

2004-2005 Data Dictionary and Collection Guidelines for the NSW Minimum Data Set

for Drug and Alcohol Treatment Services

Version 4



NSW DEPARTMENT OF HEALTH

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SHPN (CDA) 040146
ISBN 0 7347 3695 7

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July 2004

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Thank you to the numerous other agencies and individuals that contributed their time and effort to the development of this resource.

Abbreviations

ABS	Australian Bureau of Statistics
AHS	Area Health Service
AIHW	Australian Institute of Health and Welfare
BTOM	Brief Treatment Outcome Measure
BTOM-C	Brief Treatment Outcome Measure – Concise
CDA	Centre for Drug and Alcohol
CHIME	Community Health Information Management Enterprise
DADC	Drug and Alcohol Data Coordinator
DATS	Drug and Alcohol Treatment Services
ISIS	Information and System Integration Sub-committee
MATISSE	Monitoring AOD Treatment Information System for Services Everywhere
MDS	Minimum Data Set
NADA	Network of Alcohol and other Drugs Agencies
NDARC	National Drug and Alcohol Research Centre, University of NSW
NHDSC	National Health Data Standards Committee
NHDD	National Health Data Dictionary
NHIG	National Health Information Group
NMDS	National Minimum Data Set
NSWDOH	NSW Department of Health
NSWHDD	NSW Health Data Dictionary
UPI	Unique Patient Identifier
WP	Working Party

Conventions

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

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

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

Introduction

These guidelines have been prepared as a reference for those involved in collecting and supplying data for the NSW Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS) – formerly known as the NSW Minimum Data Set for Alcohol and Other Drug Treatment Services (NSW MDS AODTS). It will be particularly useful to staff in Area Health Services and Drug and Alcohol treatment agencies directly involved in collecting and reporting the data.

This publication is intended to provide:

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

Why do we need this data collection?

This data collection has been developed to provide consistent information across NSW about the clients and activities of Drug and Alcohol services. The collection ultimately aims to contribute standardised state and national data that will be used to inform planning and policy developments designed to reduce drug-related harm.

The NSW MDS DATS will make it possible to compare and aggregate information across NSW on drug problems, service utilisation and treatment programs for a variety of clients, communities and service settings. It 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 (eg admitted-patient data and national surveys) to inform debate, policy decisions and strategies related to the Drug and Alcohol treatment sector.

Background

Alcohol and other Drugs Council of Australia Forum

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

National Drug and Alcohol Research Centre – Data Set Development

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

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

NSW Drug Summit

In 1999, the NSW Drug Summit endorsed the implementation of a minimum data collection, as part of a coordinated strategy to monitor outcomes for drug and alcohol services in NSW. The NSW MDS DATS provides consistent data across the State to guide planning to meet the needs of, and improve, the quality of drug treatment service provision within NSW.

NSW MDS DATS Data Collection

The NSW Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS) Data Collection is the culmination of many developments at both national and state levels. The resources required to address the harms associated with drug use, and the rapid development of the treatment sector, have required the Centre for Drug and Alcohol, NSW Department of Health to develop a relevant and timely information system. The National Minimum Data Set for Alcohol and other Drug Treatment Services (NMDS AODTS) has been recognised 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 elements – comprising the initial NMDS AODTS. Data collection for NSW (and the other states and territories) commenced on the first of July 2000. The data elements from the first year (2000/2001) of the collection were a **subset** of the items to be collected throughout NSW and were collected on a client registration basis. The NMDS AODTS shifted to a closed treatment episode collection from 1 July 2001 and expanded to include the majority of the data elements already collected by NSW.

The NSW Department of Health is the collection authority for the NSW data collection. The national collection authority is the Australian Institute of Health and Welfare, on behalf of the Commonwealth Department of Health and Ageing. The required Commonwealth data (after it has been cleaned and mapped) is forwarded to the AIHW annually by the Centre for Drug and Alcohol, NSW Department of Health. It is not necessary for agencies to collect two sets of data for State and Commonwealth requirements – the one data set meets both needs.

The NSW MDS DATS consists of 33 separate items to be collected throughout the course of the **Service Episode**. Since 1 July 2000, the National MDS AODTS has been a subset contained within the NSW MDS DATS. 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 **Service Episode** that has been **open** or **completed** within the monthly data submission period

Scope

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

Which agencies?

Included:

- All publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist services to people with alcohol and/or other drug problems. This includes Justice Health facilities, Aboriginal or Mental Health services, or generalist agencies such as community health services and multi-purpose centres, if they also provide specialist Drug and Alcohol services. Drug and alcohol agencies associated with an acute care hospital are also included, where they have staff permanently allocated to provide a drug and alcohol service that is administered and funded by AHS Drug and Alcohol Services separate to the hospital, irrespective of whether those agencies also report to the Inpatient Statistics Collection.

Excluded:

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

Which clients?

Included:

- All clients assessed and/or accepted for one or more types of specialised drug and alcohol service for their own, or another person's, alcohol or other drug problem. This includes people who seek advice or information only.
- All public pharmacotherapy clients for whom the Brief Treatment Outcome Measure (BTOM) or Brief Treatment Outcome Measure-Concise (BTOM-C) is collected from 1 July 2004. This includes new or re-registered clients who are prescribed Methadone/Buprenorphine treatment in the public sector. A 'new' client is one who has never received Methadone or Buprenorphine treatment before. A 're-registered' client is one who has not received Methadone or Buprenorphine for at least three-months. Clients prescribed in the 'public sector' include all those who have a public prescriber, whether they are dosed at a public clinic/hospital or at a private clinic or pharmacy.

Excluded:

- Admitted patients in acute care or psychiatric hospitals, other than those drug and alcohol agencies indicated above as in scope, irrespective of whether a consultation is provided by specialist Drug and Alcohol staff, although these may be collected locally at an Agency/AHS level and submitted to the Centre for Drug and Alcohol, NSW Department of Health for analysis separate to the NSW MDS DATS.
- Clients treated in excluded agencies previously noted.

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

Which activities?

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

Included:

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

Excluded:

- Any inpatient consultation activity performed within acute care or psychiatric hospitals, although these may be collected locally at an Agency/AHS level. Although excluded from the scope of the NSW MDS DATS, agencies collecting this data domain are permitted to submit this data to the Centre for Drug and Alcohol, NSW Department of Health. This includes any inpatient consultation activities undertaken with a client who has been admitted to a bed within an acute care, psychiatric or Justice Health hospital under the care of a clinician or Service other than the drug and alcohol clinician performing the consultation or the drug and alcohol service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment. Analysis of the NSW MDS DATS will not include this data.

Future development

As the NSW MDS DATS will be implemented in Justice Health facilities and will be collected for clients who are prescribed Methadone/Buprenorphine in the public sector in 2004/2005, further development of the data collection may arise from implementation in these new settings. A regular review and evaluation process will be established to recommend further extensions and changes to the data collection.

Roles and responsibilities

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

IGCD NMDS Working Group

Representatives from the Centre for Drug and Alcohol, NSW Department of Health sit on the Inter-Governmental Committee on Drugs National Minimum Data Set Working Group. This committee is responsible for the development, implementation and monitoring of the National Minimum Data Set for Alcohol and other Drug Treatment Services. Members include representatives from each Australian jurisdiction, the AIHW, the ABS, NDARC, and the Commonwealth's National Drug Strategy Unit. Any recommendations for modification of the NMDS are required to be submitted by the IGCD NMDS Working Group to the National Health Information Group (NHIG) and the National Health Data Standards Committee (NHDSC), who may approve those recommendations.

NSW Health Drug and Alcohol Council

The NSW Health Drug and Alcohol Council is responsible for approving any proposed changes to the development, implementation, quality improvement, monitoring and utilisation of the NSW Minimum Data Set for Drug and Alcohol Treatment Services. Members include the Centre for Drug and Alcohol Executive, Area Health Service Drug and Alcohol Coordinators and the Executive Officer of the Network of Alcohol and other Drug Agencies. Any recommendations for modification of the NSW MDS DATS are required to be submitted by the NSW Health Drug and Alcohol Council Information and System Integration Subcommittee (ISIS) to the NSW Health Drug and Alcohol Council, who may approve those recommendations.

NSW Health Drug and Alcohol Council Information and System Integration Subcommittee

The NSW Health Drug and Alcohol Council Information and System Integration Subcommittee (ISIS) is responsible for providing recommendations to the NSW Health Drug and Alcohol Council on the development, implementation, quality improvement, monitoring and utilisation of the NSW MDS DATS. It is composed of representatives from the Centre for Drug and Alcohol, Community Health Information Strategy Unit and Information Development Unit of the NSW Department of Health, Area Health Services and the Network of Alcohol and other Drug Agencies. ISIS may choose to establish a working party to work through the detail of any proposed changes to the MDS, as was done for 2004/2005.

NSW Department of Health – Centre for Drug and Alcohol

It is the responsibility of the Centre for Drug and Alcohol, NSW Department of Health, in conjunction with AHS, to establish and co-ordinate the collection of data from their Drug and Alcohol service providers. Some of its key responsibilities are to:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NSW MDS 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 with and provide feedback and reports to Area Health Services on data issues
- clean and forward the NSW data to the Commonwealth annually.

Area Health Services – Drug and Alcohol 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 Drug and Alcohol Data Coordinator (DADC). This position is responsible (within its AHS, for both the government and non-government sectors) for:

- implementing and managing 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
- collating, cleaning and validating the data
- submitting the data to Centre for Drug and Alcohol, NSW Department of Health on a monthly basis.

The contact details for Drug and Alcohol 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 Drug and Alcohol Data Coordinator.

Network of Alcohol and other Drug Agencies (NADA)

In order to support the collection of the NSW MDS DATS, 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 NGOs, Centre for Drug and Alcohol, NSW Department of Health and the AHS Drug and Alcohol Data Coordinators.

Drug and alcohol agencies

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

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

Collection guidelines

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

General issues

- No data element is to be left blank. Where a nil response is required, tick or code the appropriate response eg 'no other service provided', 'no other drugs of concern'.
- All items should be based on the client's response, not on the clinician's guesses or assumptions. This is particularly important for collection of the 'Aboriginal and Torres Strait Islander Origin' data element. When the client is unable to respond personally, the person answering for him or her should be qualified to do so (ie the respondent must know the client and feel confident to provide accurate information about him or her). However, it is strongly recommended that all questions be asked directly whenever possible. Where this is impossible, such as in the case of death, questions should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.
- Agencies may develop their own business rules relating to the collection, however, 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 by a member of the administrative or support staff.

Service episodes

The unit of measurement for the NSW MDS DATS is a **Service Episode**. A **Service Episode** is defined as 'a treatment process, with defined dates of commencement and cessation between a patient/client and a provider or team of providers, provided at the treatment agency or

one of its service delivery outlets, in which there is no major change in the *Service Delivery Setting*, *Main Service Provided* or *Principal Drug of Concern* and within which there has been no unplanned interval of contact greater than 3 months. A change in *Pharmacotherapy Type for Main Service Provided*, however, does **not** constitute a change in the *Main Service Provided*'.

There are three primary triggers for opening a new **Service Episode** with an existing client. They are a change in any of the following:

- *Main Service Provided* (eg from detox to rehab)
- *Principal Drug of Concern* (eg from heroin to cocaine)
- *Service Delivery Setting* (eg from inpatient to outpatient).

In any of these circumstances, a new **Service Episode** must be opened. Depending on circumstances, the existing **Service Episode** may be either closed or left open. A client may therefore have a number of concurrently open **service 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 **service episodes** and would require the completion of the data set for each of the two **service episodes**.

There are only three exceptions to this rule:

- A **Service Episode** for the *Main Service Provided* of 'assessment only' is opened, followed on the same day with the opening of another **Service Episode** for a *Main Service Provided*, such as 'outpatient withdrawal management' (assuming they are both provided at the same agency and within the same *Service Delivery Setting*). In this case, only one **Service Episode** should be opened with the *Main Service Provided* coded to 'outpatient withdrawal management', **not** 'assessment only'. It is only appropriate to code a **Service Episode** with the *Main Service Provided* 'assessment only' when the client only receives an assessment and **no other form of treatment is planned for the client**. If a client has been assessed for a rehabilitation bed, but the bed is not available for another week, the episode should still be coded to 'residential rehabilitation activities'.

- A client commenced treatment with a 'maintenance pharmacotherapy', such as Methadone or Buprenorphine, with an aim to perform a detoxification, thence proceeds **directly** onto 'maintenance pharmacotherapy' treatment (with the provision they are both provided at the same agency). In this case, a single **Service Episode** should be opened with the *Main Service Provided* coded to 'maintenance pharmacotherapy'.
- The *Main Service Provided* is 'maintenance pharmacotherapy' and the *Pharmacotherapy Type for Main Service Provided* changes (eg from 'Methadone' to 'Buprenorphine'). In this case, only one **Service Episode** should be opened with the *Main Service Provided* coded to 'maintenance pharmacotherapy' and the *Pharmacotherapy Type for Main Service Provided* coded to the pharmacotherapy drug that was used for treating the client at the commencement of the **Service Episode**. The new *Pharmacotherapy Type for Main Service Provided* will be recorded separately.

Collection agencies must ensure that a **Service Episode** is not left open indefinitely. A **Service Episode** will normally be declared 'closed' at the **Cessation of Service Episode**. However, whenever there has been no client contact for a period of three-months, and for whom there are no plans in place for contact in the future, the **Service Episode** must be declared 'closed'. In these circumstances, the *Date of Cessation of Service Episode* should be listed as the date on which the client was **last seen** (or, in the case of opioid maintenance pharmacotherapy clients, the date on which the client was **last dosed**, whichever is the latter), and **not** the date on which the episode is declared closed on the computer. It is essential that agencies take care in auditing their files to ensure that outstanding episodes are closed.

Referral

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

Client identifier

The NSW Department of Health is seeking to implement a Unique Patient Identifier (UPI) 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 AHS Drug and Alcohol Data Coordinator for advice on local business rules.

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

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. Staff, agencies and authorities should be aware of the potential for misuse of the data. All aspects of collection, collation, use and reporting of the data are subject to the NSW Department of Health Privacy Manual, version 1, 2004. Copies of the Privacy Manual are available from the Better Health Centre on (02) 9816 0452 or fax (02) 9816 0492. It is also available on the NSW Department of Health website www.health.nsw.gov.au/pubs/2004/privacymanual.html

Secondary clients

The term **secondary clients** describes people who contact a service in relation to another person's drug use, in which case *Client Type* is recorded as '2' – 'other's drug use'. This may include relatives, friends, employers, etc, but does not include a person seeking a service for their own drug use who is also affected by the drug use of another person. Data relating to secondary clients is within the scope of the Minimum Data Set and must be reported to the Centre for Drug and Alcohol, NSW Department of Health. All responses for data elements should refer to the actual client making contact with the service. All data elements are to be collected for secondary clients, except for the following five drug-related data elements, due to their unreliability and inappropriateness:

Collection guidelines

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

Agencies may collect information locally for these five data elements, but they should not be submitted to the Centre for Drug and Alcohol, NSW Department of Health. These five data elements are not to be submitted because they would refer to the person that the secondary client is concerned about, not himself or herself.

Multiple response items

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

- *Other Drugs of Concern*
- *Previous Services Received*
- *Pharmacotherapy Type for Main Service Provided*
- *Other Services Provided*
- *Service Contact Dates*.

It is recommended that clinicians limit these data elements (excluding *Pharmacotherapy Type for Main Service Provided* and *Service Contact Dates*) to five or fewer responses. This will help minimise the likelihood of clients indicating they've had 'all' services 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 *Other Drugs of Concern* or *Other Services Provided*. If a clinician wishes to list more than five responses, they may submit them but they should be aware that only the first five responses would be sent to the Commonwealth. The 'first five' responses can only subsequently be determined by order in the set of options – there is no provision for the clinician to indicate the order of importance. Under these circumstances, clinicians should enter only the five most significant responses.

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

Data collection times

Table 1. Data collection times for each data element

Commencement of Service Episode

Administrative data elements:

Establishment Identifier (Agency Code)
State Identifier (State Code)
Establishment Sector (Agency Sector)
Region Code
Establishment Number (Agency Number)
Agency Location
Person Identifier (Client Code)

Client data elements:

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

Drug Use data elements:

Client Type
Principal Drug of Concern
Other Drugs of Concern
Method of Use for Principal Drug of Concern
Injecting Drug Use

Service data elements:

Service Delivery Setting
Date of Commencement of Service Episode
Source of Referral to Service
Previous Services Received
Main Service Provided
Pharmacotherapy Type for Main Service Provided

During Service Episode

Drug Use data elements:

Other Drugs of Concern

Service data elements:

Pharmacotherapy Type for Main Service Provided
Previous Services Received
Other Services Provided
Service Contact Dates
Postcode of Service Contact

Cessation of Service Episode

Service data elements:

Date of Cessation of Service Episode
Reason for Cessation of Service Episode
Referral to Another Service

It is recommended that the following data elements be recorded on an ongoing basis: *Pharmacotherapy Type for Main Service Provided, Previous Services Received, Other Services Provided, Service Contact Dates and Postcode of Service Contact*. Some service providers may wish to keep the Service Contact date form on the front of client files to allow simple and quick recording of service contacts as they occur. Items marked for collection at **Commencement of Service Episode** should be completed on the day of initial assessment. Items marked for collection at the **Cessation of Service Episode** should be completed within **THREE DAYS** of the actual date of cessation.

Data collection tools

In order to facilitate the data collection, the Centre for Drug and Alcohol, NSW Department of Health has provided both paper forms (see Appendix B) and a Microsoft Access database (called MATISSE) to assist agencies in the entry and maintenance of the data collection. A software user manual for MATISSE is available from the Centre for Drug and Alcohol, NSW Department of Health and AHS Drug and Alcohol Data Coordinators (DADCs).

The MATISSE (Monitoring AOD Treatment Information System for Services Everywhere) database provides for the automatic generation of monthly reports in the appropriate format for submission. Data may be entered directly into 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 DADC, who will check and clean them and forward them to the Centre for Drug and Alcohol, NSW Department of 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 NSW MDS DATS. Other data collection tools can also be developed or used to meet agency or AHS reporting requirements.

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

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

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

Data quality

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

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

In order to ensure that the Centre for Drug and Alcohol, NSW Department of 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 Drug and Alcohol Data Coordinator is responsible for all data checking, validation, follow-up and fixing of data generated within their region. All data received by the Centre for Drug and Alcohol, NSW Department of Health will be reviewed to detect obvious omissions or errors. If an error is found, the AHS Drug and Alcohol Data Coordinator will be contacted for clarification.

There are two forms of data quality checks that should be applied to the data set before it is submitted to the Centre for Drug and Alcohol, NSW Department of 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. Refer to the Data Dictionary below for the valid ranges of codes.

Collection guidelines

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

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

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

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 DATS will perform all of the required validity and logic checks outlined below.

Table 2. Data quality – logic checks

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

Some general checks that should be conducted:

- **Missing agencies** – AHS should ensure that all agencies within the 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 elements. 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 elements.
- **Incorrect dates** – Dates reported by agencies should be checked to ensure that they are not sending incorrect dates (eg dates in the future) or in incorrect date formats (eg mmddyyyy). Dates should be reported in the format ddmmyyyy (ie without any delimiters). Time information should not be included in date fields.
- **Duplicate records** – AHS should check for duplicate **service episodes** being submitted by agencies (eg two **service episodes** for the same client on the same day. Where the *Main Service Provided* for one is 'assessment only', and the other 'residential rehabilitation activities', this is duplication). When records are identified as possible duplicates, the agency should be consulted to ensure that **service episodes** have not been mistakenly submitted on more than one occasion.
- **Reporting period** – *The Date of Commencement of Service Episode* and *Date of Cessation of Service Episode* should be checked to ensure that only **service episodes** that were open and/or closed within the valid reporting period (1 July 2004 to 30 June 2005) are reported for the 2004-2005 collection.
- **Data inclusion** – AHS should ensure that data not within scope of the NSW MDS DATS is excluded from the collated data set sent to the Centre for Drug and Alcohol, NSW Department of Health.

If the Centre for Drug and Alcohol identifies an error in the data, it will request the Drug and Alcohol Data Coordinator in the associated Area Health Service to fix it at the agency level and resubmit the data.

Data submission

All agencies, both government and non-government, must submit their collected data to the Drug and Alcohol Data Coordinator (DADC) in their Area Health Service (AHS). No data is to be directly submitted by agencies to the Centre for Drug and Alcohol, NSW Department of Health. DADCs must submit their AHS data in the approved electronic format to the Centre for Drug and Alcohol no later than the 21st day of the month following that of collection. See Appendix A 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 AHS level, including that provided by Non-Government Organisations. The data custodian for the Statewide data collection is the Deputy Director General, Population Health and Chief Health Officer for the NSW Department of Health. The data custodian is responsible for approval of any release of the unit record file or publications relating to the data.

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

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 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 AHS level needs to be done with due consideration and consultation with the relevant agencies. The following points identify some areas of particular concern regarding the release of:

- agency information beyond the agency
- comparative data between agencies without consultation with the agencies concerned

- comparative data between Government and Non-Government service providers
- information based on a small number of cases. No results should be reported with a frequency of less than six.

Where any doubt exists as to the appropriate use of data, refer to the NSW Department of Health Privacy Manual, version 1, 2004 and the NSW Department of Health Privacy Management Plan 2000. Both these items are available from the Better Health Centre on (02) 9816 0452 or fax (02) 9816 0492, or the NSW Department of Health website www.health.nsw.gov.au/pubs/2004/privacymanual.html and www.health.nsw.gov.au/iasd/hi/privacy/policies.html

The Centre for Drug and Alcohol, NSW Department of Health will produce four quarterly data quality and data frequency reports for each AHS and for NSW as a whole. These reports will be made available to AHS Drug and Alcohol Data Coordinators and agency staff.

It is expected that AHS Drug and Alcohol Data Coordinators will play a key role in the analysis and reporting of data at an AHS 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 element per agency, for distribution to that agency only.
- Descriptive analysis on each data element at an Area Health Service level for distribution to the AHS Drug and Alcohol Coordinator and to all agencies within the Area Health Service.

Privacy and confidentiality

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

No individual service provider or individual client will be identified/or identifiable in the Centre for Drug and Alcohol, NSW Department of Health annual report on the NSW MDS DATS collection. For example, no identifiers for persons or establishments will be reported; and, for client confidentiality reasons, no data will be reported pertaining to data elements or data domains that have a frequency less than six.

Collection guidelines

Agency staff must be made aware of the need for ethical management and privacy of data. Appendix D contains a pro forma undertaking to observe privacy requirements. This agreement should be completed by all persons (employed and contracted) that may come into contact with personal health information during the course of their work.

Generally, clients should be informed as to what information is collected, by whom, how it will be used, and their rights in relation to it.

Informing people applies, irrespective of whether the information was collected from a third party, or directly from the person concerned. The law recognises there will be situations when it is not reasonable or appropriate to do this, such as if informing a person will prejudice their interests or pose a threat. Appendix E contains a pro forma information sheet setting out the kind of information that should be provided.

Where any doubt exists as to the appropriate use of data or informing people about what information is collected, refer to the NSW Department of Health Privacy Manual, version 1, 2004 and the NSW Department of Health Privacy Management Plan 2000. Both these items are available from the Better Health Centre on (02) 9816 0452 or fax (02) 9816 0492, or the NSW Department of Health website www.health.nsw.gov.au/pubs/2004/privacymanual.html and www.health.nsw.gov.au/iasd/hi/privacy/policies.html

What is new from 1 July 2004

Table 3. The NSW MDS DATS, showing revisions to data elements from 1 July 2004

Data element	Domain modified	Definition modified	Page
Aboriginal and Torres Strait Islander Origin			33
Agency Location			27
Client Type			46
Cessation of Service Episode (concept)		✓	82
Commencement of Service Episode (concept)		✓	80
Country of Birth	✓		35
Date of Birth			30
Date of Birth Status			31
Date of Cessation of Service Episode		✓	72
Date of Commencement of Service Episode		✓	56
Establishment Identifier (Agency Code)			22
Establishment Number (Agency Number)			26
Establishment Sector (Agency Sector)			24
Injecting Drug Use			52
Living Arrangement		✓	42
Main Service Provided	✓	✓	63
Method of Use for Principal Drug of Concern			51
Other Drugs of Concern			49
Other Services Provided	✓	✓	68
Person Identifier (Client Code)			28
Pharmacotherapy Type for Main Service Provided			67
Postcode of Service Contact			71
Preferred Language			39
Previous Services Received	✓	✓	60
Principal Drug of Concern		✓	47
Principal Source of Income			41
Reason for Cessation of Service Episode	✓	✓	73
Referral to Another Service			75
Region Code	✓		25
Service Contact (concept)			81
Service Contact Dates		✓	70
Sex			32
Source of Referral to Service		✓	57
State Identifier (State Code)			23
Service Delivery Setting		✓	54
Service Episode (concept)		✓	78
Usual Accommodation		✓	43

Changes in data collection scope and reporting from 1 July 2004

Removed data elements from 1 July 2004

1. Number of service contacts

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

Relabelling of data elements from 1 July 2004

2. Revise data element labels from 'Treatment' to 'Service'

The following data elements have been relabelled as follows:

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

Relabelling of data domains from 1 July 2004

3. Revise data domain label for *Region Code*.

The following data domains have been relabelled as follows:

2003/2004 Data domain label		2004/2005 Data domain label
S Corrections Health	↔	S Justice Health

4. Revise data domain labels for '*Country of Birth*'.

2003/2004 Data domain label		2004/2005 Data domain label
3213 Yugoslavia, Federal Republic of	↔	3213 Serbia and Montenegro

5. Revise data domain labels from 'Treatment' to 'Service' .

The following data domains have been relabelled as follows:

a) Previous Services Received

2003/2004 Data Domain label		2004/2005 Data domain label
99 No previous treatment	↔	99 No previous service received

b) Other services provided

2003/2004 Data domain label		2004/2005 Data domain label
99 No other treatment provided	↔	99 No other service provided

c) Reason for Cessation of Service Episode

2003/2004 Data domain label		2004/2005 Data domain label
01 Treatment completed	↔	01 Service completed

Scope changes to data elements from 1 July 2004

6. AHS who are collecting 'inpatient consultation' in Main Service Provided are encouraged to submit data to NSW Health

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

7. BTOM/BTOM-C clients in scope for collecting the NSW MDS DATS

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

8. Drug and Alcohol agencies who currently report to both the Inpatient Statistics Collection and the NSW MDS DATS (the majority of inpatient detoxification services) are in scope for submitting their data to NSW Health

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

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

Definition changes to data elements from 1 July 2004

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

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

10. Examples provided of when it is appropriate to code 'Methadone' as the *Principal Drug of Concern*

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

11. Reason for Cessation of Service Episode has been clarified regarding when to choose 'treatment completed' versus 'transferred/referred'

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

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

a) Definition of an 'assessment only' Main Service Type and when it should be created as a separate Service Episode

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

b) Definition of 'support and case management only' as the Main Service Provided

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

c) Which clients to collect the NSW MDS DATS on for group counselling sessions

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

d) Definition of 'outpatient consultation' as the Main Service Provided

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

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

Data dictionary user guide

Purpose of the Data Dictionary

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

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

General guidelines

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

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

If you are in doubt about the proper usage of any data elements, please contact the Drug and Alcohol Data Coordinator for your Area Health Service or the Drug and Alcohol Information Systems Administrator in the Centre for Drug and Alcohol, NSW Department of Health. 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 – is the key reference section for each data element, and includes the formal definition of the item, as well as a context section that explains the intended application and purpose of the items.

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

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

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

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

Administrative data elements

1

1.1 Establishment identifier (agency code)

Defining characteristics

Data element type:	COMPOSITE ELEMENT
Definition:	Identifier (code) for the agency that provided the service. Each separately administered agency is to have a unique identifier at the State 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	<i>State Identifier</i> (State Code)	
	N	<i>Establishment Sector</i> (Agency Sector)	
	A	<i>Region Code</i>	
	NNN	<i>Establishment Number</i> (Agency Number)	

Guidelines and collection rules

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

Administrative information

Version: 1	Effective Date: 1/7/2000 Note: From July 2002, the NMDS AODTS has changed the length of this data element to 9. This is to accommodate an increase in <i>size</i> of the <i>Establishment Number</i> (from 3 to 5 characters) and <i>Region Code</i> (from 1 to 2 characters). The Centre for Drug and Alcohol, NSW Department of Health will map to NMDS AODTS standards.
Source document:	National Health Data Dictionary Version 12
Source organisation:	National Health Data Standards 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 Centre for Drug and Alcohol, NSW Department of Health will allocate this code to agencies.
Related data:	Composite part of <i>Establishment Identifier</i> (Agency Code).
Collection methods:	State Code is a synonym for <i>State Identifier</i> , and either term may be used as a field label on paper or electronic forms.

Administrative information

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

1.3 Establishment sector (agency sector)

Defining characteristics

Data element type: DATA ELEMENT
Definition: The sector 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 government funding
- Code 4: Non-government (not funded) – not-for-profit agencies, not in receipt of any government funding

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

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

Administrative information

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

1.4 Region code

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	An identifier (code) for the location of drug and alcohol service 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:	<i>Region</i> Code corresponds to NSW Department of 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	
	S	Justice Health	

Guidelines and collection rules

Guide for use:	The Centre for Drug and Alcohol, NSW Department of Health will allocate this code to agencies.
Related data:	Composite part of <i>Establishment Identifier</i> (Agency Code).

Administrative information

Version: 1	Effective Date: 1/7/2000
	Note: From July 2004, Corrections Health Service has been renamed to Justice Health. Also, from July 2002, the NMDS AODTS has changed the length of this data element to 2. The Centre for Drug and Alcohol, NSW Department of Health will map to NMDS AODTS standards.
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
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 **Service Episode**. If the **Service 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: The Centre for Drug and Alcohol, NSW Department of Health will allocate the code for each agency.

The Australian Standard Geographical Classification (ASGC) is updated annually with an effective date of 1 July each year. The edition effective for the data collection reference year should be used.

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.

For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign a Statistical Local Area (SLA). However, since some locality names are shared, limited additional information such as the postcode or State may be needed to assign the SLA.

In addition, there are 'split localities' – those which cross one or more SLA boundaries. For these, more detailed information (the number and street of the establishment) is used with the Streets Sub-index of the NLI to assign the SLA.

Related data: Related to the data element *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 (2001).

Source organisation: Australian Bureau of Statistics

Current national item? Yes

Social and demographic data elements

2

2.1 Date of birth

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The client's date of birth.
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		

Guidelines and collection rules

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

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	From July 2002, the <i>Date of Birth</i> should be submitted without any delimiters. If the month or day is unknown, it should be listed as '01' not 'XX'. If any part of the <i>Date of Birth</i> is estimated, the data element <i>Date of Birth Status</i> should be set accordingly.
Source document:	National Health Data Dictionary Version 12
Source organisation:	National Health Data Standards Committee
Current national item?	Yes

2.3 Sex

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The sex of the client.
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? <input type="checkbox"/> Male <input type="checkbox"/> 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 element is sex. Information collection for transsexuals and people with transgender issues should be treated in the same manner. For recording consistency, transsexuals undergoing a sex change operation should have their sex at the time of assessment recorded.

Administrative information

Version: 1	Effective Date: 1/7/2000 Note: This data element differs from that collected by the NMDS AODTS, which also collects code '3' – 'indeterminate'.
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
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 Australians, the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 1	Max 1	Representational layout: N
Data domain:	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated		

Guidelines and collection rules

Guide for use:	<p>Staff should be clear that this data element is a client's self-assessment of Australian Aboriginal or Torres Strait Islander origin or descent and should be asked of everyone.</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:	<p>The standard question for this data element is as follows:</p> <p>[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p> <p><input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander</p>
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Social and demographic data elements

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

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

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

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

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

For further information, refer to the NSW Department of Health Circular 2000/38 'Principles for recording Aboriginal and Torres Strait Islander Origin information of patients and clients', which can be found on the NSW Department of Health website <http://www.health.nsw.gov.au/policies/pd/2005/PD2005-510.html>

Administrative information

Version: 2 Effective Date: 1/7/2002

Summary of Changes: The name of this data element has changed from *Indigenous Status* to *Aboriginal and Torres Strait Islander Origin*. The definition has been updated based on the guidelines in the NSW Department of 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 Data Dictionary Version 1

Source organisation: NSW Department of Health

Current national item? Yes

Social and demographic data elements

8408	Dominica	3104	Italy
8411	Dominican Republic	8415	Jamaica
5206	East Timor	6201	Japan
8206	Ecuador	4206	Jordan
4102	Egypt	7205	Kazakhstan
8303	El Salvador	9208	Kenya
2102	England	1402	Kiribati
9112	Equatorial Guinea	6202	Korea, Democratic People's Republic of (North)
9206	Eritrea	6203	Korea, Republic of (South)
3303	Estonia	4207	Kuwait
9207	Ethiopia	7206	Kyrgyz Republic
2402	Faeroe Islands	5103	Laos
8207	Falkland Islands	3305	Latvia
1502	Fiji	4208	Lebanon
2403	Finland	9211	Lesotho
3206	Former Yugoslav Republic of Macedonia (FYROM)	9118	Liberia
2303	France	4103	Libya
8208	French Guiana	2305	Liechtenstein
1503	French Polynesia	3306	Lithuania
9113	Gabon	2306	Luxembourg
9114	Gambia	6103	Macau (SAR of China)
4202	Gaza Strip and West Bank	9212	Madagascar
7204	Georgia	9213	Malawi
2304	Germany	5203	Malaysia
9115	Ghana	7104	Maldives
3102	Gibraltar	9121	Mali
3207	Greece	3105	Malta
2404	Greenland	1403	Marshall Islands
8412	Grenada	8416	Martinique
8413	Guadeloupe	9122	Mauritania
1401	Guam	9214	Mauritius
8304	Guatemala	9215	Mayotte
9116	Guinea	8306	Mexico
9117	Guinea-Bissau	1404	Micronesia, Federated States of
8211	Guyana	3208	Moldova
8414	Haiti	2307	Monaco
3103	Holy See	6104	Mongolia
8305	Honduras	8417	Montserrat
6102	Hong Kong (SAR of China)	4104	Morocco
3304	Hungary	9216	Mozambique
2405	Iceland	9217	Namibia
7103	India	1405	Nauru
5202	Indonesia	7105	Nepal
4203	Iran	2308	Netherlands
4204	Iraq	8418	Netherlands Antilles
2201	Ireland, Republic of	1301	New Caledonia
2103	Isle of Man	1201	New Zealand
4205	Israel	8307	Nicaragua

9123	Niger	8299	South America, NEC
9124	Nigeria	9299	Southern and East Africa, NEC
1504	Niue	3108	Spain
1102	Norfolk Island	7107	Sri Lanka
4199	North Africa, NEC	9222	St Helena
2104	Northern Ireland	8422	St Kitts and Nevis
1406	Northern Mariana Islands	8423	St Lucia
2406	Norway	8103	St Pierre and Miquelon
4211	Oman	8424	St Vincent and the Grenadines
7106	Pakistan	4105	Sudan
1407	Palau	8214	Suriname
8308	Panama	9226	Swaziland
1302	Papua New Guinea	2407	Sweden
8212	Paraguay	4214	Syria
8213	Peru	6105	Taiwan
5204	Philippines	7207	Tajikistan
3307	Poland	9227	Tanzania
1599	Polynesia (excl Hawaii),NEC	5104	Thailand
3106	Portugal	9128	Togo
8421	Puerto Rico	1507	Tokelau
4212	Qatar	1508	Tonga
1606	Queen Maud Land (Norway)	8425	Trinidad and Tobago
2311	Switzerland	4106	Tunisia
9218	Reunion	4215	Turkey
3211	Romania	7208	Turkmenistan
1607	Ross Dependency (New Zealand)	8426	Turks and Caicos Islands
3308	Russian Federation	1511	Tuvalu
9221	Rwanda	9228	Uganda
1505	Samoa	3312	Ukraine
1506	Samoa, American	4216	United Arab Emirates
3107	San Marino	8104	United States of America
9125	Sao Tome and Principe	8215	Uruguay
4213	Saudi Arabia	7211	Uzbekistan
2105	Scotland	1304	Vanuatu
9126	Senegal	8216	Venezuela
3213	Serbia and Montenegro	5105	Vietnam
9223	Seychelles	8427	Virgin Islands, British
9127	Sierra Leone	8428	Virgin Islands, United States
5205	Singapore	2106	Wales
3311	Slovakia	1512	Wallis and Futuna
3212	Slovenia	4107	Western Sahara
1303	Solomon Islands	4217	Yemen
9224	Somalia	9231	Zambia
9225	South Africa	9232	Zimbabwe

Social and demographic data elements

Guidelines and collection rules

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

Clients who were born at sea are to be coded to '0001' – 'At sea'. Clients who were born in an airplane are to be coded to '0002' – 'Not elsewhere classified'.

Administrative information

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

Source document: Standards Australian Classification of Countries (SACC) ABS Cat. No. 1269.0 (1999).
While not formally adopted by the National Health Data Standards Committee (NHDSC), the use of SACC is consistent with the data domains described, as there is a direct concordance between the two classifications.

Source organisation: Australian Bureau of Statistics

Current national item? Yes

2.6 Preferred language

Defining characteristics

Data element type: DATA ELEMENT

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

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

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 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
	06 Assyrian (including Aramaic)	41	Kriol
	07 Australian Indigenous languages, NEC	42	Kuurinji (Gurindji)
	08 Bengali	43	Lao
	09 Bisaya	44	Latvian
	10 Bosnian	45	Lithuanian
	11 Bulgarian	46	Macedonian
	12 Burarra	47	Malay
	13 Burmese	48	Maltese
	14 Cantonese	49	Mandarin
	15 Cebuano	50	Mauritian Creole
	16 Croatian	51	Netherlandic (Dutch)
	17 Czech	52	Norwegian
	18 Danish	53	Persian
	19 English	54	Pintupi
	20 Estonian	55	Pitjantjatjara
	21 Fijian	56	Polish
	22 Finnish	57	Portuguese
	23 French	58	Punjabi
	24 German	59	Romanian
	25 Gilbertese	60	Russian
	26 Greek	61	Samoan
	27 Gujarati	62	Serbian
	28 Hakka	63	Sinhalese
	29 Hebrew	64	Slovak
	30 Hindi	65	Slovene
	31 Hmong	66	Somali
	32 Hokkien	67	Spanish
	33 Hungarian	68	Swahili
	34 Indonesian	69	Swedish
	35 Irish	70	Tagalog (Filipino)

Social and demographic data elements

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

Guidelines and collection rules

- Guide for use:** The classification used in this data element 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.

- 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 element is a modified version of the 2-digit level ABS classification.
- The National Health Data Standards 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 (1997).
- Source organisation:** National Health Data Standards Committee
- Current national item?** Yes

2.7 Principal source of income

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The source from which the client legally derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income obtained legally, and none amounts to 50%, the one that contributes the largest percentage should be entered.
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	06	Dependent on others
	02 Part-time employment	07	Retirement fund
	03 Temporary benefit (eg unemployment)	08	No income
	04 Pension (eg aged, disability)	98	Other
	05 Student allowance	99	Not stated/not known/ inadequately described

Guidelines and collection rules

Guide for use:	<p>Should be based upon the client's personal legal source of income, not another person's source of income. If the client is reliant upon another for their income, use 'dependent on others'.</p> <p>A client with more than one income should be categorised only to the data domain category that best describes their primary legal source of income. If there is more than one source, and they are exactly equal, list the source of income that the client most identifies as their primary source.</p> <p>Code 01: Full-time employment – applies when the person is working more than 20-hours a week, whether as a permanent or casual.</p> <p>Code 02: Part-time employment – applies when the person is working 20-hours a week or less, whether as a permanent or casual.</p> <p>Code 03: Temporary benefit – refers to interim government payments, including the New Start Allowance (unemployment benefit), Youth Training Allowance, Sickness Allowance, Special Benefit, Widow Allowance or Mature Age Allowance (granted on or after 1st July 1996).</p> <p>Code 04: Pension – includes permanent government payments, such as the Age Pension, Disability Support Pension, Disability Wage Supplement, Carer Pension, Wife Pension, Widow Pension (Class B) Bereavement Allowance), Mature Age Allowance (granted before 1st of July, 1996), Mature Age Partner Allowance, Sole Parent Pension or Veterans Affairs Benefit.</p>
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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 client 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 Health Drug and Alcohol Council
Current national item?	No

2.8 Living arrangement

Defining characteristics

Data element type: DATA ELEMENT

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

Context: To ascertain the level of support to which a person may have access.

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

Representation

Data type: Numeric Representational form: CODE

Field size: Min 2 Max 2 Representational layout: NN

Data domain:	01	Alone
	02	Spouse/partner
	03	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) – a sole parent living with one or more dependent children.

Code 04: Spouse/partner and child(ren) – living with a spouse or partner and one or more dependent children.

Code 06: Other relative(s) – living in an extended family without a spouse or partner.

Code 08: Friend(s)/parent(s)/relative(s) and child(ren) – living in an extended family, with or without a spouse or partner, and with any combination of friends, parents, relatives and dependent children.

Code 98: Other – for people in an institutional living arrangement.

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

Administrative information

Version: 3 Effective Date: 1/7/2004

Summary of changes: From July 2004, the definition of *Living Arrangement* refers to the people with whom the client is/was living 'just prior to the start of the **Service Episode**', rather than 'immediately prior to the **Commencement of Service Episode**'.

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 Health Drug and Alcohol Council

Current national item? No

2.9 Usual accommodation

Defining characteristics

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

Representation

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 predominantly just prior to the start of the Service Episode.</p> <p>It is necessary to distinguish between physical accommodation and the location of the residence (eg a house at a remote outstation should be listed as a house for the purpose of this question).</p> <p>Code 01: Rented house or flat – is to be used when either the client or someone with whom the client has a significant personal relationship (eg partner, parent) pays any form of board, rent or fee to live in the abode.</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 (eg partner, parent) owns the accommodation in question and resides there.</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> <p>Code 98: Other – for any accommodation not included in any other data domain (eg Aboriginal Mission).</p>
Related data:	Related to the data element <i>Living Arrangement</i> .

Social and demographic data elements

Administrative information

Version: 3 Effective Date: 1/7/2004

Summary of changes: From July 2004, the definition of *Usual Accommodation* refers to the usual type of accommodation in which the client lived 'just prior to the start of the **Service Episode**', rather than 'the three-months immediately preceding the **Commencement of Service Episode**'.

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 Health Drug and Alcohol Council

Current national item? No

Drug use data elements

3

3.1 Client type

Defining Characteristics

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

Guidelines and collection rules

Guide for use:	<p>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.</p> <p>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.</p> <p>Any client who presents with issues about their own and someone else's drug use should be coded to '1' – 'Own drug use' and all data elements should be filled in relating to their own drug use.</p>
Collection methods:	To be collected on Commencement of Service Episode .
Comments:	For secondary clients who are presenting with issues about someone else's drug use, collection of <i>Principal Drug of Concern</i> , <i>Other Drugs of Concern</i> , <i>Method of Use for Principal Drug of Concern</i> , <i>Injecting Drug Use</i> and <i>Previous Services Received</i> is optional.

Administrative information

Version: 3	Effective Date: 1/7/2003
Summary of changes:	From July 2002, the data domain '4' – 'Not stated' has been deleted. From July 2003, the data domain '3' – 'Both own and other's drug use' has been deleted.
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
Current national item?	Yes

3.2 Principal drug of concern

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The drug, as identified by the client, that has led the client to seek the service.
Context:	Required as an indicator of the client's service 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 <i>Principal Drug of Concern</i> may be indicated on a client's referral; however, the criterion for nominating the <i>Principal Drug of Concern</i> is the identification by the client of the drug.</p> <p>The Australian Standard Classification of Drugs of Concern (ASCDC) produced by the ABS (Cat. No. 1248.0) is the four-digit coding standard to be used for this data element. A short list of the most common drugs of concern and their accompanying four-digit code is listed above. If the client indicates a more specific drug of concern (eg pethidine, LSD), the clinician must indicate this using the four-digit ASCDC codes (see Appendix C). Polydrug use should no longer be used.</p> <p>Code 0000: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use.</p> <p>Code 1305: Methadone – should only be selected if the client indicates that this is the drug that led them to seek the service. 'Methadone' may also be selected where the specific aim of treatment for the client is the reduction of their (prescribed) Methadone (eg MTAR Program). Therefore, the service provider may provide pharmacotherapy treatment (including a reduction regime), yet still correctly code the <i>Principal Drug of Concern</i> as 'Methadone'.</p> <p>Code 3100: Amphetamines – a broad category for amphetamines if the specific code (eg Benzedrine code 3101, dexamphetamine code 3102, methamphetamine code 3103) is not known.</p> <p>Code 2400: Benzodiazepines – a broad category for benzodiazepines if the specific code (eg diazepam code 2403, rohypnol code 2404) is not known.</p>
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Drug use data elements

- Verification rules:** Responses selected for *Principal Drug of Concern* should not duplicate responses selected for *Other Drugs of Concern*. Data for *Principal Drug of Concern* should be concordant with data for *Method of Use for Principal Drug of Concern* (eg if principal drug is 'alcohol', the method of use should not be 'smoke').
- Collection methods:** To be collected or verified during assessment or on **Commencement of Service Episode**.
- Related data:** Related to the data elements *Method of Use for Principal Drug of Concern*, *Injecting Drug Use* 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'), collection of *Principal Drug of Concern*, *Other Drugs of Concern*, *Method of Use for Principal Drug of Concern*, *Injecting Drug Use* and *Previous Services Received* is optional and *Principal Drug of Concern* 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 element. A shortlist of the most common drugs of concern is included above for ease of reference. Any drugs of concern that are specifically mentioned by clients (eg pethidine, crystal meth) should be noted in the 'Other-please specify' field. The Centre for Drug and Alcohol, NSW Department of Health will map these to their appropriate codes. A code '0000' has been included for 'Not collected'.
- Source document:** Australian Standard Classification of Drugs of Concern (ASCDC) ABS Cat. No. 1248.0 (2000).
- 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 <i>Principal Drug of Concern</i> that the client perceives as being a concern.
Context:	This item complements <i>Principal Drug of Concern</i> . The existence of <i>other drugs of concern</i> may have a role in determining the types of service required and also may influence service 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) 0003 No <i>other drugs of concern</i>		

Guidelines and collection rules

Guide for use: This is a multiple response item to allow for the coding of varied drug use. The data element is used in conjunction with *Principal Drug of Concern*. Please note that this data element can be updated over the course of the **Service Episode**, if the client indicates any additional drugs of concern.

The Australian Standard Classification of Drugs of Concern (ASCDC) produced by the ABS (Cat. No. 1248.0) is the four-digit coding standard to be used for this data element. A short list of the most common drugs of concern and their accompanying four-digit code is listed above. If the client indicates a more specific drug of concern (eg pethidine, LSD), the clinician must indicate this using the four-digit ASCDC codes (see Appendix C). Polydrug use should no longer be used.

Code 0000: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use.

Code 3100: Amphetamines – a broad category for amphetamines if the specific code (eg Benzedrine code 3101, dexamphetamine code 3102, methamphetamine code 3103) is not known.

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

Drug use data elements

Verification rules: Responses selected for *Other Drugs of Concern* should not duplicate responses selected for *Principal Drug of Concern*.

Collection methods: More than one drug may be selected.

To be collected on **Commencement of Service Episode**, but **updated** if **additional drugs of concern are later indicated**.

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 element *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'), collection of *Principal Drug of Concern*, *Other Drugs of Concern*, *Method of Use for Principal Drug of Concern*, *Injecting Drug Use* and *Previous Services Received* is optional and *Other Drugs of Concern* 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 element. A shortlist of the most common drugs of concern is included above for ease of reference. Any drugs of concern that are specifically mentioned by clients (eg pethidine, ecstasy) should be noted in the 'Other-please specify' field. The Centre for Drug and Alcohol, NSW Department of Health will map these to their appropriate codes. A code '0000' has been included for 'Not collected'.

Source document: Australian Standard Classification of Drugs of Concern (ASCDC) ABS Cat. No. 1248.0 (2000).

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 <i>Principal Drug of Concern</i> , as stated by the client.
Context:	Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing service approaches.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 1 Max 1	Representational layout:	N
Data domain:	0 Not collected	4	Sniff (powder)
	1 Ingest	5	Inhale (vapour)
	2 Smoke	8	Other
	3 Inject	9	Not stated/inadequately described

Guidelines and collection rules

Guide for use:	Code 0: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use. Code 1: Ingest – refers to eating, drinking or swallowing as the method of administering the <i>Principal Drug of Concern</i> . 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 <i>Principal Drug of Concern</i> . To be collected on Commencement of Service Episode .
Verification rules:	Data for method of use should be concordant with <i>Principal Drug of Concern</i> (eg if principal drug is 'alcohol', the method of use should not be 'smoke').
Related data:	Related to the data elements <i>Principal Drug of Concern</i> and <i>Injecting Drug Use</i> .
Comments:	For secondary clients who are presenting with issues about someone else's drug use (<i>Client Type</i> = code '2' – 'Other's drug use'), collection of <i>Principal Drug of Concern</i> , <i>Other Drugs of Concern</i> , <i>Method of Use for Principal Drug of Concern</i> , <i>Injecting Drug Use</i> and <i>Previous Services Received</i> is optional and <i>Method of Use for Principal Drug of Concern</i> 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 Health Drug and Alcohol Council
Current national item?	Yes

3.5 Injecting drug use

Defining characteristics

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

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

Administrative information

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 Health Drug and Alcohol Council
Current national item?	Yes

Service data elements

4

4.1 Service delivery setting

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The principal setting in which the <i>Main Service Provided</i> is provided to the client.
Context:	To identify the types of settings in which services 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 Other		

Guidelines and collection rules

Guide for use:	<p>The <i>Service Delivery Setting</i> relates to the services being provided for a client during a particular Service Episode. Consequently, where agencies operate services within more than one type of setting, the type of setting specified will differ according to the nature of the Service Episode.</p> <p>Code 1: Non-residential/outpatient/community setting – non-residential centres that provide Drug and Alcohol services, including hospital outpatient departments and community health centres.</p> <p>Code 2: Residential/inpatient setting – settings in which clients reside either temporarily or long-term in a facility, that is not their home or usual place of residence, in which Drug and Alcohol treatment is provided. This does not include ambulatory situations.</p> <p>Code 3: Home – the client’s own home or usual place of residence.</p> <p>Code 4: Outreach setting – An outreach environment may be any public or private location, excluding a client’s home or usual place of residence, where treatment is provided. Mobile/outreach Drug and Alcohol service providers would usually provide treatment within this setting.</p> <p>Code 5: Correctional setting – correctional settings, including Juvenile Justice and prisons.</p> <p>Code 6: Therapeutic community – residential treatment programs in which residents participate in the management and operation of the alcohol and drug free community. The therapeutic focus is on social, psychological and behavioural dimensions of substance use, with the use of the community as a method to heal individuals emotionally, and support the development of behaviours, attitudes and values of healthy living.</p>
Verification rules:	Only one code to be selected.
Related data:	Related to the data element, <i>Main Service Provided</i> .
Comments:	A change in this data element constitutes a trigger for commencing a new Service Episode . For example, If a client switches from an inpatient to an outpatient <i>Service Delivery Setting</i> , a new Service Episode should be opened.

Administrative information

Version: 3 Effective Date: 1/7/2004

Summary of changes: From July 2004, the name of this data element has changed to *Service Delivery Setting*.
A new code '3' has been added for 'home'. The previous code '3' for 'therapeutic community' has been re-coded 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 Health Drug and Alcohol Council

Current national item? Yes

4.2 Date of Commencement of Service Episode

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	Date on which a Service Episode commences.
Context:	Required to identify the Commencement of Service 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 <i>Date of Commencement of Service Episode</i> should be represented as DDMMYYYY without delimiters (eg '/' or '-' or '.').</p> <p>The first date of the Service Episode is the first Service Contact when assessment and/or treatment occurs.</p> <p>In residential programs, the Service Episode begins on the date of admission. If the assessment is carried out on a date prior to admission, it is counted as a separate Service Episode as 'assessment only'.</p>
Verification rules:	<p>Must be less than or equal to the <i>Date of Cessation of Service Episode</i>.</p> <p>Must be greater than or equal to <i>Date of Birth</i>.</p>
Related data:	Related to the data element concept Commencement of Service Episode .

Administrative information

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

4.3 Source of referral to service

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The source from which the person was transferred or referred for the current Service Episode .
Context:	Important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2	Max 2	Representational layout: NN
Data domain:	01 Self 02 Family member/friend 03 General practitioner 04 Medical officer/specialist 05 Psychiatric hospital 06 Other hospital 07 Residential community mental health care unit 08 Residential alcohol and other drug treatment agency 09 Other residential community care unit 10 Education institution 11 Non-residential community mental health centre 12 Non-residential alcohol and other drug treatment agency 13 Non-residential community health centre 14 Other non-health service agency 15 Police diversion 16 Court diversion 17 Other criminal justice setting 18 Workplace (EAP) 19 Family and child protection service 20 Needle and syringe program 21 Medically supervised injecting centre 98 Other 99 Not stated/inadequately described		

Guidelines and collection rules

Guide for use:	<p>The referral may be interpreted informally, ie not requiring a written or phone referral. For clarification, the client could be asked 'Where or from whom did you hear of this service?'</p> <p>Code 03: General practitioner – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice.</p> <p>Code 04: Medical officer/specialist – used for any medical personnel, apart from general practitioners, including medical officers at hospitals and specialists in private practice.</p> <p>Code 05: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities.</p> <p>Code 06: Other hospital – includes public and private acute care hospitals, hospitals specialising in dental, palliative care, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded 11-13).</p>
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- Code 07: Residential community mental health care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability.
- Code 08: Residential alcohol and other drug treatment agency – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes drug and alcohol residential treatment units.
- Code 09: Other residential community care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
- Code 10: Educational institution – includes all educational institutions such as schools, universities and colleges.
- Code 11: Non-residential community mental health centre – includes non-residential centre-based establishments providing a range of community-based mental health services.
- Code 12: Non-residential alcohol and other drug treatment agency – includes non-residential centre-based establishments providing a range of community-based drug and alcohol health services.
- Code 13: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women's health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres.
- Code 14: Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, and Aboriginal cooperatives.
- 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: 3 Effective Date: 1/7/2004

Summary of changes: From July 2004, the name of this data element has changed to *Source of Referral to Service*.
From July 2002, the codes for this data element have been changed to conform to NMDS AODTS standards. New data domains 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 Health Drug and Alcohol Council

Current national item? Yes

4.4 Previous services received

Defining characteristics

Data element type: DATA ELEMENT

Definition: Any Drug and Alcohol service that the client has received at any time prior to the current **Service Episode**.

Context: Used to discriminate episodes that are first ever presentations from those where the client has received a previous Drug and Alcohol service. May allow for a **Service Episode** to be considered within the context of a service history.

Representation

Data type: Numeric Representational form: CODE

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

Data domain:

00	Not collected
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
44	Slow release oral Morphine
45	Methadone
46	Acamprosate
47	Disulfiram
49	Other maintenance pharmacotherapy
<i>Consultation activities</i>	
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 service received

Guidelines and collection rules

Guide for use: More than one code may be selected. Includes any previous **Service Episode** within any drug and alcohol agency, including the agency providing the current **Service Episode**. Should be based upon the client's own response, as well as agency records and referral information where applicable.

Code 00: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use.

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

- Code 31: Residential rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (ie up to 24 hours a day) and tends towards a medium to longer-term duration.
- Code 32: Day program residential activities – therapeutic programs where a number of different activities are conducted during the course of the program.
- Code 51: Inpatient consultation – activities undertaken with a client who has been admitted to a bed within an acute care, psychiatric or Justice Health hospital under the care of a clinician or Service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment.
- Code 52: Outpatient consultation – services, which are not included within any other category, undertaken within an acute care, psychiatric or Justice Health hospital with a client who has not been admitted to a bed. Services performed must be specifically for Drug and Alcohol issues, include a clinical assessment and not involve prescribing. Services that may be included in this category include dual diagnosis and pain management activities.
- Code 60: Support and case management only – to be used when the other service type descriptions are inadequate and 'support and case management only' best describes the service being provided. It is noted that in general, service contacts would include a component of support and case management.
- Code 91: Assessment only – where there is no service provided to the client other than a **clinical assessment** involving the comprehensive gathering of information to determine the severity of a persons alcohol and/or other drug use, resulting in the determination of the most appropriate form of service. It is noted that in general, service contacts would include an assessment component.
- Code 92: Information and education only – where there is no service provided to the client other than providing information and education.
- Code 99: No *previous services received* – only to be used if the client has never previously received any drug and alcohol services.

Related data:

Related to the data elements *Main Service Provided* and *Other Services Provided*.

Comments:

For secondary clients who are presenting with issues about someone else's drug use (*Client Type* = code '2' – 'Other's drug use'), collection of *Principal Drug of Concern*, *Other Drugs of Concern*, *Method of Use for Principal Drug of Concern*, *Injecting Drug Use* and *Previous Services Received* is optional and *Previous Services Received* should default to code '00' – 'Not collected'.

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

Service data elements

Administrative information

Version: 4 Effective Date: 1/7/2004

Summary of changes: From July 2004, the name of this data element has changed to *Previous Services Received*.

From July 2003, code '43' – 'LAAM' has been deleted; and the description for code '49' – 'other maintenance pharmacotherapies' has been changed to 'other maintenance pharmacotherapy'.

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 only'.

Source document:

Source organisation: NSW Health Drug and Alcohol Council

Current national item? No

4.5 Main service provided

Defining characteristics

Data element type: DATA ELEMENT

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

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

Representation

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

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

Data domain: 10 Counselling
Withdrawal management (detoxification)
21 Inpatient/residential withdrawal management
22 Outpatient withdrawal management
Rehabilitation activities
31 Residential rehabilitation activities
32 Day program rehabilitation activities
40 Maintenance pharmacotherapy
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

Guidelines and collection rules

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

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

For brief interventions, the *Main Service Provided* 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 Drug and Alcohol treatment. This code excludes counselling activity that is part of a rehabilitation program.

Code 31: Residential rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (ie up to 24-hours a day) and tends towards a medium to longer-term duration.

Service data elements

- Code 32: Day program residential activities – therapeutic programs where a number of different activities are conducted during the course of the program.
- Code 40: Maintenance pharmacotherapy – includes Methadone, Buprenorphine, Naltrexone, Slow release oral Morphine, Acamprosate, and Disulfiram. The *Pharmacotherapy Type of Main Service Provided* data element captures which maintenance pharmacotherapy was provided.
- Code 51: Inpatient consultation – activities undertaken with a client who has been admitted to a bed within an acute care, psychiatric or Justice Health hospital under the care of a clinician or Service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment. Although excluded from the scope of the NSW MDS DATS, agencies collecting this data domain are permitted to submit to Centre for Drug and Alcohol, NSW Department of Health inpatient consultation activities. Analysis of the NSW MDS DATS will not include this data.
- Code 52: Outpatient consultation – services, which are not included within any other category, undertaken within an acute care, psychiatric or Justice Health hospital with a client who has not been admitted to a bed. Services performed must be specifically for Drug and Alcohol issues, include a clinical assessment and not involve prescribing maintenance pharmacotherapy. Services that may be included in this category include dual diagnosis and pain management activities.
- Code 60: Support and case management only – to be used when the other service type descriptions are inadequate and 'support and case management only' best describes the service being provided. It is noted that in general, service contacts would include a component of support and case management.
- Code 91: Assessment only – where there is no service provided to the client other than a **clinical assessment** involving the comprehensive gathering of information to determine the severity of a persons' alcohol and/or other drug use, resulting in the determination of the most appropriate form of service. It is noted that in general, service contacts would include an assessment component.
- Code 92: Information and education only – where there is no service provided to the client other than providing information and education.

Verification rules: There should be no duplication with *Other Services Provided*.

Collection methods: Only one code is to be selected.

Related data:

Comments: Used in conjunction with the data element concept **Service Episode** and the data elements *Pharmacotherapy Type for Main Service Provided*, *Other Services Provided* and *Previous Services Received*.

In a group counselling session, the NSW MDS DATS should only be collected on registered clients.

Consultations can be divided into two categories: liaison and treatment.

Liaison consultations are characterised by contact between clinicians and are considered 'out of scope' for the NSW MDS DATS.

Treatment consultations are characterised by contact with the client/patient where the consultant conducts a clinical assessment, where the primary focus of this assessment is the client/patient's drug and alcohol use.

If a client commenced treatment with a 'maintenance pharmacotherapy', such as Methadone or Buprenorphine, with an aim to perform a detoxification, thence proceeds **directly** onto 'maintenance pharmacotherapy' treatment (with the provision they are both provided at the same agency), the *Main Service Provided* should be selected as 'maintenance pharmacotherapy'.

'Support and case management only' should **not** be selected as the *Main Service Provided* for the provision of short interventions during dosing at a Methadone clinic, where the Methadone clinic does not normally perform any other role in the client's Methadone treatment other than dosing (ie a privately prescribed, publicly dosed client), In this instance, 'Maintenance pharmacotherapy' should be selected as the *Main Service Provided*.

Examples of when to use 'Support and case management only' include:

- Agencies who have a mission or strategy that is based on a case management model and use this as a focus of treatment (eg MERIT).
- Agencies who provide a range of services (eg Hepatitis C or drug use in pregnancy programs) or have service partnership agreements with other service providers (eg a non-government organisation providing support to a client who is on pharmacotherapy treatment).

'Assessment only' is to be used when there is no other service provided (or planned to be provided) to the client other than a **clinical assessment** involving the comprehensive gathering of information to determine the severity of a persons' alcohol and/or other drug use, resulting in the determination of the most appropriate form of service that is provided by another agency. It is considered that the majority of 'assessment only' *Main Service Provided* activities would result in the completion of the assessment process and referral of the client to an appropriate form of service. Examples of 'assessment only' activities include:

- A client is assessed by the AHS Assessment Team, is considered to be eligible for detoxification treatment, and is referred to the local residential detoxification unit.
- A client is assessed at a day program rehabilitation unit, but is found to be ineligible for the service and is referred elsewhere.
- A client is assessed at a detoxification unit, but is found to be suicidal and is referred to the Mental Health service.

'Assessment only' should **not** be selected as the *Main Service Provided* where the client is assessed and deemed eligible at an agency, with the intent that the client proceed onto treatment provided by the agency. Examples include:

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

Service data elements

Administrative information

Version: 4 Effective Date: 1/7/2004

Summary of changes: From July 2004, the name of this data element has changed to *Main Service Provided*.

From July 2003, the codes 41-49 have been removed. Detail about the type of maintenance pharmacotherapy administered to the client will be captured in the new data element *Pharmacotherapy Type for Main Service Provided*. All maintenance pharmacotherapies will be coded to '40' 'maintenance pharmacotherapy'.

Please note that the codes in the NSW MDS DATS differ from those specified by the NMDS AODTS. The codes used in NSW will be mapped to NMDS AODTS codes by the Centre for Drug and Alcohol, NSW Department of Health.

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**'.

Source document:

Source organisation: NSW Health Drug and Alcohol Council

Current national item? Yes

4.6 Pharmacotherapy type for main service provided

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The pharmacotherapy drug used, where the <i>Main Service Provided</i> has been selected as 'maintenance pharmacotherapy'.
Context:	Required for monitoring changes in the pharmacotherapy drug administered.

Representation

Data type:	Numeric	Representational form:	Code
Field size:	Min 2 Max 2	Representational layout:	NN
Data domain:	41 Naltrexone 42 Buprenorphine 44 Slow release oral Morphine 45 Methadone 46 Acamprosate 47 Disulfiram 49 Other maintenance pharmacotherapy		

Guidelines and collection rules

Guide for use:	Captures the maintenance pharmacotherapy drug type provided. Any changes to the <i>Pharmacotherapy Type for Main Service Provided</i> will need to be captured. If a client commenced treatment with a 'maintenance pharmacotherapy', such as Methadone or Buprenorphine, with an aim to perform a detoxification, thence proceeds directly onto 'maintenance pharmacotherapy' treatment (with the provision they are both provided at the same agency), the <i>Main Service Provided</i> should be selected as 'maintenance pharmacotherapy'.
Related data:	Used in conjunction with the data element <i>Main Service Provided</i> .
Comments:	This is a multiple response item.

Administrative information

Version: 2	Effective Date: 1/7/2004 From July 2004, the name of this data element has changed to <i>Pharmacotherapy Type for Main Service Provided</i> .
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
Current national item?	No

- Code 32: Day program residential activities – therapeutic programs where a number of different activities are conducted during the course of the program.
- Code 51: Inpatient consultation – activities undertaken with a client who has been admitted to a bed within an acute care, psychiatric or Justice Health hospital under the care of a clinician or Service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment.
- Code 52: Outpatient consultation – services, which are not included within any other category, undertaken within an acute care, psychiatric or Justice Health hospital with a client who has not been admitted to a bed. Services performed must be specifically for Drug and Alcohol issues, include a clinical assessment and not involve prescribing. Services that may be included in this category include dual diagnosis and pain management activities.
- Code 99: No other service provided – only to be used if there are no other services provided.

Verification rules: There should be no duplication for *Main Service Provided*.

Collection methods: More than one code may be selected.

Related data: Related to the data elements *Main Service Provided* and *Previous Services Received*.

Comments: All service types are generally considered to include components of assessment, education and information.

Consultations can be divided into two categories: liaison and treatment.

Liaison consultations are characterised by contact between clinicians and are considered 'out of scope' for the NSW MDS DATS.

Treatment consultations are characterised by contact with the client/patient where the consultant conducts a clinical assessment, where the primary focus of this assessment is the client/patient's drug and alcohol use. Liaison consultations are considered 'in scope' for the NSW MDS DATS.

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

Administrative information

Version: 3 Effective Date: 1/7/2004

Summary of changes: From July 2004, the name of this data element has changed to *Other Services Provided*.
 From July 2003, code '43' – 'LAAM' has been deleted; and the description for code '49' – 'other maintenance pharmacotherapies' has been changed to 'other maintenance pharmacotherapy'.
 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 domain to 'no other service provided'.
 Please note that the codes in the NSW MDS DATS differ from those specified by the NMDS AODTS. The codes used in NSW will be mapped to NMDS AODTS codes by the Centre for Drug and Alcohol, NSW Department of Health.

Source document:

Source organisation: NSW Health Drug and Alcohol Council

Current national item? Yes

4.8 Service Contact dates

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 (unless they are a registered client) or another health professional or health worker involved in providing care. Only service contacts between the client and the service provider should be reported.
Context:	Required for deriving the frequency of client contact within a Service Episode . A Service Contact can include either face-to-face, telephone or video link service delivery modes.

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 <i>Service Contact Dates</i> should be represented as DDMMYYYY without delimiters (eg '/' or '-' or '.'). Only service contacts between the client and the service provider should be reported. <i>Service Contact Dates</i> are only collected for non-residential activities. <i>Service Contact Dates</i> are not collected for clients in residential settings, except when <i>Main Service Provided</i> is 'inpatient consultation'. Only non-dosing service contacts are collected for public sector opioid maintenance pharmacotherapy clients. It is possible to have more than one Service Contact that happens on the same date. Where more than one Service Contact with the client occurs on the same day, each contact is to be captured.
Verification rules:	<i>Service Contact Dates</i> must be greater than or equal to the <i>Date of Commencement of Service Episode</i> . <i>Service Contact Dates</i> must be less than or equal to the <i>Date of Cessation of Service Episode</i> .
Related data:	Relates to the data element concept Service Contact and the data element <i>Postcode of Service Contact</i> .
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:	From July 2002, the format for <i>Service Contact Date</i> should be submitted without delimiters (eg '/' or '-' or '.').
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
Current national item?	No

4.9 Postcode of Service Contact

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	The postcode pertaining to the point of service delivery at which a Service Contact provided to the client.
Context:	Required for determining the geographic location of service delivery for a Service Episode and client.

Representation

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

Guidelines and collection rules

Guide for use:	The <i>Postcode of Service Contact</i> should use actual geographic postcodes provided by Australia Post. They should not use postcodes for post office boxes or other administrative centres. If a Service Contact is provided in the client's home, the postcode '9999' should be used. If a Service Contact was provided by telephone, the postcode location of the clinician should be entered.
Related data:	Relates to the data element concept Service Contact and data element <i>Service Contact Dates</i> .
Comments:	

Administrative information

Version: 1	Effective Date: 1/7/2003
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
Current national item?	No

4.10 Date of Cessation of Service Episode

Defining characteristics

Data element type:	DATA ELEMENT
Definition:	Date on which a Service Episode ceases.
Context:	Required to identify the cessation of a Service Episode by an Drug and Alcohol 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 <i>Date of Cessation of Service Episode</i> should be represented as DDMMYYYY without delimiters (eg '/' or '-' or '.').</p> <p>Refers to the date of the last Service Contact in a Service Episode between the client and staff of the service provider.</p> <p>A Service Episode will normally be declared 'closed' at the Cessation of Service Episode. However, when there has been no client contact for three-months, and there are no plans for future contact, the Service Episode must be declared 'closed'. In these circumstances, the <i>Date of Cessation of Service Episode</i> should be listed as the date of the last client contact (or, in the case of opioid maintenance pharmacotherapy clients, the date on which the client was last dosed, whichever is the latter). In residential programs, the Service Episode will be declared 'closed' on the date of discharge.</p> <p>Refer to data element concept Cessation of Service Episode to determine when a Service Episode ceases.</p>
Verification rules:	Must be greater than or equal to the <i>Date of Commencement of Service Episode</i> and <i>Date of Birth</i> .
Related data:	Related to the data element concept Cessation of Service Episode .
Comments:	Where the client has had no contact with the service provider for three-months, the date of last contact should be used.

Administrative information

Version: 3	Effective Date: 1/7/2004
Summary of changes:	<p>From July 2004, the name of this data element has changed to <i>Date of Cessation of Service Episode</i>.</p> <p>From July 2002, the format for the <i>Date of Cessation of Service Episode</i> should be submitted without delimiters (eg '/' or '-' or '.').</p>
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
Current national item?	Yes

4.11 Reason for Cessation of Service Episode

Defining characteristics

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

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2 Max 2	Representational layout:	NN
Data domain:	01 Service completed 02 Transferred/referred to another service 03 Left without notice 04 Left against advice 05 Left Involuntarily (non-compliance) 06 Moved out of area 07 Sanctioned by drug court/court diversion program 08 Imprisoned, other than drug court sanction 09 Released from prison 10 Died 11 Ceased to participate at expiation 98 Other 99 Not stated/inadequately described		

Guidelines and collection rules

Guide for use:	<p>Each category applies to particular circumstances, as follows:</p> <p>Code 01: Service completed – all of the immediate goals of the treatment program have been fulfilled or treatment is no longer needed. This includes where the client ceased to participate by mutual agreement and where the service is no longer required.</p> <p>Code 02: Transferred/referred to another service – the service is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital or nursing home. Excludes situations where the original service was completed before the client transferred to a different provider for another service (use code '01' – 'service completed').</p> <p>Code 03: Left without notice – the client has ceased to participate in treatment without providing any prior notice of their intention to stop participating.</p> <p>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.</p> <p>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).</p> <p>Code 06: Moved out of area – the client ceased to receive treatment from the service because the client moved out of the geographic area.</p>
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Service data elements

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's sentence on a court diversion program is expiated and the service is terminated.

Code 98: Other – any other reason for cessation

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

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

Comment:

Administrative information

Version: 3 Effective Date: 1/7/2004

Summary of changes: From July 2004, the name of this data element has changed to *Reason for Cessation of Service Episode*; and the description of code '01' has been changed from 'treatment completed' to 'service completed'.

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 the NSW MDS DATS differ from those specified by the NMDS AODTS. The codes used in NSW will be mapped to NMDS AODTS codes by the Centre for Drug and Alcohol, NSW Department of Health.

Source document:

Source organisation: NSW Health Drug and Alcohol Council

Current national item? Yes

4.12 Referral to another service

Defining Characteristics

Data element type:	DATA ELEMENT
Definition:	The type of service to which clients are referred, either during the Service Episode or at the completion of the Service Episode .
Context:	Allows for the monitoring of agency interrelationships and is complementary to the data element <i>Source of Referral</i> . May contribute to an assessment of continuity of care.

Representation

Data type:	Numeric	Representational form:	CODE
Field size:	Min 2	Max 2	Representational layout: NN
Data domain:	03	General practitioner	
	04	Medical officer/specialist	
	05	Psychiatric hospital	
	06	Other hospital	
	07	Residential community mental health care unit	
	08	Residential alcohol and other drug treatment agency	
	09	Other residential community care unit	
	10	Education institution	
	11	Non-residential community mental health centre	
	12	Non-residential alcohol and other drug treatment agency	
	13	Non-residential community health centre	
	14	Other non-health service agency	
	18	Workplace (EAP)	
	19	Family and child protection service	
	97	No referral	
	98	Other	
	99	Not stated/inadequately described	

Guidelines and collection rules

Guide for use:	Referral in this context should be regarded as a formal referral process that results in a letter or phone call to the agency that the client is being referred to for the continuation of the clients principal treatment needs.
	Code 03: General practitioner – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice.
	Code 04: Medical officer/specialist – used for any medical personnel apart from general practitioners, including medical officers at hospitals and specialists in private practice.
	Code 05: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities.
	Code 06: Other hospital – includes public and private acute care hospitals, hospitals specialising in dental, palliative care, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded 11-13).
	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.

Service data elements

- 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 schools, universities and colleges.
- Code 11: Non-residential community mental health centre – includes non-residential centre-based establishments providing a range of community-based mental health services.
- Code 12: Non-residential alcohol and other drug treatment agency – includes non-residential centre-based establishments providing a range of community-based drug and alcohol health services.
- Code 13: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women’s health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres.
- Code 14: Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, Aboriginal cooperatives, Department of Housing, Department of Education and Training, and the Department of Health and Ageing.
- Code 18: Workplace (EAP) – includes any referrals from the client’s workplace such as the Employee Assistance Program (EAP).
- Code 19: Family and child protection service – includes family and children’s health services and Department of Community Services.

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

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

Comments:

Administrative information

Version: 2 Effective Date: 1/7/2002

Summary of changes: From July 2002, most of the codes used for this data element have been changed to match the NMDS codes for *Source of Referral to Treatment* for standardisation. The codes for police, court and criminal justice settings have been deleted. The code for ‘no referral’ has been re-coded from ‘99’ to ‘97’. New data domains have been added for ‘residential community mental health care unit’ (code ‘07’), ‘other residential community care unit’ (code ‘09’), and ‘not stated/inadequately described’ (code ‘99’).

Source document:

Source organisation: NSW Health Drug and Alcohol Council

Current national item? No

Supporting data element concepts

5

5.1 Service Episode

Defining characteristics

Data element type: DATA ELEMENT CONCEPT

Definition: A treatment process, with defined dates of commencement and cessation between a patient/client and a provider or team of providers, provided at the treatment service agency or one of its service delivery outlets, in which there is no major change in the *Service Delivery Setting*, *Main Service Provided* or *Principal Drug of Concern* and within which there has been no unplanned interval of contact greater than 3 months.

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

Guidelines and collection rules

Guide for use: Elements of a **Service Episode**:

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

There are three primary triggers for opening a new **Service Episode** with an existing client. They are a change in any of the following:

- The *Main Service Provided* (eg from detox to rehab); or
- The *Principal Drug of Concern* (eg from heroin to cocaine); or
- The *Service Delivery Setting* (eg from inpatient to outpatient).

Service Episode and *Main Service Provided*:

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

Examples where the creation of consecutive service episodes is **not** required:

- A client commences treatment with a 'maintenance pharmacotherapy', such as Methadone or Buprenorphine, with an aim to perform a detoxification, thence proceeds **directly** onto 'maintenance pharmacotherapy' treatment (with the provision they are both provided at the same agency), a single **Service Episode** should be opened with the *Main Service Provided* coded to 'maintenance pharmacotherapy'.
- A client undergoes a clinical assessment and presents for counselling on the same day at the same agency and within the same *Service Delivery Setting* for a *Main Service Provided*, such as 'outpatient withdrawal management'. In this case, only one Service Episode should be opened with the *Main Service Provided* coded to 'outpatient withdrawal management'.

Collection agencies must ensure that a **Service Episode** is not left open indefinitely. A **Service Episode** should be declared 'closed' at the **Cessation of Service Episode**. The **Service Episode** should also be closed when there has been no client contact for a period of three-months, and there are no plans in place for future contact. In this instance, the *Date of Cessation of Service Episode* should be listed as the date on which the client was **last seen** (or, in the case of opioid maintenance pharmacotherapy clients, the date on which the client was **last dosed**, whichever is the latter), and **not** the date on which the **Service Episode** is declared closed on the computer. It is essential that agencies take care in auditing their files to ensure that outstanding episodes are closed and reported.

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

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

Administrative information

Version: 3 Effective Date: 1/7/2004

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

Source document:

Source organisation: NSW Health Drug and Alcohol Council

Current national item? Yes

5.2 Commencement of Service Episode

Defining characteristics

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

Guidelines and collection rules

Guide for use:	<p>A client is identified as commencing a Service Episode if one or more of the following conditions apply:</p> <ul style="list-style-type: none">– The client is new; or– The client is re-commencing treatment after having had no contact with the service provider for three-months or more; or– The client has no open Service Episode for the same <i>Main Service Provided</i> and <i>Principal Drug of Concern</i> and <i>Service Delivery Setting</i>; or– The <i>Principal Drug of Concern</i> has changed; or– The <i>Main Service Provided</i> has changed; or– The <i>Service Delivery Setting</i> has changed.
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Commencement of a **Service Episode** would not normally be initiated by client intake or screening/eligibility assessment (undertaken prior to a clinical assessment) or triage assessment.

A change in *Pharmacotherapy Type for Main Service Provided* does **not** constitute a change in the *Main Service Provided* and so does not require initiation of a new **Service Episode**.

The first date of the **Service Episode** is the date of the first Service Contact when assessment and/or treatment occurs. In residential programs, the **Service Episode** begins on the date of admission. If the assessment is carried out on a date prior to admission, it is counted as a **separate Service Episode** with the *Main Service Provided* coded as 'assessment only'. Please note that this is not a change in the **Commencement of Service Episode** concept, but is included here for reinforcement.

Related data:	Related to the data element <i>Date of Commencement of Service Episode</i> and the data element concepts Service Episode and Cessation of Service Episode .
Comments:	Corresponds to the NMDS data element concept Commencement of Service Episode .

Administrative information

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

5.3 Service Contact

Defining characteristics

Data element type:	DATA ELEMENT CONCEPT
Definition:	A contact made with a client, for the purpose of providing a service that results in a dated entry being made in the client record. <i>Service Contact Dates</i> are not collected for clients in residential settings, except when the <i>Main Service Provided</i> is 'inpatient consultation'.
Context:	Required for deriving the frequency of client contact within a Service Episode . Identifies service delivery at the client level for Drug and Alcohol services. <i>Service Contact Dates</i> are only collected for non-residential activities. <i>Service Contact Dates</i> are only collected for clients in residential settings when the <i>Main Service Provided</i> is 'inpatient consultation'. Only non-dosing service contacts are collected for public sector opioid maintenance pharmacotherapy clients.

Guidelines and collection rules

Guide for use:	Any client contact that does not constitute part of a 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 element <i>Service Contact Dates</i> .
Comments:	Only service contacts between the client and the service provider should be reported. A Service Contact can include either face-to-face, group, telephone or video link service delivery modes. Service contacts with a carer or family member (unless they are a registered client), or another health professional or a health worker involved in providing care, are not included. <i>Service Contact Dates</i> are only collected for clients in residential settings when the <i>Main Service Provided</i> is 'inpatient consultation'. Only non-dosing service contacts are collected for public sector opioid maintenance pharmacotherapy clients. Please note that this is not a change in the Service Contact concept, but is included here for reinforcement.

Administrative information

Version: 2	Effective Date: 1/7/2002
Summary of changes:	Only service contacts between the client and the service provider should be reported. A Service Contact can include either face-to-face, group, telephone or video link service delivery modes. Service contacts with a carer or family member (unless they are a registered client), or another health professional or a health worker involved in providing care, are not included.
Source document:	
Source organisation:	NSW Health Drug and Alcohol Council
Current national item?	Yes

5.4 Cessation of Service Episode

Defining characteristics

Data element type: DATA ELEMENT CONCEPT

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

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

Guidelines and collection rules

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

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

A **Service Episode** should be declared 'closed' at the **Cessation of Service Episode**. The **Service Episode** should also be closed when there has been no client contact for a period of three-months, and there are no plans in place for future contact. In this instance, the *Date of Cessation of Service Episode* should be listed as the date on which the client was **last seen** (or in the case of opioid maintenance pharmacotherapy clients, the date on which the client was **last dosed**, whichever is the latter), and **not** the date on which the **Service Episode** is declared closed on the computer.

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

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

Administrative information

Version: 3 Effective Date: 1/7/2004

Summary of changes: From July 2004, the name of this data concept has changed to **Cessation of Service Episode**.

Source document:

Source organisation: NSW Health Drug and Alcohol Council

Current national item? Yes

Appendices

- A. Data submission guidelines**
- B. Data collection form**
- C. Australian Standard Classification of Drugs of Concern**
- D. Pro forma: Undertaking to observe privacy requirements**
- E. Pro forma: Leaflet for clients**

A Data submission guidelines

All agencies, both government and non-government, must submit their collected data to the Drug and Alcohol Data Coordinator in their Area Health Service. **No data is to be directly submitted by agencies to the Centre for Drug and Alcohol, NSW Department of 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 IBM compatible PC. Floppy disks should be transported via registered mail or hand-delivered. The AHS Drug and Alcohol 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 Drug and Alcohol Data Coordinator and the Centre for Drug and Alcohol, NSW Department of Health Drug and Alcohol Information Systems Administrator.

AHS Drug and Alcohol Data Coordinators must submit monthly data to the **Centre for Drug and Alcohol, NSW Department of Health NO LATER THAN THE 21st DAY OF THE MONTH FOLLOWING THE MONTH OF DATA COLLECTION.** Individual agencies should liaise with the Drug and Alcohol Data Coordinator in their Area Health Service to determine an appropriate timetable for submission of data. It is the responsibility of AHS Drug and Alcohol 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 Centre for Drug and Alcohol, NSW Department of Health Drug and Alcohol Information Systems Administrator:

Drug and Alcohol Information Systems Administrator
Centre for Drug and Alcohol
NSW Department of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

File structure

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

EPISODE.TXT:	This file contains all fields apart from those indicated below.
OTHERDRG.TXT:	This file contains the data for the multiple response item, <i>Other Drugs of Concern</i> .
PREVTRMT.TXT:	This file contains the data for the multiple response item, <i>Previous Services Received</i> .
OTHERSRV.TXT:	This file contains the data for the multiple response item, <i>Other Services Provided</i> .
SRVCCNCT.TXT:	This file contains <i>Service Contact Dates and Postcode of Service Contact</i> information for each episode.
PHARMACO.TXT:	This file contains <i>Pharmacotherapy Type for Main Service Provided</i> 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 ELEMENTS 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. Dates should be reported in the format ddmmyyyy, without delimiters. Time information should **NOT** be included in date fields.

From 1 July 2003, it has been a requirement for AHS to submit details of all open service episodes. The reporting of open service episodes will be incorporated into the monthly data extract.

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

- once after the opening of the **Service Episode**
- each month until the **Service Episode** has been closed
- at cessation of the **Service Episode**.

At cessation, the data will override the open **Service Episode** file held by the AHS and Centre for Drug and Alcohol, NSW Department of Health.

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

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

Records do **not** need to be submitted in the SRVCCNCT.TXT file for service episodes where the *Main Service Provided* has been coded to **'21' – 'inpatient/residential withdrawal management'** or **'31' – 'residential rehabilitation activities'**.

Records only need to be submitted in the PHARMACO.TXT file for service episodes where the *Main Service Provided* has been coded to **'40' – 'Maintenance Pharmacotherapy'**.

Field Names and Descriptions

Description	Data Type
EPISODE.TXT	
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 for Principal Drug of Concern	Char(1)
Injecting Drug Use	Char(1)
Service Delivery Setting	Char(1)
Date of Commencement of Service Episode	Date(ddmmyyyy)
Source of Referral to Service	Char(2)
Main Service Provided	Char(2)
Date of Cessation of Service Episode	Date(ddmmyyyy)
Reason for Cessation of Service Episode	Char(2)
Referral to Another Service	Char(2)
OTHERDRG.TXT	
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	
Establishment Identifier (Agency Code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Previous Services Received	Char(2)
OTHERSRV.TXT	
Establishment Identifier (Agency Code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Other Services Provided	Char(2)
SRVCCNCT.TXT	
Establishment Identifier (Agency Code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Service Contact Primary Key	Long Integer
Service Contact Dates	Date(ddmmyyyy)
Postcode of Service Contact	Num(4)
PHARMACO.TXT	
Establishment Identifier (Agency Code)	Char(6)
Foreign key to EPISODE.TXT	Integer
Pharmacotherapy Type Primary Key	Integer
Pharmacotherapy Type for Main Service Provided	Char(2)

B Data collection form

Agency Code _____

Agency Location _____

Client Code _____

Client Name _____

Case Manager _____

DEMOGRAPHIC ITEMS

Sex: *Tick one box only*

1	<input type="checkbox"/>	Male
2	<input type="checkbox"/>	Female
9	<input type="checkbox"/>	Not stated/inadequately described

Date of birth: _____ Date of birth status: _____

____ / ____ / ____ d d m m y y y y	<input type="checkbox"/> 1 Estimated <input type="checkbox"/> 2 Not estimated
---------------------------------------	--

NOTE: When DOB is estimated, enter 01/01 as day and month and estimate year. If any component of the date of birth is estimated, this is to be indicated using the 'Date of Birth Status' field.

Is the person of Aboriginal or Torres Strait Islander origin?

1	<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: *Tick the box if 'Australia', or complete code for all others*

<input type="checkbox"/> 1101	Australia
or	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Preferred language: *Tick the box if 'English', or complete code for all others*

<input type="checkbox"/> 19	English
or	_____
<input type="checkbox"/> <input type="checkbox"/>	_____

Date of Commencement of Service Episode: _____

____ / ____ / ____
d d m m y y y y

NOTE: Date of Commencement of Service Episode is the date of assessment, not of intake or triage.

Service delivery setting: *Tick one box only*

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

Principal source of income: *Tick one box only*

01	<input type="checkbox"/>	Full-time employment
02	<input type="checkbox"/>	Part-time employment
03	<input type="checkbox"/>	Temporary benefit (eg unemployment)
04	<input type="checkbox"/>	Pension (eg 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

Living arrangement: *Tick one box only*

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

Usual accommodation: *Tick one box only*

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

DRUG USE ITEMS

Client type: *Tick one box only*

1	Own drug use
2	Other's drug use

Injecting drug use: *Tick one box only*

0	Not collected (for secondary clients only)
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

Principal drug of concern: *Tick one box only*

0000	Not collected (for secondary clients only)
2101	Alcohol
3100	Amphetamines
2400	Benzodiazepines
3901	Caffeine
3201	Cannabis
3903	Cocaine
3405	Ecstasy
1202	Heroin
1305	Methadone
3906	Nicotine
0001	Inadequately described

Other – Specify ASCDC 4 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	Not collected (for secondary clients only)
1	Ingest
2	Smoke
3	Inject
4	Sniff (powder)
5	Inhale (vapour)
8	Other
9	Not stated/inadequately described

Other drugs of concern: Tick the box for '0003' if there are NO Other Drugs of Concern, otherwise use one row per drug. Do NOT include Principal Drug of Concern.

Drug code	Drug name
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 service: *Tick one box only*

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

Main service provided: *Tick one box only*

10	Counselling
21	Inpatient/residential withdrawal management
22	Outpatient withdrawal management
31	Residential rehabilitation activities
32	Day program rehabilitation activities
40	Maintenance pharmacotherapy
51	Inpatient consultation
52	Outpatient consultation
60	Support and case management only
91	Assessment only
92	Information and education only
98	Other

Pharmacotherapy type for main service provided:

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

GUIDE TO CODING: Indicate the chronological order of prescription of Pharmacotherapy Types to the client at the Agency by placing the relevant code in each row, as appropriate.

	Drug code	Drug name
1st Pharmacotherapy Type	<input type="checkbox"/> <input type="checkbox"/>	
2nd Pharmacotherapy Type	<input type="checkbox"/> <input type="checkbox"/>	
3rd Pharmacotherapy Type	<input type="checkbox"/> <input type="checkbox"/>	
4th Pharmacotherapy Type	<input type="checkbox"/> <input type="checkbox"/>	

Appendix B. Data collection form

Previous services received: *More than one box may be ticked. If NO Previous Service has been received, code to '99'.*

00	Not collected (for secondary clients only)
10	Counselling
21	Inpatient/residential withdrawal management
22	Outpatient withdrawal management
31	Residential rehabilitation activities
32	Day program rehabilitation activities
41	Naltrexone
42	Buprenorphine
44	Slow release oral morphine
45	Methadone
46	Acamprosate
47	Disulfiram
49	Other maintenance pharmacotherapy
51	Inpatient consultation
52	Outpatient consultation
60	Support and case management only
91	Assessment only
92	Information and education only
98	Other
99	No previous service received

Other services provided: *More than one box may be ticked. If no Other Service was provided, code to '99'. Do NOT include the Main Service Provided.*

10	Counselling
21	Inpatient/residential withdrawal management
22	Outpatient withdrawal management
31	Residential rehabilitation activities
32	Day program rehabilitation activities
41	Naltrexone
42	Buprenorphine
44	Slow release oral morphine
45	Methadone
46	Acamprosate
47	Disulfiram
49	Other maintenance pharmacotherapy
51	Inpatient consultation
52	Outpatient consultation
98	Other
99	No other service provided

Complete at Cessation of Service Episode

Date of Cessation of Service Episode:

__ / __ / ____
d d m m y y y y

A client is identified as ceasing treatment if:

1. their need for treatment has ended; or
2. their principal treatment needs (corresponding to the 'main service provided') have changed; or
3. they have had no contact with the service for a period of 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 Service Episode:

Tick one box only

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

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

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



Australian Standard Classification of Drugs of Concern

Code	Drug Name
	ANALGESICS – Organic opiate analgesics (1100)
1101	Codeine (incl. Codral Forte, Disprin Forte, Mersyndol, Panadeine)
1102	Morphine (incl. MS Contin, Opium)
1199	Organic Opiate Analgesics, NEC
	ANALGESICS – Semisynthetic (1200) & Synthetic opioid analgesics (1300)
1201	Buprenorphine (incl. Suboxone, Subutex)
1202	Heroin
1203	Oxycodone (incl. Endone)
1299	Semisynthetic Opioid Analgesics, NEC (incl. Rikodeine)
1301	Fentanyl
1302	Fentanyl analogues
1303	Levomethadyl acetate hydrochloride (incl. LAAM)
1304	Meperidine analogues
1305	Methadone (incl. Biodone, Physeptone)
1306	Pethidine
1399	Synthetic Opioid Analgesics, NEC (incl. Fortral, Palfium)
	ANALGESICS – Non opioid analgesics (1400)
1401	Acetylsalicylic acid (incl. Aspirin, Aspro, Disprin)
1402	Paracetamol (incl. Panadol, Panamax)
1499	Non Opioid Analgesics, NEC (incl. Ibuprofen, Nurofen (excl. Nurofen Cold & Flu))
	SEDATIVES & HYPNOTICS – Alcohols (2100)
2101	Ethanol (incl. Alcohol)
2102	Methanol (incl. Methylated Spirits, Metho)
2199	Alcohols, NEC (incl. Rubbing Alcohol, Antifreeze)
	SEDATIVES & HYPNOTICS – Anaesthetics (2200)
2201	Gamma-hydroxybutyrate (incl. Liquid Ecstasy, GHB, GBH)
2202	Ketamine (incl. Special K)
2203	Nitrous oxide (incl. Laughing gas)
2204	Phencyclidine (incl. Angel dust, PCP)
2299	Anaesthetics, NEC
	SEDATIVES & HYPNOTICS – Barbiturates (2300)
2301	Amylobarbitone
2302	Methylphenobarbitone
2303	Phenobarbitone
2399	Barbiturates, NEC
	SEDATIVES & HYPNOTICS – Benzodiazepines (2400)
2401	Alprazolam (incl. Xanax)
2402	Clonazepam (incl. Rivotril)
2403	Diazepam (incl. Valium)
2404	Flunitrazepam (incl. Rohypnol)
2405	Lorazepam
2406	Nitrazepam (incl. Mogadon)
2407	Oxazepam (incl. Serapax)
2408	Temazepam
2499	Benzodiazepines, NEC

Code	Drug Name
	SEDATIVES & HYPNOTICS – Other sedatives & hypnotics (2900)
2901	Chlormethiazole
2902	Kava lactones
2903	Zopiclone
2999	Other Sedatives & Hypnotics, NEC (incl. Dozile, Unisom)
	STIMULANTS & HALLUCINOGENS – Amphetamines (3100)
3101	Amphetamine (incl. Benzedrine)
3102	Dexamphetamine
3103	Methamphetamine (incl. Speed, Ice, Crystal Meth)
3199	Amphetamines, NEC
	STIMULANTS & HALLUCINOGENS – Cannabinoids (3200)
3201	Cannabinoids (incl. Cannabis, hash, pot)
	STIMULANTS & HALLUCINOGENS – Ephedra Alkaloids (3300)
3301	Ephedrine (incl. Shabu)
3302	Norephedrine
3303	Pseudoephedrine (incl. Benadryl, Panadol Sinus, Sinutab, Sudafed, Nurofen Cold & Flu)
3399	Ephedra Alkaloids, NEC
	STIMULANTS & HALLUCIN. – Phenethylamines (3400) & Tryptamines (3500)
3401	DOB (incl. Bromo-DNA)
3402	DOM (incl. STP)
3403	MDA (incl. Love Drug)
3404	MDEA (incl. Eve)
3405	MDMA (incl. Ecstasy)
3406	Mescaline (incl. Peyote)
3407	PMA
3408	TMA
3499	Phenethylamines, NEC
3501	Atropinic alkaloids (incl. Atrobel Forte, Donnatab)
3502	Diethyltryptamine
3503	Dimethyltryptamine (incl. DMT, Fantasia)
3504	Lysergic acid diethylamide (incl. Acid, LSD)
3505	Psilocybin (incl. Magic Mushrooms)
3599	Tryptamines, NEC
	STIMULANTS & HALLUCINOGENS – Volatile nitrates (3600)
3601	Amyl nitrate
3602	Butyl nitrate
3699	Volatile Nitrates, NEC
	STIMULANTS & HALLUCINOGENS – Other stimulants & hallucinogens (3900)
3901	Caffeine
3902	Cathinone
3903	Cocaine (incl. Coke)
3904	Methcathinone
3905	Methylphenidate (incl. Ritalin)
3906	Nicotine (incl. Chewing tobacco, Snuff)
3999	Other Stimulants & Hallucinogens, NEC

Appendix C. Australian Standard Classification of Drugs of Concern

Code	Drug Name	Code	Drug Name
	ANABOLIC AGENTS & SELECTED HORMONES – Anabolic Androgenic (4100)		ANTIDEPRESSANTS & ANTIPSYCHOTICS – Thioxanthenes (5400) & Tricyclic (5500)
4101	Boldenone	5401	Flupenthixol
4102	Dehydroepiandrosterone	5402	Thiothixene
4103	Fluoxymesterone	5499	Thioxanthenes, NEC
4104	Mesterolone	5501	Amitriptyline
4105	Methandriol	5502	Clomipramine
4106	Methenolone	5503	Dothiepin
4107	Nandrolone	5504	Doxepin
4108	Oxandrolone	5505	Nortriptyline
4111	Stanozolol	5599	Tricyclic Antidepressants, NEC
4112	Testosterone		ANTIDEPRESSANTS & ANTIPSYCHOTICS – Other antidepressants (5900)
4199	Anabolic Androgenic Steroids, NEC	5901	Butyrophenones (incl. Haldol)
	ANABOLIC AGENTS & SELECTED HORMONES – Beta2 agonists (4200) & peptide hormones (4300)	5902	Lithium
4201	Eformoterol	5903	Mianserin
4202	Fenoterol	5999	Other Antidepressants & Antipsychotics, NEC
4203	Salbutamol		VOLATILE SOLVENTS – Hydrocarbons: Aliphatic (6100), Aromatic (6200) & Halogenated (6300)
4299	Beta2 Agonists, NEC	6101	Butane (incl. Air Freshener, Antiperspirant, Aerosol, Lighter Fluid)
4301	Chorionic gonadotrophin	6102	Petroleum
4302	Corticotrophin	6103	Propane
4303	Erythropoietin	6199	Aliphatic Hydrocarbons, NEC
4304	Growth hormone	6201	Toluene (incl. Glue, Paint, Lacquer/Paint Thinners)
4305	Insulin	6202	Xylene
4399	Peptide Hormones, Mimetics & Analogues, NEC	6299	Aromatic Hydrocarbons, NEC
	ANABOLIC AGENTS & SELECTED HORMONES – Other anabolic agents (4900)	6301	Bromochlorodifluoromethane
4901	Sulfonylurea hypoglycaemic agents	6302	Chloroform
4902	Tamoxifen	6303	Tetrachloroethylene (incl. Dry Cleaning Agents)
4903	Thyroxine	6304	Trichloroethane (incl. Correction Fluid & Thinner)
4999	Other Anabolic Agents & Selected Hormones, NEC	6305	Trichloroethylene (incl. PVC Cement, Degreasing Agents)
	ANTIDEPRESSANTS & ANTIPSYCHOTICS – Monoamine Oxidase Inhibs (5100) & Phenothiazines (5200)	6399	Halogenated Hydrocarbons, NEC
5101	Moclobemide		VOLATILE SOLVENTS – Other volatile solvents (6900)
5102	Phenelzine	6901	Acetone (incl. Nail Polish Remover)
5103	Tranlycypromine	6902	Ethyl acetate (incl. Balsa Wood Cement)
5199	Monoamine Oxidase Inhibitors, NEC	6999	Other Volatile Solvents, NEC
5201	Chlorpromazine		MISCELLANEOUS DRUGS OF CONCERN – Diuretics (9100)
5202	Fluphenazine	9101	Antikaliuretics
5203	Pericyazine	9102	Loop diuretics (incl. Lasix)
5204	Thioridazine	9103	Thiazides (incl. Moduretic)
5205	Trifluoperazine	9199	Diuretics, NEC
5299	Phenothiazines, NEC		MISCELLANEOUS DRUGS OF CONCERN – Opioid antagonists (9200)
	ANTIDEPRESSANTS & ANTIPSYCHOTICS – Serotonin Reuptake Inhibitors (5300)	9201	Naloxone (incl. Narcan)
5301	Citalopram	9202	Naltrexone
5302	Fluoxetine (incl. Prozac)	9299	Opioid Antagonists, NEC
5303	Paroxetine (incl. Aropax)	0001	INADEQUATELY DESCRIBED (for principal drug of concern only)
5304	Sertraline (incl. Zoloft)	0003	NO OTHER DRUGS OF CONCERN (for other drugs of concern only)
5399	Serotonin Reuptake Inhibitors, NEC	9999	OTHER DRUG OF CONCERN – NEC

D Pro forma: Undertaking to observe privacy requirements

I, (name) understand that, while I am (employed/contracted*) by the (name of health service), I may have access to personal health information collected for purposes of client/patient care or for administrative, statistical or other purposes. Such personal information includes the identity of, and personal and health information about individual persons.

I undertake not to knowingly access any personal health information unless such information is essential for me to properly and efficiently perform my (duties/contractual obligations*).

I recognise and accept that my access to, holding and use of this information is subject to the Health Privacy Principles contained in the *Health Records and Information Privacy Act 2002* (copy of Health Privacy Principles attached) and undertake to comply with those principles and relevant NSW Health policies affecting the collection, holding use or disclosure of the information.

In order to fulfil this undertaking, I will not divulge any personal health information regarding individual persons, except as allowed by the Health Privacy Principles.

I also undertake to follow other information privacy and security procedures as stipulated by NSW Health policies in relation to any personal health information which I access in the course of my (duties/contractual obligations*).

In order to fulfil this undertaking I will ensure that, so far as it is within my control, such information, whether in the form of paper documents, computerised data or in any other form, cannot be viewed by unauthorised persons, and that the information is stored in a secure and orderly manner which prevents unauthorised access.

I further undertake to inform (my supervisor/title of relevant officer*) immediately if I become aware of any breach of privacy or security relating to the information which I access in the course of my (duties/contractual obligations*).

* delete as required

Signed
.....
(name)
.....
(signature)
.....
(position)
.....
(date)

Witnessed
.....
(name)
.....
(signature)
.....
(position)
.....
(date)

Pro forma: Leaflet for clients



To be adapted by health services for distribution to patients. Soft copy in brochure format available from the privacy intranet page, from AHS privacy contact officers, or by emailing: privacy@doh.health.nsw.gov.au

Proforma

to be adapted by health services
for distribution to patients

(Name of health service)

Information Privacy Leaflet for Patients

Our obligations

The NSW public health service is committed to safeguarding the privacy of patient information, and has implemented measures to comply with its obligations under the *Health Records and Information Privacy Act 2002*. Our doctors, nurses and other staff are bound by law, by NSW Health privacy policy and by a strict code of conduct to maintain confidentiality of patient information.

This leaflet provides you with details of what personal information is held about you, how you can access this information and the purposes for which your personal information is used and disclosed. Your personal information includes your personal details and personal health information relating to your treatment.

Collection

We collect your personal information so that we can provide you with treatment and advice. Test results and further information collected while you are being treated are kept with your medical record. We only collect information that is relevant and necessary for your treatment and to manage the health service.

While each Area Health Service facility maintains its own paper-based medical record, some of the information stored electronically is linked on an Area basis.

We collect information directly from you, wherever possible. We may need to collect information from other health professionals who have treated you. In an emergency we may also need to collect information from a family member, friend, carer or other person who can help us to provide you with the best care.

We will take all reasonable steps to ensure the information we collect about you is stored securely. We are required by law to retain medical records for certain periods of time depending on the type of record and facility. We have appropriate systems and policies in place to protect your information from loss, unauthorised access and misuse.

If you do not wish for us to collect certain information about you, you need to tell us and we will discuss with you any consequences this may have for your health care.

Use and disclosure

We will use or disclose your information for purposes directly related to your treatment, and in ways that you would reasonably expect for your ongoing care. This may include the transfer of relevant information to your nominated GP, to another treating health service or hospital, to a specialist for a referral, for pathology tests, X-rays, and so on.

We are required to disclose some patient information to State and Commonwealth government agencies to comply with laws regarding the reporting of notifiable diseases and statistics; for example, the registering of births and deaths. Your personal information may be required as evidence in court when subpoenaed.

Appendix E. Pro forma: Leaflet for clients

We may use or disclose patient information for billing, statutory reporting and other purposes required for the operation of the NSW health service, including safety and quality improvement initiatives and billing. For example, where relevant, we may need to disclose patient information to Medicare, private health funds, or the Commonwealth Department of Veterans' Affairs.

We may use your information to contact you regarding patient satisfaction surveys that help us to evaluate and improve our services.

We may use or disclose your information for the following purposes in accordance with statutory guidelines issued under privacy law:

- for public interest research projects complying with strict protocols and approved by a Human Research and Ethics Committee
- for staff and student training purposes
- for other planning, financial or management purposes for health service activities.

The statutory guidelines ensure that where your information is needed for these purposes and it is impracticable to seek your consent, a minimum amount of personal information is used, and the personal information is handled in accordance with strict standards.

We will seek your consent prior to the use or disclosure of patient information for purposes other than those listed above, such as for fundraising activities.

Access to your information

You are entitled to request access to all personal information including your medical record held by health service providers in NSW. Normally you will be asked to apply for access in writing and provide identification. You may be charged a fee if you request copies of your personal information or medical record.

Access to your personal information may be declined in special circumstances, such as where giving access would put you or another person at risk of harm.

If you believe the information we hold about you is incorrect and an error has been made, please let us know and we will correct the information. If we believe the information is correct, you may request for your view to be noted on the record.

Requests for access to or correction of your medical record should be addressed to your health service provider's Medical Record Department.

Contact us

If you have questions or a complaint about the privacy of your personal information, please contact (AHS contact details) or (AHS stamp).

