

Patient Matters Manual for Public Health Organisations

Chapter 22 – Statistical Information and Data

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Note

Where a number appears at the bottom of an amended page [such as 252 (17/09/15) – amendment number, date] an alteration has been made or new section included. Amendment numbers are sequential, the date represents the date the source document was published on the Policy Distribution System (PDS).

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Non-Admitted Patient Activity Reporting Requirements

Document number [PD2013_010](#) rescinds PD2012_037, PD2005_291.

PURPOSE

The purpose of this policy is to mandate the requirement for NSW health services to report non-admitted patient activity to the Ministry of Health. This reporting requirement underpins the activity based funding model that is being implemented at the state and national level. The document outlines the requirements for reporting both summary level and patient unit record level non-admitted patient data. The activity covered by this policy includes hospital emergency department services, hospital outpatient care services and non-residential community health services.

MANDATORY REQUIREMENTS

All non-admitted patient service units providing services from 1 July 2013 must be registered and aligned with recognised clinical teams in both HERO and WebNAP. Service units must be appropriately classified to the revised HERO establishment type classification applicable to the 2013/14 financial year.

All pathology testing services, radiology imaging services, and pharmacy dispensing services pertaining to non-admitted patients must be reported at the summary level to WebNAP. Any requirement to report patient level data for these services will be issued in a separate policy.

All Emergency Department (ED) services provided to patients on a non-admitted patient basis that are not reported to the Emergency Department Data Collection at the patient level must be reported at the summary level via WebNAP. ED patient level data is not in scope of the reporting requirements to WebNAP.

All other non-admitted patient services containing clinical and/or therapeutic content that warrant a note being made in the patient's medical record that are delivered on or after 1 July 2013 must be reported:

- as a monthly occasion of service summary count until 30 June 2014, or the date patient level data is reported and reconciles with summary counts for all nonadmitted patient service units using the same source system build and extract for a period of 6 months, and
- as an occasion of service patient level record via WebNAP until 30 June 2014, and
- as a patient level service record via EDWARD from 1 July 2014, and
- at the patient level to any other data repository as required by other policies until such time that they are rescinded. See Section 6.4 to 6.8 of the Non-admitted Patient Policy and Procedures (Attachment 1) for further details.

All data elements in the minimum data set prescribed in Section 2 of the Non-admitted Patient Policy and Procedures (Attachment 1) must be reported in compliance with the classification standards issued in the relevant data dictionary (EDWARD or WebNAP) and the "Non-admitted Patient Activity Reporting Business Rules" guidelines.

Data reported via WebNAP or EDWARD must be submitted, and be of acceptable quality, by the 15th working day of the month following the delivery of the service.

When reporting to EDWARD Local Health Districts (LHDs) and Specialist Health Networks (SHNs) must report client /patient characteristics via the client / patient registration data extract (from iPM or Cerner PAS), and patient level service details via one of the two community health and outpatient care service event data extract formats. A period of parallel reporting of patient level data to both WebNAP and EDWARD is expected prior to 30 June 2014.

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LHDs / SHNs must reconcile both the summary and patient level data reported to WebNAP and EDWARD against the source system, ensure the mandatory reporting requirements have been met, ensure all in-scope activity has been reported, and ensure that the data quality is fit for purpose (which includes activity based funding).

Where the patient level data from a source system build is reported to EDWARD, HIE or other Ministry of Health data repository, and the data has been determined by the LHDs / SHNs to be of equal or superior quality to WebNAP, the LHDs / SHNs using that source system build may, as a group, apply to the Health System Information and Performance Reporting Branch for an early exemption from reporting to patient level and/or summary level data to WebNAP.

IMPLEMENTATION

It is the responsibility of LHDs / SHNs to fund, specify, develop, test and implement:

1. WebNAP summary level and patient unit record level extracts from all nonadmitted patient source systems by 1 July 2013
2. EDWARD patient level extracts (either minimum or maximum format) from all non-admitted patient source systems by 1 July 2014.
3. Modifications to source systems, such that they fully comply with the minimum data set requirements for reporting to WebNAP and EDWARD.

LHDs / SHNs must ensure that all non-admitted services provided from 1 July 2013:

- are either recorded on a source system with a fully functional non-admitted patient level extract OR manually entered into WebNAP; and
- the patient unit record level data occasions of service reconciles with summary level occasions of service counts, and
- are reported under service units registered in HERO and WebNAP that align with recognised clinical teams, and are correct classified to the most appropriate 2013/14 'establishment type' in HERO.

See Section 11 of the Non-admitted Patient Policy and Procedures (Attachment 1) for the roles and responsibilities of the LHD / SHN Chief Executive and Non-Admitted Patient Data Steward / Coordinator, and the Health System Information and Performance Reporting Branch.

180 (06/06/13)

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NSW Health Data Governance Framework

Document number [GL2019_002](#) rescinds PD2005_155.

PURPOSE

The NSW Health Data Governance Framework outlines the roles and responsibilities involved in data governance and the structures in place to ensure effective and consistent management of the data assets of NSW Health.

Effective data governance builds organisational capital, strengthens governance structures and ensures NSW Health data is managed, used and protected in line with legal and community expectations.

The Framework facilitates data quality and comprehensiveness, appropriate access to data, information security, and standardisation of concepts.

KEY PRINCIPLES

The Framework stipulates the accountabilities of all staff, contractors and other persons who, in the course of their work, contribute to or have access to a NSW Health statewide data asset. These accountabilities extend to establishment and justification for data assets, preparation and publication of all metadata, as well as exhaustive processes for the maintenance and disclosure of data from all NSW Health state-wide data assets.

These accountabilities apply to staff in the Ministry, as well as in all Districts and Networks, Pillars and any contracted agencies with access to NSW Health state-wide data assets.

A data asset is within the scope of this Framework if it meets all of the following criteria:

- Holds all relevant information from across NSW Health entities
- Is made up of patient, staff, workforce, organisation, student or financial information
- Is mandated either by law or a policy recognised by NSW Health.

The Framework also provides the 'Principles of Data Governance for NSW Health' that support the structured and consistent management of data assets and outlines the essential components of data governance, including description of the roles of Data Sponsor, Data Custodian and Data Steward.

The authority of the NSW Health Data Governance Framework is subject to compliance with relevant statutes, regulations and policies, including the NSW Health Code of Conduct.

The Framework should be made available to all staff and contractors to whom it applies.

USE OF THE GUIDELINE

The key responsibilities of NSW Ministry of Health, Pillars and eHealth NSW are to:

- Provide data sponsorship, custodianship and stewardship of state wide data assets
- Ensure alignment of data and IT governance
- Manage IT architecture, data architecture, infrastructure and security
- Work with Data Sponsors and Data Custodians to align data and IT governance
- Ensure information system developments consider downstream impacts on state wide data assets

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- Provide data governance advice and education
- Establish data governance policies and procedures
- Ensure relevant delegations are in place to permit release of data in strict compliance with all relevant legislation, policies and standards

The key responsibilities of Local Health District / Specialty Health Network Data Sources are to:

- Ensure compliance with all relevant legislation, policies and standards relating to data collection and supply
- Provide a timely response to any issues and matters raised by the Data Custodian or Data Steward
- Ensure that data is assessed and managed in line with data standards
- Inform Data Sponsors/Custodians of any local issues that will have an impact on data quality and integrity
- Provide data governance advice and education
- Designate a data asset co-ordinator or primary contact to liaise with the Data Custodian or Data Steward in relation to the data asset
- Establish local data governance processes, in compliance with relevant legislation, policies, standards and the NSW Health Data Governance Framework

It is the responsibility of all data users to:

- Ensure that data is recorded or collected according to data standards
- Report data errors and quality issues in a timely manner
- Ensure data security and privacy are maintained whenever data is accessed
- Ensure login details are kept confidential and are only used by the designated user
- Report any breach or suspected breach of data security or privacy
- Sign an acknowledgement of their obligations to protect data privacy
- Ensure compliance with all relevant legislation, policies and standards, including the NSW Health Code of Conduct
- Obtain approval from Data Sponsor or delegated authority for public release of data
- Abide by all terms and conditions associated with approval for access to data.

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NSW Emergency Department Data Collection (EDDC) Reporting and Submission Requirements

Document number [PD2018_047](#) rescinds PD2005_198.

PURPOSE

This Policy Directive covers reporting and submission requirements for the Emergency Department Data Collection (EDDC). This data is used to monitor patient presentations to, and the activity undertaken in, the Emergency Departments (EDs) of public hospitals and in scope contracted private hospitals in NSW. The collated data allows comparisons to ED benchmarks and targets. It is also used to review utilisation of the services, evaluate the effectiveness of strategies to improve performance and patient management, assist in funding and the allocation of resources, the planning of future services and for epidemiology and public health reporting at a state and national level.

The policy statement outlines the scope, submission and reporting, governance and responsibilities of the collection.

MANDATORY REQUIREMENTS

An EDDC record must be provided for each presentation to a NSW public hospital or contracted private hospital Emergency Department. This is to include all Emergency Services with an Emergency Service Role Delineation of Level 1 or above.

IMPLEMENTATION

Chief Executives of LHDs and SHNs are to ensure:

- This Policy Directive is distributed to all staff involved in collecting and supplying data for the EDDC. This includes staff of Emergency Department units, medical record and information services staff, staff supporting patient administration systems (PAS), HIE/EDWARD Coordinators and information / performance reporting staff .
- Sufficient and appropriate resources are assigned to enable the collection, capture, submission and monitoring of the EDDC data. This should include local data governance, data quality monitoring and associated processes.
- Staff have access to electronic systems able to report the data items in accordance with the *Emergency Department Data Collection Data Dictionary*.
- Data collected in accordance with this policy directive is submitted in compliance to the schedule provided and in the form required for submission.

306 (19/12/18)

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NSW Sub-Acute and Non-Acute Patient (SNAP) Data Collection - Reporting and Submission Requirements

Document number [PD2018_007](#) rescinds PD2008_025.

PURPOSE

This Policy Directive covers reporting and submission requirements for the sub-acute and non-acute patient (SNAP) data collection.

SNAP data is primarily used by the NSW Ministry of Health and its administrative units to monitor delivery of sub-acute and non-acute admitted patient services by public hospitals and publically contracted care in other facilities in NSW. This enables a review of service utilisation, identification of health service trends, appropriate allocation of resources and monitoring of the performance of service delivery units against benchmarks. The data is also used for epidemiological studies and public health reporting at a state and national level and is a Commonwealth reporting requirement as part of the National Health Information Agreement.

MANDATORY REQUIREMENTS

Reporting of all admitted sub-acute and non-acute episodes of care in-scope of the NSW SNAP data collection (public hospitals) is a mandatory requirement, enabling NSW to comply with the Public Health Act 1991 and to meet its state and national reporting commitments and its obligations under the National Health Reform Agreement.

IMPLEMENTATION

Chief Executives of Local Health Districts and Specialty Health Networks are to ensure:

- This Policy Directive is distributed to all staff involved in collecting and supplying data for the SNAP data collection. This includes staff of sub-acute and non-acute services, medical record and information services, and clerical staff tasked with maintaining currency of patient data in the patient administration system (PAS) and/or data entry into Synaptix.
- Staff have access to electronic systems to enable collection of data items in accordance with this Policy Directive and associated resources.
- Data collected in accordance with this Policy Directive complies with the reported schedule outlined.

306 (21/02/18)

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Inpatient Statistics Collection (ISC) - Public Facilities Separations Dated from 1 July 2001

Document number [PD2005_210](#).

This circular supersedes Circular 00/40

Introduction

This circular details the following issues in relation to the Inpatient Statistics Collection (ISC) from 1 July 2001:

1. Introduction
2. Scope and Coverage
3. Data Items to be Reported
4. Methods of Reporting
5. Data Resubmission
6. Data Quality
7. Reporting Requirements
8. Fines
9. Access to Penalty Payment Revenue
10. Compliance Monitoring
11. Roles and Responsibilities
12. Security of Data
13. Collection Resources
14. Tools and Access Required
15. Contact Information

It is essential that this circular be distributed to all staff involved in collecting and supplying data for the ISC. This includes ISC coordinators, medical record staff, admissions staff and Emergency Department staff who admit patients.

(27/01/05)

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Client Registration Policy

Document number [PD2007_094](#) rescinds PD2005_138.

Introduction

What is client registration?

Client registration is the process of identifying and collecting data on an individual and recording of that data within an Area Health Service-wide client registration database for the purpose of uniquely identifying that individual. The allocation of an Area Health Service unique patient identifier, to be used as a unique key for that client/patient, is a product of this process.

The intent of client registration is to be able to link information held on a client/patient and thereby, support the delivery of services to that client/patient and the management and understanding of services and service needs.

Client registration involves all of the following:

- **Gathering minimum standard information** about a client/patient of a health service to ensure that the client/patient is properly identified.
- **Searching** the Area Health Service-wide client registration database to determine if the client/patient has already been registered.
- **Recording mandatory information** about the client/patient or **updating existing information** in the Area Health Service-wide client registration database, and populating any other copies of this information with the updated information, ensuring that information held by the health service is correct and up-to-date.
- **Allocating an Area Health Service unique patient identifier** to new clients/patients.

Registration is for the purpose of providing health care to the client/patient or other related functions.

Purpose of this policy directive

The purpose of this policy directive is to specify NSW Health policy in relation to the registration of clients, patients and other related people.

Standardised client registration leads to more effective health care in that it enables information relating to any previous care, including screenings, tests, medications, and alerts, to be readily accessible by health professionals, allowing them to provide the best possible care to each client/patient. This includes improving the quality and safety of health care by better targeting tests, investigative procedures and prescriptions, and reducing any duplication of these that may occur.

Standardised client registration also reduces the costs associated with disparate holdings of client/patient registration details within an Area Health Service.

Target audiences

This policy directive applies to all NSW public sector health services as follows:

- Public hospitals
- Multi-purpose services
- Residential care facilities
- Supported living services

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- Outreach services
- Community health services
- Public psychiatric hospitals
- Pathology, imaging, pharmacy and other support services located in a public health facility
- Ambulance Service of New South Wales
- Justice Health services.

The policy covers health care provided by these services in any mode (e.g., telehealth) and any location (e.g., outreach).

Services that are not part of NSW Health and are not delivered in NSW Health facilities (e.g. Aboriginal Medical Services, the Royal Flying Doctor Service) are not subject to this policy.

The staff for which this policy is intended includes any staff involved in registering clients/patients, including:

- client services or registration staff
- support staff such as medical record staff, ward clerks or secretarial staff
- intake officers
- admission managers
- health information managers
- Area information system departments
- clinicians.

Replaced policy directives

This policy replaces the following policy directives:

- Client Registration Standard (PD2005_379)
- Register of Deaths (PD2005_138).

63 (02/08)

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Client Registration Guideline

Document number [GL2007_024](#).

Introduction

Client registration assists in the delivery of good quality health care. Correct identification of an individual is critical to providing services appropriate to that individual. When a client is unable to be uniquely identified, they may be registered multiple times, potentially leading to multiple yet incomplete health care records. Worse, they could be identified as someone else, jeopardising their care, health and safety.

The ability to correctly identify clients is achieved through standardised collection and matching of data. The ability to integrate client information across a number of systems and locations is facilitated by standardised key business processes and data elements associated with client registration.

The standards for client registration are set out in the *NSW Health Client Registration Policy Directive* (PD2007_094). That policy sets out generic processes for client registration to assist with the correct identification of clients. It is the authoritative source on the requirements for client registration. It is recognised that implementation of the policy may require changes to local business processes, and as such, will be introduced in a staged manner across NSW. This guideline supports the policy directive by providing further details on some aspects of client registration to assist in interpretation and implementation. Material reproduced directly from the policy directive contained in this document is shown in boxes.

Standards for the data items associated with client registration are located in the current NSW Health Data Dictionary.

For the purposes of this guideline, the term 'client' has been chosen to describe any person (patient or client) who receives services from health care facilities in NSW. The term 'Area Health Service-wide client registration database' has been chosen to describe a single electronic register of all clients of an Area Health Service and their identifying and demographic details.

This guideline should be read in conjunction with NSW information privacy policies and legislation to ensure the proper collection, storage, use and disclosure of health information. These currently include:

1. NSW Health Privacy Manual Version 2. NSW Department of Health, 2005. (PD2005_593).
2. NSW Health Privacy Management Plan. NSW Health, 2000. (PD2000_554).
3. *Health Records and Information Privacy Act 2002* (NSW).
4. *Privacy and Personal Information Protection Act 1998* (NSW).

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Identifying the Carer at Patient Registration

Document number [IB2019_031](#).

PURPOSE

The purpose of this Information Bulletin is to advise of changes to the NSW Health patient administration system (PAS) to record when a patient/client/consumer has a carer or is a carer.

Identifying a carer leads to safer and better quality care as health staff can involve them in discussions and decisions about the patient's care and treatment. Patients and their carers have a better experience when they are acknowledged and able to talk to and work with health staff. Health staff can also provide support, referrals and information to the carer as needed.

This Information Bulletin is to be used in conjunction with the Client Registration Policy Directive (PD2007_094) which specifies NSW Health policy in relation to the registration of clients, patients and other related people, such as carers.

KEY INFORMATION

From July 2019, at the time the first service is provided, it is mandatory to record in the PAS if a patient has a carer or is a carer. It is highly desirable that the information is recorded when booking or scheduling the first service. The information should be recorded in the iPM and Cerner PAS or appropriate location if another PAS is used. When the Client Registration form (SMR005.001/SMR005.002) is used the carer information should also be recorded.

On re-presentation, or at the time a new service is booked or scheduled, special consideration must be given to the currency of the carer information.

The information recorded in the PAS will be displayed in the electronic Medical Record (eMR).

Patients registered to a mental health service may nominate a Designated Carer/s. See Attachment 3 for more details, and the Nomination of Designated Carer/s form (SMR025.170).

Who is a carer?

A person is a carer if they provide unpaid, ongoing care and support to a family member or friend who needs it because of:

- disability,
- chronic (long term) illness e.g. diabetes, arthritis
- terminal (life limiting) illness,
- mental illness e.g. depression, anxiety, or
- frailty and ageing.

Many carers don't recognise themselves as a carer. A carer will have a relationship with the patient. For example, the carer may also be the patient's husband, sister or friend. However, as a carer, they will have additional ongoing responsibilities because the patient is unwell, frail or has a disability.

The patient may not be sure if they have a carer or, if they are a carer. Whether the person has a carer, or is a carer, is based on the patient's point of view.

The carer may be the Person to Contact for a patient/client/consumer.

The carer may help a family member or friend with daily needs such as feeding, bathing, dressing, toileting, taking medications or moving. The carer may support a person who is fairly independent

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but needs someone to check in to make sure they are safe and looking after themselves, or to help them with banking, transport, shopping or housework.

The carer of a **person being registered for mental health care** may be nominated as a Designated Carer and/or identified as a Principal Care Provider under the *NSW Mental Health Act 2007*. See Attachment 3 for more details, and the Nomination of Designated Carer/s form (SMR025.170) and Identification of Principal Care Provider form (SMR025.107).

Why ask if the patient has a carer or is a carer?

When health staff know that the patient has a carer they can involve that person in discussions and decisions about the patient's care and treatment. Patients and their carers have a better experience when they are able to talk to and work with health staff. Involving the carer can ensure a better outcome for the patient, reduce the risk of avoidable admissions and a longer stay in hospital.

Carers are more likely to experience physical and mental ill health and disability than the general population. When health staff know the patient has a carer or is a carer they are able to provide support, referrals and information, as needed.

Health staff can ensure that alternative care and support is arranged while the carer is in hospital or unable to provide care for another reason.

The NSW Carers (Recognition) Act 2010 requires staff to take action to reflect the principles of the NSW Carers Charter. The Charter states that carers should be recognised and supported and the relationship between a carer and the person for whom they care should be respected.

SUPPORTING INFORMATION

Health and Social Policy Branch, Ministry of Health and eHealth NSW are developing communication and education materials to assist in recording when a patient/client has a carer or is a carer. Quick User Guides and other materials will be found at:

<https://www.health.nsw.gov.au/carers/Pages/default.aspx>

NSW Health GL2007_024: Client Registration Guideline

http://www0.health.nsw.gov.au/policies/gl/2007/pdf/GL2007_024.pdf

Mental Health Act Guidebook

<https://www.health.nsw.gov.au/mentalhealth/resources/Pages/mhact-guidebook2007.aspx>

For additional information please contact Health and Social Policy Branch, NSW Ministry of Health on 9391 9843.

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Registration of NSW Health Establishments

Document number [PD2017_038](#) rescinds PD2008_001.

PURPOSE

The purpose of this Policy Directive is to update and describe the mandatory requirement for Local Health Districts (LHDs), Specialist Health Networks (SHNs) and Health Pillars to register health establishments including organisations, locations and service units within NSW, and record the registration details within the NSW Ministry of Health's Health Establishment Registration Online application (HERO).

The information gathered will also be used to provide regular updates for the population of the Health Direct Australia – National Health Service Directory, as well as staffing and incident management systems.

Note: The population of the Human Services Network (HSNet's) ServiceLink will occur from information provided to Health Direct Australia's National Health Service Directory.

This Policy Directive supports the existing registration practices, extends registration requirements beyond the hospital setting, and mandates the registration of service units within hospitals and community health services. It also describes the mandatory information that must be provided when registering health entities and locations. It is to be read in conjunction with the latest HERO Information Bulletin and replaces PD 2008_001.

MANDATORY REQUIREMENTS

Registration of health services is necessary to:

- support rapid access by staff and clients to services
- support referrals of clients to appropriate services
- rationalise requirements to report information about health services
- manage data collections and performance reporting
- uniquely identify the source of data messages and data extracts for data collection management purposes
- support better planning of health services across NSW
- support activity target setting and activity modelling
- support activity based funding as set out in the Service Agreements.

Each LHD / SHN / Shared Service Entity must assign a staff member as the establishment registration manager. This staff member is the point of contact for the NSW Ministry of Health and Service Directory regarding any matter related to the registration of health establishments within the LHD / SHN catchment, or for the entities required by Shared Services, and will have the highest level HERO registration approval rights within the LHD / SHN / Shared Service entity, i.e. Jurisdiction Administrator.

IMPLEMENTATION

Entry of registration details in HERO is restricted to staff working within the NSW public health system. HERO maintains information about establishments and services that are essential for internal information management processes and messaging interfaces, target modelling and reporting.

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A subset of the HERO registration details may be used within information systems where lists of particular services are required – this may include some systems used in the private health sector.

A limited set of information from HERO may be published for use by the general public and staff on the NSW Ministry of Health, LHD / SHN websites. Registration made in HERO will be used to populate and maintain the NSW Ministry of Health Services Directory located at the following URL: <http://internal.health.nsw.gov.au/services/>

The NSW Ministry of Health may provide a selection of information from registrations in HERO to the National Health Service Directory maintained by Health Direct Australia.

Health Direct Australia will populate information from the National Health Service Directory into the HSNet ServiceLink for the use by staff and the public. This information can be accessed at the following URL: <https://www.hsnet.nsw.gov.au/>

eHealth will extract information from HERO locations registered for the purpose of identifying locations of staff in their Lookup application.

Clinical Excellence Commission will extract information from HERO location establishment types registered for the purpose of identifying locations of incidents in their incident management system application.

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Non-admitted Patient Classification Principles

Document number [GL2017_014](#).

PURPOSE

The purpose of the Non-Admitted Patient (NAP) Classification Principles is to provide a set of rules for determining what constitutes a non-admitted patient service unit and how to classify it to the appropriate Establishment Type. Each class is defined in terms of a specified range of activities, usual providers, potential inclusions and exclusions, and other descriptive information.

KEY PRINCIPLES

The NAP Classification Principles are rules for determining what constitutes a nonadmitted patient service unit and how to classify it to the appropriate Establishment Type. Each class is defined in terms of a specified range of activities, usual providers, potential inclusions and exclusions, and other descriptive information.

USE OF THE GUIDELINE

Each non-admitted service unit must be classified to a single Establishment Type class. Every non-admitted patient service provided by that service unit is reported against that Establishment Type class.

NSW Health Establishment Types are mapped to a national Tier 2 class for the purposes of reporting to the Commonwealth and national ABF and costing.

This document should be read in conjunction with the:

- Non-admitted Patient Establishment Type Definitions Manual
- Non-admitted Patient Classification Reporting Rules
- Non-admitted Patient Care Data Set Specifications.

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Non-admitted Patient Reporting Rules

Document number [GL2017_017](#).

PURPOSE

The purpose of the Non-Admitted Patient (NAP) Reporting Rules is to provide exhaustive guidance on the reporting of NAP activity.

KEY PRINCIPLES

Every non-admitted patient service must be reported against a non-admitted patient service unit, which must be classified to a single Establishment Type class.

Every non-admitted patient service must be reported with a modality of care reflecting the service provided.

USE OF THE GUIDELINE

This Guideline supplements existing NAP resources and should be read in conjunction with the:

- • Non-Admitted Patient Establishment Type Definitions Manual
- • Non-Admitted Patient Classification Principles
- • Non-Admitted Patient Care Data Set Specifications.

The intended audience for this document includes:

- NSW Health and affiliated health organisations;
- LHD/SHN chief executives;
- LHD/SHN Non-admitted Patient data collection co-ordinators;
- Hospital general managers and community health service managers;
- Managers of NSW Health non-admitted patient service units;
- Non-Admitted patient source system administrators; and
- Chief Information Officers.

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HERO: NSW Health service location registration requirements

Document number [IB2017_044](#).

PURPOSE

The purpose of this Information Bulletin is to inform NSW Health service providers and source system support staff of the minimum NSW Health service locations that must be registered in HERO in order to comply with EDWARD extract format specifications.

KEY INFORMATION

LHDs/SHNs and private sector health organisations contracted by NSW Health to provide NSW Health public patient services, are to have the following locations registered in HERO:

- NSW Health campuses (*registered by Ministry of Health's (MOH) HERO Administrator only*)
- Private sector health care campuses on which services are provided to public patients on behalf of NSW Health (*registered by MOH HERO Administrator only*)
- Admitted patient wards
- Residential care wards and supported living accommodation buildings
- Emergency Department Locations
- Mental Health Service Locations (admitted, non-admitted and residential)
- Operating Theatre Suites
- Operating Theatre Rooms

Note that excepting mental health services, **all other non-admitted patient service locations are optional for registration in HERO.**

It is a requirement that:

- Each location is accurately classified by location type so as to accurately indicate the principal use of the location. The location type must not be changed except to correct an original data entry error.
- New locations are registered during the initial planning or development period, and well before services are provided at those locations and activity data has begun flowing through to EDWARD. The late registration of a location in HERO and subsequent aliasing/mapping of the local location identifier within the source system will not cause any previous activity records to be triggered to be resent.
- Locations that cease to be used, or where the space is repurposed, reconfigured or becomes a different type of location, must be registered as closed and the close date must be recorded in HERO.
- Locations cannot move physically. For example, if a ward moves from one building to another, resulting in a reconfiguration of the service areas, the original ward should be closed and a new service location of the same type registered in the new building.

IMPLEMENTATION

The registration of locations is to be implemented and maintained in HERO. HERO issues the NSW Health state standard service location identifier.

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HERO location identifiers are used in aliasing locations in source systems in order to report those locations to the EDWARD enterprise data warehouse. The aliasing process “maps” the local location identifiers within a source system to the state standard identifiers as issued by HERO.

Each LHD / SHN must have a HERO Coordinator and all registrations in HERO must be directed through, and approved by, the LHD / SHN HERO Coordinator, before being submitted for approval by the MOH HERO Administrator.

LHD / SHN HERO coordinators are the single point of contact between LHD / SHN and the Ministry of Health’s HERO administrator for all matters relating to the clarification of HERO data entry, use and the registration requirements.

In complying with this Information Bulletin, HERO coordinators are to ensure that the registration of new locations does not adversely affect existing location entities that have been established to support the implementation and continued use of the Statewide Infrastructure Services Health application or the Clinical Excellence Commission Incident Management System.

External parties, such as private sector services providers, are required to liaise directly with the MOH HERO Administrator on HERO data entry and entity registration matters. With agreement of the MOH HERO Administrator, emails, load sheets and/or forms may be used by external private sector parties that are not within the NSW Health IT network.

CLARIFICATION ADVICE

Registration of service locations in HERO is managed by the Ministry of Health’s Information Management and Quality Unit of the Health System Information and Performance Reporting Branch. The NSW Ministry of Health’s HERO Administrator will provide clarification advice regarding the changed reporting requirements outlined in this information bulletin.

Primary Contact:

Contact: Jasmine Klammer

Position: Senior Metadata Support Officer / MOH HERO Administrator

Email: jklam@moh.health.nsw.gov.au

Telephone: (02) 9391 9628

Escalation Contact:

Contact: Alex Canduci

Position: Manager Specialist

Email: acand@moh.health.nsw.gov.au

Telephone: (02) 9391 9388

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Emergency Department Data Dictionary

Document number [PD2009_071](#).

PURPOSE

One of the key functions of the Emergency Department Data Collection is to gather data on Emergency Department activity across the state.

The purposes of collecting Emergency Department (ED) data in NSW are:

- To assist clinicians in the management of patients; and
- To enable comparisons of performance in respect to access to services, quality clinical outcomes, patient management, customer satisfaction and cost effectiveness.

The *Emergency Department Data Dictionary (Version 4)* (refer to Attachment section below), provides definitions for key ED data items, including the mandatory extract for the NSW Health Information Exchange (HIE), which are outlined in the extract layout formats.

MANDATORY REQUIREMENTS

All facilities providing data to the Emergency Department Data Collection are required to comply with standards outlined in the *Emergency Department Data Dictionary (Version 4)* by **1 July 2010**.

IMPLEMENTATION

Area Health Service Executive and Emergency Department Management, in conjunction with software vendors, are to ensure relevant staff are advised and consulted with on implementation of this policy.

Continued improvement in Emergency Department Performance remains a high priority for NSW Health. Consequently, the frequent provision of Emergency Department data to enable regular monitoring of Emergency Department performance and evaluation of strategies to address the issue is considered a high priority.

For this reason, Greater Metropolitan Emergency Departments are required to supply weekly data. The reference period for weekly data is 12:00am Monday to 11:59pm Sunday. The deadline for submission of data for loading to the Department's Health Information Exchange is 5pm Wednesday following the reference week. All Rural and Regional Emergency Departments with electronic source system are required to submit data monthly, by the 5th working day in the month following the reference month.

All data submissions must comply with the *Emergency Department Data Dictionary (Version 4)*.

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Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting

Document number [GL2015_012](#).

PURPOSE

The purpose of this Guideline is to advise NSW Health non-admitted patient service providers and non-admitted patient activity source system support staff of the changes in requirements involved in the transition from reporting via WebNAP to reporting via the EDWARD.

An understanding of these differences, and the three phases of implementation, is required to reconfigure source system builds and patient level activity extracts, and redesign non-admitted patient activity reporting business processes.

KEY PRINCIPLES

In line with NSW Health's strategic direction and the significantly increased volumes of non-admitted patient services being reported at the patient level by NSW Health services the Non-Admitted Patient Data Collection will transition to be reported via EDWARD rather than the interim system WebNAP.

The migration of the data collection to EDWARD will have significant benefits for Local Health Districts (LHDs) / Specialist Health Networks (SHNs) and other NSW Health agencies. LHDs / SHNs should expect higher data availability, more efficient data loading and resubmission processes, significantly improved data error reporting functionality and appropriately secured access to activity data.

When reported via EDWARD the non-admitted patient, admitted patient and emergency department activity data will be automatically allocated the appropriate National Weighed Activity Unit (NWAU) and integrated into a single data mart that supports full patient journey analysis utilising the Enterprise Patient Registry unique identifier.

USE OF THE GUIDELINE

In order to minimise the transition burden, requirements have been prioritised across three phases:

- Phase 1: Report current scope via EDWARD and decommission WebNAP
- Phase 2: Convert source system extracts and classifications to the EDWARD format
- Phase 3: Integrate additional reporting requirements for specific clinical streams

The EDWARD Business Implementation (EBI) Program collaborating with the NSW Ministry of Health's Health Systems Information and Performance Reporting (HSIPR) Branch will establish a small project team to support transition, testing and address queries as they arise during the migration period.

Phase 1

Implementation of phase 1 requires LHDs/SHNs to load WebNAP patient level and summary level extracts into EDWARD and to cease reporting to WebNAP.

To support the transition to EDWARD reporting during Phases 1 and 2, a file upload, conversion and transfer tool, the EDWARD mLoad Tool, will be available for LHDs/SHNs to upload patient level and summary level data extracts from source systems in either the WebNAP extract format, or the EDWARD extract format.

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The tool will apply the necessary file format conversions to WebNAP extracts compliant with the 2015/16 WebNAP reporting requirements and file format. It will also produce a container header file (based on user inputs) for both WebNAP and EDWARD flat file formats, and transfer files to the EDWARD drop zone where they will be automatically loaded into EDWARD.

During this phase LHDs / SHNs:

1. Must build EDWARD extracts for non-admitted patient source systems that are not yet reporting at the patient level
2. Must commence the reconfiguration of WebNAP extracts such that the source system can report activity directly in the EDWARD extract format
3. May cease reporting summary level data for services reporting at the patient level once reporting through the EDWARD mLoad Tool
4. May commence (or fully implement any) transition steps outlined in later phases.

Phase 1 must be completed by **30 June 2016**, to enable the decommissioning of WebNAP.

Phase 2

Implementation of Phase 2 requires LHDs / SHNs to complete the reconfiguration of WebNAP source system extracts into the EDWARD extract format and source systems to be fully aligned with the EDWARD classification standards.

During this phase any changes effective from 1 July 2016 will also need to be incorporated into the EDWARD extracts.

During this phase LHDs/SHNs may implement Phase 3 implementation steps.

Phase 2 must be completed by **30 June 2017**, to enable the decommissioning of the WebNAP patient level file conversion functionality, compliance with 2016/17 reporting requirements and to establish the foundations required for implementation of Phase 3.

Phase 3

Phase 3 involves reporting the additional data elements set aside in the EDWARD extract file format for the integration of other non-admitted patient data collections for specific clinical streams. It will involve decommissioning the legacy extracts and legacy data repositories (such as HIE and other disparate databases).

This phase may only impact selected source systems. For example, radiotherapy sources system would add data elements required for the integration of radiotherapy waiting times and non-admitted patient cancer notifications, while source systems used by Hepatitis, HIV/AIDS and sexually transmissible diseases services would add data elements pertaining to communicable diseases.

Phase 3 is expected to be completed by **30 June 2018**, to enable the decommissioning of the HIE and other legacy data repositories and to establish a single comprehensive non-admitted patient data collection.

FURTHER INFORMATION

The NSW Ministry of Health will provide advice and clarifications regarding the requirements for reporting non-admitted patient activity via EDWARD. Requests for advice should be directed to the Health System Information & Performance Reporting Branch, NSW Ministry of Health.

Primary Contact:

Position: Data Integrity Officer, Information Management & Governance Unit

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Contact: Jill Marcus Email: jmarc@moh.health.nsw.gov.au

Telephone: (02) 9391 9897

Escalation Contact:

Position: Manager, Information Management and Governance Unit

Contact: David Baty Email: dbaty@moh.health.nsw.gov.au

Telephone: (02) 9391 9828

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COVID-19 Data Collection and Reporting Requirements NSW Health Intranet Site

Document number [IB2020_012](#).

PURPOSE

Advise all NSW Health Districts and Networks of the 'COVID-19 Data Collection and Reporting Requirements' NSW Health intranet page.

KEY INFORMATION

Data collection and reporting, source system and business process changes must be implemented to facilitate the identification, recording and reporting of impacts of the COVID19 pandemic on the NSW Health system.

IMPLEMENTATION

Data collection and reporting requirements relating to COVID-19 are evolving frequently in response to different and more complex information needs identified at State and Commonwealth levels.

Data collection and reporting requirement changes impacting on business processes, source systems and data collections will be published by Information Bulletin.

Advisory documents are also being regularly produced to provide advice to the NSW Health system on the management and monitoring of the COVID-19 pandemic.

A NSW Health intranet page has been established to provide a 'one-stop shop' for all COVID-19 related updates to core NSW Health patient focused activity data collections.

This intranet page is located at: <http://internal.health.nsw.gov.au/data/collections/covid19>

The intranet page will be updated as changes to data collection and reporting requirements are determined. Staff should visit the intranet page **regularly** to appraise themselves of the latest COVID-19 related data collection and reporting requirements for the relevant data collections.

CLARIFICATION ADVICE

The System Information and Analytics Branch, NSW Ministry of Health will provide clarification advice regarding these data collection and reporting requirements. Requests for advice should be directed to the Data Integrity and Governance Team of the System Information and Analytics Branch.

Advisory documents developed to support state-wide advice on data collection and reporting requirements to the NSW Health system may be submitted to the Data Integrity and Governance Team, System Information and Analytics Branch, NSW Ministry of Health for publishing on the NSW Health intranet page.

Contact:

Patrick Fleming Position: Data Governance Support Officer

Email: MOH-DataGovernance@health.nsw.gov.au

Telephone: 02 9391 9710

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COVID-19 Data Collection Summary Advisory

Document number [IB2020_043](#) rescinds IB2020_011.

PURPOSE

To provide advice to all NSW Health services, private hospitals and day procedure centres, regarding data collection and reporting of COVID-19 (2019 novel coronavirus) for the Emergency Department, Admitted Patient and Non-Admitted Patient data collections.

KEY INFORMATION

A summary of data collection and reporting requirements to facilitate the identification, recording and reporting of impacts of the COVID-19 pandemic is outlined below.

Compliance with this Information Bulletin is essential in ensuring the identification, surveillance and monitoring of services provided to persons in response to COVID-19 and the identification of activity eligible for funding under the National Partnership on COVID19 Response and to meet national reporting requirements.

Detailed information can be found on the [NSW Health COVID-19 Data Collection and Reporting Requirements intranet page](#) covering the topics listed below, as well as at the associated links:

- Emergency Department
 - Diagnosis Codes
 - Presenting Problem
- Admitted Patient
 - Coding rules and values
 - Transfer of a patient with suspected COVID-19
 - Supplementary Guidance ([IHPA How to Classify COVID-19 Webpage](#))
- Non-Admitted Patient
 - Service Units
 - [Non-Admitted Service Type Code](#)
 - [Service Setting Type Code](#)
- Admitted Patient and Non-Admitted Patient
 - [Legal Status Code](#)
- Emergency Department, Admitted Patient and Non-Admitted Patient
 - Request Source Type

The above provisions relate to all services and activity in scope of reporting for the listed data collections.

The classification changes must be implemented into all relevant sources (capture) systems, including user interfaces and reference tables. Extracts for data submission to the relevant data collections must also be updated, as required.

Local Health Districts and Speciality Health Networks are responsible for ensuring their information system developers or support providers implement the changes as required to the new reporting requirements.

CLARIFICATION ADVICE

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The NSW Ministry of Health will provide clarification advice regarding the changed reporting requirements. Requests for advice should be directed to the Data Integrity and Governance Team, System Information and Analytics Branch, NSW Ministry of Health via the appropriate data collection contact set out on the [NSW Health COVID-19 Data Collection and Reporting Requirements intranet page](#).

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COVID-19 Ward Set up Advice

Document number [IB2020_013](#).

PURPOSE

To advise all NSW Health Districts and Networks about setting up new wards and repurposing existing wards for COVID-19 in the Health Entity Registration On-line (HERO), NSW Health Bed Reporting System (BRS), Patient Flow Portal and Electronic Record for Intensive Care (eRIC)

KEY INFORMATION

In response to the COVID-19 pandemic, several additional and/or re-purposed wards have been implemented across NSW Health. These must be registered in the Patient Administration System (PAS) and HERO first, then set up in the BRS, PFP, eRIC and other applicable downstream systems.

IMPLEMENTATION

New wards established for COVID-19

The new wards must:

- Be registered in the PAS first
- Include 'COVID19' in the ward name – e.g. COVID19 W1 or 'C19 ICU W1'. (Note: do not include the word 'virtual'. The ward name must be a maximum of 10 characters in length).

The ward information must be transmitted to the System Information and Analytics (SIA) Branch of NSW Health and include:

- Hospital Code
- PAS ward code
- PAS ward description
- Opening date

SIA Branch will allocate HERO Identifiers and create wards in the BRS. The Districts and Networks will be notified once the new wards have been created in BRS allowing them to set up appropriate bed profiles against the respective wards.

Once the new wards have been registered in the PAS, the PAS Administrator will advise administrators of downstream systems, such as PFP and eRIC, so that these wards may be set-up in the systems, as appropriate.

Existing wards fully re-purposed for COVID-19 (entire ward changed to only and specifically manage COVID-19)

New wards must be registered in PAS as per above. Existing wards being re-purposed must be closed in the PAS and HERO (as a temporary closure) and associated bed profiles end-dated in the BRS.

Any existing patients in these re-purposed wards must be transferred to the new (replacement) ward or another ward, as appropriate.

Information about the re-purposed wards must be transmitted to SIA Branch of NSW Health and include:

- Hospital Code

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- Existing PAS ward code
- Existing PAS ward description o New PAS ward code
- New PAS ward description
- Opening date

SIA Branch will allocate HERO IDs and create wards in the BRS. The Districts and Networks will be notified once the new wards have been created in BRS allowing them to set up appropriate bed profiles against the respective wards.

Once the new wards have been registered in the PAS, the PAS Administrator will advise administrators of downstream systems, such as PFP and eRIC, so that these wards may be set-up in the systems, as appropriate.

Existing wards partly re-purposed for COVID-19 (part of a ward changed to manage COVID-19, part remaining unchanged)

New wards must be registered in PAS as per above. Existing wards (components not being re-purposed) must remain open in the PAS and HERO. Their associated bed profiles in the BRS must also be adjusted to reflect the reduced bed numbers that are not COVID-19 related.

Information about the new, re-purposed component of the wards must be transmitted to SIA Branch of NSW Health and include:

- Hospital Code
- New PAS ward code
- New PAS ward description
- Opening date

SIA Branch will allocate HERO IDs and create wards in the BRS. The Districts and Networks will be notified once the new wards have been created in BRS allowing them to set up appropriate bed profiles against the respective wards.

Once the new wards have been registered in the PAS, the PAS Administrator will advise administrators of downstream systems, such as PFP and eRIC, so that these wards may be set-up in the systems, as appropriate.

Bed Profiles

When re-purposing a ward in the BRS

- Edit the existing ward
- Set the 'end date' and 'effective to' date to the date the ward will close

When creating a new Bed Profile in the BRS:

- Select the location as the new COVID-19 ward
- Assign the Bed Type as appropriate to the primary purpose of the bed, e.g. 91-ICU 1
- Enter the physical number of beds
- Enter the 'start date' and 'effective from' date as the opening date of the ward
- Enter the 'end date' and 'effective to' date as the date the Bed Profile will close. If the close date is unknown, you can enter '31 DEC 9999'.

COVID-19 wards in the Patient Flow Portal

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Information relating to the setting-up of COVID-19 wards in the PFP can be found in the Overview of requirements for COVID-19 wards and ICU Surge wards document in Appendix A and on the PFP COVID-19 resources intranet page:

<https://teams.moh.health.nsw.gov.au/Communities/PFPS/SitePages/COVID19%20Resources.aspx>.

CLARIFICATION ADVICE

The NSW Ministry of Health will provide clarification advice about these reporting requirements. Requests for advice should be directed to the Data Integrity & Governance Team, System Information and Analytics Branch, NSW Ministry of Health.

Contact: Roman Leszczynski

Position: Data Integrity Officer, Admitted Patient Data Collection

Email: MOH-BEDS@health.nsw.gov.au

Telephone: 02 9391 9995

Health Entity Registration On-line (HERO) Contacts

Janelle Twomey (Janelle.Twomey@health.nsw.gov.au)

Jasmine Klammer (Jasmine.Klammer@health.nsw.gov.au)

Judith Hooper (Judith.Hooper@health.nsw.gov.au)

Further information can be found on the NSW Health COVID-19 Data Collection and Reporting Requirements intranet page at: <http://internal.health.nsw.gov.au/data/collections/covid19>.

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Sexually Transmissible Infections and Human Immunodeficiency Virus Data Set from 1 July 2023

Document number [IB2023_008](#).

PURPOSE

This Information Bulletin informs Local Health Districts and Specialty Health Networks of the change in requirements for reporting Sexual Health and Human Immunodeficiency Virus (HIV) services to the Non-admitted Patient and Supplementary Services Data Collection's Sexually Transmissible Infection (STI) and HIV Data Set Extension from 1 July 2023.

This Information Bulletin must be read in conjunction with the NSW Health Information Bulletin *Sexually Transmissible Infections and Human Immunodeficiency Virus Data Set* ([IB2020_046](#)).

KEY INFORMATION

Background

The Sexually Transmitted Infection (STI) and Human Immunodeficiency Virus (HIV) Data Set Extension is a set of reporting requirements that must be captured and reported by STI and HIV services in addition to the Client Characteristics Minimum Data Set, Individual Service Provider Data Set, and the Non-admitted Patient and Supplementary Services Core Minimum Data Set.

The data elements in scope of the data set extension pertain to services provided by staff working in non-admitted patient service units that are classified to the following establishment types:

- 32.16 - HIV / AIDS Allied Health / Nursing Unit
- 32.26 - Sexual Health Allied Health / Nursing Unit
- 32.47 - HIV / AIDS Medical Consultation Unit
- 32.48 - Sexually Transmissible Infections Medical Consultation Unit
- 32.49 - Infectious Diseases - Other Medical Consultation Unit
- 32.52 - Infectious Diseases - Other Allied Health / Nursing Unit
- 39.10 - Immunology Medical Consultation Unit.

Changes to reporting requirements

There are changed reporting requirements that apply to services provided from 1 July 2023.

The following data elements have changed classifications:

- Sexual health and HIV service unit contact type code
- Gender identity code
- Sexual contact risk code.

The following data elements have changed data element names and changed classifications:

- Client sex with cis males in last 3 months code (previously "client male sex partners in last 3 months code")
- Client anal sex condom use (previously "Client Male Partner Anal Sex Condom Use Code).
- The following data elements are new for reporting from 1 July 2023:
- Client sex with cis females in last 3 months code

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- Client sex with trans men in last 3 months code
- Client sex with trans women in last 3 months code
- Client sex with non-binary people in last 3 months code
- Client pregnancy status code
- Syphilis treatment commencement date.

The following data element is no longer in scope of the data set extension and is no longer recommended for data capture:

- Client substance misuse flag.

Implementation

For services using the Cerner eMR, eHealth NSW has developed a modified Sexual Health/ HIV PowerForm, and EDWARD extract, that incorporates the changed reporting requirements. It is the responsibility of Local Health Districts and Specialty Health Networks to test and implement the modified Cerner eMR PowerForm and the EDWARD data warehouse extract into their production environment between 1 July 2023 and 31 December 2023.

Local Health Districts and Specialty Health Networks that are not using the eHealth NSW Cerner eMR state base build PowerForm are responsible for the implementation of the changes into their alternative source system, reporting the data via an EDWARD data extract. The Hunter New England Local Health District will lead the implementation of the reporting requirements in SHIP.

Staff responsible for implementation and testing of the source system and data extract solution should refer to the detailed reporting requirements information provided in the data governance documentation set and the data dictionary published in the Health Information Resources Directory (HIRD). The data dictionary outlines the detailed category definitions and mandatory, conditional mandatory, and optional reporting status for each data element.

Interim reporting arrangements

Existing data reporting arrangements, which include the reporting of summarised data tables to the Centre for Population Health, and reporting Syphilis Notifications via Public Health Units, must continue until such time the patient unit record level reporting via EDWARD is in place for all NSW Health services.

Further information

Detailed information about the foundation reporting requirements for STI and HIV Data Set Extension are described on the following intranet pages:

- [Client Characteristics Minimum Data Set](#)
- [Individual Service Provider Minimum Data Set](#)
- [Organisation Service Provider Minimum Data Set](#)
- [Non-Admitted Patient and Supplement Services Data Collection: Core Minimum Data Set.](#)

Detailed information about the reporting requirements specific to STI and HIV services from 1 July 2023 can be found on the [NSW Non-Admitted Patient and Supplementary Services Data Collection: STI and HIV Data Set Extension from 1 July 2023](#) intranet page. The following data governance documents are published on this page:

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- Changes to reporting requirements from 1 July 2023
- Data elements reportable from 1 July 2023
- Scope, coverage and business rules from 1 July 2023
- Classification and code standards from 1 July 2023
- SNOMED CT diagnosis short list from 1 July 2023.

Clarification advice

Requests for clarifications pertaining to data supply or data elements that are within the scope of the core minimum data set or core extended data set should be directed to the Data Integrity and Governance team within the Systems Information and Analytics Branch, NSW Ministry of Health.

- Position: Data Integrity Officer, Non-Admitted Patient & Supplementary Services Data Collection
- Email: MOH-NAP@health.nsw.gov.au

Requests for clarifications pertaining to data elements that are specific to sexually transmissible infections and HIV should be directed to the Blood-Borne Virus (BBV) & Sexually Transmitted Infection (STI) Unit, Centre for Population Health, NSW Ministry of Health.

- Position: Senior Policy Analyst
- Email: MOH-BBVSTI@health.nsw.gov.au

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Voluntary Assisted Dying (VAD) Data Collection Summary Advisory

Document number [IB2024_003](#).

PURPOSE

To provide advice to all NSW Health services in regarding the data collection and reporting requirements of patient activity associated with voluntary assisted dying (VAD) for the Client, Admitted Patient and Non-Admitted Patient and Supplementary Services data streams.

KEY INFORMATION

A summary of the data collection and reporting requirements to facilitate the identification, recording and reporting of clients and relevant activity in relation to those people requesting and / or undertaking voluntary assisted dying within NSW Health service is outlined below.

Compliance with this Information Bulletin is essential to assist in identification and analysis of services provided in association with voluntary assisted dying.

Further information covering the data requirements summarised below can be found on the NSW Health Voluntary Assisted Dying (VAD) Data Collection and Reporting Requirements intranet page.

Client Data Stream

- Legal Status

Admitted Patient Data Stream

- Formal Discharge Mode Code
- Clinical coding

Non-Admitted Patient and Supplementary Services Data Stream

- Establishment Type
- Service Type

The above provisions apply to all services and activity in scope of reporting to the listed data streams.

The classification changes must be implemented into all relevant sources (capture) systems, including user interfaces and reference tables. Extracts for data submission to the relevant data streams must also be updated as required.

Local health districts and specialty health networks are responsible for ensuring their information system developers or support providers implement changes to support the revised reporting requirements.

Clarification Advice

The System Information and Analysis Branch, NSW Ministry of Health, will provide clarification and advice to health services on the data requirements including: definitions, business rules and reporting requirements.

Primary Contacts:

Position: Data Integrity Officer - Client Data Stream

Email: MOH-ClientReg@health.nsw.gov.au

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Telephone: 02 9461 7512

Position: Data Integrity Officer – Non-Admitted Patient Data Collection

Email: MOH-NAP@health.nsw.gov.au

Telephone: 02 9461 7467

Position: Data Integrity Officer - Admitted Patient Data Collection

Email: MOH-AP@health.nsw.gov.au

Telephone: 02 9391 9995

General Information on voluntary assisted dying in NSW is available at
<https://www.health.nsw.gov.au/voluntary-assisted-dying/Pages/default.aspx>

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