of treatment episode' and 'cessation of treatment episode', and the data items 'main treatment type', 'treatment delivery setting', 'date of commencement of treatment episode', 'date of cessation of treatment episode'.

Administrative information

Version: 2

Effective Date: 1/7/2002

Summary of changes:

A treatment episode may only consist of one 'Main Treatment Type' and only one 'Principal Drug of Concern' in one 'Treatment Delivery Setting'. The triggers for opening a new treatment episode are if there is a change in the:

- Main Treatment Type
- Principal Drug of Concern
- Treatment Delivery Setting

Consequently, more than one episode of different types may be in progress for a client at the same time, and it is possible for each of these episodes to have different dates of commencement and cessation. Please note that this is not a change in the treatment episode concept but is included here for reinforcement.

Source document:

Source organisation:

NSW Monitoring and Outcomes Project Committee

Current national item?

Yes

5.2 Commencement of treatment episode

Defining Characteristics

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

Guidelines and collection rules

Guide for use:	<p>A client is identified as commencing a treatment episode if one or more of the following conditions apply:</p> <ul style="list-style-type: none"> • They are a new client; • They are a client recommencing treatment after they have had no contact with the treatment provider for a period of up to three months; • Their 'principal drug of concern' has changed; • Their 'main treatment type' has changed; or • Their 'treatment delivery setting' has changed. <p>Commencement of a treatment episode would not normally include client intake (undertaken prior to a (full clinical) assessment), telephone or triage assessment.</p>
Related data:	Related to the data item 'date of commencement of treatment episode' and the data item concept 'cessation of treatment episode'.
Comments:	Corresponds to the NMDS data item concept 'commencement of treatment'.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	<p>A client is identified as commencing a treatment episode if one or more of the following conditions apply:</p> <ul style="list-style-type: none"> • They are a new client • They are a client recommencing treatment after they have had no contact with the treatment provider for a period of up to three months; • Their 'Principal Drug of Concern' has changed; • Their 'Main Treatment Type' has changed; or • Their 'Treatment Delivery Setting' has changed.

The first date of the treatment episode is the first service contact when assessment and/or treatment occurs. Commencement of a treatment episode would not normally include client intake (undertaken prior to a (full clinical) assessment), telephone or triage assessment.

In residential programs, the treatment 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 treatment episode as 'Assessment only'. Please note that this is not a change in the commencement of treatment episode concept but is included here for reinforcement.

Source document:

Source organisation: NSW Monitoring and Outcomes Project Committee

Current national item? Yes

5.3 Service contact

Defining Characteristics

Data element type:	DATA ELEMENT CONCEPT
Definition:	A contact made with a client in an outpatient/non-residential setting, for the purpose of providing a treatment service that results in a dated entry being made in the client record.
Context:	Required for deriving the frequency of client contact within a treatment episode. Identifies service delivery at the patient level for mental health and alcohol and other drug treatment services. Service contact dates are only collected for non-residential activities. Service contact dates are not collected for clients in residential settings.

Guidelines and collection rules

Guide for use:	Any client contact that does not constitute part of a treatment service should not be considered a 'service contact'. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.
Related data:	Relates to the data item 'service contact date' and 'number of service contacts'.
Comments:	Service contacts are not a complete measure of episode intensity, complexity or resource usage.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	Only service contacts between the client and the treatment provider should be reported. A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts with a carer or family member, or another health professional or a health worker involved in providing care, are <u>not</u> included. Service contacts are only collected for non-residential activities. Service contacts are <u>not</u> collected for clients in residential settings. Please note that this is not a change in the service contact concept but is included here for reinforcement.
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

5.4 Cessation of treatment episode

Defining Characteristics

Data element type:	DATA ELEMENT CONCEPT
Definition:	Cessation of treatment episode occurs when treatment is completed or discontinued; or there has been a change in the principal drug of concern, the main treatment type, or the treatment delivery setting.
Context:	To enable determination of the length of the treatment episode.

Guidelines and collection rules

Guide for use:	<p>A client is identified as ceasing treatment if one or more of the following apply:</p> <ul style="list-style-type: none"> • their treatment plan is completed; • their need for treatment has ended; • they have had no contact with the treatment provider for a period of three months, nor is there a plan for further contact; • their 'principal drug of concern' has changed; • their 'main treatment type' has changed; • their 'treatment delivery setting' has changed; or • their treatment has ceased for other reasons (eg, imprisoned, ceased treatment against advice, transferred to another service provider, died).
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The cessation of treatment is recorded on the last service contact date.

Related data:	Related to the data items 'reason for cessation of treatment' and 'date of cessation of treatment'.
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Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	<p>A client is identified as ceasing a treatment episode if one or more of the following apply:</p> <ul style="list-style-type: none"> • Their treatment plan is completed • Their need for treatment has ended • They have had no contact with the treatment provider for a period of three months, nor is there a plan for further contact • Their 'Principal Drug of Concern' has changed • Their 'Main Treatment Type' has changed • Their 'Treatment Delivery Setting' has changed • Their treatment has ceased for other reasons (eg, imprisoned, ceased treatment against advice, transferred to another service provider, died) <p>The cessation of a treatment episode refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there any plan in place for further contact, the treatment episode should be closed. In residential programs, the treatment episode ceases on the date of discharge. Please note that this is not a change in the service contact concept but is included here for reinforcement.</p>
Source document:	
Source organisation:	NSW Monitoring and Outcomes Project Committee
Current national item?	Yes

Appendices:

1. Data submission guidelines
2. Data collection form
3. Australian Standard Classification of Drugs of Concern

Appendix 1: Data Submission Guidelines

All agencies, both government and non-government, must submit their collected data to the Data Coordinator in their Area Health Service. **No data is to be directly submitted by agencies to NSW Health.** Data must be submitted in a compressed, password-protected format via e-mail or in the approved electronic format by e-mail or on 3.5" floppy disks, formatted for PC. Floppy disks should be transported via registered mail or hand-delivered. The AHS Data Coordinator should provide return e-mails or written receipt of floppy disks to agencies. Due to the possibility of data corruption, back-ups of floppy disks should be made prior to dispatch. Care should be taken to ensure that floppy disks are stored appropriately and not exposed to strong sunlight, heat moisture or magnetic fields. In cases where the agency is unable to submit data in an electronic form, consideration may be given to the submission of paper forms but only after consultation with the relevant AHS Data Coordinator.

AHS Data Coordinators must submit monthly data to the **Drug Programs Bureau** of NSW Health NO LATER THAN THE **21ST DAY OF THE MONTH OF THE MONTH FOLLOWING THAT OF COLLECTION.** Individual agencies should liaise with the Data Coordinator in their Area Health Service to determine an appropriate timetable for submission of data. It is the responsibility of AHS Data Coordinators to collate area data on to one floppy disk and one file-set where possible. Further details regarding contacts and submission are available from the NSW Health Service Access and Data Coordinator. The address for submission of data is:

Service Access and Data Coordinator
Drug Programs Bureau
NSW Health Department
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

File Structure

Data is to be provided in five 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'
3. **PREVTRMT.TXT:** This file contains the data for the multiple response item, 'Previous Treatment'.
4. **OTHERSRV.TXT:** This file contains the data for the multiple response item, 'Other Treatment Types'
5. **SRVCCNCT.TXT:** This file contains 'Service Contact Date' information for each episode.

Keys

The primary key for the episode file and the agency code are used as the foreign keys to other files. **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 ITEMS ARE TO BE REPORTED IN CODE FORM, NOT AS TEXT REPRESENTATIONS.

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 those containing date information 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 must be output using zero-filled two digit days and months (eg. 01 for January) and four digit years. The forward slash (/) character is **NOT** to be used as the date delimiter - dates should be reported in the format ddmmyyyy. Time information should **NOT** be included in date fields.

Field Names and Descriptions

EPISODE.TXT	
Description	Data Type
Establishment identifier (Agency code)	Char(6)
Agency location	Char(5)
Primary Key (Episode ID)	Integer
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	Char(4)
Principal drug of concern - specify	Char(50)
Method of use	Char(1)
Injecting drug use	Char(1)
Treatment delivery setting	Char(1)
Date of commencement of treatment episode	Date(ddmmyyyy)
Source of referral to treatment	Char(2)
Main treatment type	Char(2)
Date of cessation of treatment episode	Date(ddmmyyyy)
Reason for cessation of treatment episode	Char(2)
Referral to another service	Char(2)

OTHERDRG.TXT	
Description	Data Type
Establishment identifier (Agency code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Other drug of concern	Char(4)
Other drug of concern - specify	Char(50)

PREVTRMT.TXT	
Description	Data Type
Establishment identifier (Agency code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Previous treatment	Char(2)

OTHERSRV.TXT	
Description	Data Type
Establishment identifier (Agency code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Other treatment type	Char(2)

SRVCCNCT.TXT	
Description	Data Type
Establishment identifier (Agency code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Service contact date	Date(ddmmyyyy)

Appendix 2: Data Collection Form

Agency Code: _____

Agency Location: _____

Client Code: _____

Client Name: _____

Case Manager: _____

Treatment Delivery Setting: <small>Tick one box only</small>	
1 <input type="checkbox"/>	Non-residential/outpatient/community setting
2 <input type="checkbox"/>	Residential/inpatient setting
3 <input type="checkbox"/>	Home
4 <input type="checkbox"/>	Outreach setting
5 <input type="checkbox"/>	Correctional setting
6 <input type="checkbox"/>	Therapeutic community
8 <input type="checkbox"/>	Other

DEMOGRAPHIC ITEMS

Sex: <small>Tick one box only</small>	
1 <input type="checkbox"/>	Male
2 <input type="checkbox"/>	Female
9 <input type="checkbox"/>	Not stated/inadequately described

Principal Source of income: <small>Tick one box only</small>	
01 <input type="checkbox"/>	Full-time employment
02 <input type="checkbox"/>	Part-time employment
03 <input type="checkbox"/>	Temporary benefit (e.g. unemployment)
04 <input type="checkbox"/>	Pension (e.g. aged, disability)
05 <input type="checkbox"/>	Student allowance
06 <input type="checkbox"/>	Dependent on others
07 <input type="checkbox"/>	Retirement fund
08 <input type="checkbox"/>	No income
98 <input type="checkbox"/>	Other
99 <input type="checkbox"/>	Not stated/not known/inadequately described

Date of Birth:	Date of birth status
__ / __ / ____ d d m m y y y y	1 <input type="checkbox"/> Estimated 2 <input type="checkbox"/> Not estimated
<small>NOTE: 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.</small>	

Living arrangement: <small>Tick one box only</small>	
01 <input type="checkbox"/>	Alone
02 <input type="checkbox"/>	Spouse/ partner
03 <input type="checkbox"/>	Alone with child(ren)
04 <input type="checkbox"/>	Spouse/partner and child(ren)
05 <input type="checkbox"/>	Parent(s)
06 <input type="checkbox"/>	Other relative(s)
07 <input type="checkbox"/>	Friend(s)
08 <input type="checkbox"/>	Friend(s)/parent(s)/relative(s) and child(ren)
98 <input type="checkbox"/>	Other
99 <input type="checkbox"/>	Not stated/not known/ inadequately described

Is the person of Aboriginal or Torres Strait Islander origin?	
1 <input type="checkbox"/>	Yes Aboriginal
2 <input type="checkbox"/>	Yes Torres Strait Islander
3 <input type="checkbox"/>	Yes both Aboriginal and Torres Strait Islander
4 <input type="checkbox"/>	Neither Aboriginal nor Torres Strait Islander
9 <input type="checkbox"/>	Not stated

Country of Birth:	<small>Tick the box if "Australia", or complete code for all others.</small>
1101 <input type="checkbox"/>	Australia
or	

Usual Accommodation: <small>Tick one box only</small>	
01 <input type="checkbox"/>	Rented house or flat (public or private)
02 <input type="checkbox"/>	Privately owned house or flat
03 <input type="checkbox"/>	Boarding house
04 <input type="checkbox"/>	Hostel/supported accommodation service
05 <input type="checkbox"/>	Psychiatric home/hospital
06 <input type="checkbox"/>	Alcohol/other drug treatment residence
07 <input type="checkbox"/>	Shelter/refuge
08 <input type="checkbox"/>	Prison/detention centre
09 <input type="checkbox"/>	Caravan on a serviced site
10 <input type="checkbox"/>	No usual residence/homeless
98 <input type="checkbox"/>	Other
99 <input type="checkbox"/>	Not known

Preferred Language:	<small>Tick the box if "English", or complete code for all others.</small>
19 <input type="checkbox"/>	English
or	

Date of Commencement of treatment:
__ / __ / ____ d d m m y y y y
<small>NOTE: Commencement date is the date of assessment, not of intake or triage</small>

DRUG USE ITEMS

Client Type: Tick one box only	
1 <input type="checkbox"/>	Own drug use
2 <input type="checkbox"/>	Other's drug use
3 <input type="checkbox"/>	Both own and other's drug use

Injecting drug use: Tick one box only	
0 <input type="checkbox"/>	Not collected (for secondary clients only)
1 <input type="checkbox"/>	Last injected within the previous three months
2 <input type="checkbox"/>	Last injected more than 3 months ago but less than 12 months ago
3 <input type="checkbox"/>	Last injected 12 months ago or more
4 <input type="checkbox"/>	Never injected
9 <input type="checkbox"/>	Not stated/ inadequately described

Principal drug of concern: Tick one box only	
0000 <input type="checkbox"/>	Not collected (for secondary clients only)
2101 <input type="checkbox"/>	Alcohol
3100 <input type="checkbox"/>	Amphetamines
2400 <input type="checkbox"/>	Benzodiazepines
3901 <input type="checkbox"/>	Caffeine
3201 <input type="checkbox"/>	Cannabis
3903 <input type="checkbox"/>	Cocaine
3405 <input type="checkbox"/>	Ecstasy
1202 <input type="checkbox"/>	Heroin
1305 <input type="checkbox"/>	Methadone
3906 <input type="checkbox"/>	Nicotine
0001 <input type="checkbox"/>	Inadequately described
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other - Specify ASCDC four digit code
GUIDE TO CODING: 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: Tick one box only	
0 <input type="checkbox"/>	Not collected (for secondary clients only)
1 <input type="checkbox"/>	Ingest
2 <input type="checkbox"/>	Smoke
3 <input type="checkbox"/>	Inject
4 <input type="checkbox"/>	Sniff (Powder)
5 <input type="checkbox"/>	Inhale (vapour)
8 <input type="checkbox"/>	Other
9 <input type="checkbox"/>	Not stated/inadequately described

Other drugs of concern: Tick the box for '0003' if there are no other drugs of concern, otherwise use one row per drug. Do NOT include primary drug of concern.	
Drug Code	Drug Name

0000 <input type="checkbox"/> (Tick if applicable)	Not collected (secondary clients only)
0003 <input type="checkbox"/> (Tick if applicable)	No other drugs of concern
GUIDE TO CODING: Use codes provided in the principal drug of concern table which is a subset of the ASCDC four digit code listing.	

SERVICE PROVISION ITEMS

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

Main treatment type: Tick one box only	
10 <input type="checkbox"/>	Counselling
21 <input type="checkbox"/>	Inpatient/residential withdrawal management
22 <input type="checkbox"/>	Outpatient withdrawal management
31 <input type="checkbox"/>	Residential rehabilitation activities
32 <input type="checkbox"/>	Day program rehabilitation activities
41 <input type="checkbox"/>	Naltrexone
42 <input type="checkbox"/>	Buprenorphine
43 <input type="checkbox"/>	LAAM
44 <input type="checkbox"/>	Slow release oral morphine
45 <input type="checkbox"/>	Methadone
46 <input type="checkbox"/>	Acamprosate
47 <input type="checkbox"/>	Disulfiram
49 <input type="checkbox"/>	Other maintenance pharmacotherapies
51 <input type="checkbox"/>	Inpatient consultation (internal use only)
52 <input type="checkbox"/>	Outpatient consultation (excluding withdrawal management)
60 <input type="checkbox"/>	Support and case management only
91 <input type="checkbox"/>	Assessment only
92 <input type="checkbox"/>	Information and education only
98 <input type="checkbox"/>	Other

Previous treatment:	
<i>More than one box may be ticked. If no previous treatment was provided, code to '99'.</i>	
00 <input type="checkbox"/>	Not collected (for secondary clients only)
10 <input type="checkbox"/>	Counselling
21 <input type="checkbox"/>	Inpatient/residential withdrawal management
22 <input type="checkbox"/>	Outpatient withdrawal management
31 <input type="checkbox"/>	Residential rehabilitation activities
32 <input type="checkbox"/>	Day program rehabilitation activities
41 <input type="checkbox"/>	Naltrexone
42 <input type="checkbox"/>	Buprenorphine
43 <input type="checkbox"/>	LAAM
44 <input type="checkbox"/>	Slow release oral morphine
45 <input type="checkbox"/>	Methadone
46 <input type="checkbox"/>	Acamprosate
47 <input type="checkbox"/>	Disulfiram
49 <input type="checkbox"/>	Other maintenance pharmacotherapies
51 <input type="checkbox"/>	Inpatient consultation
52 <input type="checkbox"/>	Outpatient consultation (excluding withdrawal management)
60 <input type="checkbox"/>	Support and case management only
91 <input type="checkbox"/>	Assessment only
92 <input type="checkbox"/>	Information and education only
98 <input type="checkbox"/>	Other
99 <input type="checkbox"/>	No previous treatment

Other treatment types:	
<i>More than one box may be ticked. If no other treatment was provided, code to '99'. Do NOT include the 'Main treatment types'.</i>	
10 <input type="checkbox"/>	Counselling
21 <input type="checkbox"/>	Inpatient/residential withdrawal management
22 <input type="checkbox"/>	Outpatient withdrawal management
31 <input type="checkbox"/>	Residential rehabilitation activities
32 <input type="checkbox"/>	Day program rehabilitation activities
41 <input type="checkbox"/>	Naltrexone
42 <input type="checkbox"/>	Buprenorphine
43 <input type="checkbox"/>	LAAM
44 <input type="checkbox"/>	Slow release oral morphine
45 <input type="checkbox"/>	Methadone
46 <input type="checkbox"/>	Acamprosate
47 <input type="checkbox"/>	Disulfiram
49 <input type="checkbox"/>	Other maintenance pharmacotherapies
51 <input type="checkbox"/>	Inpatient consultation
52 <input type="checkbox"/>	Outpatient consultation (excluding withdrawal management)
98 <input type="checkbox"/>	Other
99 <input type="checkbox"/>	No other treatment types

Complete at Cessation of Treatment.

Date of Cessation of treatment:
___ / ___ / _____ 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 3 months and no further contact has been arranged. 4. their 'principal drug of concern' 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 treatment:	
<i>Tick one box only</i>	
01 <input type="checkbox"/>	Treatment completed
02 <input type="checkbox"/>	Transferred/referred to another service
03 <input type="checkbox"/>	Left without notice
04 <input type="checkbox"/>	Left against advice
05 <input type="checkbox"/>	Left involuntary (non-compliance)
06 <input type="checkbox"/>	Moved out of area
07 <input type="checkbox"/>	Sanctioned by drug court/court diversion program
08 <input type="checkbox"/>	Imprisoned
09 <input type="checkbox"/>	Released from prison
10 <input type="checkbox"/>	Died
11 <input type="checkbox"/>	Ceased treatment at expiation
98 <input type="checkbox"/>	Other
99 <input type="checkbox"/>	Not stated/inadequately described

Referral to another service:	
<i>Tick one box only. If no referral was made, code to '97'.</i>	
03 <input type="checkbox"/>	General practitioner
04 <input type="checkbox"/>	Medical officer/specialist
05 <input type="checkbox"/>	Psychiatric hospital
06 <input type="checkbox"/>	Other hospital
07 <input type="checkbox"/>	Residential community mental health unit
08 <input type="checkbox"/>	Residential D&A treatment agency
09 <input type="checkbox"/>	Other residential community care unit
10 <input type="checkbox"/>	Education institution
11 <input type="checkbox"/>	Non-residential community mental health centre
12 <input type="checkbox"/>	Non-residential D&A treatment agency
13 <input type="checkbox"/>	Non-residential community health centre
14 <input type="checkbox"/>	Other non-health service agency
18 <input type="checkbox"/>	Workplace (EAP)
19 <input type="checkbox"/>	Family and child protection service
97 <input type="checkbox"/>	No Referral
98 <input type="checkbox"/>	Other
99 <input type="checkbox"/>	Not stated/inadequately described

Service Contact Dates

A service contact is defined as: *'Any contact made with a client in an outpatient/non-residential setting, for the purpose of providing a treatment service, that results in a dated entry being made in the client record'.*

In the table below, the dates for all service contacts during the treatment episode must be recorded. Record dates in the form DDMMYYYY and do not leave spaces.

___ / ___ / _____ d d m m y y y y		

Appendix 3: Australian Standard Classification of Drugs of Concern

Code	Drug Name	Code	Drug Name
	ANALGESICS - Organic Opiate Analgesics (1100)		ANABOLIC AGENTS & SELECTED HORMONES - Anabolic Androgenic (4100)
1101	Codene (incl. Códral Forte, Disprin Forte, Mersyndol, Panadeine)	4101	Boldenone
1102	Morphine (incl. MS Contin, Opium)	4102	Dehydroepiandrosterone
1199	Organic Opiate Analgesics, NEC	4103	Fluoxymesterone
	ANALGESICS - Semisynthetic (1200) & Synthetic Opioid Analgesics (1300)	4104	Mesterolone
1201	Buprenorphine	4105	Methandriol
1202	Heroin	4106	Methenolone
1203	Oxycodone (incl. Endone)	4107	Nandrolone
1299	Semisynthetic Opioid Analgesics, NEC	4108	Oxandrolone
1301	Fentanyl	4111	Stanozolol
1302	Fentanyl analogues	4112	Testosterone
1303	Levomethadyl acetate hydrochloride (incl. LAAM)	4199	Anabolic Androgenic Steroids, NEC
1304	Meperidine analogues		ANABOLIC AGENTS & SELECTED HORMONES - Beta2 Agonists (4200) & Peptide Hormones (4300)
1305	Methadone	4201	Eformoterol
1306	Pethidine	4202	Fenoterol
1399	Synthetic Opioid Analgesics, NEC (incl. Fortral, Palfium)	4203	Salbutamol
	ANALGESICS - Non Opioid Analgesics (1400)	4299	Beta2 Agonists, NEC
1401	Acetylsalicylic acid (incl. Aspirin, Aspro, Disprin)	4301	Chorionic gonadotrophin
1402	Paracetamol (incl. Panadol, Panamax)	4302	Corticotrophin
1499	Non Opioid Analgesics, NEC	4303	Erythropoietin
	SEDATIVES & HYPNOTICS - Alcohols (2100)	4304	Growth hormone
2101	Ethanol (incl. Alcohol)	4305	Insulin
2102	Methanol (incl. Methylated Spirits, Metho)	4399	Peptide Hormones, Mimetics & Analogues, NEC
2199	Alcohols, NEC (incl. Rubbing Alcohol, Antifreeze)		ANABOLIC AGENTS & SELECTED HORMONES - Other Anabolic Agents (4900)
	SEDATIVES & HYPNOTICS - Anaesthetics (2200)	4901	Sulfonylurea hypoglycaemic agents
2201	Gamma-hydroxybutyrate (incl. Liquid Ecstasy, GHB, GBH)	4902	Tamoxifen
2202	Ketamine (incl. Special K)	4903	Thyroxine
2203	Nitrous oxide (incl. Laughing gas)	4999	Other Anabolic Agents & Selected Hormones, NEC
2204	Phencyclidine (incl. Angel dust, PCP)		ANTIDEPRESS. & ANTIPSYCHOT. - Monoamine Oxidase Inhibs (5100) & Phenothiazines (5200)
2299	Anaesthetics, NEC	5101	Moclobemide
	SEDATIVES & HYPNOTICS - Barbiturates (2300)	5102	Phenelzine
2301	Amylobarbitone	5103	Tranylcypromine
2302	Methylphenobarbitone	5199	Monoamine Oxidase Inhibitors, NEC
2303	Phenobarbitone	5201	Chlorpromazine
2399	Barbiturates, NEC	5202	Fluphenazine
	SEDATIVES & HYPNOTICS - Benzodiazepines (2400)	5203	Pericyazine
2401	Alprazolam (incl. Xanax)	5204	Thioridazine
2402	Clonazepam (incl. Rivotril)	5205	Trifluoperazin
2403	Diazepam (incl. Valium)	5299	Phenothiazines, NEC
2404	Flunitrazepam (incl. Rohypnol)		ANTIDEPRESSANTS & ANTIPSYCHOTICS - Serotonin Reuptake Inhibitors (5300)
2405	Lorazepam	5301	Citalopram
2406	Nitrazepam (incl. Mogadon)	5302	Fluoxetine (incl. Prozac)
2407	Oxazepam (incl. Serapax)	5303	Paroxetine (incl. Aropax)
2408	Temazepam	5304	Sertraline (incl. Zoloft)
2499	Benzodiazepines, NEC	5399	Serotonin Reuptake Inhibitors, NEC
	SEDATIVES & HYPNOTICS - Other Sedatives & Hypnotics (2900)		ANTIDEPRESSANTS & ANTIPSYCHOTICS - Thioxanthenes (5400) & Tricyclic (5500)
2901	Chlormethiazole	5401	Flupenthixol
2902	Kava lactones	5402	Thiothixene
2903	Zopiclone	5499	Thioxanthenes, NEC
2999	Other Sedatives & Hypnotics, NEC	5501	Amitriptyline
	STIMULANTS & HALLUCINOGENS - Amphetamines (3100)	5502	Clomipramine
3101	Amphetamine (incl. Benzedrine)	5503	Dothiepin
3102	Dexamphetamine	5504	Doxepin
3103	Methamphetamine (incl. Speed, Ice, Crystal Meth)	5505	Nortriptyline
3199	Amphetamines, NEC	5599	Tricyclic Antidepressants, NEC
	STIMULANTS & HALLUCINOGENS - Cannabinoids (3200)		ANTIDEPRESSANTS & ANTIPSYCHOTICS - Other Antidepressants (5900)
3201	Cannabinoids (incl. Cannabis, hash, pot)	5901	Butyrophenones (incl. Haldol)
	STIMULANTS & HALLUCINOGENS - Ephedra Alkaloids (3300)	5902	Lithium
3301	Ephedrine (incl. Shabu)	5903	Mianserin
3302	Norephedrine	5999	Other Antidepressants & Antipsychotics, NEC
3303	Pseudoephedrine (incl. Benadryl, Panadol Sinus, Sinutab, Sudated)		VOLATILE SOLVENTS - Hydrocarbons: Aliphatic (6100), Aromatic (6200) & Halogenated (6300)
3399	Ephedra Alkaloids, NEC	6101	Butane (incl. Air Freshener, Antiperspirant, Aerosol, Lighter Fluid)
	STIMULANTS & HALLUCIN. - Phenethylamines (3400) & Tryptamines (3500)	6102	Petroleum
3401	DOB (incl. Bromo-DNA)	6103	Propane
3402	DOM (incl. STP)	6199	Aliphatic Hydrocarbons, NEC
3403	MDA (incl. Love Drug)	6201	Toluene (incl. Glue, Paint, Lacquer/Paint Thinners)
3404	MDEA (incl. Eve)	6202	Xylene
3405	MDMA (incl. Ecstasy)	6299	Aromatic Hydrocarbons, NEC
3406	Mescaline (incl. Peyote)	6301	Bromochlorodifluoromethane
3407	PMA	6302	Chloroform
3408	TMA	6303	Tetrachloroethylene (incl. Dry Cleaning Agents)
3499	Phenethylamines, NEC	6304	Trichloroethane (incl. Correction Fluid & Thinner)
3501	Atropinic alkaloids (incl. Atrobel Forte, Donnatal)	6305	Trichloroethylene (incl. PVC Cement, Degreasing Agents)
3502	Diethyltryptamine	6399	Halogenated Hydrocarbons, NEC
3503	Dimethyltryptamine (incl. DM1, Fantasia)		VOLATILE SOLVENTS - Other Volatile Solvents (6900)
3504	Lysergic acid diethylamide (incl. Acid, LSD)	6901	Acetone (incl. Nail Polish Remover)
3505	Psilocybin (incl. Magic Mushrooms)	6902	Ethyl acetate (incl. Balsa Wood Cement)
3599	Tryptamines, NEC	6999	Other Volatile Solvents, NEC
	STIMULANTS & HALLUCINOGENS - Volatile Nitrates (3600)		MISCELLANEOUS DRUGS OF CONCERN - Diuretics (9100)
3601	Amyl nitrate	9101	Antikaliuretics
3602	Butyl nitrate	9102	Loop diuretics (incl. Lasix)
3699	Volatile Nitrates, NEC	9103	Thiazides (incl. Moduretic)
	STIMULANTS & HALLUCINOGENS - Other Stimulants & Hallucinogens (3900)	9199	Diuretics, NEC
3901	Caffeine		MISCELLANEOUS DRUGS OF CONCERN - Opioid Antagonists (9200)
3902	Cathinone	9201	Naloxone (incl. Narcan)
3903	Cocaine (incl. Coke)	9202	Naltrexone
3904	Methcathinone	9299	Opioid Antagonists, NEC
3905	Methylphenidate (incl. Ritalin)	0001	INADEQUATELY DESCRIBED (for Principal Drug of Concern only)
3906	Nicotine (incl. Chewing tobacco, Snuff)	0003	NO OTHER DRUGS OF CONCERN (for Other Drugs of Concern only)
3999	Other Stimulants & Hallucinogens, NEC	9999	OTHER DRUG OF CONCERN - NEC

Acknowledgments

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