



Aged Care National Minimum Data Set V1.1

Registered aged care standards

30 June 2023

(Updated 16 January 2024)

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Aged Care National Minimum Data Set – Data Set Specification

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 774715

Registration status: Aged Care, Standard 30/06/2023

DSS type: National Minimum Data Set (NMDS)

Scope: The Aged Care National Minimum Data Set (NMDS) is a core set of standardised data items for mandatory collection and reporting at a national level about aged care.

The purpose of the Aged Care NMDS is to improve data quality, comparability and usefulness of data collected across the aged care sector. This means that data must be collected in accordance with the NMDS data specifications at the point of care, capture or record creation (as applicable).

In scope is aged care - which includes both care and assessments - that is funded by the Australian Government.

Assessments include those related to:

- eligibility for care
- care needs
- funding.

Aged care includes community-based (or in-home) aged care and residential aged care services. As at June 2023, this consists of the following programs:

- Commonwealth Home Support Programme
- Home Care Packages Program
- Residential aged care (permanent)
- Residential aged care (respite)
- Transition Care Program
- Short-Term Restorative Care Program
- National Flexible Aboriginal and Torres Strait Islander Flexible Aged Care Program
- Multi-Purpose Services.

The Aged Care NMDS data specifications are applicable to all aged care-related data, whether it is administrative, census or survey. For example, the data specifications apply to aged care data reported to/collected by:

- Department of Health and Aged Care
- Department of Social Services
- Services Australia
- Aged Care Quality and Safety Commission.

Out of scope are:

- aged care providers or services that do not operate under Government-funded arrangements
- the aged care workforce (for version 1)
- information held by aged care providers and services not relevant to this collection.

Other entities that capture aged care-related data, such as the Department of Veterans Affairs, the Australian Commission on Safety and Quality in Health Care or the Independent Health and Aged Care Pricing Authority are not currently in scope.

The Aged Care NMDS will be developed progressively, with content added over time. Items included in the first version (as at 30 June 2023) have been established through consultation with a range of stakeholders, including the aged care sector. They represent a minimum set of core data items (or, data elements) where consistent collection is needed and where standards can feasibly be progressed and implemented. The data items selected for inclusion has been based on prioritising existing data that has long-term utility and are common across the aged care system.

Collection and usage attributes

Statistical unit:

The Aged Care NMDS data specifications relate to:

1. Persons registered in the aged care system – people going through an aged care-related assessment process or currently using government-funded aged care services.
2. Aged care providers – entities who have been government-approved or accredited to provide aged care. An individual provider may operate a number of services.
3. Aged care services – facilities and outlets delivering residential aged care, community-based, in-home, or flexible aged care.
4. Aged care assessments – assessments that are undertaken to assess people’s needs and recommend services that would best address those needs, as well as assessments of care needs of people living in residential aged care for funding purposes.

Note that the statistical unit for each cluster within the NMDS is specified in the relevant cluster.

Guide for use:

The Aged Care NMDS will be expanded over time, with new data elements added each year, as agreed.

Collection methods:

National collection and reporting requirements

The Aged Care NMDS data are generally:

- **collected** by a provider, service/facility or assessor
- **reported** to government
- **collated** by government.

The data are then forwarded to the AIHW National Aged Care Data Clearinghouse for public dissemination via the AIHW’s dedicated aged

care data website GEN and other platforms, as well as made available for research, analysis, and data integration.

Government-funded aged care providers and services are required to record key information about care events, care needs and service users on an ongoing basis. Different government departments also collect information while supporting, administering, or regulating Government-funded aged care services. In addition to the Department of Health and Aged Care, these include the Department of Social Services, Services Australia, and the Aged Care Quality and Safety Commission.

Where government departments or government-funded aged care providers collect aged care information included in the NMDS, the information should be collected as per the NMDS data specifications.

Interim arrangements may allow for collecting some data as per the Aged Care NMDS data specifications based on aggregate rather than individual-level data (for example, where person-level data collection does not yet exist, the standards for e.g., sex should nonetheless be used when data on people's sex are collected).

Periods for which data are collected

The implementation of the Aged Care NMDS data specifications began on 1 July 2023; ongoing system change may be required to support data capture as per the data specifications. Interim arrangements may allow for a transition period: the NMDS is implemented progressively – for each iteration of the NMDS, the data standards will be implemented for collection over a 12-month period. In the 12 months following data standard release, the data standards progress from voluntary to mandatory implementation.

Records are created, edited and updated continuously/as needed.

Wherever possible, NMDS data items are to be collected upon record creation (e.g., assessment or entry to aged care service) and updated if/when changes occur (e.g., move from home care to residential aged care).

Periods for which data are reported and collated

Each source (e.g., aged care provider or service) is required to report data to the Department of Health and Aged Care at various points of the year, either through automatic or manual processes. As a minimum, data are supplied annually.

All Aged Care NMDS data are collated by the Department of Health and Aged Care.

Implementation start date: 01/07/2023

Implementation end date: 30/06/2024

Comments: Glossary terms that are relevant to data published from this NMDS will be available on the GEN aged care website (<https://www.gen-agedcaredata.gov.au>).

Standards from other health and community-based data set specifications may also be relevant, for example the Admitted patient care NMDS, the Disability services NMDS, the Dementia National Best Practice Data Set and the Individual Healthcare Identifier National Best Endeavours Data Set.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Aged care provider

Object class:	Aged care provider
Definition:	An entity that is Government-approved to provide aged care. An individual provider may operate a number of aged care service outlets or facilities, or none.

Provider identifier

Identifying and definitional attributes

METEOR name:	Aged care provider—identifier, X[X(19)]
METEOR identifier:	774972
Registration status:	Aged Care, Standard 30/06/2023
Definition:	A sequence of characters which uniquely identifies an aged care provider, as represented by a string of alphanumeric characters.

Value domain attributes

Representational attributes

Representation class:	Identifier
Data type:	String
Format:	X[X(19)]
Maximum character length:	20

Data element attributes

Collection and usage attributes

Guide for use:	Each separately administered approved aged care provider is to have a unique identifier at the national level. This information is collected and reported by the Australian Government.
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	Becoming an approved aged care provider Aged Care Quality and Safety Commission , Australia, viewed 14 February 2023. Aged Care Act 1997 (legislation.gov.au) , Australia, viewed 14 February 2023. Responsibilities of approved aged care providers Australian Government Department of Health and Aged Care Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set
Specifications: DSS specific
attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Provider legal name

Identifying and definitional attributes

METEOR full name:	Aged care provider—legal name, text X[X(199)]
METEOR identifier:	774968
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The legal name of the aged care provider, as represented by text.

Value domain attributes

Representational attributes

Representation class:	Text
Data type:	String
Format:	X(200)
Maximum character length:	200

Data element attributes

Collection and usage attributes

Guide for use:	<p>The name of the aged care provider is recorded during the aged care provider application. It is the name registered with the Aged Care Quality and Safety Commission via the application for approval to provide aged care. Three forms are in use:</p> <ul style="list-style-type: none">- The new applicant form is used to capture information on aged care providers that are not currently approved to provide any type of care. Entities funded to deliver the Commonwealth Home Support Programme (CHSP) are considered new applicants for the purposes of this process.- The existing approved provider form is used to capture information on aged care providers that are currently approved under one or more of the above Acts and want to provide another care type.- The government organisation form is used to capture information on aged care providers that are state, territory or local government authorities. These entities are taken to be approved to provide aged care and are not assessed for suitability but must complete a registration process. <p>Legal name is only one of the names a provider may use. For example, providers may have a business name that is different from their legal name.</p> <p>This information is collected and reported by the Australian Government.</p>
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
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Origin:

[Becoming an approved aged care provider | Aged Care Quality and Safety Commission](#), Australia, viewed 14 February 2023.

[Aged Care Act 1997 \(legislation.gov.au\)](#), Australia, viewed 14 February 2023.

[Responsibilities of approved aged care providers | Australian Government Department of Health and Aged Care](#) Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Provider organisation type

Identifying and definitional attributes

METEOR full name:	Aged care provider—organisation type, aged care provider code N
METEOR identifier:	774979
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The business structure type of an aged care provider, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Publicly-listed company
2	Private incorporated body
3	Private unincorporated body
4	Religious organisation
5	Community-based organisation
6	Charitable organisation
7	State or territory government
8	Authority of a state or territory government
9	Local government
Supplementary values:	97 Not applicable

Collection and usage attributes

Guide for use:

Value	Meaning
CODE 1	PUBLICLY-LISTED COMPANY

This code is used where the aged care provider or its parent body is listed on the Australian Stock Exchange. Together with private incorporated bodies and private unincorporated bodies, these form the broader group 'for profit' entities.

CODE 2	PRIVATE INCORPORATED BODY
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This code is used where the aged care provider or its parent body is a private incorporated body, meaning that a person, association or group of persons legally is incorporated in a corporation/company. Together with publicly-listed companies and private non-

incorporated bodies, these form the broader group 'for profit' entities.

CODE 3 PRIVATE UNINCORPORATED BODY

This code is used where the aged care provider or its parent body is a private unincorporated body, meaning that a company/corporation is owned by a person or group without any separate legally-recognised structure. Together with publicly-listed companies and private incorporated bodies, these form the broader group 'for profit' entities.

CODE 4 RELIGIOUS ORGANISATION

This code is used where the aged care provider or its parent body is a religious organisation, meaning that the provider is owned by a religious entity such as a church. Together with community-based and charitable organisations, these form the broader group of 'not-for-profit' entities.

CODE 5 COMMUNITY-BASED ORGANISATION

This code is used where the aged care provider or its parent body is a community-based organisation, meaning that the provider is owned by community-based organisations or bodies. Together with the religious and charitable organisations, these form the broader group of 'not-for-profit' entities.

CODE 6 CHARITABLE ORGANISATION

This code is used where the organisation or its parent body is a charitable organisation or body, meaning that the provider is owned by a registered charity. Together with religious and community-based organisations, these form the broader group of 'not-for-profit' entities.

CODE 7 STATE OR TERRITORY GOVERNMENT

This code is used where the aged care provider or its parent body owned by state or territory government. Together with authority of a state or territory government and local government organisations, these form the broader group of 'government' entities.

CODE 8 AUTHORITY OF A STATE OR TERRITORY GOVERNMENT

This code is used where the aged care provider or its parent body is operating under the authority of a state or territory government, meaning that it has been established for a public purpose. Together with state or territory government and local government entities, these form the broader group of 'government' entities.

CODE 9 LOCAL GOVERNMENT

This code is used where the aged care provider or its parent body is owned by local government, such as councils, shires and other similar bodies. Together with state or territory government and authority of a

state or territory government entities, these form the broader group of 'government' entities.

CODE 97 NOT APPLICABLE

This supplementary value is used to code a response that is not applicable. It is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where it is not applicable to the data item.

Data element attributes

Collection and usage attributes

Guide for use:

The organisation structure of the aged care provider is recorded during the aged care provider application. It is the ownership information registered with the Aged Care Quality and Safety Commission via the application for approval to provide aged care. Three forms are in use:

- The new applicant form is used to capture information on aged care providers that are not currently approved to provide any type of care. Aged care providers funded to deliver the Commonwealth Home Support Programme (CHSP) are considered new applicants for the purposes of this process.
- The existing approved provider form is used to capture information on entities that are currently approved under one or more of the above Acts and want to provide another care type.
- The government organisation form is used to capture information on aged care providers that are state, territory or local government authorities. These entities are taken to be approved to provide aged care and are not assessed for suitability but must complete a registration process.

This information is collected and reported by the Australian Government.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: [Becoming an approved aged care provider | Aged Care Quality and Safety Commission](#), Australia, viewed 14 February 2023.

[Aged Care Act 1997 \(legislation.gov.au\)](#), Australia, viewed 14 February 2023.

[Responsibilities of approved aged care providers | Australian Government Department of Health and Aged Care](#) Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set
Specifications: DSS specific
attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Provider approval status

Identifying and definitional attributes

METEOR full name:	Aged care provider—approval status, code N[N]
METEOR identifier:	774932
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The status of an aged care provider's formal endorsement, ratification or approval, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Approved
	2	Revoked by Department
	3	Revoked by provider
	4	Suspended
Supplementary values:	97	Not applicable

Collection and usage attributes

Permissible values:	Value	Meaning
	CODE 1	APPROVED
		This code is used to reflect the final decision whereby the aged care provider is approved either for the first time or re-approved after having been previously revoked or suspended.
	CODE 2	REVOKED BY DEPARTMENT
		This code is used where previous approval for an aged care provider has been revoked by the Department of Health and Aged Care following a decision based on the provider's performance against legislation on the responsibilities of approved aged care providers. For example, approval may be revoked following the issuing of a Sanction to provider, or where a provider fails to agree with a Notice to Agree. Approval may also be revoked where the aged care provider's application for approval contained misleading information, where the approved provider ceases to be a corporation, and where the approved provider ceases to be suitable for approval.
	CODE 3	REVOKED BY PROVIDER

This code is used where previous approval has been revoked or relinquished by the aged care provider, or approval has lapsed.

CODE 4 SUSPENDED

This code is used where previous approval for an aged care provider has been suspended following review and monitoring of the provider's performance against legislation on the responsibilities of approved aged care providers.

Supplementary values:

CODE 97 NOT APPLICABLE

This code is used where aged care providers do not require approval to operate, such as the Commonwealth Home Support Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Data element attributes

Collection and usage attributes

Guide for use:

Approval status may reflect the initial approval for a provider to deliver Australian Government-subsidised in-home, residential or flexible aged care services. (There is a four-stage assessment process to approve a provider to deliver Australian Government-subsidised in-home, residential or flexible aged care services.) It may also reflect subsequent modifications made to the approval status as a result of changes arising from review and monitoring of the provider's performance against legislation.

This information is collected and reported by the Australian Government.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: [Becoming an approved aged care provider | Aged Care Quality and Safety Commission](#), Australia, viewed 14 February 2023.

[Aged Care Act 1997 \(legislation.gov.au\)](#), Australia, viewed 14 February 2023.

[Responsibilities of approved aged care providers | Australian Government Department of Health and Aged Care](#) Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Provider approval date

Identifying and definitional attributes

METEOR full name:	Aged care provider—approval date, DDMMYYYY
METEOR identifier:	774962
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The date on which an aged care provider's formal endorsement, ratification or approval becomes effective, expressed as DDMMYYYY.

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	The date may relate to the initial approval for a provider to deliver those services or any subsequent modifications or re-approvals. This information is collected and reported by the Australian Government.
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	Becoming an approved aged care provider Aged Care Quality and Safety Commission , Australia, viewed 14 February 2023. Aged Care Act 1997 (legislation.gov.au) , Australia, viewed 14 February 2023. Responsibilities of approved aged care providers Australian Government Department of Health and Aged Care Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	Implementation start date: 01/07/2023 Conditional obligation: DSS specific information:
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Aged care service

Object class:	Aged care service
Definition:	An accredited outlet or facility from which aged care assessments or care episodes/activities are managed or provided. An aged care service may also be an outlet receiving government funding to provide home support services.

Service identifier

Identifying and definitional attributes

METEOR full name:	Aged care service—identifier, X[X(19)]
METEOR identifier:	774981
Registration status:	Aged Care, Standard 30/06/2023
Definition:	A sequence of characters which uniquely identifies an aged care service, as represented by a string of alphanumeric characters.

Value domain attributes

Representational attributes

Representation class:	Identifier
Data type:	String
Format:	X[X(19)]
Maximum character length:	20

Data element attributes

Collection and usage attributes

Guide for use:	Each aged care service is to have a unique identifier at the national level. This information is collected and reported by the Australian Government.
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	About accreditation Aged Care Quality and Safety Commission , Australia, viewed 14 February 2023.

[Compliance in aged care | My Aged Care](#), Australia, viewed 14 February 2023.

[Star Ratings for residential aged care | Australian Government Department of Health and Aged Care](#) Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set
Specifications: DSS specific
attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Service legal name

Identifying and definitional attributes

METEOR full name:	Aged care service—legal name, text X[X(199)]
METEOR identifier:	774983
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The legal name of the aged care service (outlet or facility) that has been accredited to deliver aged care services, as represented by text.

Value domain attributes

Representational attributes

Representation class:	Text
Data type:	String
Format:	X(200)
Maximum character length:	200

Data element attributes

Collection and usage attributes

Guide for use:	The name of the service outlet of facility in which an aged care program is provided is recorded in the application for accreditation or re-accreditation. This information is collected and reported by the Australian Government.
Collection methods:	If special characters or symbols form part of the program name, they should be included. This includes all characters from the standard printable ASCII character set such as the letters A-Z, hyphens, commas, apostrophes, @, # etc, as well as the non-standard or extended ASCII characters such as ü, á, é, ®, ™ etc. Mixed case should be used rather than upper case only.

Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	About accreditation Aged Care Quality and Safety Commission , Australia, viewed 14 February 2023. Compliance in aged care My Aged Care , Australia, viewed 14 February 2023. Star Ratings for residential aged care Australian Government Department of Health and Aged Care Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set Specifications:	Implementation start date: 01/07/2023 Conditional obligation:
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Government funding

Identifying and definitional attributes

METEOR full name:	Aged care service—amount of government funding, total Australian currency N[N(8)]
METEOR identifier:	774964
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The total amount of money allocated by government to an aged care service, as represented in Australian dollars.

Value domain attributes

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[N(8)]
Maximum character length:	9
Unit of measure:	Australian currency (AU\$)

Collection and usage attributes

Guide for use:

Data element attributes

Source and reference attributes

Submitting organisation: Department of Health and Aged Care
Origin: [About accreditation | Aged Care Quality and Safety Commission](#), Australia, viewed 14 February 2023.

[Compliance in aged care | My Aged Care](#), Australia, viewed 14 February 2023.

[Star Ratings for residential aged care | Australian Government Department of Health and Aged Care](#) Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes - **Implementation start date:** 01/07/2023

Conditional obligation:

DSS specific information:

In the Aged care service cluster, this data element collects the total funding allocated by the Australian Government per aged care service for the activity that has occurred between 1 July and 30 June of that

financial year, as reported by the Department of Health and Aged Care.
For grant funded aged care programs the same methodology should be followed.

Service compliance rating

Identifying and definitional attributes

Metadata item type:	Aged care service—service compliance rating, code N[N]
METEOR identifier:	774987
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The rating of an aged care service's compliance with standards and/or legal requirements, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Inadequate
	2	Significant improvement needed
	3	Some improvements needed
	4	Meets requirements
Supplementary values:	97	Not applicable

Collection and usage attributes

Guide for use:	Value	Meaning
	CODE 1	INADEQUATE This code applies where there is a current sanction or Notice to Agree issued to the service indicating the service is inadequate. A sanction can be issued where action has not been taken within the agreed timeframe or where there is continued non-compliance. This corresponds to a one-dot rating out of four.
	CODE 2	SIGNIFICANT IMPROVEMENT NEEDED This code applies where the service has been issued a non-compliance notice. This notice reflects significant improvements are needed in order for the service to retain approval to provide care. This corresponds to a two-dot rating out of four.
	CODE 3	SOME IMPROVEMENTS NEEDED This code applies where there are some areas for improvement identified in the most recent quality assessment for the service. This corresponds to a three-dot rating out of four.
	CODE 4	MEETS REQUIREMENTS

This code applies where there are no areas for improvement identified in the most recent quality assessment. This corresponds to a four-dot rating out of four.

CODE 97 NOT APPLICABLE

This code applies where the service compliance rating is not applicable to the service.

Data element attributes

Collection and usage attributes

Collection methods: Record one code.
This information is collected and reported by the Australian Government.
The Service Compliance Rating is based on activities such as quality assessments and meeting quality and safety obligations.
The performance of each aged care service has a dot rating out of four. This shows if it is meeting its compliance requirements for quality and safety. Four dots mean there were no areas for improvement identified in the most recent quality assessment.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care
Origin: [About accreditation | Aged Care Quality and Safety Commission](#), Australia, viewed 14 February 2023.
[Compliance in aged care | My Aged Care](#), Australia, viewed 14 February 2023.
[Star Ratings for residential aged care | Australian Government Department of Health and Aged Care](#) Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -
Implementation start date: 01/07/2023
Conditional obligation:
DSS specific information:

Service compliance rating date

Identifying and definitional attributes

Metadata item type:	Aged care service—service compliance rating date, DDMMYYYY
METEOR identifier:	774989
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The date on which an aged care service's rating of compliance with standards and/or legal requirements becomes effective

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	This information is collected and reported by the Australian Government.
Collection methods:	The compliance rating process seeks to assess that aged care services are providing safe, effective and high-quality care. Compliance is monitored against the Aged Care Quality Standards.

Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	About accreditation Aged Care Quality and Safety Commission , Australia, viewed 14 February 2023. Compliance in aged care My Aged Care , Australia, viewed 14 February 2023. Star Ratings for residential aged care Australian Government Department of Health and Aged Care Australia, viewed 14 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	Implementation start date: 01/07/2023 Conditional obligation: DSS specific information:
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Person

Object class:	Person
Definition:	A human being.

Aged care identifier

Identifying and definitional attributes

METEOR full name:	Person—aged care identifier, XXXXXX[X(14)]
METEOR identifier:	775012
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The number or alphanumeric sequence that uniquely identifies a person and that ensures their records can be matched accurately over time and across aged care providers, services and programs.

Value domain attributes

Representational attributes

Representation class:	Identifier
Data type:	String
Format:	XXXXXX[X(14)]
Maximum character length:	20

Data element attributes

Collection and usage attributes

Guide for use:	Each person seeking or accessing aged care is to have a unique identifier at the national level.
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	
Related metadata:	Person—person identifier, X[X(19)] (aihw.gov.au)

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	Implementation start date: 01/07/2023 Conditional obligation: DSS specific information:
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Family name

Identifying and definitional attributes

METEOR full name:	Person—family name, text X[X(39)]
METEOR identifier:	613331
Registration status:	<i>Existing national data standard for Health 05/10/2016</i>
Definition:	<p>The name a person has in common with some other members of their family, as represented by text.</p> <p>It is often hereditary, and is distinguished from that person's first given name.</p>

Value domain attributes

Representational attributes

Representation class:	Text
Data type:	String
Format:	X[X(39)]
Maximum character length:	40

Data element attributes

Collection and usage attributes

Guide for use:	<p>A person's family name is one of the following:</p> <ul style="list-style-type: none">• the hereditary or tribal surname of a person's family• acquired by a person in accordance with a due process defined in a state or territory Act relating to the registration of births, deaths, marriages and changes of name and sex, and for related purposes• any other name distinguished from a person's given name.
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The agency or establishment should record the person's full **family** name on their information systems.

Collection methods:	<p><i>Family name</i></p> <p>Family name should be recorded in the format preferred by the person. The format should be the same as that written by the person on a (pre) registration form or in the same format as that printed on an identification card, such as a Medicare card, to ensure consistent collection of name data.</p>
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Punctuation

If special characters (such as hyphens, umlauts or commas) form part of the family name they should be included without spaces. For example, hyphenated names should be entered with a hyphen without spaces.

Hyphenated family names should only be recorded using this data element, and not [Person—family name prefix, text A\[A\(29\)\]](#).

Apostrophe—for example O'Brien, D'Agostino

No space should be left before or after the apostrophe; for example, for the name 'O'Brien', there should not be a space between the 'O' and the apostrophe, or between the apostrophe and 'Brien'.

Family names with apostrophes should only be recorded using this data element, and not Person—family name prefix, text A[A(29)].

Full stop—for example, St. John or St. George.

No space should be left before a full stop; for example, for the name 'St. John' there should not be a space between 'St' and the full stop. A space should be left between the full stop and the next name; for example, for the name 'St. John' there should be a space between the full stop and 'John'. In this example, it would be incorrect to enter 'St .John' or 'St . John'.

Space—for example, Van Der Humm, Le Brun (examples which should be entered using the provision for family name prefix).

If the person has recorded their family name as more than one word, displaying spaces in between the words, record their family name in the same way leaving one space between each word. When it is displayed there should be a space between each family name in the same sequence as collected.

Person with only a single name

Some people do not have a family name and a given name, but have only a single name by which they are known. For such individuals the name should be recorded in the Family name field and the Given name field left blank.

Registering a pseudonym

This process may be required in order to mask the identity of an individual—for example, in the case of HIV testing—where the subject of care has the right of anonymity in many jurisdictions. In this case a pseudonym (fictitious or partial name) will be entered in lieu of the person's full or actual name. It is recommended that the subject be asked to record both the pseudonym (other name) as well as a legally known name (for example, identity card name).

Registering a pseudonym requires the local system to be able to identify which name is to be used or displayed as the preferred name for the purpose of the test. This might require the temporary change of the pseudonym name to preferred name, which is then changed back to the normal preferred name after the pseudonym use is over.

This issue also arises when those working in health care are being treated. It is a common requirement in relation to staff of an organisation or people in a comparatively small community.

Registered unnamed newborn babies

When registering a newborn, the mother's family name should be used as the baby's family name unless instructed otherwise by the mother. Unnamed babies should be recorded with a name usage value of Newborn name. This is a name that is not expected to persist but, unlike most temporary names, no follow-up is required during the birth episode of care to find the correct longer term name.

Registering an unidentified person

The default for unknown family name should be 'unknown' in all instances, and the name recorded as a name usage type of Other name (note: the name conditional use flag should be used to indicate that this is not a reliable name). A 'fictitious' family name such as 'Doe' shall not be created, as this is an actual family name. When the subject's name becomes known, it shall be recorded as the 'preferred' name and the other name of 'unknown' shall not be overwritten.

Registering individuals from disaster sites

People from disaster sites being treated should be recorded with a name usage of 'other name'. Local business rules should be developed for consistent recording of disaster site patient details. Care should be taken not to use identical dummy data (family name, given name, date of birth, sex) for two or more subjects from a disaster site. For example, use of the surname 'Unknown1', 'Unknown2' in the family name can clearly differentiate between individuals. Some organisations use an injury description in the given name field to assist in identification. The use of a standard start to the name supports the use of search strategies to assist in finding individuals, especially when a large number of people need to be managed in a disaster. These names have restricted use as they are relevant only for the current episode of care and purpose and should be updated with the individual's real name as soon as possible.

Comments:

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, and so forth. Even small differences in recording—such as the difference between MacIntosh and McIntosh—can make record linkage impossible. To minimise discrepancies in the recording and reporting of name information, agencies or establishments should ask the person for their full (formal) 'Given name' and 'Family name'. These may be different from the name that the person may prefer the agency or establishment workers to use in personal dealings. Agencies or establishments may choose to separately record the preferred name that the person wishes to be used by agency or establishment workers.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result

of this practice, agencies or establishments should always ask the person to specify their first given name and their family name or surname separately. These should then be recorded as 'Given name' and 'Family name' as appropriate, regardless of the order in which they may be traditionally given.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare
Reference documents: Standards Australia 2014. AS 4846:2014 Person and provider identification in healthcare. Sydney: Standards Australia.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -
Implementation start date: 01/07/2023
Conditional obligation:
DSS specific information:

Given name

Identifying and definitional attributes

METEOR full name:	Person—given name, text X[X(39)]
METEOR identifier:	613340
Registration status:	<i>Existing national data standard for Health 05/10/2016</i>
Definition:	The person's identifying name(s) within the family group or by which the person is socially identified, as represented by text.

Value domain attributes

Representational attributes

Representation class:	Text
Data type:	String
Format:	X[X(39)]
Maximum character length:	40

Data element attributes

Collection and usage attributes

Guide for use:	<p>A person's given name can be:</p> <ul style="list-style-type: none">• assigned by a person's parents shortly after birth or adoption or other cultural ceremony• acquired by a person in accordance with a due process defined in a state or territory Act relating to the registration of births, deaths, marriages and changes of name and sex, and for related purposes• attained by a person within the family group or by which that person is socially identified.
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The agency or establishment should record all of the person's given name(s) on their information systems.

Collection methods:	<p>There are no universal verification rules for a person's given name. Given name(s) should be recorded in the format preferred by the person. The format should be the same as that indicated by the person (for example, written on a form) or in the same format as that printed on an identification card (for example, on a Medicare card) to ensure consistent collection of name data.</p>
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The following format may assist with data collection:

What is the given name you would like to be known by?

Are you known by any other given names that you would like recorded?
If so, what are they?

Whenever a person informs the agency or establishment of a change of given name (for example, prefers to be known by their middle name), the former name should be recorded according to the appropriate name usage type. Do not delete or overwrite a previous given name. For example 'Mary Georgina Smith' informs the hospital that she prefers to be known as 'Georgina'. Record 'Georgina' as her preferred given name and record 'Mary Georgina Smith' as the registered name.

Multiple given names

All of the person's given names should be recorded, with each given name being recorded against the relevant Given name sequence number.

Registering an unidentified client

If the person's given name is not known, the name used to identify that person shall not include a given name, that is the 'Given name' field shall be left blank. When the person's name becomes known, the actual name should be added as a complete full name. The previous name should be retained without a given name.

Use of first initial

If the person's first given name is not known, but the first letter (initial) of the given name is known, record the first letter in the registered 'Given name' field. Do not record a full stop following the initial.

Persons with only a single name:

Some people do not have a family name and a given name: they have only a single name by which they are known. If the person has only a single name, record it in the 'Family name' field and leave the 'Given name' field blank.

Shortened or alternate first given name

If the person uses a shortened version or an alternate version of their given name, the person shall have two names recorded. These being the full name and the name with the shorter version.

The individual will need to identify which name is to be used for registered or reporting purposes and which is the name by which that individual prefers to be known.

Example 1: The person's given name is Jennifer, but she prefers to be called Jenny. Both Jennifer and Jenny shall be recorded as given names, with Jenny recorded as the preferred name.

Example 2: The person's given name is 'Giovanni', and this is their legal name. However, the person prefers to be called 'John'. 'John' shall be

recorded as the preferred name with a name usage type of Other name (alias), and 'Giovanni' as the Reporting name.

Punctuation

If special characters (for example hyphens, umlauts or commas) form part of the given name they should be included without spaces. For example, hyphenated names such as Anne-Maree should be entered without a space before or after the hyphen, that is do not leave a space between the last letter of 'Anne' and the hyphen, or between the hyphen and the first letter of 'Maree'.

Spaces

If the person has recorded their given name as more than one word, displaying spaces in between the words, each word is considered to be an additional given name, for example, Jean Claude Marcel Moreaux. That is Jean is one given name, Claude is another given name and Marcel is another given name.

Names not for continued use

For cultural reasons, a person such as an Aboriginal or Torres Strait Islander may advise that they are no longer using the given name they had previously registered and are now using an alternative current name. Record the current name as the Registered name (and as the preferred given name) and the previously used given name as an Other name (alias) (with a Name conditional use flag of 'Name not to be used.')

Composite name

If a person identifies their first name as being a composite word, both parts should be recorded under the first given name (rather than the first and second given name). For example, if 'Anne Marie Walker' notes her preferred given name to be 'Anne Marie', then 'Anne Marie' is recorded as the first given name, and the second given name is left blank.

Registering an unnamed newborn baby

An unnamed newborn baby is to be registered using the mother's given name in conjunction with the prefix 'Baby of'. For example, if the baby's mother's given name is Fiona, then record 'Baby of Fiona' in the preferred 'Given name' field for the baby. This name is recorded under the Newborn name usage type. If a name is subsequently given, record the new name as the preferred given name and retain the newborn name.

Registering unnamed multiple births

An unnamed (newborn) baby from a multiple birth should use their mother's given name plus a reference to the multiple births. For example, if the baby's mother's given name is 'Fiona' and a set of twins is to be registered, then record 'Twin 1 of Fiona' in the 'Given name' field for the first born baby, and 'Twin 2 of Fiona' in the 'Given name' field of the second born baby. Arabic numerals (1, 2, 3 ...) are used, not Roman numerals (I, II, III ...).

In the case of triplets or other multiple births the same logic applies. The following terms should be used for recording multiple births:

- Twin: use Twin; for example, Twin 1 of Fiona
- Triplet: use Trip; for example, Trip 1 of Fiona
- Quadruplet: use Quad; for example, Quad 1 of Fiona
- Quintuplet: use Quin; for example, Quin 1 of Fiona
- Sextuplet: use Sext; for example, Sext 1 of Fiona
- Septuplet: use Sept; for example, Sept 1 of Fiona.

These names should be recorded with a name usage type of Newborn name. When the babies are named, the actual names should be recorded as the preferred name. The newborn name is retained.

Ethnic names

A useful resource when capturing ethnic names is the referenced Naming Systems of Ethnic Groups produced by Centrelink, Canberra, AGPS.

Misspelled given names

If the person's given name has been misspelled, update the given name field with the correct spelling and record the misspelled given name as Other name (alias) in the name usage type (with a Name conditional use flag of 'Unreliable information.'). Recording misspelled names is important for filing documents that may be issued with previous versions of the client's name. Discretion should be used regarding the degree of recording that is maintained.

Comments:

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names and so forth. Even small differences in recording—such as the difference between Thomas and Tom—can make record linkage impossible.

To minimise discrepancies in the recording and reporting of name information, agencies or establishments should ask the person for their full (formal) Given name and Family name. These may be different from the name that the person may prefer the agency or establishment workers to use in personal dealings. Agencies or establishments may

choose to separately record the preferred name that the person wishes to be used by agency or establishment workers.

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

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare
Reference documents: Centrelink 2000. Naming systems of ethnic groups: a guide. Canberra: Australian Government Publishing Service.
Standards Australia 2014. AS 4846:2014 Person and provider identification in healthcare. Sydney: Standards Australia.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -
Implementation start date: 01/07/2023
Conditional obligation:
DSS specific information:

Date of birth

Identifying and definitional attributes

METEOR full name:	Person—date of birth, DDMMYYYY
METEOR identifier:	287007
Registration status:	<i>Existing national data standard for Health 04/05/2005</i>
Definition:	The date of birth of the person, expressed as DDMMYYYY.

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use: If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years. Additionally, an estimated date flag or a date accuracy indicator should be reported in conjunction with all estimated dates of birth.

For data collections concerned with children's services, it is suggested that the estimated date of birth of children aged under 2 years should be reported to the nearest 3 month period, i.e. 0101, 0104, 0107, 0110 of the estimated year of birth. For example, a child who is thought to be aged 18 months in October of one year would have his/her estimated date of birth reported as 0104 of the previous year. Again, an estimated date flag or date accuracy indicator should be reported in conjunction with all estimated dates of birth.

Collection methods: Information on date of birth can be collected using the one question: What is your/(the person's) date of birth?

In self-reported data collections, it is recommended that the following response format is used:

Date of birth: __ / __ / ____

This enables easy conversion to the preferred representational layout (DDMMYYYY).

For record identification and/or the derivation of other metadata items that require accurate date of birth information, estimated dates of birth should be identified by a date accuracy indicator to prevent inappropriate use of date of birth data. The linking of client records from diverse sources, the sharing of patient data, and data analysis for

research and planning all rely heavily on the accuracy and integrity of the collected data. In order to maintain data integrity and the greatest possible accuracy an indication of the accuracy of the date collected is critical. The collection of an indicator of the accuracy of the date may be essential in confirming or refuting the positive identification of a person. For this reason it is strongly recommended that the data element Date—accuracy indicator, code AAA also be recorded at the time of record creation to flag the accuracy of the data.

Comments:

Privacy issues need to be taken into account in asking persons their date of birth.

Wherever possible and wherever appropriate, date of birth should be used rather than age because the actual date of birth allows a more precise calculation of age.

When date of birth is an estimated or default value, national health and community services collections typically use 0101 or 0107 or 3006 as the estimate or default for DDMM.

It is suggested that different rules for reporting data may apply when estimating the date of birth of children aged under 2 years because of the rapid growth and development of children within this age group which means that a child's development can vary considerably over the course of a year. Thus, more specific reporting of estimated age is suggested.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
Origin:	National Health Data Committee National Community Services Data Committee
Reference documents:	Standards Australia 2002. AS5017—2002 Health Care Client Identification. Sydney: Standards Australia Standards Australia 2004. AS4846—2004 Health Care Provider Identification. Sydney: Standards Australia

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information: For the purposes of the Aged Care NMDS, references to the collection of date of birth information about children are not applicable.

Gender

Identifying and definitional attributes

METEOR full name:	Person—gender, code X
METEOR identifier:	741842
Registration status:	<i>Existing national data standard for Health 15/02/2022</i>
Definition:	How a person describes their gender , as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	X
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Man, or boy, or male
	2	Woman, or girl, or female
	3	Non-binary
	4	Different term
	5	Prefer not to answer
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use: This Value Domain is based on the Australian Bureau of Statistics *Standard for sex, gender, variations of sex characteristics and sexual orientation variables* (ABS 2021). The values are defined as follows:

CODE 1 MAN, OR BOY, OR MALE
A person who describes their [gender](#) as man, or boy, or male.

CODE 2 WOMAN, OR GIRL, OR FEMALE
A person who describes their gender as woman, or girl, or female.

CODE 3 NON-BINARY
A person who describes their gender as non-binary.

CODE 4 DIFFERENT TERM
A person who describes their gender as a term other than man/boy/male, woman/girl/female or non-binary.

CODE 5 PREFER NOT TO ANSWER

A person who prefers not to respond on how they describe their gender.

CODE 9 NOT STATED/INADEQUATELY DESCRIBED

This supplementary value is used to code inadequately described responses and non-responses for gender. It is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Alternative codes

The ABS Standard also allows for the following Alternative Code system, which can be mapped to the Codes specified above:

CODE M	Man, or boy, or male
CODE F	Woman, or girl, or female
CODE X	Non-binary
CODE T	Different term
CODE Z	Prefer not to answer

Mapping codes

The ABS Standard also allows for the categories for gender to be mapped as follows:

- Man, or boy

Includes CODE 1

- Woman, or girl

Includes CODE 2

- Non-binary

Includes CODES 3 and 4

- Not stated

Includes CODES 5 and 9

Source and reference attributes

Submitting organisation:

Department of Health and Aged Care

Origin:

ABS (Australian Bureau of Statistics) 2021. Standard for sex, gender, variations of sex characteristics and sexual orientation variables. Canberra: ABS, viewed 6 October 2021 <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

AGD (Attorney-General's Department) 2015. Australian Government Guidelines on the Recognition of Sex and Gender, viewed 6 October 2021 <https://www.ag.gov.au/rights-and-protections/publications/australian-government-guidelines-recognition-sex-and-gender>

Relational attributes

Implementation in Data Set
Specifications: DSS specific
attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Sex

Identifying and definitional attributes

Metadata item type:	Person—sex, code X
METEOR identifier:	741686
Registration status:	<i>Existing national data standard for Health 15/02/2022</i>
Definition:	The sex of a person, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	X
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Male
	2	Female
	3	Another term
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	<p>This Value Domain is based on the Australian Bureau of Statistics <i>Standard for sex, gender, variations of sex characteristics and sexual orientation variables</i> (ABS 2021). The values are defined as follows:</p> <p>CODE 1 MALE</p> <p>Persons whose sex at birth or infancy was recorded as male, or who reported their sex as male at the time of collection.</p> <p>CODE 2 FEMALE</p> <p>Persons whose sex at birth or infancy was recorded as female, or who reported their sex as female at the time of collection.</p> <p>CODE 3 ANOTHER TERM</p> <p>Persons whose sex at birth or infancy was recorded as another term (not male or female), or who reported their sex as another term (not male or female) at the time of collection.</p> <p>The value meaning of "Another term" has been assigned to This code for this value domain, which replaces "Other" and "Intersex or indeterminate" in previous versions of this element. The third option recognises that across Australian jurisdictions and elsewhere there are a range of terms used.</p> <p>CODE 9 NOT STATED/INADEQUATELY DESCRIBED</p>
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This supplementary value is used to code inadequately described responses and non-responses for sex. It is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Alternative codes:

The Australian Bureau of Statistics (ABS) Standard for sex, gender, variations of sex characteristics and sexual orientation variables (ABS 2021) includes the following Alternative This code system:

CODE M Male

CODE F Female

CODE X Another term

These alternate Codes can be mapped to the Codes above.

Comments:

A person's sex is based upon their sex characteristics, such as their chromosomes, hormones and reproductive organs. While typically based upon the sex characteristics observed and recorded at birth or in infancy, a person's reported sex can change over the course of their lifetime and may differ from their sex recorded at birth.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare.

Origin:

ABS (Australian Bureau of Statistics) 2021. Standard for sex, gender, variations of sex characteristics and sexual orientation variables.

Canberra: ABS, viewed 6 October

2021 <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

AGD (Attorney-General's Department) 2015. Australian Government Guidelines on the Recognition of Sex and Gender, viewed 6 October 2021

<https://www.ag.gov.au/rights-and-protections/publications/australian-government-guidelines-recognition-sex-and-gender>

Data element attributes

Collection and usage attributes

Guide for use:

The terms **sex** and **gender** are interrelated, and are often used interchangeably, however they are distinct concepts:

- Sex is understood in relation to sex characteristics. Sex recorded at birth refers to what was determined by sex characteristics observed at birth or in infancy
- Gender is about social and cultural differences in identity, expression and experience.

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

"The preferred Australian Government approach is to collect and use gender information. Information regarding sex would ordinarily not be

required and should only be collected where there is a legitimate need for that information and it is consistent with Australian Privacy Principle 3." (AGD 2015)

Collection methods:

This Data Element may be used to collect *either* sex recorded at birth or sex reported at the time of collection. This information should be specified in the Data Set Specific Information in order to provide transparency about which type of data was collected.

The Australian Bureau of Statistics (ABS) *Standard for sex, gender, variations of sex characteristics and sexual orientation variables* (ABS 2021) recommends that where data on sex is collected, the preferred question should relate to sex recorded at birth. Sex recorded at birth refers to what was determined by sex characteristics observed at birth or in infancy. This is an important indicator for statistical analysis in births and deaths, health statistics, calculating fertility rates and deriving counts for cis and trans populations.

A data collection may instead collect data on a person's sex reported at the time of collection, rather than their sex recorded at birth. However, there are advantages of sex recorded at birth as the sex question and further data that can be derived when using sex recorded at birth as the sex question.

Caution should be exercised when comparing counts for sex of a person recorded at birth and the sex of a person reported at the time of collection, as a person's reported sex may change over the course of their lifetime. Also, as the terms sex and gender are often used interchangeably, a respondent might provide a gender response to a sex question.

Standard questions

Sex recorded at birth

The ABS recommends the following standard question structure:

What was [your/Person's name/their] sex recorded at birth? Please [tick/mark/select] one box.

Male

Female

Another term (please specify)

Mandatory elements

The following elements must be included:

- The words "sex recorded at birth" in the question to clearly articulate the concept being collected

- Label the response options “Male”, “Female”, and “Another term (please specify)”
- A write-in facility is available when the “Another term (please specify)” response option is selected
- Only one response is permitted
- If this question is interviewer administered, the question must always be asked as written and no assumptions made by the interviewer.

Recommended elements

The following elements are recommended:

- Use inclusive language (e.g. “they” or “their” rather than “he/she” or “his/her”)
- If both sex and gender questions are included, ask the sex question first and note that a separate question on gender is also asked
- If both sex and gender questions are included, ask both on the same page if practical.

Sex reported at the time of collection

The ABS recommends the following standard question structure:

What is [your/Person’s name/their] sex? Please [tick/mark/select] one box.

[] Male

[] Female

[] Another term (please specify)

Mandatory elements

The following elements must be included:

- The word “sex” in the question to clearly articulate the concept being collected
- Label the response options “Male”, “Female”, and “Another term (please specify)”
- A write-in facility is available when the “Another term (please specify)” response option is selected
- Only one response is permitted
- If this question is interviewer administered, the question must always be asked as written and no assumptions made by the interviewer.

Recommended elements

The following elements are recommended for inclusion:

- Use inclusive language (e.g. “they” or “their” rather than “he/she” or “his/her”)
- If both sex and gender questions are included, ask the sex question first and note that a separate question on gender is also asked
- If both sex and gender questions are included, ask both on the same page if practical.

The *Australian Government Guidelines on the Recognition of Sex and Gender* recommend “departments and agencies should refrain from making assumptions about a person’s sex and/or gender identity based on indicators such as their name, voice or appearance” (AGD 2015.) The inclusion of the write-in facility for “Another term” as a third response option recognises that there are a range of terms used to describe sex which is neither male nor female, and enhances data quality. Where the “Another term” code has been selected for sex, the data element [Person—sex, text X\[X\(99\)\]](#) may be used to capture any further (optional) specification of sex descriptors.

Comments:

Where this data element is used to record sex reported at the time of collection, the data may not be used to derive cis and trans counts through the ‘two-step method’.

Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare

Origin:

ABS (Australian Bureau of Statistics) 2021. Standard for sex, gender, variations of sex characteristics and sexual orientation variables. Canberra: ABS, viewed 6 October 2021 <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>

AGD (Attorney-General’s Department) 2015. Australian Government Guidelines on the Recognition of Sex and Gender, viewed 6 October 2021

<https://www.ag.gov.au/rights-and-protections/publications/australian-government-guidelines-recognition-sex-and-gender>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Indigenous status

Identifying and definitional attributes

METEOR full name:	Person—Indigenous status, code N
METEOR identifier:	602543
Registration status:	<i>Existing national data standard for Health 19/11/2015</i>
Definition:	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.
Context:	The purpose of this data element is to provide information about whether persons identify as being of Aboriginal and/or Torres Strait Islander origin.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Aboriginal but not Torres Strait Islander origin
	2	Torres Strait Islander but not Aboriginal origin
	3	Both Aboriginal and Torres Strait Islander origin
	4	Neither Aboriginal nor Torres Strait Islander origin
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use: This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS website as indicated in the Reference documents.

The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'Not stated/inadequately described' responses. The classification is as follows:

Indigenous Australians:

- Aboriginal but not Torres Strait Islander origin.
- Torres Strait Islander but not Aboriginal origin.
- Both Aboriginal and Torres Strait Islander origin.

Non-Indigenous Australians:

- Neither Aboriginal nor Torres Strait Islander origin.

Not stated/inadequately described:

This category 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 the answer cannot be determined without clarification from the respondent (for example, 'No' and 'Yes, Aboriginal' are both selected).
- Where an answer was declined.
- Where the question was not able to be asked because the client was unable to communicate or a person who knows the client was not available.

Data element attributes

Collection and usage attributes

Guide for use:

This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS website as indicated in the Reference documents.

The Indigenous status question allows for more than one response. The procedure for coding multiple responses is as follows:

- If the respondent answers 'Yes, Aboriginal' and 'Yes, Torres Strait Islander', then their response should be coded to 'Yes, both Aboriginal and Torres Strait Islander origin'.
- If the respondent answers 'No' and one or more of the following:
 - 'Yes, Aboriginal'
 - 'Yes, Torres Strait Islander'
 - 'Yes, both Aboriginal and Torres Strait Islander'

then the response should be coded to 'Not stated/inadequately described' if the response cannot be clarified with the respondent.

Collection methods:

The following information provides advice on the recommended way to ask the Indigenous status question.

Self-enumerated collections

For self-enumerated collections (for example, self-completed questionnaires or forms), the following question is recommended:

Q1. [Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

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

If [you] [the person] [(name)] are of both Aboriginal and Torres Strait Islander origin, answer using both 'Yes' options.

This approach may be problematic in some data collections, for example when data are collected using screen based data capture systems. An additional response category of 'Yes, both Aboriginal and Torres Strait Islander' may be included if this better suits the data collection practices of the agency or establishment concerned.

If the Indigenous status question has not been completed on a returned form, this should be followed up and confirmed with the person.

Interviewer-conducted collections

For interviewer-conducted collections in which the Indigenous status of one person is collected, the following question set is recommended:

Q1. Are you of Aboriginal or Torres Strait Islander origin?

- Yes
- No (no more questions)

Q2. Are you of Aboriginal origin, Torres Strait Islander origin, or both?

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

The first question is used to sequence out non-Indigenous Australians. The second question is used to determine the specific Aboriginal and/or Torres Strait Islander origin of the person. A benefit of this approach is that the interviewer is not required to prompt the respondent with response categories. The 'Both Aboriginal and Torres Strait Islander' response category can be included or excluded in interviewer conducted collections depending on which option best suits the data collection practices of the agency concerned. Including the additional response category ensures that respondents are aware of the option to identify as being of both Aboriginal and Torres Strait Islander origin.

Various articulations of the standard question are recommended to address the following circumstances:

Person is present and answers

This question wording is recommended where it is known that the person being interviewed is the subject:

Q1. Are you of Aboriginal or Torres Strait Islander origin?

Q2. Are you of Aboriginal origin, Torres Strait Islander origin, or both?

Person is not present and someone else who knows the person well answers

The following question wording is recommended when another member of the household answers for the person. Examples of such incidents include: parents answering for children, or relatives answering in hospital situations.

Q1. Is [the person] [(name)] of Aboriginal or Torres Strait Islander origin?

Q2. Is [the person] [(name)] of Aboriginal origin, Torres Strait Islander origin, or both?

Person is deceased and someone else answers on their behalf (for example, death information form)

In these circumstances a close relative or friend should answer. Only if a relative or friend is unavailable should the undertaker or other such person answer. The suggested question wording follows:

Q1. Was [the person] [(name)] of Aboriginal or Torres Strait Islander origin?

Q2. Was [the person] [(name)] of Aboriginal origin, Torres Strait Islander origin, or both?

Person is an infant and parents answer (e.g. perinatal information form)

In this circumstance it is recommended that parents are asked:

Q1. Is [the baby's] [(name)'s] mother of Aboriginal or Torres Strait Islander origin?

Q2. Is [the baby's] [(name)'s] mother of Aboriginal origin, Torres Strait Islander origin, or both?

And

Q1. Is [the baby's] [(name)'s] father of Aboriginal or Torres Strait Islander origin?

Q2. Is [the baby's] [(name)'s] father of Aboriginal origin, Torres Strait Islander origin, or both?

For interview conducted collections in which the Indigenous Status of more than one person is collected from a household representative, the following question set is recommended:

Q1. Is anyone who (usually lives here) (or) (is visiting here) of Aboriginal or Torres Strait Islander origin?

- Yes
- No

Q2. Who are they?

Question 3 is asked of each person identified as being of Aboriginal or Torres Strait Islander origin.

Q3. [Are you] [Is (name)] of Aboriginal origin, Torres Strait Islander origin, or both?

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

The first question is used to sequence out households in which no Aboriginal and/or Torres Strait Islander people usually live (or are visiting). The second question is used to identify those usual residents (and visitors) of Aboriginal or Torres Strait Islander origin. This approach eliminates the need to repeatedly ask the Indigenous status question of each individual in a household when data are collected on a single household form. It is particularly advantageous when collecting from

areas with a large proportion of households with non-Indigenous Australians.

For both self-enumerated collections and interviewer-conducted collections

The Indigenous status question can be used in circumstances where a close relative, friend, or another member of the household is answering on behalf of the subject. It is strongly recommended that the question be asked directly wherever possible.

When the subject person is not present, the person answering for them should be in a position to do so, that is, this person must know the person about whom the question is being asked well and feel confident to provide accurate information about them.

The Indigenous status question must always be asked regardless of data collectors' perceptions based on appearance or other factors.

The Indigenous status question may only be left unanswered in the following circumstances:

- Where the person declined to answer
- Where the question was not able to be asked because the client was unable to communicate or a person who knows the client was not available.

Comments:

The following definition, commonly known as 'The Commonwealth Definition', was given in a High Court judgement in the case of *Commonwealth v Tasmania* (1983) 46 ALR 625.

'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

There are three components to the Commonwealth definition:

- descent;
- self-identification; and
- community acceptance.

In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self-identification only.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: Australian Bureau of Statistics 2014. Indigenous Status Standard Version 1.5, Canberra. Viewed 29 September 2015, <http://www.abs.gov.au/ausstats/abs@.nsf/>

a866861f12e106e0ca256a38002791fa/

5609d66dcc94996eca257d6a000fb3fc!OpenDocument

Australian Institute of Health and Welfare 2010. National best practice guidelines for collecting Indigenous status in health data sets. Cat. No. IHW 29. Canberra: AIHW. Viewed 29 September 2015, <http://www.aihw.gov.au/publication-detail/?id=6442468342>.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Accommodation type (usual)

Identifying and definitional attributes

METEOR full name:	Person—accommodation type, usual, code N[N]
METEOR identifier:	775018
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The type of accommodation setting in which a person usually lives/lived, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Private residence
	2	Residential aged care service
	3	Independent living within a retirement village
	4	Other specialised/supported accommodation
	5	Indigenous community or settlement
	6	Boarding house, hostel or similar accommodation
	7	Crisis or transitional housing
	8	Public place
	20	Other
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	Value	Meaning
	CODE 1	PRIVATE RESIDENCE
		This code applies to people living a house, apartment or other dwelling with private facilities.
	CODE 2	RESIDENTIAL AGED CARE SERVICE
		This code applies to people living in a residential aged care facility (also known as nursing or aged care homes). This does not include people who use residential aged care on a respite basis and maintain a usual living arrangement elsewhere).

CODE 3 INDEPENDENT LIVING WITHIN A RETIREMENT VILLAGE

This code applies to people living in a self-care living unit within a retirement village (irrespective of the type of tenure held over the residence). Independent living within retirement villages is generally for people who are independent and able to care for themselves.

CODE 4 OTHER SPECIALISED/SUPPORTED ACCOMMODATION

This code applies to people living in settings where care is provided by staff on a live in or rostered basis, excluding residential aged care. It can consist of:

- supported living within a retirement village
- disability support or disability supported accommodation, such as group homes for people with disability or Specialist Disability Accommodation
- alcohol/other drug treatment units in psychiatric hospitals
- mental health units and forensic health units of corrective services systems
- specialised mental health community-based residential support services
- specialised dementia care units (SDCUs)
- other specialised rehabilitation or institutional settings

CODE 5 INDIGENOUS COMMUNITY OR SETTLEMENT

This code applies to people who usually reside within an Aboriginal/Torres Strait Islander community or settlement. This can include any type of residence within those communities.

CODE 6 BOARDING HOUSE, HOSTEL OR SIMILAR ACCOMMODATION

This code applies to people who usually reside in buildings or rooms for lodging, generally consisting of a bedroom that is not self-contained, and usually shares a common kitchen and/or bathroom. Boarding house bedrooms are usually accessed via a common entrance such as a foyer or hallway. Some nursing homes have historically been known as hostels; these are included under residential aged care.

CODE 7 CRISIS OR TRANSITIONAL HOUSING

This code applies to people living in short-term or temporary accommodation. It includes crisis, emergency and transitional housing such as night shelters, women's refuges and other agency-led temporary arrangements for accommodation. Accommodation may be linked to external support through another agency.

CODE 8 PUBLIC PLACE

This code applies to people experiencing homelessness. For example, people may be sleeping rough, squatting, in improvised dwellings, using cars or railway carriages or sleeping in parks.

CODE 20 OTHER

This code applies to people living in an accommodation setting not specified above. For example, this can include people living in an adult correctional facility, prison or immigration detention centre.

Supplementary values:

CODE 97 NOT APPLICABLE

This code applies where there was no assessment of the person's accommodation setting.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code applies where people's accommodation setting is unknown to assessor and not one of the options outlined above.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Data element attributes

Collection and usage attributes

Guide for use:

'Usual' is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior. For example, if a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation. In practice, receiving an answer to questioning about a person's usual accommodation setting may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation of their type of usual accommodation.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: [My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>.

Australian Institute of Health and Welfare (2002) [Aged care assessment program data dictionary version 1.0](#), AIHW, Australian Government, accessed 21 February 2023.

Related metadata: [Person—accommodation type \(usual\), code N\[N\] \(aihw.gov.au\)](#)

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Country of birth

Identifying and definitional attributes

METEOR full name:	Person—country of birth, code (SACC 2016) NNNN
METEOR identifier:	659454
Registration status:	<i>Existing national data standard for Health 06/12/2016</i>
Definition:	The country in which the person was born, as represented by a code.

Value domain attributes

Representational attributes

Classification scheme:	Standard Australian Classification of Countries 2016
Representation class:	Code
Data type:	Number
Format:	NNNN
Maximum character length:	4

Collection and usage attributes

Guide for use:	<p>The Standard Australian Classification of Countries 2016 (SACC) is a four-digit, three-level hierarchical structure specifying major group, minor group and country.</p> <p>A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia.</p>
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Data element attributes

Collection and usage attributes

Collection methods:	<p>Some data collections ask respondents to specify their country of birth. In others, a pre-determined set of countries is specified as part of the question, usually accompanied by an 'other (please specify)' category. Recommended questions are:</p> <p>In which country were you/was the person/was (name) born?</p> <p>Australia</p> <p>Other (please specify) ...</p> <p><i>or</i></p> <p>In which country were you/was the person/was (name) born?</p> <p>Australia</p> <p>England</p> <p>New Zealand</p>
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India
Italy
Vietnam
Philippines
South Africa
Scotland
Malaysia
Other (please specify) ...

The option list for this question includes countries according to their statistical frequency in Australia, according to data from the Census of Population and Housing. Exceptions are made for countries such as 'United Kingdom' and 'China', as they are likely to reduce the level of detail that is possible to be coded to the Standard Australian Classification of Countries (SACC).

Comments:

This metadata item is based on the Australian Bureau of Statistics' Country of Birth standard for collecting, processing and presenting country of birth statistics (ABS 2016a).

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: Australian Bureau of Statistics (ABS) 2016a. **Country of Birth Standard, 2016**. ABS cat. No. 1200.0.55.004. Canberra: ABS.

ABS 2016b. **Standard Australian Classification of Countries (SACC) 2016**. ABS cat. No. 1269.0. Canberra: ABS.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes - **Implementation start date:** 01/07/2023

Conditional obligation:

DSS specific information:

Preferred language

Identifying and definitional attributes

METEOR full name:	Person—preferred language, code (ASCL 2016) N[NNN]
METEOR identifier:	659407
Registration status:	<i>Existing national data standard for Health 25/01/2018</i>
Definition:	The language (including sign language) most preferred by the person for communication, as represented by a code.

Value domain attributes

Representational attributes

Classification scheme:	Australian Standard Classification of Languages 2016
Representation class:	Code
Data type:	Number
Format:	N[NNN]
Maximum character length:	4

Collection and usage attributes

Guide for use:	<p>The ASCL has a three-level hierarchical structure. The most detailed level of the classification consists of languages which are represented by four-digit codes. The second level of the classification comprises narrow groups of languages (the Narrow group level), identified by two-digit and three-digit codes. The most general level of the classification consists of broad groups of languages (the Broad group level) and is identified by one-digit codes. The classification includes Australian Indigenous languages and sign languages.</p> <p>For <i>example</i>, the Lithuanian language has a code of 3102. In this case 3 denotes that it is an Eastern European language, while 31 denotes that it is a Baltic language. The Pintupi Aboriginal language is coded as 8713. In this case 8 denotes that it is an Australian Indigenous language and 87 denotes that the language is a Western Desert language.</p> <p>Language data may be output at the Broad group level, Narrow group level or the language level of the classification. Also, significant languages within a Narrow group can be presented separately with the remaining languages of the Narrow group aggregated. The same principle can be adopted to highlight significant Narrow groups within a Broad group.</p>
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Data element attributes

Collection and usage attributes

Guide for use:	This may be a language other than English even where the person can speak fluent English.
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Source and reference attributes

Submitting organisation:

Australian Institute of Health and Welfare

Reference documents:

Australian Bureau of Statistics 2016a. [Australian Standard Classification of Languages \(ASCL\) 2016](#). ABS cat. No.1267.0. Canberra: ABS.

Australian Bureau of Statistics 2016b. [Language Standards 2016](#). ABS cat. No.1200.0.55.005. Canberra: ABS.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Informal carer existence indicator

Identifying and definitional attributes

METEOR full name:	Person—informal carer existence indicator, code N[N]
METEOR identifier:	787901
Registration status:	<i>Existing national data standard for Health 17/10/2018</i>
Definition:	An indicator of whether a person has an informal carer , as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Boolean
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Yes
	2	No
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 97	NOT APPLICABLE
	This code is used where the person's informal carer is a paid worker or a volunteer organised by formal services.	
	CODE 98	UNKNOWN/UNABLE TO BE DETERMINED
	This code is used where the assessor or person collecting the information could not determine whether the person had a carer.	
	CODE 99	NOT STATED/INADEQUATELY DESCRIBED
	This code is not for use in primary data collections.	

Data element attributes

Collection and usage attributes

Guide for use:	Informal carers may include those people who receive a pension or benefit for their caring role and people providing care under family care agreements. Excluded from the definition of informal carers are volunteers organised by formal services and paid workers. This metadata item is purely descriptive of a client's circumstances. It is not intended to reflect whether the informal carer is considered by the service provider to be capable of undertaking the caring role. The
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expressed views of the client and/or their carer should be used as the basis for determining whether the client is recorded as having an informal carer or not.

When asking a client whether they have an informal carer, it is important for agencies or establishments to recognise that a carer does not always live with the person for whom they care. That is, a person providing significant care and assistance to the client does not have to live with the client in order to be called an informal carer.

Collection methods:

Agencies or establishments and service providers may collect this item at the beginning of each service episode and /or assess this information at subsequent assessments.

Some agencies, establishments/providers may record this information historically so that they can track changes over time. Historical recording refers to the practice of maintaining a record of changes over time where each change is accompanied by the appropriate date.

Examples of questions that have been used for data collection include:

Home and Community Care NMDS

'Do you have someone who helps look after you?'

Disability Services NMDS

*'Does the service user have an informal carer, such as **family** member, friend or neighbour, who provides care and assistance on a regular and sustained basis?'*

Comments:

Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer is a significant risk factor contributing to institutionalisation. Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

This definition of informal carer is not the same as the Australian Bureau of Statistics (ABS) definition of carer or primary carer used in the Survey of Disability, Ageing and Carers (SDAC). The ABS definitions require that the carer has or will provide care for a certain amount of time and that they provide certain types of care. In SDAC, a carer is defined as a person of any age who provides any informal assistance, in terms of help or supervision, to an older person or someone who has a disability or a long-term health condition. This assistance has been, or is likely to be, ongoing for at least six months. A primary carer is someone aged 15 years and over who provides the most informal assistance to a person with disability with one or more of the core activities of mobility, self-care and communication. These definitions may not be appropriate for

community services agencies wishing to obtain information about a person's carer regardless of the amount of time that care is for, or the types of care provided. Information such as the amount of time for which care is provided can of course be collected separately but, if it were not needed, it would place a burden on service providers.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes - **Implementation start date:** 01/07/2023

Conditional obligation:

DSS specific information:

Informal carer relationship to care recipient

Identifying and definitional attributes

METEOR full name:	Person—informal carer relationship to care recipient, code N[N]
METEOR identifier:	748846
Registration status:	<i>Existing national data standard for Health 05/10/2022</i>
Definition:	The relationship of the main informal carer to the person for whom they care, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Wife/female partner
	2	Husband/male partner
	3	Mother
	4	Father
	5	Daughter
	6	Son
	7	Daughter-in-law
	8	Son-in-law
	9	Other female relative
	10	Other male relative
	11	Female friend/neighbour
	12	Male friend/neighbour
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	This code set should always be used to record the relationship of the carer to the person for whom they care.
	CODE 1 WIFE/FEMALE PARTNER Includes married and de facto partners who are carers.
	CODE 2 HUSBAND/MALE PARTNER Includes married and de facto partners who are carers.

CODE 3 MOTHER

Includes step- and foster parents.

CODE 4 FATHER

Includes step- and foster parents.

CODE 5 DAUGHTER

Includes stepchildren.

CODE 6 SON

Includes stepchildren.

CODE 7 DAUGHTER-IN-LAW

CODE 8 SON-IN-LAW

CODE 9 OTHER FEMALE RELATIVE

CODE 10 OTHER MALE RELATIVE

CODE 11 FEMALE FRIEND/NEIGHBOUR

CODE 12 MALE FRIEND/NEIGHBOUR

CODE 97 NOT APPLICABLE

This code is used where the person's informal carer is a paid worker or a volunteer organised by formal services.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where the assessor or person collecting the information could not determine whether the person had a carer or what their relationship was.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code should only be recorded where the carer has not been identified. This code is not for use in primary data collections.

Source and reference attributes

Origin: Australian Institute of Health and Welfare 2016. Disability Services National Minimum Data Set: data guide, July 2016. Cat. No. DAT 4. Canberra: AIHW.

Data element attributes

Collection and usage attributes

Comments: Information about this relationship assists in the establishment of a profile of informal caring relationships and the assistance provided to maintain and support those relationships. As such, it increases knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal care giving in the community.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare
Origin: Australian Institute of Health and Welfare 2016. Disability Services National Minimum Data Set: data guide, July 2016. Cat. No. DAT 4. Canberra: AIHW.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -
Implementation start date: 01/07/2023
Conditional obligation: This item should only be completed if CODE 1 Yes was selected for Person—informal carer existence indicator, code N.
DSS specific information: For the purposes of the Aged Care NMDS: CODE 3 Mother should also include step mothers and mothers-in-law. CODE 4 Father should also include step-fathers and fathers-in-law. CODE 99 should also include non-binary, a different term, or prefer not to answer with respect to the person's sex or gender.

Living arrangement

Identifying and definitional attributes

METEOR full name:	Person—living arrangement, code N[N]
METEOR identifier:	775029
Registration status:	Aged Care, Standard 30/06/2023
Definition:	Whether a person usually resides alone or with others, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Lives alone
	2	Lives with family – partner only
	3	Lives with family – other
	4	Lives with others
	10	Other
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 01	LIVES ALONE
	The person lives on their own. A person living alone in a private room within a retirement village, aged care facility, boarding house etc. should be coded as CODE 04 'Lives with others', except in those instances in which they are sharing their own private space/room within the premises with a family member (in which case code as CODE 02 'Lives with family – partner only' or CODE 03 'Lives with family – other').	
	CODE 02	LIVES WITH FAMILY – PARTNER ONLY
	The person lives with their partner only. Includes spousal, de facto and same sex relationships.	
	CODE 03	LIVES WITH FAMILY – OTHER
	The person lives with family members. Family members may include the person's partner but if they live with their partner only, the person should be coded as CODE 02 'Lives with family – partner only'. If the	

person's household includes both family and non-family members, the person should be coded as living with family.

CODE 04 LIVES WITH OTHERS

The person lives with non-family members.

CODE 10 OTHER

The person's living arrangements are not described by CODE 01–CODE 04.

CODE 97 NOT APPLICABLE

This code is used where an assessment does not include this question.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where information is unclear, unavailable or insufficient to assign CODE 01–CODE 10.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Collection methods:	Generally this metadata item is collected for the person's usual living arrangement, but may also, if required, be collected for a person's main living arrangement or living arrangement at a particular time reference point.
Comments:	Data collected about the type of living arrangement for a person gives information about the level of support, both physical and emotional, to which a person may have access.
Related metadata reference:	Person—living arrangement, dementia code NN (aihw.gov.au)

Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	Australian Institute of Health and Welfare (2002) Aged care assessment program data dictionary version 1.0 , AIHW, Australian Government, accessed 21 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	Implementation start date: 01/07/2023 Conditional obligation: DSS specific information:
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Marital status

Identifying and definitional attributes

Metadata item type:	Data Element
METEOR identifier:	766507
Registration status:	<i>Existing national data standard for Health 09/12/2022</i>
Definition:	A person's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Never married
	2	Widowed
	3	Divorced
	4	Separated
	5	Married (registered and de facto)
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	The following codes refer to the current marital status of a person. CODE 1 NEVER MARRIED Use this code when a person has never been married. People who have never been in a registered marriage but are currently in a de facto marriage should use CODE 5 'Married (registered and de facto)'. CODE 2 WIDOWED Use this code when a person's marriage partner is deceased, and they have not re-married. For persons whose previous marriage partner is not living, but who have re-married, use CODE 5 'Married (registered and de facto)'. CODE 3 DIVORCED Use this code when a person is no longer legally married to their most recent marriage partner.
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CODE 4 SEPARATED

Use this code when a person considers themselves to be no longer in a relationship with most recent registered marriage partner, but has not legally divorced.

CODE 5 MARRIED (REGISTERED AND DE FACTO)

Use this code when a person is in a current registered or de facto marriage. Includes people who have been divorced or widowed but have since re-married.

CODE 97 NOT APPLICABLE

This code is used where an assessment does not include this question.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where information is unclear, unavailable or insufficient to assign CODE 01–CODE 5.

Supplementary values:

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not for use on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Data element attributes

Source and reference attributes

Reference documents:

ABS (Australian Bureau of Statistics) 2019. Family, Household and Income Unit Variables, 2014. Canberra: ABS, viewed 21 September 2022 <https://www.abs.gov.au/statistics/standards/family-household-and-income-unit-variables/2014>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Housing tenure type

Identifying and definitional attributes

METEOR full name:	Person—housing tenure type, aged care code N
METEOR identifier:	775037
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The arrangement under which a person accessing aged care services occupies a dwelling, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	N
Maximum character length:	1

Permissible values:	Value	Meaning
	1	Owned outright
	2	Owned with a mortgage
	3	Rented privately
	4	Rented through public, community or social housing
	5	Rented otherwise
	6	Occupied under other arrangements
	7	No tenure
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 1	OWNED OUTRIGHT	A person owns their dwelling and is not making any payments on mortgages or loans secured against the dwelling. (Thus persons who have repaid a loan but technically not discharged the associated mortgage are included in this category.)
	CODE 2	OWNED WITH A MORTGAGE	A person who owns their dwelling and is repaying a mortgage or loans secured against the dwelling.
	CODE 3	RENTED PRIVATELY	A person pays money in the private rental market in return for accommodation.
	CODE 4	RENTED THROUGH PUBLIC, COMMUNITY OR SOCIAL HOUSING	

A person pays money to a housing authority or housing assistance agency in return for accommodation.

CODE 6 RENTED OTHERWISE

A person pays money to another entity not included in the categories listed above, such as boarding house or caravan park, in return for accommodation.

CODE 6 OCCUPIED UNDER OTHER ARRANGEMENTS

A person occupies a dwelling under arrangements not specified above. This includes a person living in residential aged care and situations where the person occupies the dwelling rent free or under a life tenure scheme (such as some retirement villages) or the dwelling is purchased under a shared equity scheme.

CODE 7 NO TENURE

A person does not occupy a private dwelling or has no rights over the dwelling. This includes situations where the person has no address.

CODE 97 NOT APPLICABLE

This code is used where an assessment does not include this question.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where information is unclear, unavailable or insufficient to assign CODE 01–CODE 7.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This supplementary value is used to code inadequately described responses and non-responses for tenure type. It is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Data element attributes

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: ABS (Australian Bureau of Statistics) 2021. Census of Population and Housing: Census dictionary. Canberra: ABS, viewed 10 February 2023 <https://www.abs.gov.au/census/guide-census-data/census-dictionary/2021/variables-topic/housing/tenure-type-tend>

AIHW (Australian Institute of Health and Welfare) METEOR. Canberra: AIHW viewed 10 February 2023, Person—housing tenure type, homelessness code N (aihw.gov.au) <https://meteor.aihw.gov.au/content/689162>

[My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](#), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>.

Relational attributes

Implementation in Data Set
Specifications: DSS specific
attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Aged care episode

Object class:	Aged care episode
Definition:	The period of time during which a person receives care from an aged care service or aged care provider. It may relate to care received through any aged care program (whether the care received is one-off, session-based or for an ongoing period of time).

Aged care program type

Identifying and definitional attributes

METEOR full name:	Aged care episode—aged care program type, code N[N]
METEOR identifier:	775049
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The type of aged care program associated with an aged care episode, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Residential aged care (permanent)
	2	Residential aged care (respite)
	3	Home Care Packages Program
	4	Commonwealth Home Support Programme
	5	Transition Care Program
	6	Short-Term Restorative Care
	7	National Flexible Aboriginal and Torres Strait Islander Flexible Aged Care Program
	8	Multi-Purpose Services
	20	Other

Collection and usage attributes

Guides for use:	Value	Meaning
	CODE 1	RESIDENTIAL AGED CARE (PERMANENT)
		This code is used where the program type is residential aged care, consisting of aged care delivered to people in residential aged care facilities (commonly known as nursing homes or aged care homes) for

people with complex care needs. This code applies where residential aged care is provided on a permanent or ongoing basis. Where residential aged care is provided as respite (time-limited) use code 2.

CODE 2 RESIDENTIAL AGED CARE (RESPITE)

This code is used where the program type is residential aged care, consisting of aged care delivered to people in residential aged care facilities (commonly known as nursing homes or aged care homes) for people with complex care needs. This code applies where residential aged care is provided as respite basis, that is, time-limited. Where residential aged care is provided on a permanent (ongoing) basis use code 1.

CODE 3 HOME CARE PACKAGES PROGRAM

This code is used where the program type is Home Care Packages Program, consisting of Australian Government funded aged care packages that supports people with complex care needs to live independently in their own homes through 4 levels of packages.

CODE 4 COMMONWEALTH HOME SUPPORT PROGRAMME

This code is used where the program type is Commonwealth Home Support Programme, consisting of entry-level support for eligible people who need some help to stay at home. Service providers receive Australian Government funding through grant agreements.

CODE 5 TRANSITION CARE PROGRAM

This code is used where the program type is Transition Care Program, consisting of time-limited care to help eligible people recover after a stay in hospital. Care may be provided in the home, an aged care home or in the community for up to 12 weeks.

CODE 6 SHORT-TERM RESTORATIVE CARE

This code is used where the program type is Short-Term Restorative Care, consisting of time-limited care that is delivered to help eligible people improve their wellbeing and independence. Care may be provided in the home, an aged care home or in the community. Support may be provided for up to 8 weeks.

**CODE 7 NATIONAL FLEXIBLE ABORIGINAL AND TORRES
STRAIT ISLANDER FLEXIBLE AGED CARE PROGRAM**

This code is used where the program type is National Flexible Aboriginal and Torres Strait Islander Flexible Aged Care Program, consisting of culturally appropriate aged care delivered close to local communities. Care may be provided in the home, an aged care home or in the community as required to meet the needs of Aboriginal and Torres Strait Islander peoples and allow them to remain close to home and community.

CODE 8 MULTI-PURPOSE SERVICES

This code is used where the program type is Multi-Purpose Services, consisting of integrated health and aged care for eligible people living in small communities in regional and remote areas. Care may be provided in the home, an aged care home or in the community; services may be co-located with a hospital.

CODE 20 OTHER

This code is used where the program type is Innovative Pool or other legacy aged care programs.

Data element attributes

Collection and usage attributes

Guide for use: For each episode of care, one program can only be selected. Multiple responses per person are permitted, as people can have multiple episodes of care from different programs over time (or at one time, in some cases).

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: [Types of aged care | Australian Government Department of Health and Aged Care](#), Australia, viewed 15 February 2023.

Relational attributes

Implementation in Data Set **Implementation start date:** 01/07/2023

Specifications: DSS specific **Conditional obligation:**

attributes - **DSS specific information:**

Episode start date

Identifying and definitional attributes

METEOR full name:	Aged care episode—episode start date, DDMMYYYY
METEOR identifier:	775043
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The date on which an aged care episode commenced, expressed as DDMMYYYY.

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	The first day of a person's aged care episode is collected by the aged care service. It refers to the first day services were delivered to the person. For care delivered on a one-off or session basis, the end date may be the same as the start date.
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	Implementation start date: 01/07/2023 Conditional obligation: DSS specific information:
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Episode end date

Identifying and definitional attributes

METEOR full name:	Aged care episode—episode end date, DDMMYYYY
METEOR identifier:	775040
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The date on which an aged care episode is completed, expressed as DDMMYYYY.

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	<p>The end date is collected by the aged care service. It refers to the last day services were delivered to the person. For care delivered on a one-off or session basis, the end date may be the same as the start date.</p> <p>It does not apply to periods of leave from care. For people who take leave from care who do not return, the episode end date is their last day of care, not the leave end date.</p>
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	Implementation start date: 01/07/2023
	Conditional obligation:
	DSS specific information:

Episode cessation reason

Identifying and definitional attributes

METEOR full name:	Aged care episode—cessation reason, code N[N]
METEOR identifier:	775053
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The reason for ending an aged care episode, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Entered residential aged care
	2	Admitted to hospital
	3	Returned to family, home or community (no aged care)
	4	Commenced community-based, in-home or flexible aged care
	5	Died while using aged care
	10	Other
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 1 ENTERED RESIDENTIAL AGED CARE This code is used where the aged care episode ends due to the person entering residential aged care. This includes people moving from one residential aged care service to another.
	CODE 2 ADMITTED TO HOSPITAL This code is used where the aged care episode ends due to the person being admitted to hospital for any length of time. This excludes leave taken for hospital care where the episode has not ended.
	CODE 3 RETURNED TO FAMILY, HOME OR COMMUNITY (NO AGED CARE) This code is used where the aged care episode ends due to the person ceasing to use aged care (any aged care program including community-

based care). The person is not receiving any formal aged care at the conclusion of the episode. This excludes leave taken for social reasons where the episode has not ended.

CODE 4 COMMENCED COMMUNITY-BASED, IN-HOME OR FLEXIBLE AGED CARE

This code is used where the aged care episode ends due to the person commencing using a care service based in the home or community. This includes people moving from one community, in-home or flexible aged care service to another of the same or different type, or from residential aged care to community, in-home or flexible aged care.

CODE 5 DIED WHILE USING AGED CARE

This code is used where the aged care episode ends due to the person dying while using aged care. This includes deaths that took place while the person took leave from care and died while away.

CODE 10 OTHER

This code is used where the aged care episode ends due to reasons other than those stated above. This includes reasons such as the aged care service has ceased providing care; the service can no longer provide suitable care or accommodation; or fees have not been paid.

CODE 97 NOT APPLICABLE

This code is used where the aged care episode end reason is not required to be recorded.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where the aged care episode end reason is not known.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use:

This information is recorded when a person ceases using an aged care service. This does not apply to people taking authorised leave from care or to sessions conducted in Commonwealth Home Support Programme. The reason is generally the person's destination on leaving an aged care program, to the extent that is known at the end of the episode. The reason for the end of a person's aged care episode is recorded by services and providers on the conclusion of the episode.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin:

Relational attributes

Implementation in Data
Set Specifications: DSS
specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on code 4 **not** being selected for Aged care episode—program, code N. Commonwealth Home Support Program (code 4) does not have an end reason as it is delivered on a one-off or session basis.

DSS specific information:

Aged care assessment

Object class:	Aged care assessment
Definition:	An evaluation of the physical, psychological, medical, restorative, cultural and social needs of a person seeking to, or using care. They are used to establish eligibility for care, need for care services or funding required. They may be initiated by the person seeking care, or the aged care service or provider.

Assessment identifier

Identifying and definitional attributes

METEOR full name:	Aged care assessment—identifier, X[X(19)]
METEOR identifier:	775057
Registration status:	Aged Care, Standard 30/06/2023
Definition:	A sequence of characters which uniquely identifies an aged care assessment, as represented by a string of alphanumeric characters.

Value domain attributes

Representational attributes

Representation class:	Identifier
Data type:	String
Format:	X[X(19)]
Maximum character length:	20

Data element attributes

Collection and usage attributes

Guide for use:	Each assessment type may have its own system for determining how identifiers are allocated and the format used. There is the potential for the same number sequence in different types of assessments.
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	Implementation start date: 01/07/2023 Conditional obligation: For the Aged Care NMDS, this item should be used in combination with assessment type to establish/identify a unique assessment. DSS specific information:
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Assessment type

Identifying and definitional attributes

METEOR full name:	Aged care assessment—assessment type, code N[N]
METEOR identifier:	775224
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The type of aged care assessment undertaken, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Screening
	2	Home support
	3	Comprehensive
	4	AN-ACC
	10	Other

Collection and usage attributes

Guide for use:	CODE 1	SCREENING	This code applies to screening aged care assessments. These include a brief, simple look over which can evaluate a persons need for a comprehensive/alternative assessment. Screening is generally conducted over-the-phone by the My Aged Care contact centre.
	CODE 2	HOME SUPPORT	This code applies to home support aged care assessments. These assess person's needs for ensuring they can live comfortably at home and eligibility for aged care (home support). Home Support Assessments are generally conducted face-to-face by Regional Assessment Services.
	CODE 3	COMPREHENSIVE	This code applies to comprehensive aged care assessments which assess a person's complex health needs and requirements and eligibility for aged care (residential aged care or home care). Comprehensive assessments are conducted face-to-face by Aged Care Assessment Teams/Services.
	CODE 4	AN-ACC	

This code applies to Australian National Aged Care Classification (AN-ACC) assessments. AN-ACC assessments determine funding for residential aged care facilities based on the care needs of a person needing or using care.

CODE 10 OTHER

This code applies to other types of assessment undertaken for a person.

Data element attributes

Collection and usage attributes

Guide for use: Aged care assessments seek to determine the physical, psychological, medical, restorative, cultural and social needs of a person seeking to, or using care. They are used to establish eligibility for care, care services needed or funding required. There are several main types of aged care assessments and these are carried out by trained staff using set assessment tools and processes.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: [My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Australian National Aged Care Classification assessment result

Identifying and definitional attributes

METEOR full name:	Aged care assessment—assessment result, Australian National Aged Care Classification code NNN
METEOR identifier:	775215
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The outcome of an aged care assessment, as represented by a Australian National Aged Care Classification (AN-ACC) code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	NNN
Maximum character length:	3

Permissible values:	Value	Meaning
	1	Admit for palliative care
	2	Independent without compounding factors
	3	Independent with compounding factors
	4	Assisted mobility, high cognition, without compounding factors
	5	Assisted mobility, high cognition, with compounding factors
	6	Assisted mobility, medium cognition, without compounding factors
	7	Assisted mobility, medium cognition, with compounding factors
	8	Assisted mobility, low cognition
	9	Not mobile, higher function, without compounding factors
	10	Not mobile, higher function, with compounding factors
	11	Not mobile, lower function, lower pressure sore risk
	12	Not mobile, lower function, higher pressure sore risk, without compounding factors
	13	Not mobile, lower function, higher pressure sore risk, with compounding factors
Supplementary values:	97	Not applicable
	99	Not stated/inadequately described

Collection and usage attributes

Guides for use:

The following codes – which relate to current or new aged care residents – reflect their characteristics and determine the associated variable subsidy. They are determined through Australian National Aged Care Classification (AN-ACC) assessment according to set criteria: see Reference documents below.

CODE 1 ADMIT FOR PALLIATIVE CARE

This code is used where people have been admitted to non-respite (permanent) residential aged care for the purpose of receiving palliative care. This means:

- a life expectancy of 3 months or less, AND
- an Australia-Modified Karnofsky Performance¹ (AKPS) score of 40 or less.

That life expectancy and the AKPS score must have been given prior to entry by a medical practitioner, or nurse practitioner who is independent of the residential aged care facility. This allows for planned entry of people for palliative care without a subsequent AN-ACC assessment.

CODE 2 INDEPENDENT WITHOUT COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Independent without compounding factors' of the AN-ACC classifications.

CODE 3 INDEPENDENT WITH COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Independent with compounding factors' of the AN-ACC classifications.

CODE 4 ASSISTED MOBILITY, HIGH COGNITION, WITHOUT COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Assisted mobility, high cognition, without compounding factors' of the AN-ACC classifications.

CODE 5 ASSISTED MOBILITY, HIGH COGNITION, WITH COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Assisted mobility, high cognition, with compounding factors' of the AN-ACC classifications.

CODE 6 ASSISTED MOBILITY, MEDIUM COGNITION, WITHOUT COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Assisted mobility, medium cognition, without compounding factors' of the AN-ACC classifications.

CODE 7 ASSISTED MOBILITY, MEDIUM COGNITION, WITH COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Assisted mobility, medium cognition, with compounding factors' of the AN-ACC classifications.

CODE 8 ASSISTED MOBILITY, LOW COGNITION

This code is used where people on assessment meet the criteria for Assisted mobility, low cognition' of the AN-ACC classifications.

CODE 9 NOT MOBILE, HIGHER FUNCTION, WITHOUT COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Not mobile, higher function, without compounding factors' of the AN-ACC classifications.

CODE 10 NOT MOBILE, HIGHER FUNCTION, WITH COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Not mobile, higher function, with compounding factors' of the AN-ACC classifications.

CODE 11 NOT MOBILE, LOWER FUNCTION, LOWER PRESSURE SORE RISK

This code is used where people on assessment meet the criteria for 'Not mobile, lower function, lower pressure sore risk' of the AN-ACC classifications.

CODE 12 NOT MOBILE, LOWER FUNCTION, HIGHER PRESSURE SORE RISK, WITHOUT COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Not mobile, lower function, higher pressure sore risk, without compounding factors' of the AN-ACC classifications.

CODE 13 NOT MOBILE, LOWER FUNCTION, HIGHER PRESSURE SORE RISK, WITH COMPOUNDING FACTORS

This code is used where people on assessment meet the criteria for 'Not mobile, lower function, higher pressure sore risk, with compounding factors' of the AN-ACC classifications.

CODE 97 NOT APPLICABLE

This code is used where the assessment was not an AN-ACC assessment.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use:

This code (and associated class) reflects the amount of funding a residential aged care services will receive for the care of that person. The AN-ACC funding model includes 13 variable funding classes that reflect the different care needs of residents in each class. It includes separate

funding classes for people who enter residential care for the purpose of receiving palliative care or care other than palliative care and those entering for respite care.

Each class represents persons

- with similar needs and the cost of staff time to deliver consistent care
- whose daily care costs are similar with similar clinical risks and safety indicators.

After an AN-ACC assessment is completed and submitted to the Department of Health and Aged Care by an assessor, the Department processes the assessment data received and assigns the resident a classification level.

Reclassification can occur according to specific criteria.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Reference documents: [AN-ACC resources | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/collections/an-acc-resources). Viewed 9 January 2023,
<https://www.health.gov.au/resources/collections/an-acc-resources>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on code 4 being selected for Assessment—type, code N.

DSS specific information:

Aged care technical nursing requirement type

Identifying and definitional attributes

METEOR full name:	Aged care assessment—technical nursing care requirement type, code N[N]
METEOR identifier:	775217
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The type of professional nursing care required for a person in an aged care setting, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Transfers and locomotion
	2	Oxygen
	3	Use of respirator
	4	Enteral feeding
	5	Parenteral feeding
	6	Tracheostomy care
	7	Catheter care
	8	Stoma care
	9	Peritoneal dialysis
	10	Haemodialysis
	11	Hospital dialysis
	12	Daily injections
	13	Drip infusion in vein
	14	Complex wound management
	15	Pain
	16	Other
	17	None
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 1 TRANSFERS AND LOCOMOTION

This code is used where people require three or more people for transfers and locomotion due to weight.

CODE 2 OXYGEN

This code is used where people require supplementary oxygen, such as monitoring usage and supply of oxygen and maintaining airways (suctioning).

CODE 3 USE OF RESPIRATOR

This code is used where people can no longer breathe on their own and require help with breathing (such as being on a mechanical ventilator).

CODE 4 ENTERAL FEEDING

This code is used where people require enteral feeding, such as care of the stoma for PEG tubes and J tubes; ensuring the feeding tube flows freely; monitoring of hydration and bowel movements.

CODE 5 PARENTERAL FEEDING

This code is used where people require parenteral feeding, such as care for central venous catheters; and monitoring and assessing intake response.

CODE 6 TRACHEOSTOMY CARE

This code is used where people require tracheostomy care, such as care of the stoma, keeping it clean and removing discharge or mucous to reduce risk of infection; maintaining skin integrity around the stoma and under the tape; and ensuring the tube is correctly positioned and secured and free of obstruction.

CODE 7 CATHETER CARE

This code is used where people require requiring catheter care such as ensuring urine is flowing freely (no kinks or blockages in tubing); maintaining catheter hygiene; changing the catheter; securing catheter to prevent pulling, breaking and blockage; and care of the stoma for suprapubic catheters.

CODE 8 STOMA CARE

This code is used where people require stoma care such as checking and maintaining skin integrity around the stoma; keeping the stoma area clean and dry; and ensuring that the appropriate sized bag has been fitted to reduce the risk of leakage and skin integrity issues.

CODE 9 PERITONEAL DIALYSIS

This code is used where people require care relating to peritoneal dialysis in the home, such as taking regular observations (temperature, pulse, blood pressure); measuring weight and girth daily; monitoring hydration and nutritional intake and urinary output; and undertaking

daily urinalysis. This code is not used where people require centre- or hospital-based peritoneal dialysis.

CODE 10 HAEMODIALYSIS

This code is used where people require care relating to haemodialysis in the home. This code is not used where people require centre- or hospital-based haemodialysis.

CODE 11 HOSPITAL DIALYSIS

This code is used where people require care relating to centre- or hospital-based dialysis services (such as renal units). This can include either peritoneal dialysis or haemodialysis.

CODE 12 DAILY INJECTIONS

This code is used where people require daily injections such as those that (depending on medication) require one or two staff to check medication and oversee administration; monitor injection site/s and re-site if appropriate; and monitor the resident to detect any adverse reactions.

CODE 13 DRIP INFUSION IN VEIN

This code is used where people require care relating to intravenous therapy administering fluid, medication or nutrients in vein.

CODE 14 COMPLEX WOUND MANAGEMENT

This code is used where people require complex wound management such as management of a wound/s that is/are slow to heal due to exudate, comorbidities, infection or polypharmacy; provision of frequent wound care and additional monitoring of skin integrity for complex wounds; use of protective dressings and frames to promote healing; and ensuring nutrition levels are maintained to promote skin health.

CODE 15 PAIN

This code is used where people require care relating to assessing or managing pain.

CODE 16 OTHER

This code is used where people have requirements not specified above.

CODE 17 NONE

This code is used where people have none of the above requirements.

CODE 97 NOT APPLICABLE

This code is used where the assessment did not include assessment of technical nursing care requirements.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where the assessor was unable to determine the technical nursing care requirements for the person.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use:

More than one code can be recorded. Not all codes may apply in all types of aged care assessments.

Eight complex nursing requirements have been addressed within the AN-ACC Assessment Tool due to their impact on cost of care. These are for medical conditions that would usually be undertaken by staff with nursing training. The complex nursing requirements are: need for oxygen; enteral feeding; tracheostomy, catheter and stoma care; peritoneal dialysis; daily injections; and, complex wound management. In some circumstances, personal care workers will undertake these tasks under the guidance of trained nursing staff and/or following a prescribed protocol. If this is the case, please include all that apply to the resident. However, do not include if only required by the resident occasionally. Include only if the resident requires the technical nursing case on a regular basis, i.e. most days.

An additional question is included regarding transfers and locomotion to address costs associated with bariatric residents.

Source and reference attributes

Submitting organisation:

Department of Health and Aged Care

Origin:

[AN-ACC resources | Australian Government Department of Health and Aged Care](#). Viewed 9 January 2023,
<https://www.health.gov.au/resources/collections/an-acc-resources>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Assessment start date

Identifying and definitional attributes

METEOR full name:	Aged care assessment—assessment start date, DDMMYYYY
METEOR identifier:	775062
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The date on which an aged care assessment commenced, expressed as DDMMYYYY.

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	<p>Start date refers to the date of first contact with the person (usually face-to-face) for the purposes of conducting an assessment. In most instances, it will be the current date.</p> <p>Start date applies for both home support and comprehensive assessments and AN-ACC assessments. Screening (a process which can commence before an assessment) is also out of scope.</p>
Reference documents:	Apply for an aged care assessment My Aged Care Viewed 09 January 2023. https://www.myagedcare.gov.au/assessment

Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	<p>Apply for an aged care assessment My Aged Care Australia, viewed 15 February 2023.</p> <p>My Aged Care – National Screening and Assessment Form User Guide Australian Government Department of Health and Aged Care, viewed 16 February 2023. https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en</p>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	<p>Implementation start date: 01/07/2023</p> <p>Conditional obligation:</p> <p>DSS specific information:</p>
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Assessment end date

Identifying and definitional attributes

METEOR full name:	Aged care assessment—assessment end date, DDMMYYYY
METEOR identifier:	775066
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The date on which an aged care assessment is completed, expressed as DDMMYYYY.

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Collection and usage attributes

Guide for use:	The end date of a completed assessment will be recorded as DDMMYYYY by the assessor.
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	<p>My Aged Care – National Screening and Assessment Form User Guide Australian Government Department of Health and Aged Care, viewed 16 February 2023. https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en.</p> <p>Australian Institute of Health and Welfare (2002) Aged care assessment program data dictionary version 1.0, AIHW, Australian Government, accessed 21 February 2023.</p>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -	<p>Implementation start date: 01/07/2023</p> <p>Conditional obligation: For the Aged Care NMDS, this data element is conditional on codes 1, 2 and 3 being selected for Assessment—type, code N.</p> <p>DSS specific information:</p>
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Assessment cessation reason

Identifying and definitional attributes

METEOR full name:	Aged care assessment—cessation reason, code N[N]
METEOR identifier:	775228
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The reason for ending an aged care assessment, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Completed – care recommended
	2	Completed – no care recommended
	3	Cancelled – person’s cultural considerations
	4	Cancelled – lost contact with person
	5	Cancelled – consent/application withdrawn
	6	Cancelled – person medically/functionally unstable
	7	Cancelled – prior aged care approval
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	Value	Meaning
	CODE 1	COMPLETED – CARE RECOMMENDED
		This code applies where the aged care assessment was completed and care was recommended for the person.
	CODE 2	COMPLETED – NO CARE RECOMMENDED
		This code applies where the aged care assessment was completed and care was not recommended for the person.
	CODE 3	CANCELLED – PERSON’S CULTURAL CONSIDERATIONS
		This code applies where a person’s cultural beliefs or values (about the aged care assessment or service) affected the finalisation of the assessment.

CODE 4 CANCELLED – LOST CONTACT WITH PERSON

This code applies where the aged care assessment staff were unable to contact the person for 3 months.

CODE 5 CANCELLED – CONSENT/APPLICATION WITHDRAWN

This code applies where a person withdrew consent for the aged care assessment process to continue.

CODE 6 CANCELLED – PERSON MEDICALLY/FUNCTIONALLY UNSTABLE

This code applies where a person's medical conditions were unstable to the extent the aged care assessment could not proceed or their functional abilities were unstable to the extent the assessment could not proceed.

CODE 7 CANCELLED – PRIOR AGED CARE APPROVAL

This code applies where a person had prior aged care approval (through an earlier assessment) and there was no reason to complete the aged care assessment.

CODE 97 NOT APPLICABLE

This code applies where there was no end to an aged care assessment, or no assessment.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code applies where the reason could not be specified or was not known to the assessor.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code applies where the reason is not stated or inadequately described. It is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected

Data element attributes

Collection and usage attributes

Guide for use: The reason for ending an assessment is generated from information provided by the source of information (e.g., the person being assessed, their carer or medical practitioner) and by the assessor.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care, viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>.

Australian Institute of Health and Welfare (2002) [Aged care assessment program data dictionary version 1.0](#), AIHW, Australian Government, accessed 21 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on codes 1, 2 and 3 being selected for Assessment—type, code N.

DSS specific information:

Assessment setting

Identifying and definitional attributes

METEOR full name:	Aged care assessment—assessment setting, code N[N]
METEOR identifier:	775219
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The setting in which an aged care assessment took place, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code																						
Data type:	Number																						
Format:	N[N]																						
Maximum character length:	2																						
Permissible values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Person's home</td></tr><tr><td>2</td><td>Carer's home</td></tr><tr><td>3</td><td>Other community setting</td></tr><tr><td>4</td><td>Residential aged care service</td></tr><tr><td>5</td><td>Private hospital</td></tr><tr><td>6</td><td>Public hospital</td></tr><tr><td>7</td><td>Other hospital inpatient setting – Private</td></tr><tr><td>8</td><td>Other hospital inpatient setting – Public</td></tr><tr><td>9</td><td>Clinic or other health setting not otherwise specified</td></tr><tr><td>20</td><td>Other</td></tr></tbody></table>	Value	Meaning	1	Person's home	2	Carer's home	3	Other community setting	4	Residential aged care service	5	Private hospital	6	Public hospital	7	Other hospital inpatient setting – Private	8	Other hospital inpatient setting – Public	9	Clinic or other health setting not otherwise specified	20	Other
Value	Meaning																						
1	Person's home																						
2	Carer's home																						
3	Other community setting																						
4	Residential aged care service																						
5	Private hospital																						
6	Public hospital																						
7	Other hospital inpatient setting – Private																						
8	Other hospital inpatient setting – Public																						
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Supplementary values:	<table><tbody><tr><td>97</td><td>Not applicable</td></tr><tr><td>98</td><td>Unknown/unable to be determined</td></tr><tr><td>99</td><td>Not stated/inadequately described</td></tr></tbody></table>	97	Not applicable	98	Unknown/unable to be determined	99	Not stated/inadequately described																
97	Not applicable																						
98	Unknown/unable to be determined																						
99	Not stated/inadequately described																						

Collection and usage attributes

Guide for use:	<table><tbody><tr><td>CODE 1</td><td>PERSON'S HOME</td></tr><tr><td colspan="2">This code applies to instances where assessments took place in the person's usual residence, where that is a private home.</td></tr><tr><td>CODE 2</td><td>CARER'S HOME</td></tr><tr><td colspan="2">This code applies to instances where assessments took place in the person's carer's home. It refers to the carer's usual place of residence where that is a private home and is different to the person's home. If the person lives in the same usual residence as the carer, report as Code 1.</td></tr></tbody></table>	CODE 1	PERSON'S HOME	This code applies to instances where assessments took place in the person's usual residence, where that is a private home.		CODE 2	CARER'S HOME	This code applies to instances where assessments took place in the person's carer's home. It refers to the carer's usual place of residence where that is a private home and is different to the person's home. If the person lives in the same usual residence as the carer, report as Code 1.	
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CODE 3 OTHER COMMUNITY SETTING

This code applies to instances where assessments took place in a community setting. It includes outpatient clinics, retirement villages, independent living units and Aboriginal Medical Centres. It includes assessments in a private home which were not the usual residence of the person or their carer.

CODE 4 RESIDENTIAL AGED CARE SERVICE

This code applies to instances where assessments took place in a residential aged care service. This is a place of residence for people who can no longer reside in their own home and may require ongoing personal care.

CODE 5 PRIVATE HOSPITAL

This code applies to instances where assessments took place in a private hospital when the person was an inpatient or admitted patient. Private hospitals are those owned and managed by private for-profit and not-for-profit entities.

CODE 6 PUBLIC HOSPITAL

This code applies to instances where assessments took place in a public hospital when the person was an inpatient or admitted patient. A public hospital is owned and managed by the government.

CODE 7 OTHER HOSPITAL INPATIENT SETTING – PRIVATE

This code applies to instances where assessments took place in other private hospital inpatient settings, such as specialised private outpatient services, rehabilitation centres and urgent care centres.

CODE 8 OTHER HOSPITAL INPATIENT SETTING – PUBLIC

This code applies to instances where assessments took place in other public hospital inpatient settings such as walk-in medical centres, nursing inpatient clinics and public rehabilitation centres.

CODE 9 CLINIC OR OTHER HEALTH SETTING NOT
OTHERWISE SPECIFIED

This code applies to instances where assessments took place in a clinic (not part of a hospital) where a health service is provided. This includes general practitioner clinics and specialist medical officer's rooms. This code also applies to other health settings not otherwise specified.

CODE 20 OTHER

This code applies to a setting not covered by codes 1-9.

CODE 97 NOT APPLICABLE

This code applies where there was no assessment setting.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code applies where the setting could not be specified or was not known to the assessor.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code applies where the setting is not stated or inadequately described. This code is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Data element attributes

Collection and usage attributes

Guide for use:

The primary setting where the aged care assessment took place, as recorded by the assessor during the assessment. Where assessments took place in multiple settings, the main one is recorded. This may occur if an assessment is postponed/interrupted and continued at a different location. There are different response options for home support and comprehensive assessments. If the assessment is occurring over-the-phone or via tele-health, record the person's location at the time of the assessment. 'Other community setting' includes locations such as Aboriginal Medical Centres.

Source and reference attributes

Submitting organisation:

Department of Health and Aged Care

Origin:

[My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on codes 1, 2 or 3 being selected for Assessment—type, code N.

DSS specific information:

Reason for assessment

Identifying and definitional attributes

METEOR full name:	Aged care assessment—reason for assessment, code N[N]
METEOR identifier:	775221
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The reason an aged care assessment was undertaken, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Hospital admission or discharge
	2	Change in medical condition(s)
	3	Change in care needs
	4	Concerns about increasing frailty
	5	Fall(s)
	6	Change in cognitive status
	7	Change in mental health status
	8	Change in caring arrangements
	9	Change in living arrangements
	10	Risk of vulnerability
	20	Other
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 1	HOSPITAL ADMISSION OR DISCHARGE
		This code applies where a recent hospitalisation (within three months) results in the initiation of an aged care assessment. This relates to an inpatient stays or emergency department presentations, not an outpatient visit at e.g., a hospital clinic.
	CODE 2	CHANGE IN MEDICAL CONDITIONS
		This code applies where a change in the person's medical conditions (including mental health and disability) has led to the initiation of an

aged care assessment. The medical conditions impact on the persons need for assistance with activities and can include e.g., changes in pain levels or ability to self-manage the condition(s).

CODE 3 CHANGE IN CARE NEEDS

This code applies where there is a change in care needs, such as the need for more assistance to complete everyday tasks, that trigger the need for an assessment. Use code 2 if the change in care needs is specific to a particular medical condition.

CODE 4 CONCERNS ABOUT INCREASING FRAILTY

This code applies if the trigger for assessment relates to concerns about overall worsening health and mobility. Use code 2 if the concerns are specific to a particular medical condition and code 4 if the increasing frailty involves falls.

CODE 5 FALL(S)

This code applies to falls, including slips and trips that lead to the initiation of an assessment.

CODE 6 CHANGE IN COGNITIVE STATUS

This code applies where the assessment is triggered by a change in a person's memory and/or cognition. Changes may include declining memory, forgetfulness and confusion, poor judgement and decision-making, and other cognitive changes that impact on every day activities.

CODE 7 CHANGE IN MENTAL HEALTH STATUS

This code applies where the assessment is triggered by a change in a person's mental health. Changes may include increased symptoms of depression, anxiety, withdrawal or lack of enjoyment that impact on every day activities.

CODE 8 CHANGE IN CARING ARRANGEMENT

This code applies where the assessment is triggered by a change in caring arrangements. This includes changes where a co-resident, non-resident carer or informal support network are no longer able to provide care for the person, e.g., due to the carer's death, hospitalisation or moving away.

CODE 9 CHANGE IN LIVING ARRANGEMENT

This code applies where the assessment is triggered by a change in a person's accommodation or housing situation. This includes changes where the person needs to relocate to alternative or new accommodation e.g., due to cost, availability or suitability of housing. Where an assessment is needed because of a change in the carer's living arrangements or loss of a carer, use code 8.

CODE 10 RISK OF VULNERABILITY

This code applies where a person has a level of vulnerability that triggers the need for an assessment. It may relate to the person being identified as belonging to an at-risk group. Should a person choose not to disclose information about their situation or lifestyle, this choice should be respected.

CODE 20 OTHER

This code applies for any triggers which are not categorised or defined in the above and warranted an assessment.

CODE 97 NOT APPLICABLE

This code is used where the assessment reason is not required.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where the assessor was not able to determine the reason for the assessment.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use:

The "trigger" for an aged care assessment relates to the reason a person has been referred for an aged care assessment. It is used to identify whether the assessment is needed because of an event or change in the persons living and needs arrangements. These changes can determine whether an aged care service is suitable and which type of care is needed.

This data element collects information on the situation or trigger that has led the person to contact My Aged Care. The question is based on the information available, the assessor's judgement based on their conversation with the person, information on the inbound referral and/or information provided by another source such as a representative, carer or friend.

This element applies to home support and comprehensive assessments. One or more codes can be selected.

Source and reference attributes

Submitting organisation:

Department of Health and Aged Care

Origin:

[My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on codes 1, 2 or 3 being selected for Assessment—type, code N.

DSS specific information:

Source of information

Identifying and definitional attributes

METEOR full name:	Aged care assessment—source of information, code N[N]
METEOR identifier:	775236
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The person acting as source from which information relevant to an aged care assessment originated or was obtained, as represented by a code.)

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Person
	2	Person's carer, family member and/or other
	3	Person's representative
	4	Person's general practitioner
	5	Representative of service provider
	6	Health professional
	7	Aboriginal Liaison Officer
	8	Care finder
	9	Via interpreter
	20	Other
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 1	PERSON
	This code applies where the person who is the subject of the assessment is the source for or provides the information for the assessment.	
	CODE 2	PERSON'S CARER, FAMILY MEMBER AND/OR OTHER
	This code applies where the person's primary carer, family member or friend or other person who knows the person and provides the answers to the assessment questions.	

CODE 3 PERSON'S REPRESENTATIVE

This code applies where a person delegated to represent the subject of the assessment is the source of the information but is not their carer, family member or other associate (which are to be reported as CODE 2).

CODE 4 PERSON'S GENERAL PRACTITIONER

This code applies where the person's regular doctor who has assessed the person in a clinical setting and is able to advocate on the person's behalf and/or provide answers to the assessment questions.

CODE 5 REPRESENTATIVE OF SERVICE PROVIDER

This code applies when a representative of a service provider provides details on the person for the assessment.

CODE 6 HEALTH PROFESSIONAL

This code applies where a health professional, such as a nurse or psychiatrist, provides details for the assessment on the person. General practitioners are to be reported as CODE 4.

CODE 7 ABORIGINAL LIAISON OFFICER

This code applies when an Aboriginal Liaison Officer supports the person by providing details required in the assessment.

CODE 8 CARE FINDER

This code applies when a care finder assists the person completing the assessment through support and/or providing information required for the assessment.

CODE 9 VIA INTERPRETER

This code applies when the assessment information comes via an interpreter. 'Via interpreter' recognises that an interpreter works with spoken language, often translating and mediating between two languages in both directions.

CODE 20 OTHER

This code applies when another information source is used to complete the assessment that are not covered in the above.

CODE 97 NOT APPLICABLE

This code is used where the assessment source of information is not required.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where the assessor was not able to determine the source of information for the assessment.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use: The person(s) or entity(ies) information is collected from at the time of assessment. Multiple codes may be reported.
This may include the person, carer, family or health provider.
This applies to both home support and comprehensive assessments.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care
Origin: [My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -
Implementation start date: 01/07/2023
Conditional obligation: For the Aged Care NMDS, this data element is conditional on codes 1, 2 and 3 being selected for Assessment—assessment type, code N.
DSS specific information:

Palliative care phase

Identifying and definitional attributes

METEOR full name:	Aged care assessment—palliative care phase, code N
METEOR identifier:	775226
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The phase of palliative care recorded at the commencement of the aged care episode or during an aged care assessment, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Stable
	2	Unstable
	3	Deteriorating
	4	Terminal
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	The palliative care phase is the stage of the palliative care patient's illness. CODE 1 STABLE This code applies when patient problems and symptoms are adequately controlled by an established plan of care and: <ul style="list-style-type: none">• further interventions to maintain symptom control and quality of life have been planned and• family/carer situation is relatively stable and no new issues are apparent. CODE 2 UNSTABLE This code applies when an urgent change in the plan of emergency treatment is required because the:
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- patient experiences a new problem that was not anticipated in the existing plan of care, and/or
- patient experiences a rapid increase in the severity of a current problem; and/or
- family/carers circumstances change suddenly impacting on patient care.

CODE 3 DETERIORATING

This code applies when the care plan is addressing anticipated needs but requires periodic review because the:

- patient’s overall functional status is declining and
- patient experiences a gradual worsening of existing problem and/or
- patient experiences a new but anticipated problem and/or
- family/carer’s experience gradual worsening distress that impacts on the patient care.

CODE 4 TERMINAL

This code applies when death is likely within days.

CODE 97 NOT APPLICABLE

This code is used where the assessment does not include palliative care phase or it is not required in relation to the aged care episode.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code applies when the phase of the illness has not been reported. Palliative care phases are not sequential and a patient may move back and forth between phases.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code applies where the setting is not stated or inadequately described. This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use: The phase of palliative care is to be recorded for each residential aged care episode a person receives.

Palliative care phases are not necessarily sequential and a patient may transit back and forth between phases. Palliative care phases provide a clinical indication of the type of care required and have been shown to correlate strongly with survival within longitudinal prospective studies.

Related metadata reference: [Episode of admitted patient care—palliative care phase, code N \(aihw.gov.au\)](https://aihw.gov.au)

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Reference documents: [AN-ACC resources | Australian Government Department of Health and Aged Care](#). Viewed 9 January 2023.

[Palliative Care Status Form | Australian Government Department of Health and Aged Care](#). Viewed 9 January 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on code 4 being selected for Assessment—type, code N.

DSS specific information:

Recommended care setting

Identifying and definitional attributes

METEOR full name:	Aged care assessment—recommended care setting, code N[N]
METEOR identifier:	775230
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The living environment considered most appropriate to the long-term care needs of a person, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Private residence
	2	Residential aged care service
	3	Independent living within a retirement village
	4	Other specialised/supported accommodation
	5	Hospital
	10	Other
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 1	PRIVATE RESIDENCE
	This code is used where the most appropriate long-term setting for the person is determined to be a private place of residence, such as a house, flat or unit. It can also include other types of private, self-contained residences such as boats, caravans or mobile homes. The residence may be owned outright, mortgaged or rented (whether private rental or public rental), but does not include communal or transitory accommodation.	
	CODE 2	RESIDENTIAL AGED CARE SERVICE
	This code is used where the most appropriate long-term setting for the person is determined to be a residential aged care service (commonly known as nursing homes or aged care homes). It does not include retirement villages or situations where people are expected to receive	

some care within a residential aged care setting but live in the community.

CODE 3 **INDEPENDENT LIVING WITHIN A RETIREMENT VILLAGE**

This code is used where the most appropriate long-term setting for the person is determined to be a self-care living unit within a retirement village (irrespective of the type of tenure held over the residence). Independent living are types of accommodation for older people who are actively independent and able to care for themselves, meaning that they do not rely on care services.

CODE 4 **OTHER SPECIALISED/SUPPORTED ACCOMMODATION**

This code is used where the most appropriate long-term setting for the person is determined to be supported community accommodation. This includes community living settings or accommodation facilities in which a person is provided with some kind of community support by staff or volunteers (i.e., they are not living independently). It includes people living in retirement villages who are not living independently.

CODE 5 **HOSPITAL**

This code is used where the most appropriate long-term setting for the person is determined to be care within a hospital setting. It can include mental health facilities or palliative care hospices associated with hospitals.

CODE 10 **OTHER**

This code is used where the most appropriate long-term setting for the person is determined to be another setting not covered by the codes listed above. This can include Indigenous communities and settlements, boarding houses and crisis or transitional housing.

CODE 97 **NOT APPLICABLE**

This code is used where the assessment does not include a recommendation for long-term care setting.

CODE 98 **UNKNOWN/UNABLE TO BE DETERMINED**

This code is used for care settings which are not one of those listed above and the description is either incomplete or missing.

CODE 99 **NOT STATED/INADEQUATELY DESCRIBED**

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use:

The recommended care setting captures the setting considered most appropriate to meet the person's needs into the future. It may relate to the physical environment and care needs of the person. It does not refer

to the person's current living arrangements or residence, and it may not be the same as the care setting they have been approved for following an assessment.

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: [My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](#), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>.

Australian Institute of Health and Welfare (2002) [Aged care assessment program data dictionary version 1.0](#), AIHW, Australian Government, accessed 21 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on codes 1, 2 and 3 being selected for Assessment—type, code N.

DSS specific information:

Recommended formal care

Identifying and definitional attributes

METEOR full name:	Aged care assessment—recommended formal care, code N[N]
METEOR identifier:	775232
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The formal care program(s) recommended for a person to receive on the basis of an aged care assessment, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Home Care Packages Programme
	2	Residential aged care (permanent)
	3	Residential aged care (respite)
	4	Short-Term Restorative Care
	5	Transition Care Program
	6	Commonwealth Home Support Program
	7	Multi-Purpose Services
	8	National Aboriginal and Torres Strait Islander Flexible Aged Care Program
	9	Department of Veteran’s Affairs services
	10	National Disability Insurance Scheme services
	11	Housing/homelessness services
	12	Other
	13	None
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 1	HOME CARE PACKAGES
	This code applies where people are recommended for a Home Care Package at any level.	

CODE 2 RESIDENTIAL AGED CARE (PERMANENT)

This code applies where people are recommended for permanent residential aged care.

CODE 3 RESIDENTIAL AGED CARE (RESPITE)

This code applies where people are recommended for respite residential aged care.

CODE 4 SHORT-TERM RESTORATIVE CARE

This code applies where people are recommended for Short-Term Restorative Care, consisting of time-limited care that is delivered to help eligible people improve their wellbeing and independence. Care may be provided in the home, an aged care home or in the community. Support may be provided for up to 8 weeks.

CODE 5 TRANSITION CARE PROGRAM

This code applies where people are recommended for Short the Transition Care Program, consisting of time-limited care to help eligible people recover after a stay in hospital. Care may be provided in the home, an aged care home or in the community for up to 12 weeks.

CODE 6 COMMONWEALTH HOME SUPPORT PROGRAM

This code applies where people are recommended for Short Commonwealth Home Support Program, consisting of entry-level support for eligible people who need some help to stay at home. Service providers receive Australian Government funding through grant agreements.

CODE 7 MULTI-PURPOSE SERVICES

This code applies where people are recommended for Multi-Purpose Services, consisting of integrated health and aged care services for eligible people living in small communities in regional and remote areas. Care may be provided in the home, an aged care home or in the community; services may be co-located with a hospital.

CODE 8 NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER FLEXIBLE AGED CARE PROGRAM

This code applies where people are recommended for National Flexible Aboriginal and Torres Strait Islander Flexible Aged Care Program, consisting of culturally appropriate aged care delivered close to local communities. Care may be provided in the home, an aged care home or in the community as required to meet the needs of Aboriginal and Torres Strait Islander peoples and allow them to remain close to home and community.

CODE 9 DEPARTMENT OF VETERANS AFFAIRS SERVICES

This code applies where people are recommended for DVA services, such as those provided through Community Nursing or other DVA-funded aged care services.

CODE 10 NATIONAL DISABILITY INSURANCE SCHEME SERVICES

This code applies where people are recommended for NDIS services.

CODE 11 HOUSING/HOMELESSNESS SERVICES

This code applies where people are recommended for formal housing and homelessness services, such as those offered by state/territory government or non-government operators.

CODE 12 OTHER

This code applies where people are recommended for other formal care as part of the aged care assessment.

CODE 13 NONE

This code applies where people are not recommended for any formal care as part of the aged care assessment.

CODE 97 NOT APPLICABLE

This code is used where the assessment does not include a recommendation for formal care.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where the assessor was not able to determine a recommendation.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use: This can include the aged care support and/or assistance that is required for the person based on the assessment outcome, as well as those outside of aged care.
The recommended care program follows the completion of an aged care assessment. More than one recommendation can be recorded for a person.

Related metadata reference: Assessment—approved program, code N[N

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin: [Types of aged care | Australian Government Department of Health and Aged Care](#), Australia, viewed 15 February 2023.
[My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](#), viewed 16 February 2023. <https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en>.
Australian Institute of Health and Welfare (2002) [Aged care assessment program data dictionary version 1.0](#), AIHW, Australian Government, accessed 21 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS this data element is conditional on codes 1, 2 and 3 being selected for Assessment—type, code N.

DSS specific information:

Approved program

Identifying and definitional attributes

METEOR full name:	Aged care assessment—approved program, code N[N]
METEOR identifier:	775234
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The type of aged care program(s) a person has been approved to receive on the basis of an assessment for aged care, as represented by a code.

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:	Value	Meaning
	1	Residential aged care (permanent)
	2	Residential aged care (respite)
	3	Home Care Packages Programme
	4	Transition Care Program
	5	Short-Term Restorative Care
	10	Other
	11	None
Supplementary values:	97	Not applicable
	98	Unknown/unable to be determined
	99	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 1	RESIDENTIAL AGED CARE (PERMANENT)
	This code is used where the program type is residential aged care, consisting of aged care delivered to people in residential aged care facilities (commonly known as nursing homes or aged care homes) for people with complex care needs. This code applies where residential aged care is provided on a permanent or ongoing basis. Where residential aged care is provided as respite (time-limited) use code 2.	
	CODE 2	RESIDENTIAL AGED CARE (RESPITE)
	This code is used where the program type is residential aged care, consisting of aged care delivered to people in residential aged care facilities (commonly known as nursing homes or aged care homes) for people with complex care needs. This code applies where residential	

aged care is provided as respite basis, that is, time-limited. Where residential aged care is provided on a permanent (ongoing) basis use code 1.

CODE 3 HOME CARE PACKAGES PROGRAMME

This code is used where the program type is Home Care Packages Programme, consisting of Australian Government funded aged care packages that supports people with complex care needs to live independently in their own homes through 4 levels of packages.

CODE 4 TRANSITION CARE PROGRAM

This code is used where the program type is Transition Care Program, consisting of time-limited care to help eligible people recover after a stay in hospital. Care may be provided in the home, an aged care home or in the community for up to 12 weeks.

CODE 5 SHORT-TERM RESTORATIVE CARE

This code is used where the program type is Short-Term Restorative Care, consisting of time-limited care that is delivered to help eligible people improve their wellbeing and independence. Care may be provided in the home, an aged care home or in the community. Support may be provided for up to 8 weeks.

CODE 10 OTHER

This code is used where the program type is Innovative Pool or other legacy aged care programs.

CODE 97 NOT APPLICABLE

This code is used where the assessment does not provide approval for programs.

CODE 98 UNKNOWN/UNABLE TO BE DETERMINED

This code is used where the assessor or delegate could not determine program approval.

CODE 99 NOT STATED/INADEQUATELY DESCRIBED

This code is not to be used on primary collection forms.

Data element attributes

Collection and usage attributes

Guide for use: The type(s) of aged care programs a person is approved to receive are recorded in My Aged Care. Not all care programs require approval, some can be recommended.

Multiple codes are permitted as more than one type of care may be approved for each person. This information may change over time.

Related metadata reference: Assessment—recommended formal care, code N[N]

Source and reference attributes

Submitting organisation: Department of Health and Aged Care

Origin:

[Types of aged care | Australian Government Department of Health and Aged Care](#), Australia, viewed 15 February 2023.

[My Aged Care – National Screening and Assessment Form User Guide | Australian Government Department of Health and Aged Care](#), viewed 16 February 2023.

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation: For the Aged Care NMDS, this data element is conditional on codes 1, 2 and 3 being selected for Assessment—type, code N.

DSS specific information:

Reported health condition

Identifying and definitional attributes

METEOR full name:	Assessment—health condition reported, health condition code (ICD-10-AM 12th edition) ANN{.N[N]}
METEOR identifier:	778445
Registration status:	Aged Care, Standard 30/06/2023
Definition:	The health conditions (including mental health conditions or disabilities) a person experiences, which have an impact on their activities of daily living and social participation, according to the ICD-10-AM.

Value domain attributes

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification Twelfth edition
Representation class:	Code
Data type:	String
Format:	ANN{.N[N]}
Maximum character length:	6

Collection and usage attributes

Guide for use:	<p>Review information on the person's health condition(s) that is provided by the person, their representative, the referrer (such as a GP or other health professional), their case notes or other similar source. Document the health condition or conditions that have an impact on the person's activities of daily living or social participation.</p> <p>In instances that the person does not have any health condition that have an impact on their activities of daily living or social participation, select 'no health conditions present'.</p>
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Data element attributes

Collection and usage attributes

Guide for use:	<p>Reported health condition is a multiple response item. These can be new or pre-existing conditions.</p> <p>Health conditions are to be recorded at each assessment.</p>
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Source and reference attributes

Submitting organisation:	Department of Health and Aged Care
Origin:	My Aged Care – National Screening and Assessment Form User Guide Australian Government Department of Health and Aged Care , viewed 16 February 2023. https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide?language=en .

Relational attributes

Implementation in Data Set Specifications: DSS specific attributes -

Implementation start date: 01/07/2023

Conditional obligation:

DSS specific information:

Address

Object class:	Address
Definition:	A collection of information used for describing the location of an entity and/or details describing how the entity can be contacted.
Status:	Existing national data standard

Aged care address cluster

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	775085
Registration status:	<i>Aged Care, Standard 30/06/2023</i>
DSS type:	Data Element Cluster
Scope:	<p>The Address cluster defines the data elements needed to collect the components of an address, which is defined as a collection of information used for describing the location of an entity, and/or details describing how the entity can be contacted, for individuals or organisations.</p> <p>The Aged care address cluster may be used to collect address information relating to the location where a person lives or receives care, or to the location of providers and services (and for providers and services, this can include both their physical location, as well as their contact (postal) location).</p> <p>Please note that when collected in these different contexts, some data elements in this cluster may be specified as mandatory for collection. Not all of the items are mandatory for collection within the aged care context, but where address information are collected for any of the items included in the Aged care address cluster, it should be done as per the data specifications.</p>

Metadata items in this Data Set Specification

[Address components cluster](#)

[Address—building/complex sub-unit type, code AA\[AA\]](#)

[Address—sub-dwelling unit number, identifier X\[X\(6\)\]](#)

[Address—floor/level type, code A\[AAA\]](#)

[Address—level number, identifier X\[XXXX\]](#)

[Address—secondary complex name, text X\[X\(49\)\]](#)

[Address—complex road number 1, road number XXXXXX](#)

[Address—complex road number 2, road number XXXXXX](#)

Address—complex road name, text X[X(44)]

Address—complex road type, code AA[AA]

Address—complex road suffix, street suffix code A[A]

Address—address site name, text X[X(49)]

Address—location descriptor, text X[X(49)]

Address—road number 1, road number XXXXXX

Address—road number 2, road number XXXXXX

Address—lot number, identifier X[XXXXX]

Address—road name, text X[X(44)]

Address—road type, code AA[AA]

Address—road suffix, street suffix code A[A]

Address—postal delivery service type identifier, code AA[A(9)]

Address—postal delivery number, identifier X[X(10)]

Address—postal delivery point identifier, identifier {N(8)}

Address—suburb/town/locality name, text X[X(45)]

Address—Australian state/territory identifier, code AA[A]

Address—Australian postcode, code (Postcode datafile) NNNN

Address—country identifier, country code (SACC 2016) NNNN

Address—address line, text X[X(179)]

Address—geocode latitude, decimal degrees XN[N][.N(9)]

Address—geocode longitude, decimal degrees XN[NN][.N(9)]

Address—physical address indicator, yes/no code N

Address—primary health network identifier, code AAANN

Address—purpose of address, code AA[A]

Address—region identifier, aged care planning region code NNN

Address—remoteness classification, (ASGS edition 3) code N

Address—remoteness classification, Modified Monash Model code N

Address—statistical area, level 1 (SA1) code (ASGS Edition 3) N(11)

[Address—statistical area, level 2 \(SA2\) code \(ASGS Edition 3\) N\(9\)](#)

[Address—statistical area, level 3 \(SA3\) code \(ASGS edition 3\) NNNNN](#)

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: Standards Australia 2014. AS 4846:2014 Person and provider identification in healthcare. Sydney: Standards Australia.