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Patient Matters

CHAPTER 22 – STATISTICAL INFORMATION AND DATA

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NON-ADMITTED PATIENT ACTIVITY REPORTING REQUIREMENTS (PD2013_010)

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 non-admitted 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 heath 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.

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 non-admitted 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.

All associated documentation is available via the NSW Health Intranet from the following URL:
- **http://internal.health.nsw.gov.au/data/collections/nap/index.html**

1. Background

1.1 About this document

The purpose of this policy and procedure document is to:
- Prescribe the minimum data set to be reported for all non-admitted patient services at both the summary and patient level.
- Prescribe the data repositories to which data must be reported, and the formats it must comply with.
- Prescribe the due dates for reporting.
- Prescribe the roles and responsibilities for implementation and on-going management of the policy and reporting procedures.

The activity covered by this policy includes hospital emergency department services, hospital outpatient care services, outreach services and non-residential community health services provided by NSW Health Services.

This document is relevant to NSW Health and affiliated health organisation:
- LHD/SHN/SVHN chief executives.
- LHD/SHN/SVHN non-admitted patient data collection stewards/coordinators.
- Hospital general managers and community health service managers.
- Managers of NSW Health non-admitted patient service units.
- Non-Admitted patient source system administrators.
- Chief Information Officers.

1.2 Key definitions

1.2.1 Definition: Non-admitted patient service

A *non-admitted patient service* is an interaction between a healthcare provider and a person who is not formally admitted to a hospital or multi-purpose service, that contains clinical and/or therapeutic content that results in a dated entry being made the person's physical or electronic medical record. The interaction may be for an assessment, examination, consultation, treatment and/or education.

1.2.2 Definition: Non-admitted patient support activity

A *non-admitted patient support activity* is an activity or interaction that supplements and/or supports the health or health care of a non-admitted person, personal carers or the community generally, but does not contain clinical and/or therapeutic content that results in a dated entry being made in the person's physical or electronic medical record.

1.2.3   Definition: Non-admitted patient appointment

A *non-admitted patient appointment* is a planned or walk-in visit time slot allocated for one person to receive a *non-admitted patient service* through an interaction with one or more healthcare provider at the same time or in succession on the same calendar day. One non-admitted patient appointment may consist of one or many non-admitted patient occasions of service. A non-admitted patient appointment may or may not result in a non-admitted patient service being provided.

1.2.4   Definition: Non-admitted patient occasion of service

A *non-admitted patient occasion of service* is a *non-admitted patient service* or a *non-admitted patient support activity* reported for each provider type and service type combination on each occasion a service is provided to the patient within one non-admitted patient appointment on one calendar day.

1.2.5   Definition: Non-admitted patient (national) service event

A *non-admitted patient (national) service event* is an interaction between one non-admitted patient and one or more healthcare provider(s) who are working within the context of one service unit on one calendar day. The interaction must contain clinical and/or therapeutic content (i.e. an assessment, examination, consultation, treatment and/or education), that results in a dated entry being made in the patient's medical record. Non-admitted patient (national) service events exclude services provided by stand-alone diagnostic service units, travel by the healthcare provider or patient, services where the patient is not present, or services provided to persons who are admitted patients at the time of service provision.

Note: One *non-admitted patient (national) service event* may consist of one or more *non-admitted patient occasion of service* records, and one or more *non-admitted patient appointments. Non-admitted patient support activity* does not meet the definition of a *non-admitted patient (national) service event*, and is therefore excluded.

Source: Compiled from the Tier 2 Non-Admitted Services Compendium 2013-2014, Independent Hospital Pricing Authority.

1.2.6   Definition: Emergency Department non-admitted patient service

An *Emergency Department non-admitted patient service* is a *non-admitted patient service* provided by a hospital's Emergency Department team.

1.2.7   Definition: Ancillary occasion of service

An ancillary occasion of service is a service provided to one patient who is the subject of:
- one pathology diagnostic test, or a simultaneous set of related pathology tests, provided by a hospital's pathology service unit;
- one radiology/imaging diagnostic test, or a simultaneous set of related radiology/imaging services, provided by a hospital's radiology and organ imaging service unit;
- the filling of one order/script of pharmaceuticals, regardless of the number of items dispensed per script, provided by a hospital's pharmaceutical dispensing service unit.

1.2.8   Definition: Non-admitted patient service unit

A *non-admitted patient service unit* is a recognised clinical team of one or more healthcare providers within a hospital, multi-purpose service or community health service that provides *non-admitted patient services* and/or *non-admitted patient support activities* in defined locations, at regular or irregular times. A non-admitted patient service unit generally consists of multiple healthcare providers, who may be practicing the same or different disciplines or specialties. In some health services a service unit may consist of only one individual healthcare provider.

1.2.9   Definition: Service unit level 'establishment type'

The service unit level 'establishment type' is NSW Health's classification of service units that aligns to the National Tier 2 Clinic Type classification.

1.2.10   Definition: National Weighted Activity Unit (NWAU)

The National Weighted Activity Unit (NWAU) is a measure of Health Service activity expressed as a common unit, against which the National Efficient Price (NEP) is paid. It provides a way of comparing and valuing each public hospital service (whether they be admissions, emergency department presentations or outpatient episodes), by weighting for its clinical complexity. The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.

Source: http://www.publichospitalfunding.gov.au/glossary

1.2.11   Definition: Local Health Districts (LHDs)

Local Health Districts (LHDs) means the following local health districts constituted under Section 17 and specified from time to time in Schedule 1 of the *Health Services Act 1997*:
- Central Coast Local Health District
- Illawarra Shoalhaven Local Health District
- Nepean Blue Mountains Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- South Western Sydney Local Health District
- Sydney Local Health District
- Western Sydney Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Northern NSW Local Health District
- Southern NSW Local Health District
- Western NSW Local Health District

Note: For the purpose of this policy and procedures, with the exception of organisations prescribed for reporting under the "St Vincent's Health Network", affiliated health organisations prescribed under Schedule 3 of the *Health Services Act 1997* that are located within the boundaries of a Local Health District are in scope of the Local Health District's reporting requirements.

1.2.12 Definition: Specialty Health Networks (SHNs)

Specialty Health Networks mean the following statutory health corporations prescribed under Schedule 2 of the *Health Services Act 1997*:
- The Sydney Children's Hospital Network (Randwick and Westmead)
- Justice Health and Forensic Mental Health Network

1.2.13 Definition: St Vincent's Health Network (SVHN)

The St Vincent's Health Network means the following affiliated health organisations prescribed under Schedule 3 of the *Health Services Act 1997*:
- St Vincent's Hospital, Darlinghurst
- Sacred Heart Hospice, Darlinghurst
- St Joseph's Hospital, Auburn

1.3   Diagram of conceptual relationships

The diagram below shows the conceptual relationships between service units, patients, appointments, occasion of service, service type, provider type, national service event and the National Weighted Activity Unit (NWAU) for funding.
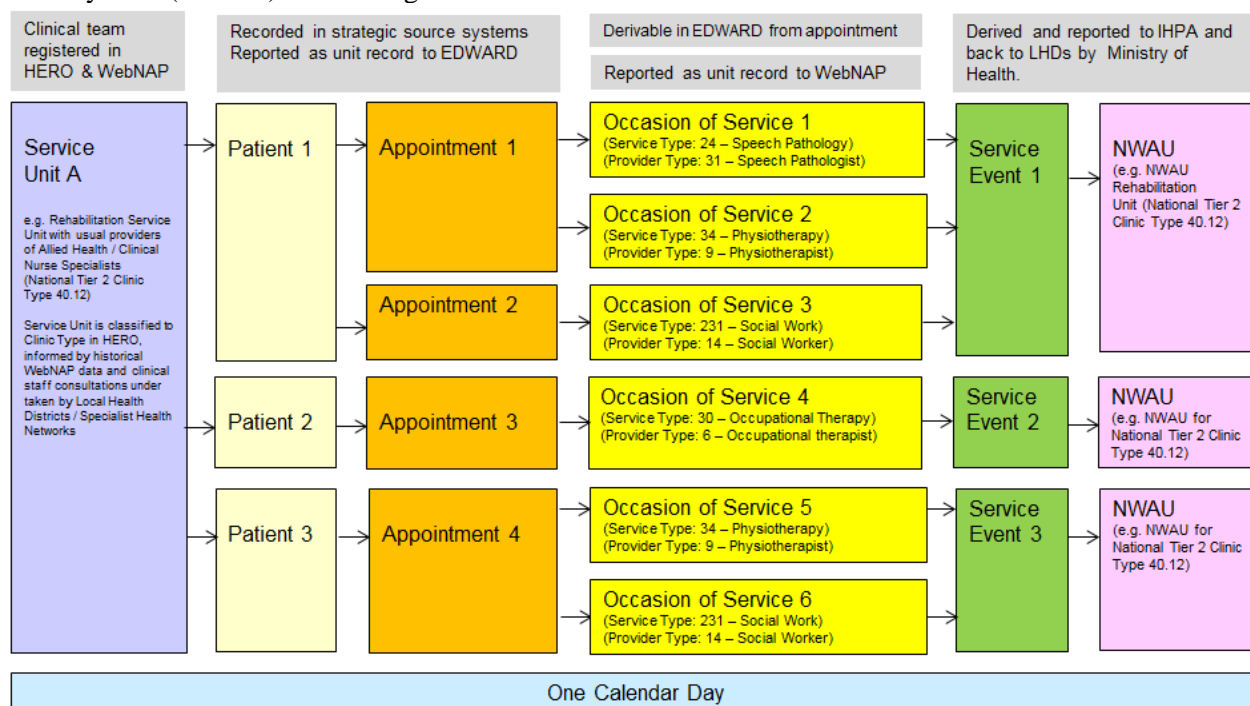
1.4   Statutory reporting obligations

This policy supports onward reporting to a number of non-admitted patient activity related national data sets:
- Establishments National Minimum Data Set, Australian Institute of Health and Welfare, Australia Department of Health and Ageing.
- Outpatients National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.

- Non-admitted Patient Activity Based Funding Data Set, Independent Hospital Pricing Authority.
- Non-admitted Patient Activity Costs Data Collection, Independent Hospital Pricing Authority.

The policy makes reference to the additional requirements for onward reporting to the following non-admitted patient activity national data sets:
- Alcohol and other drugs National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.
- Community Mental Health National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.
- Mental Health Establishments National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.
- Home and Community Care National Minimum Data Set, Australian Institute of Health and Welfare.
- Aged Care Assessment Program National Minimum Data Set, Australian Department of Health and Ageing.

1.   Non-admitted Patient Data Collection Coverage

2.1   Coverage statement

The policy and procedures covered by this document apply to all activity that meets the definition of a *non-admitted patient service* provided by, or contracted out by, any of the following:
- Local Health District
- Specialty Health Network
- An affiliated health organisation, prescribed under the *Health Services Act, 1997.*

All *non-admitted patient services* provided by the above organisations are in scope of the reporting requirements regardless of the patient service billing arrangement (i.e. non-charge, privately referred, compensable, Medicare ineligible, patient fee co-contribution etc.) and funding program or funding source.

All *non-admitted patient support activities* are non-mandatory reporting requirements, which may be reported at the discretion of the LHD/SNH.

2.2   Coverage Clarification: Services provided by external parties under a contract with a NSW Health organisation

Non-admitted patient services that are contracted out to any private sector organisation, not for profit organisation, or Visiting Medical Officer that are paid for by a NSW Health organisation under a fee for service or sessional service contract <u>are in scope</u> of the reporting requirements of the non-admitted patient activity reporting requirements prescribed by this policy and procedures document.

Privately referred activity provided under these contractual arrangements where a NSW Health organisation bills the patient, or a 3rd party organisation, <u>are in scope</u> of the reporting requirements.

Note: Contracts need to include a clause that requires the contracted service provider to make available to the purchasing organisation the data/information required to fully comply with the minimum data set and reporting requirements outlined in this document. The activity is to be reported against a 'virtual' service unit that is to have the purchasing hospital or community health services as the parent organisation.

2.3   Coverage Clarification: Services provided by a private practice, hospital or day procedure centre

Non-admitted patient services that are provided by a private practice, private hospital or private day procedure centre that rents space to operate on NSW Health property under a commercial contract and directly bills the patient or a 3rd party organisation (other than a NSW Health organisation) under their own Australian Business Number <u>are not in scope</u> of the non-admitted patient activity reporting requirements prescribed by this policy and procedures document.

2.4   Coverage Clarification: Services provided to a patient of a private practice, hospital or day procedure centre

Non-admitted patient services that are provided by a NSW Health organisation to a patient of a private practice, private hospital or private day procedure centre under a fee for service or sessional service contract basis, or where the NSW Health organisation directly bills a 3rd party insurer, Medicare or the patient to recover full cost of providing the service (such as pathology services), <u>are not in scope</u> of the non-admitted patient activity reporting requirements prescribed in this document.

2.   Minimum data set for all non-admitted patient services

3.1   Overview

This section prescribes the minimum data set that must be reported for all non-admitted patient services, regardless of their clinical specialty.

The following standards have been used in the tables to indicate the requirements:
- "#" Indicates a field that is in scope of national reporting requirements to the Independent Hospital Pricing Authority, or used to derive or map to a data element in scope of those requirements.
- Where the WebNAP and EDWARD data repositories have a different concept name, both descriptions have been provided.
- In terms of mandatory status:
  o   "Yes" means the data element is available and must be reported.
  o   "Conditional" means that the data element is mandatory for reporting under particular conditions. These conditions are clarified below each table.
  o   "No" means the data element is available in the system, but optional for reporting. Such data element may support local reporting.
  o   "n.a." means 'not applicable', that is, the data element is not in scope of the data repository.

There are additional requirements to report non-admitted patients services to other data collections where they are of the following type:
- alcohol and other drug services (**PD2015_014**),
- mental health services (**PD2006_041** & **PD2006_042**),
- emergency department services (**PD2005_198**),
- home and community care services (**PD2008_050**), and
- aged care assessment program services (**PD2007_080**).

The additional requirements for reporting to these data collections are prescribed in separate policies shown above. The requirement for NSW Health Services to report to those separate data collections will continue until such time that those policies are rescinded and/or all non-admitted patient data collections have been migrated to EDWARD.

3.2   Non-admitted patient service unit characteristics

3.2.1   Mandatory data elements - service unit

The table below shows the business mandatory status of characteristics about non-admitted patient service units that must be reported to the Ministry of Health.

Data Element	Mandatory for WebNAP	Mandatory for HERO/EDWARD
Service Unit HERO Identifier #	Yes	Yes
Service Unit WebNAP Code	Yes	No
Service Unit Name	Yes	Yes
Service Unit Establishment Type Code #	n.a.	Yes
Service Unit First Open Date	Yes	Yes
Service Unit Permanent Closure Date	Yes	Yes
Service Unit Address - Physical	n.a.	Yes
Administrative Parent Facility HIE Facility ID	Yes	No
Administrative Parent Facility HERO ID #	No	Yes
Local Health District/Specialty Health Network HIE Facility ID	Yes	No
Local Health District/Specialty Health Network HERO ID #	n.a.	Yes
Local Health District Physical Location Boundary	n.a.	Yes
Service Unit Source System	n.a.	No

3.2.2   Optional data elements - service unit

The table below shows the optional characteristics about non-admitted patient service units that may be recorded (for example, to support local reporting requirements).

Data Element	Available in WebNAP	Available in EDWARD
Service Unit Division Name	Yes	No
Service Unit Division Code	Yes	No
Service Unit Cost Centre	Yes	Yes
Service Unit Community Health Service Flag	No	Yes

3.2.3   Mandatory data elements - service option

The registration of "service options" is only relevant to services reported using WebNAP and is a requirement that enables loading and data entry of summary level data.

Note: The Service Option is reported on the same file as the Service Unit. Therefore the mandatory fields for both Service Unit (above) and Service Option (below) must be reported in the extract file submitted to WebNAP.

Data Element	Mandatory for WebNAP
Service Unit WebNAP Code	Yes
Service Option – Effective From Date	Yes
Service Option – Effective To Date	No
Service Option – Provider Type Code	Yes
Service Option – Service Type Code	Yes
Service Option – Setting Code	Yes
Service Option – Modality Code	Yes
Service Option – Funding Source Code	Yes

3.3 Non-admitted patient level data

3.3.1 Overview

Non-admitted patient level data consists of patient characteristics, and service characteristics. When reporting activity to WebNAP the unit record level data is an occasion of services. When reporting non-admitted patient activity to EDWARD or HIE, the unit record level data reported varies according to the source system and data collection data is reported to, and includes appointments, encounters, service episodes or service contacts.

Note: The concept that must be reported to the Independent Hospital Pricing Authority for activity based funding - a nationally defined 'service event' - will be derived by the Ministry of Health when preparing the data for national reporting, based on the national business rules.

3.3.2 Mandatory data elements - patient characteristics

The table below shows the patient characteristics that are in scope of reporting and their mandatory status for reporting via WebNAP and EDWARD for services provided on or after 1 July 2013.

For variable patient characteristics, such as address of usual residence, the characteristics at the time the service was provided must be reported.

Note: Patient characteristics must be recorded in either the iPM or Cerner HNA Millennium patient registration module, and should be transferred to other non-admitted patient source systems as HL7 messages. Updates and corrections must always be made in iPM and Cerner HNA Millennium. See the Client Registration Policy and Client Registration Guidelines for further details on these requirements.

Data Element	Mandatory for WebNAP	Mandatory forEDWARD
Patient – Identifier Type Flag #	Yes	Yes
Patient – Identifier Issuing Authority	N.a.	Yes
Patient – Identifier #	Yes	Yes
Patient – Area Unique Person Identifier	No	n.a.
Patient – Facility Medical Record Number	No	n.a.
Patient – First Name (WebNAP) [1] Patient – Given Name (EDWARD) [1]	Yes	Yes
Patient – Last Name (WebNAP) [1] Patient – Family Name (EDWARD) [1]	Yes	Yes
Patient – Gender (WebNAP) Patient – Sex Code (EDWARD) #	Yes	Yes
Patient – Date of Birth #	Yes	Yes
Patient – Country of Birth Code #	Yes	Yes
Patient – Aboriginality Code (WebNAP) Patient – Indigenous Status Code (EDWARD)	Yes	Yes
Patient – Street Address of Usual Residence #	Yes	Yes
Patient – Suburb / Locality of Usual Residence #	Yes	Yes
Patient – Postcode of Usual Residence #	Yes	Yes
Patient – State of Usual Residence #	N.a.	Yes
Patient – Country of Usual Residence #	N.a.	Yes
Patient – DVA Card Type [2]	Conditional	Conditional
Patient – DVA File Number [2]	Conditional	Conditional

[1] – See Client Registration Policy and Client Registration Guidelines for standards for registering clients as anonymous patients.
[2] – DVA Card Type and File Number is required when the Financial Group/Financial Class/Billing Category indicates the service costs are the responsibility of the Department of Veterans' Affairs.

3.3.3 Mandatory data elements - service characteristics

The table below shows the service characteristics that are in scope of reporting and their mandatory status for reporting via WebNAP and EDWARD for services provided on or after 1 July 2013.

Data Element	Mandatory for WebNAP	Mandatory for EDWARD
Service Event Source System Identifier	Yes	Yes
Service Encounter Record Identifier	N.a.	Yes
Service Event Record Identifier	Yes	Yes
Source of Referral Code (WebNAP) # Request Source Type Code (EDWARD) #	Yes	Yes
WebNAP Source of Referral Name	Yes	No
Referral Issue Date/Time (WebNAP) Request Correspondence Date/Time (EDWARD)	No	No
Referral Receipt Date (WebNAP) Request Received Date (EDWARD)	Yes	Yes
Booking Create Date/Time (WebNAP) Offer Issue Datetime (EDWARD)	Yes [*1]	Yes [*1]
Service Event Start Date/Time #	Yes	Yes
Provider Type Code (WebNAP) Individual Provider Speciality / Discipline Code (EDWARD)	Yes	Yes
Setting Type Code (WebNAP) # Primary Setting Type Code (EDWARD) #	Yes	Yes
Modality of Care Code (WebNAP) # Service Contact Mode Code (EDWARD) #	Yes	Yes
Initial or Subsequent Service Code	Yes	Yes
Group Session Flag #	N.a.	Yes
Group Session Identifier #	N.a.	Yes
Client Participated Flag	N.a.	Yes
Financial Group Code (WebNAP) # Billing Category Code (EDWARD) #	Yes	Yes
Funding Source Code (WebNAP) Primary Program Funding Source Code (EDWARD)	Yes	Yes
Service Type Code (WebNAP) NAP Service Type Code (EDWARD)	Yes	Yes
Care Type NHDD Code #	N.a.	Yes
Medicare Benefit Scheme Item Number(s) (WebNAP) Service Activity Reference Source Identifier (EDWARD) Service Activity Reference Domain Identifier (EDWARD) Service Activity Code (EDWARD)	Conditional [*1]	Conditional [*1]
Service Event End Date/Time	Yes [*1]	Yes [*1]
Direct Contact Time Band	N.a.	No

Note: (*1) These data elements become mandatory for reporting from 1 July 2014.

3.4   Non-admitted patient summary level data

3.4.1 Mandatory data elements

The table below shows the data elements that are mandatory for reporting summary level occasion of service counts to WebNAP.

Data Element
Service Unit WebNAP Code
Service Unit HERO Identifier
Service Unit Name
Administrative Parent Facility HIE Facility ID
Service Type Code
Setting Type Code
Provider Type Code
Modality of Care Code
Funding Source Code
Reporting Month
Reporting Year
Occasion of Service Count – Department of Veterans' Affairs Financial Group
Occasion of Service Count – Department of Veterans' Affairs (Contracted) Financial Group
Occasion of Service Count – Department of Veterans' Affairs (Privately Referred) Financial Group
Occasion of Service Count – Ineligible Financial Group
Occasion of Service Count – Lifetime Care and Support Financial Group
Occasion of Service Count – Motor Accident Authority Financial Group
Occasion of Service Count – Motor Accident Authority (Driver at Fault) Financial Group
Occasion of Service Count – Motor Accident Authority (Not Driver at Fault) Financial Group
Occasion of Service Count – Workcover Compensable Financial Group
Occasion of Service Count – Transcover Compensable Financial Group
Occasion of Service Count – Other Compensable Financial Group
Occasion of Service Count – Non-Chargeable Financial Group
Occasion of Service Count – Private Contract Financial Group
Occasion of Service Count – Private Referred Financial Group
Occasion of Service Count – Special Purposes Trust Financial Group
Occasion of Service Count – Total Group Sessions
Occasion of Service Count – Total Group Patients

3.   Requirement to register and classify service units

4.1   Requirement to register non-admitted patient service units

All non-admitted patient service units must be registered in HERO. Where activity is reported via WebNAP, an equivalent service unit must also be setup in WebNAP.

4.2   Requirement to ensure registered non-admitted patient service units align with clinical service teams and structures

Historically some health services created non-admitted patient service units in WebNAP that do not align with recognised clinical service teams and structures. These historical service units may have been established to simplify summary level statistical reporting.

To support the activity based funding model from 1 July 2013, and support reporting at the patient level, registered non-admitted patient service units must be a reflection of the recognised clinical teams within a single hospital or community health service.

Any service unit that has does not reflect a recognised clinical team within a single hospital or community health service must be closed by 30 June 2013 and replaced by service units that are recognised clinical service teams within a single hospital or community health service.

4.3 Requirement to classify non-admitted patient service units

Each service unit must be appropriately classified to an 'establishment type'.

The 'establishment type' classification (categories and definitions) has changed to align with the 2013/14 IHPA Tier 2 Clinic Type classifications. This classification is expected to change each year as non-admitted patient activity based funding matures. A review of the assigned 'establishment type' must therefore be undertaken in June every year.

Where the service unit registered in HERO and WebNAP meets the definition of multiple 'establishment type' categories it should be flagged for a more detailed review. If the service unit aligns with only one recognised clinical team within a single hospital, multi-purpose service or community health service, the service unit must be allocated to the category that represents the majority of services provided (i.e. 50% or more of the services provided).

If a service unit registered in HERO and WebNAP aligns with two or more recognised clinical teams within a single hospital, multi-purpose service or community health service the service unit registration should be end dated as a reporting entity, and new service units should be registered for reporting that align with the recognised clinical teams. Each new service unit should be assigned the appropriate establishment type. Activity should thereafter be reported under those replacement service units.

Historical data may be used to assist in the allocation of the service unit's 'establishment type' in HERO. However, as historical data may be unreliable, an independent review of the provider type/discipline/speciality of the individual healthcare providers and clinical services provided should be conducted to identify the correction service unit level 'establishment type'.

Note: The classification of a service unit to the most appropriate service unit level 'establishment type' category is essential because it is a key factor in determining the levels of Activity Based Funding.

4.4 Requirement to report summary level and patient level data under the same service unit

From 1 July 2013, it is a mandatory requirement to report the summary level total occasion of service counts to WebNAP under the same service unit as used for reporting the patient level data that make up that total.

4.5 Requirement to automate calculation of summary level occasions of services based on patient level data

The summary counts reported to WebNAP must be based on automated aggregation of the patient level data to ensure front line staff do not have to separately record data at both the patient level and summary level.

4.6 Requirement to align service units in source systems, HERO and WebNAP

From 1 July 2013, it is a requirement for service units to align in source systems, HERO and WebNAP.

There must be a one to one relationship between the service units registered in HERO and WebNAP.

Service units registered in HERO must align with the service units (clinics) as created in source systems. There should generally be a one to one relationship between the service unit created in a source system and the service unit registered in HERO and WebNAP.

When activity is reported to EDWARD the source system service unit must be aliased with the HERO Identifier assigned to the service unit by HERO during the registration process. This ensures data quality issues can be communicated to the clinical team that provided the services.

One service unit in a source system may not be created as two or more service units in HERO or WebNAP.

Note: If reporting activity via EDWARD any activity reported for a service unit that is not aliased with the HERO Identifier will be excluded from reporting – these records are hidden from end users by the EDWARD security framework as the source of the data cannot be determined.

4.7   Requirement to record the HERO Identifier against the service unit in WebNAP

The HERO Identifier must be reported against every WebNAP service unit. This is required to support the linkage of WebNAP service units to the HERO service unit where the service unit level 'establishment type' will be maintained.

4.8   Data quality audits

The Ministry of Health will undertake data quality audits. These may focus on the following:
- the structure of service units, to ensure against the splitting of service unit structures merely to increase the number of national service event records per patient per calendar day;
- the 'establishment type' that service units have been assigned in HERO, to assure against the assignment of an establishment type that attract a higher NWAU and does not accurately reflect the majority of services provided by the service unit;
- the quality and completeness of data reported for specific data elements (e.g. the Service Type is appropriate for the Provider Type reported); and
- source system functionality and build compliance with the mandatory reporting requirements, including the availability of all mandatory fields, availability of all categories within a standard classification and mappings to the State level standard classification code set.

To support the data quality audits, where a service unit can be classified to more than one establishment type or the service unit name does not clearly match one establishment type, LHDs/ SHNs/SVHN must document the justification for the final classification decision in HERO in the entity registration "Comments" or "Services Provided" field.

4.   Requirement to report summary occasion of service counts

From 1 July 2013, all non-admitted patient services provided within each calendar month must continue to be reported via WebNAP at the summary level as a monthly total occasion of service count for each unique combination of the following attributes:
- Service unit
- Service option, that is a combination of:
  o   Provider Type Code

- o   Service Type Code
- o   Service Setting Code
- o   Modality of Care Code
- o   Funding Source Code
- Financial Group Code

Summary counts may either be reported via the WebNAP Version 2.0 data extract summary file format or directly entered into WebNAP.

Monthly occasion of service summary counts must be reported to WebNAP until 30 June 2014, or the date approved by the Director, Health System Information & Performance Reporting Branch. Prior to 30 June 2014, summary counts must reconcile with the patient level data reported via WebNAP for at least 6 months.

LHDs/SHNs may apply to the Director, Health System Information & Performance Reporting Branch for an early exemption from summary level reporting for all non-admitted patient service units using the same source system build and extract where they can demonstrate that the equivalent patient level data has reconciled with summary counts for a period of 6 months.

Note: There is no requirement or facility to report summary level non-admitted patient data to EDWARD.

5.   Requirement to report patient level data

6.1   Requirement to report non-admitted patient occasion of service unit record level data to WebNAP

WebNAP has been established as an interim patient level reporting system.

The following non-admitted patient services are not required to be reported to WebNAP at the patient level under this policy:
- Emergency Department services,
- Pathology testing services,
- Radiology imaging services, and
- Pharmacy dispensing services.

Any requirement to report pathology testing, radiology imaging and pharmacy dispensing services at the patient level will be prescribed in a separate policy.

All other services that meet the definition of a non-admitted patient service that are provided up to and including 30 June 2014 must be reported via WebNAP at the patient level.

Where a source system is used to record non-admitted patient services via WebNAP the activity must be reported via the WebNAP Version 2.0 patient level extract format. See the "WebNAP Version 2.0 extract requirement specification" guideline document for detailed requirements.

Where a source system is not used, each patient level occasion of service record must be entered into WebNAP via direct data entry screens, or otherwise prepared in the WebNAP Version 2.0 patient level extract format and uploaded.

NSW Health non-admitted patient activity interim reporting mechanism to 30 June 2014
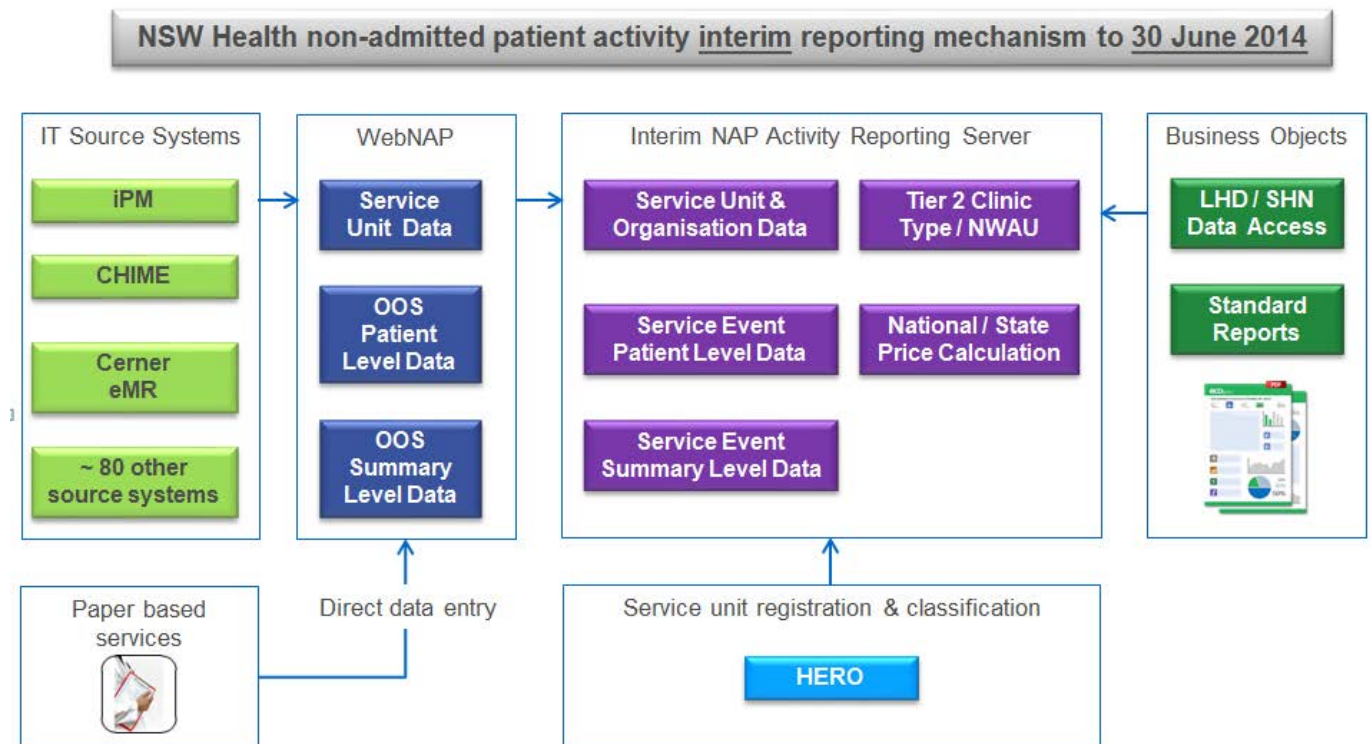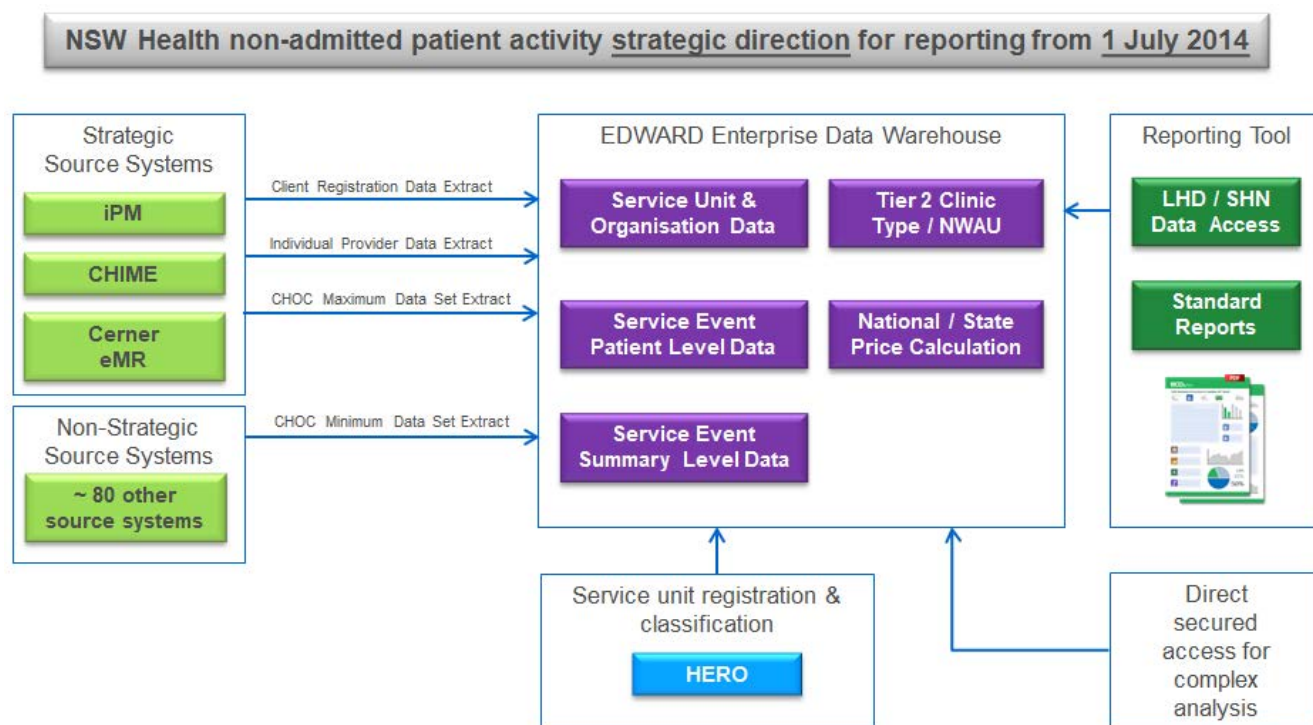
6.2   Reporting patient level data via EDWARD

It is NSW Health's strategic direction to move to non-admitted patient level reporting via EDWARD from 1 July 2014. LHDs/SHNs/SVHN must take the necessary steps to move to reporting via EDWARD by this date.

To report data to EDWARD the following must be in place by 1 July 2014:
- All patient/clients must be registered in either the iPM or Cerner HNA Millennium patient registration module, in line with the Client Registration Policy Directive; and
- All patient/client identifiers must be recorded the iPM or Cerner HNA Millennium patient registration module, in line with the Client Registration Policy Directive; and
- The EDWARD Client Characteristics Interface from the iPM or Cerner HNA Millennium patient registration module must be in production and report data daily to EDWARD; and
- Either:
  - o   the EDWARD Community Health and Outpatient Care Maximum Data Set Interface must be in production and report data daily (or at least monthly) to EDWARD from the relevant non-admitted patient source system build OR
  - o   the EDWARD Community Health and Outpatient Care Minimum Data Set Interface must be in production and report data daily (or at least monthly) to EDWARD from the relevant non-admitted patient source system build.

NSW Health non-admitted patient activity strategic direction for reporting from 1 July 2014

The Ministry of Health will consider requests from Local Health Districts and Specialty Health Networks to report patient level data via EDWARD instead of WebNAP prior to 1 July 2014 if the all of the above is in place and the LHD/SHN/SVHN has:

- Resolved any source system build non-compliance with the EDWARD data dictionary and interface requirement specifications for data elements within scope of the non-admitted patient minimum data set prescribed in this policy; and
- Reconciled the data in EDWARD against source systems; and
- Provided written confirmation to the Health System Information and Performance Reporting Branch that the data reported via EDWARD is reconciled with the source and meets the minimum data set requirements; and
- Formally requested an exemption from reporting patient level data to WebNAP via written correspondence from the Chief Executive to the Director, Health System Information and Performance Reporting Branch.

Parallel reporting to WebNAP is expected until such time that the Local Health District or Speciality Health Network has fully complied with the above.

Note: There are a number of advantages of EDWARD over WebNAP, including more streamlined data submission, safeguards against duplicate records, a dedicated reporting area, and server capacity.

6.3 Reporting of Emergency Department services

Summary level counts of non-admitted patient occasion of service delivered on or after 1 July 2013 must be reported to WebNAP for all emergency department services where:

- the patient is not formally admitted to the hospital, and
- the service is not reported at the patient level to the Emergency Department Data Collection.

Non-admitted patient services that are delivered in Emergency Departments must be reported at the patient level to HIE (Health Information Exchange)/EDWARD in compliance with the reporting requirements of the Emergency Department Data Collection policy.

Emergency Department presentations delivered on or after 1 July 2013 that are in scope of patient level reporting to the Emergency Department Data Collection must not be reported to WebNAP at either the summary level or patient level.

Note: The total number of services provided by Emergency Departments provided on or after 1 July 2013 will be the sum of the summary level occasions of service reported to WebNAP and the total presentations (admitted and non-admitted) reported at the patient level to the Emergency Department Data Collection.

6.4   Reporting of mental health services

Non-admitted patient mental health services must be reported as follows:
- At the summary level occasion of service counts to WebNAP; AND
- At the occasion of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014; AND
- At the patient level to EDWARD from 1 July 2014; AND
- At the service event patient level to HIE in accordance with the Community Mental Health Ambulatory (CHAMB) Data Collection and Mental Health Assessment and Outcomes Team (MHOAT) Data Collection requirements.

Note: Mental health services recorded on CHIME are also in scope of reporting of service events to EDWARD.

6.5   Reporting of alcohol and other drug services

Non-admitted patient alcohol and other drug services must be reported as follows:
- At the summary level occasion of service counts to WebNAP; AND
- At the occasion of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014; AND
- At the patient level to EDWARD from 1 July 2014; AND
- At the service episode level to HIE in accordance with the requirements of the Alcohol and Other Drugs Data Collection.

6.6   Reporting of home and community care services

All non-admitted patient home and community care (HACC) program services, including services delivered under the program that contain no clinical or therapeutic content, must be reported at the service event patient level to HACCIRS data repository.

Non-admitted patient service units that deliver services that contain clinical and/or therapeutic content to HACC program eligible clients/patients only, or to a mix of HACC eligible and HACC ineligible clients/patients, must also report the services:
- At the occasion of service summary level to WebNAP; AND
- At the occasions of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014; AND
- At the patient level to EDWARD from 1 July 2014.

Note: HACC eligible patients need to be reported to WebNAP with a Funding Source Code of '5; (Federal) and to EDWARD with a Primary Program Funding Source Code of '01' (Home and Community Care Program).

6.7   Reporting of oral health services

Non-admitted patient oral health services must be reported as follows:
- At the occasion of service summary level to WebNAP; AND
- At the occasions of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014; AND
- At the patient level to EDWARD from 1 July 2014; AND
- At the visit level to the NSW Oral Health Data Collection via the ISOH extract files set.

6.8   Reporting of aged care assessment program services

Non-admitted patient aged care assessment program services must be reported as follows:
- At the occasion of service summary level to WebNAP; AND
- At the occasions of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014; AND
- At the patient level to EDWARD from 1 July 2014; AND
- At the assessment process and care/plan outcome level to the Aged Care Assessment Program Minimum Data Set.

6.9   Reporting of ancillary services

Pathology testing services, radiology imaging services, and pharmacy dispensing services pertaining to non-admitted patients must be reported as summary level occasion of service counts to WebNAP.

Medical consultation services provided by ancillary services are in scope of the reporting requirements described in this policy and procedures document and must be reported at both the summary and patient level.

Note: Any requirement to report Pathology testing services, radiology imaging services, and pharmacy dispensing services at the patient level will be issued in a separate policy.

6.10   Reporting of transport services

Community transport services provided to clients/patients should be reported to the NSW Health Integrated Community Transport Data Set (ICTDS).

6.11   Reporting of services to clients/patients who are not registered

Non-admitted patient services that are provided to clients/patients in the community who are not registered because they are receiving a community group immunisation/screening service, health promotion service, needle exchange service, or services where registration may inhibit their participation in the service (such as supervised injecting room services) must be reported at the summary level but patient level reporting is optional.

Where such activity is reported at the summary level only they must be reported under a service unit setup for the reporting of this summary level activity only – no patient level activity should be reported under these service units.

6.12   Requirement to comply with business rule guidelines

All non-admitted patient activity data reported to EDWARD or WebNAP must be reported in compliance with the non-admitted patient activity reporting business rules guidelines.

The guidelines provide detailed level information about the data collection's scope (inclusion and exclusions). In addition, the reporting requirements for specific scenarios are provided.

Access to the business rules is provided via the following URL:
- **http://internal.health.nsw.gov.au/data/collections/index.html**

6.13   Requirement to comply with data dictionary classifications

Data reported via WebNAP must comply with the WebNAP Data Dictionary for 2013/14 published on the NSW Health Intranet.

Data reported via EDWARD must comply with the Client Characteristics, Individual Service Provider Characteristics, Community Health and Outpatient Care Service Event Maximum Data Set and Community Health and Outpatient Care Minimum Data Set EDWARD Data Dictionaries published in HIRD (Health Information Resources Directory).

Access to these data dictionaries are provided via the following URL:
- **http://internal.health.nsw.gov.au/data/collections/index.html**

Compliance means all the relevant classification categories (or local equivalents) must be available in source systems and be mapped to the appropriate state code.

Note: The classification standards between WebNAP and EDWARD differ. This can be handled in source systems by using the more detailed classification (usually EDWARD) and mapping the classification to the relevant WebNAP or EDWARD code as an outbound alias/alternative identifier code.

6.   Requirement to register source system build used for recording non-admitted patient services

It is a mandatory requirement for Local Health Districts and Specialty Health Networks to identify and register each build/instance of each source system used for recording non-admitted patient services with the Ministry of Health.

Note: The register of the source system builds will be maintained by the Health System Information and Performance Reporting Branch. A unique source system build identifier will be assigned and this unique source system build identifier must be reported on each patient unit record submitted to WebNAP and EDWARD. This information will be used to monitor completeness of the data collection across the relevant data repositories, and identify data quality or non-compliance issues relating to a specific build of a source system.

7.   Requirement to provide status report of source system extract implementation

A monthly status report of the progress of modifications to each source system build to comply with the minimum data set and the classifications prescribed in the data dictionaries, and the development of the source system's WebNAP and EDWARD extracts, must be provided to the Health System

Information and Performance Reporting Branch by the Local Health District/Specialty Health Network until such time that both the WebNAP Version 2.0 extracts and, following this, the EDWARD extracts, are delivered and installed in production environments.

8.   Due dates for reporting

Non-admitted patient activity data at both the summary level and patient level must be submitted, and be of acceptable quality, by the 15th working day of the month after the month the service was delivered.

Data reported via EDWARD from strategic source systems, such as iPM, CHIME and the Cerner HNA Millennium Electronic Medical Record, is expected to be transferred automatically on a daily basis.

9.   Quality and completeness of data

The quality of non-admitted patient activity data will be assessed through a set of data validation rules.

Data must be reported in a form compliant with the codes published in the WebNAP data dictionary (where activity is reported to WebNAP) or EDWARD data dictionaries (where activity is reported to EDWARD.

It is the source system administrator's responsibility, and the LHD/SHN non-admitted patient data steward/coordinator's responsibility, to ensure the local categories displayed to source systems users align with state standard categories and map to the appropriate state code. There must be at least one local classification category for each state classification category. Local categories that do not map to one state category in the WebNAP or EDWARD classification (that is they map to two or more categories), should be end dated so that they can no longer be selected by source system users from 1 July 2013.

For all data elements reported as a code, the local classification to state standard classification mappings must be submitted to the Data Quality Unit of the Health System Information and Performance Reporting Branch for a quality review prior to the production implementation of each extract and following any major change to local classifications.

10.   Implementation

11.1   Source system and extract development

It is the responsibility of Local Health Districts and Specialty Health Networks to fund, specify, develop, test and implement:
- WebNAP Version 2.0 summary level and patient level extracts from all source systems.
- EDWARD extracts from source systems (other than iPM and CHIME which have been delivered).
- Changes to existing EDWARD iPM, CHIME and Cerner source system extracts to accommodate local variations of source system builds.
- The addition of all data elements in scope of the minimum data set into their source systems if they currently do not exist.
- The alignment of classifications and code mappings in source systems for all in scope data elements in compliance with the WebNAP, HIE and EDWARD data dictionaries.
- The creation of business rules, such as mandatory status on fields, within source systems to ensure completeness and accuracy of data.

Local Health Districts and Specialty Health Networks should liaise with the HealthShare Community Health and Outpatient Care Program regarding any shared services and IT capital program funding that may provide to assist health services comply with the statutory reporting requirements outlined in this policy.

11.2   Non-Admitted Patient Data Set Sponsor Responsibilities

By default, the Chief Executive of each LHD/SHN/SVHN is the Non-Admitted Patient Data Set Sponsor for the data pertaining to services provided by hospitals, multi-purpose services and community health services of the LHD/SHN/SVHN. The data sponsor role is responsible for:
- directing the resources required to comply with the reporting obligations prescribed by this policy;
- reporting on progress and issues relating to the reporting requirements at the executive level; and
- authorising access to data relating to services provided by their Local Health District/Specialty Health Network within the constraints of NSW Health Privacy Policy and legislation.

The Chief Executive may formally delegate the responsibilities of this role within the Local Health District or Specialty Health Network.

11.3   Non-Admitted Patient Data Steward/Coordinator Responsibilities

The Chief Executives of Local Health Districts and Specialty Health Networks must nominate a position for the role of Non-Admitted Patient Data Steward/Coordinator, and advise the Health System Information & Performance Reporting Branch of the incumbent's details.

The Non-Admitted Patient Data Steward/Coordinator role is responsible for:
- Ensuring all non-admitted patient service units are registered in HERO and WebNAP and that they align.
- Ensuring all non-admitted patient service units are correctly classified in HERO to the service unit level 'establishment type', which will be a key factor in cost weight assignment under the activity based funding model.
- Ensuring all service units have reported both summary level and patient level data to the Ministry of Health each month.
- Ensuring all source system builds used by service units within their Local Health District have classifications that comply with the relevant data dictionary and are correctly mapped to the relevant state categories and codes.
- Ensuring data reported to WebNAP and/or EDWARD is reconciled against source systems.
- Ensuring all service units are reporting all in scope services.
- Ensuring that non-admitted patient reporting business rules are being complied with by all services.
- Ensuring there are procedures in place for all new non-admitted patient services to be registered in HERO and WebNAP, and that they are informed of their reporting obligation.
- Ensuring there are procedures in place for all closed service units to be registered as closed in HERO and WebNAP.
- Ensuring that the summary level occasion of service count reported match the number of patient level data records reported each month.
- Ensuring data has been uploaded into WebNAP by the due date and that there a mitigation procedures in place to avoid the risk of creating duplicate records in data resubmissions.
- Reporting on progress made towards the establishment of production quality extracts of both summary level and patient level data to WebNAP and EDWARD.

11.4 Health System Information and Performance Reporting Branch Responsibilities

The Health System Information and Performance Reporting Branch is responsible for:
- Compiling the data from EDWARD, HIE and WebNAP into a single standardised data set and making it available in a secure way to Local Health Districts and Specialty Health Networks for their local analysis and reporting purposes.
- Transforming occasion of service records into service events that comply with the Independent Hospital Pricing Authority unit record counting rules.
- Providing end user orientation/training for WebNAP, HIE and EDWARD.
- Providing clarifications or reporting rules for particular scenarios in response to requests from Local Health Districts/Specialty Health Networks.
- Reviewing, and authorising, requests to migrate from reporting occasions of service via WebNAP to service events via EDWARD.

Attachment 1: Implementation checklist

LHD/SHN/SVHN/Facility:			
Assessed by:		**Date of Assessment:**	
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**
1. Register all non-admitted patient service units in HERO and WebNAP	❑	❑	❑
	Notes:		
2. Align source system, HERO and WebNAP Service Units.	❑	❑	❑
	Notes:		
3. Record HERO Identifier of Service Unit against Service Unit registration in WebNAP	❑	❑	❑
	Notes:		
4. Review establishment type classification of Service Unit registrations in HERO against new definitions and classification changes implemented to align with Independent Hospital Pricing Authority requirements.	❑	❑	❑
	Notes:		
5. Conduct survey of source systems used to record non-admitted patient services, and obtain unique identifier for each source system build from Ministry of Health.	❑	❑	❑
	Notes:		

IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
6. Modify source systems to comply with non-admitted patient minimum data set requirements.	❑	❑	❑
	Notes:		
7. Modify source systems to comply with non-admitted patient minimum data set requirements.	❑	❑	❑
	Notes:		
8. Modify existing WebNAP extracts to comply with the Version 2.0 interface format at both summary level and patient level.	❑	❑	❑
	Notes:		
9. Create new WebNAP extracts to comply with the Version 2.0 interface format at both summary level and patient level for source systems that don't yet have an extract by 30 June 2013	❑	❑	❑
	Notes:		
10. Establish policy and process to register all new service units prior to service commencement.	❑	❑	❑
	Notes:		
11. Establish processes to train all service units, including new service units prior to service commencement, on the mandatory minimum data set reporting requirements.	❑	❑	❑
	Notes:		
12. Identify all users that requried WebNAP accounts (e.g. for file upload or direct data entry for reporting of patient level data, complete application form and establish access.	❑	❑	❑
	Notes:		
13. Train service units without source systems on unit record level data entry directly into WebNAP.	❑	❑	❑
	Notes:		

IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
14. Establish policy and process to register all new service units prior to service commencement.	❏	❏	❏
	Notes:		
15. Identify all users that requried EDWARD accounts (e.g. for reconciling iPM/CHIME data or statistical reporting), complete application form and establish access.	❏	❏	❏
	Notes:		
16. Review/reconcile non-admitted patient service event data in EDWARD for iPM and CHIME. Resolve data quality issues and compliance gaps.	❏	❏	❏
	Notes:		
17. Establish processes for approval of access to non-admitted patient (de-identified) data.	❏	❏	❏
	Notes:		
18. Review resourcing for the collection – consider establishment of hospital level data stewards to support Local Health District data steward.	❏	❏	❏
	Notes:		

NSW HEALTH DATA GOVERNANCE FRAMEWORK (GL2019_002)

(GL2019_002 rescinded 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
- 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 DataSources 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.

The Guidelines can be downloaded at
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2019_002

NSW EMERGENCY DEPARTMENT DATA COLLECTION (EDDC) REPORTING AND SUBMISSION REQUIREMENTS (PD2018_047)

(PD2018_047 replaced 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.

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

BACKGROUND

About this document

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.

This Policy Directive rescinds and replaces Policy Directive PD2005_198 concerning the NSW Emergency Data Collection.

Scope

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.

An Emergency Presentation is where a person presents to the Emergency Department for emergency care and treatment. This includes patients that are transferred from another unit or ward within the facility or another facility's Emergency Department for treatment within the ED.

Presentations to an Emergency Department include, but are not limited to, patients who:

- Register to be seen for an ED service but did not wait for the service to be delivered

- Are triaged and advised to seek alternate services, and then depart the ED

- Are dead on arrival if an ED clinician certifies the death

- Are provided with clinical assessment and advice via telehealth. Such services must be identified as being provided via telehealth

A patient treated in the ED who is subsequently admitted to the hospital will require the reporting of an ED presentation to the EDDC and an admitted patient record reported to the Admitted Patient Data Collection.

All patients remain in-scope for this collection until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted.

Not in scope of the EDDC is:

- Care provided to a patient in a general practitioner co-located unit

- Care provided to a patient at an urgent care centre (UCC) located separate to an emergency department

- Advice provided by an ED clinician to a patient located in a ward or elsewhere in the hospital. The clinical notes of the patient should reflect the consultation of the ED clinician and the clinical advice provided.

- A person who may be seeking assistance at the ED that does not register as a presenting patient and does not wait to be assessed

NSW Health provides data consistent with these rules when reporting to the Commonwealth and other National agencies. To prevent double-counting, ED services are excluded from other national reporting data sets, as appropriate, when provided by NSW Health.

USES OF THE EDDC

The EDDC is used for the following purposes:

- Performance reporting including the monthly Health System Performance Report;

- Annual Report – summary of activity

- Bureau of Health Information reporting

- Commonwealth reporting e.g. *Non-Admitted Patient Emergency Data Care National Minimum Data Set* (NAPED NMDS)

- Activity based funding / management

- Review of health service delivery including models of care (redesign)

- BioSurveillance (public health)

- Quality and safety projects

- Clinical outcomes evaluation

- Workforce planning

- Research purposes with the approval of a human research ethics committee (requires written request to access de-identified data)

- Other ad-hoc reporting, as required.

SUBMISSION AND REPORTING FRAMEWORK

Emergency Departments in scope of the EDDC are required to submit data to the:
- NSW Ministry of Health's Health Information Exchange (HIE) each week. Those ED presentations where the arrival occurs in the period12:00am Monday to 11:59pm Sunday are to be submitted to the Ministry by 5pm Wednesday following the end of that submission period.

  Data may be supplied and accepted on a more frequent basis (e.g. each night) to allow EDs to obtain more timely feedback on the quality of ED data that may better suit the operational processes of EDs, such as to identify records that are in breach of performance targets and to review the accuracy of the recorded data.
- Enterprise Data Warehouse (EDWARD) on a daily rather than weekly basis. Data submitted to EDWARD must comply with the EDWARD Emergency Department Service Event Data Stream and associated requirements specifications.

Data Quality

Each record submitted to the EDDC must be complete with each reported item in the record compliant with the relevant EDDC Data Dictionary and relevant interface specification. It is the responsibility of facilities and LHD/SHNs to ensure the completeness and accuracy of data.
The Ministry undertakes data quality checks to ensure that data submitted is compliant with reporting specifications. Incomplete records or records with errors are identified.
Some examples of data quality checks include:
- Review of Triage Category 1 breaches

- Identifying records where time of discharge from ED is earlier than the time of presentation.

- Provision of a recognised diagnosis code for all relevant presentations

The Commonwealth also applies data quality checks to data submitted under the *Non-Admitted Patient Emergency Department NMDS*. The Ministry of Health will review the data using the Commonwealth edits and seek correction and resubmission by facilities/LHD/SHNs.

GOVERNANCE

Reporting of all ED presentations in scope of the NSW EDDC is a mandatory requirement that enables NSW Health to manage the NSW Health system and meet its state and national reporting commitments, including obligations under the National Health Reform Agreement.

The Collection is managed by the System Information and Analytics Branch (SIA) on behalf of NSW Health.

Data Sponsor: Deputy Secretary, System Purchasing and Performance

Data Custodian: Executive Director, SIA

Data Steward: Data Integrity Officer, SIA

The Data Steward primarily liaises with members of the Emergency Department Data Collection Working Group (EDDCWG). The EDDCWG has representation from each LHD/SHN and meets on a regular basis to discuss EDDC specification, collection, submission and reporting issues. Each LHD/SHN data steward/EDDC Working Group representative has responsibility for ensuring compliance and providing data to the EDDC and provides a contact point between the Ministry and LHD/SHN for issues related to the EDDC. This forum provides an opportunity to discuss EDDC issues and changes. All LHDs and SHNs are expected to have representation in that forum to facilitate the exchange of information and views.

The EDDC Working Group reports to the Health Information Performance and Governance Committee (HIPGC). The HIPGC is NSW Health's peak data governance forum operating across data collections / streams.

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.

RESPONSIBILITIES

The following responsibilities are listed relating to the EDDC:

Data Sponsor

The Data Sponsor is responsible for the overall strategic management, governance and operation of The Collection including providing direction, guidance and authorising appropriate resources for management of the Collection. The Data Sponsor is also responsible for the Collection's data governance framework including the overall privacy, security and confidentiality provisions.

Data Custodian

The Data Custodian manages and implements the data delivery process in concert with the Data Steward. The Data Custodian has responsibility at a corporate level for setting development and data management processes including the timely publication of policy directives and metadata resources to outline data standards and support conformity with the Collections requirements and data quality standards.

Data Steward

The Data Steward is responsible for the day to day operation of the Collection including its administration in compliance with corporate and system wide processes and policies and developing and arranging the publication of policies and metadata resources etc. The Data Steward monitors data submission and completeness and leads stakeholder liaison and communication of collection advice across the system and maintains the Data Collection Work Plan.

LHD / SHN EDDC Data Steward

The LHD/SHN EDDC Data Steward is responsible for the local compliance with relevant data collection, capture and submission policies, processes and standards. LHD / SHN Data Stewards are also responsible for identifying, addressing and escalating issues that impact The Collection both locally and at a system wide level.

Relevant Health Service Staff (Clinical or Corporate)

Relevant Health Service Staff (clinical or corporate) are responsible for the accurate and timely collection, recording and submission of data within information systems or records as appropriate to their role.

IT Support Personnel

IT Support Personnel provision systems that support the capture, management and submission of EDDC data in accordance with The Collection's requirements.

LHD/SHN Working Group Representatives

LHD/SHN EDDC Working Group Representatives are to actively participate in the activities of the Working Group as outlined in the Terms of Reference including communicating Collection relevant information between the Ministry and their LHD / SHN.

REFERENCES AND RESOURCES

Further information concerning The Collection and submission of EDDC data is available on the NSW Health Intranet from the following URL:
http://internal.health.nsw.gov.au/data/collections/edc/index.html
This includes links to the following resources:

- **EDDC Data Dictionary**

Detailed information on the EDDC data items, codes and guidance on completion of each data item is contained in the *New South Wales Emergency Department Data Collection Data Dictionaries.* Separate data dictionaries are relevant for HIE and EDWARD data submission.

- **Submission Guidelines**

Technical advice concerning the means of submitting data to The Collection including specifications of the rules for extraction from source systems and the form of the data that is to be to be submitted in order that it can be processed by the state wide repositories for incorporation into the central EDDC.

- **Collection Updates**

Advice on changes to the EDDC which are subject to consultation and coordination with LHD / SHNs, leading to publication of notification of changes prior to implementation.

- **Related Policies/ Guidelines/ Manuals**

Other materials that describe how to obtain access, data quality rules, implementation guides, advice on system mapping, external references as well as resources for data analysts may also be provided.

For further information about this Policy Directive or The Collection contact:

Position   Data Integrity Officer
              Information Management and Quality Unit
              System Informatics and Analytics Branch
              NSW Ministry of Health

Contact   Komala Goutham
Email   **Komala.Goutham@health.nsw.gov.au**
Phone   02 9391 9613

NSW SUB-ACUTE AND NON-ACUTE PATIENT (SNAP) DATA COLLECTION – REPORTING AND SUBMISSION REQUIREMENTS (PD2018_007)
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.

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

PURPOSE AND INTENT

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 includes a review of service utilisation, identification

of health service trends, appropriate allocation of resources and monitoring the performance of service delivery units against benchmarks. SNAP data is also used for epidemiological studies and public health reporting at a state and national level and is reportable to the Commonwealth under the National Health Information Agreement.

SCOPE

This Policy Directive applies to all NSW public hospitals as well as publically contracted care in other facilities within NSW.

A SNAP record must be provided for each sub-acute or non-acute episode of care delivered to a patient formally admitted to a public hospital within NSW. A sub-acute or non-acute episode of care is defined as a same day or overnight episode of care with one of the following care types:

- palliative care
- rehabilitation
- psychogeriatric
- geriatric evaluation and management
- maintenance care

Sub-acute and non-acute treatment and/or care can occur in a hospital or in a patient's home environment under the Hospital in the Home (HITH) program, where the patient is categorised as a 'daily HITH' patient (refer NSW HITH Guideline GL2013_006).

All sub-acute and non-acute patients remain in-scope for this collection until they are formally separated or undergo a statistical separation in the form of a care type change to a care type out of scope for this collection.

USES OF THE SNAP DATA COLLECTION

The SNAP data collection is used for the following purposes:

- Developing performance and service agreements between the Secretary, NSW Health and Districts/Networks
- Monthly performance reporting
- Performance reporting annual report – summary of activity
- Bureau of Health Information reporting
- Commonwealth reporting including the Australian Institute of Health and Welfare (AIHW), the National Health Funding Administrator and the Independent Hospital Pricing Authority (IHPA)
- The Activity Based Management (ABM) SNAP Application (App), which links SNAP data to the admitted patient data collection for the purpose of assessing data completeness, data quality and clinical benchmarking
- Claiming payments, e.g. National Health Funding Administrator, health insurers
- Activity based funding and activity based costing
- Models of care (redesign)
- Biosurveillance (public health)
- Quality and safety projects
- Clinical outcomes evaluation
- Workforce planning

- Research purposes with the approval of a human research ethics committee (requires written request to access de-identified data)
- Submissions to external benchmarking organisations such as the Palliative Care Outcomes Collaborative (PCOC); Australasian Rehabilitation Outcome Centre (AROC); Health Round Table (HRT)
- Other ad-hoc reporting, as required.

SUBMISSION AND REPORTING FRAMEWORK

Local Health Districts and Specialty Health Networks (Districts/Networks) must ensure that SNAP data for all completed sub-acute and non-acute episodes of care has been entered into the SNAP data collection application (SYNAPTIX – a centralised data collection tool which replaced SNAPshot in 2009) by the fifth working day of the month following completion of the episode, i.e. data for all episodes completed in January must be entered into SYNAPTIX by the fifth working day of February.

A financial year-to-date data extraction from SYNAPTIX is carried out by ABM by the tenth day of each month. Data is then matched with admitted patient data extracted from the state Health Information Exchange (HIE). A second data extract may occur mid-month.

The HIE is the considered source of truth for SNAP data with the exception of the following data elements in SYNAPTIX:
- SNAP assessment tool
- SNAP episode/phase start and end dates

Data Quality
Data quality checks are undertaken by ABM to ensure submitted data is compliant with reporting specifications. This enables incomplete records or records with errors to be identified. SNAP data quality is monitored using the ABM SNAP App which is available to authorised users via the NSW Health Intranet. Error records must be checked and corrected by the reporting hospital. Depending on the type of error, corrections of either

SYNAPTIX or in the patient administration system (PAS) may be required. Error correction rates are monitored and benchmarked via the ABM SNAP App.

It is the responsibility of clinicians, administrative and clerical staff, information management and technology staff and health service managers to ensure the completeness and accuracy of SNAP data.

Some examples of data quality checks include:
- cross check of care type with the admitted patient data collection
- reporting of leave days
- availability of sufficient information to group to an AN-SNAP class, e.g. assessment data such as Functional Independence Measures (FIMs); Health of the Nation Outcomes Scales (HoNOS); Resource Utilisation Group – Assisted Daily Living (RUG/ADL); rehabilitation impairment code; and palliative care phase.

GOVERANCE

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. This enables NSW to comply with the Public Health Act 1991, to meet state and national reporting commitments and obligations under the National Health Reform Agreement.

The collection is managed by ABM on behalf of NSW Health.

Sponsor: Executive Director, ABM
Data Custodian: Executive Director, ABM
Data Steward: SNAP Manager, ABM

The Data Steward manages two state groups that oversee the SNAP data collection:

- The NSW Sub-Acute ABM Working Group (represented by SNAP clinicians from Districts/Networks) meets on a regular basis to assist the NSW Ministry of Health to develop a better understanding of sub and non-acute services in NSW; and to assist in developing options for costing and funding those services as part of implementing the current national health reform agenda.

- The SNAP Coordinators Group (represented by SNAP District/Network data stewards) is advised of endorsed changes and collection directions. Each District/Network data steward/SNAP coordinator group representative has responsibility for ensuring compliance and providing data to the SNAP data collection, and provides a contact point between ABM and Districts/Networks for issues concerning the SNAP data collection.

Both forums provide an opportunity to discuss SNAP data collection issues and changes.

IMPLEMENTATION

Chief Executives of Districts/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 staff, 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 reporting schedules outlined.

RESPONSIBILITIES

The following responsibilities relate to the SNAP data collection:

- Sub-acute and non-acute personnel within Districts/Networks (clinical and clerical):
  - ensuring that data is collected according to relevant protocols, e.g. FIM
  - collection of clinical data items such as assessment data FIMs; HoNOS; RUG/ADL; rehabilitation impairment code; and palliative care phase
  - accurate recording of clerical data items such as patient demographics, episode start and end dates, leave taken, care type changes, financial class

- District/Network SNAP Coordinators Group representative/data steward:
  - ensures SNAP data is recorded in the SYNAPTIX application in a timely and accurate manner
  - establish procedures and processes for following up data completeness and quality issues within Districts/Networks
  - communicate change within Districts/Networks as well as advice to and from the Ministry and ABM
  - undertake training in the SYNAPTIX application and SNAP data collection for local stakeholders
  - act as local SYNAPTIX super user

- NSW Sub-Acute ABM Working Group:
  - provide clinical oversight of the data collection.
  - provide expert opinion on matters affecting the SNAP collection in relevant clinical areas and consult with and represent clinical stakeholders during SNAP classification reviews

- Collection sponsor ABM:
  - responsible for ensuring the SNAP data collection is resourced and continues to meet business needs. Such resources include appropriate system architecture, disaster recovery and business continuity planning, comprehensive system and end-user documentation and maintenance of metadata/data dictionary

- Data custodian (ABM and Districts/Networks):
  - exercises within their mandate
    - ownership and control of the collection
    - authorising access
    - release of data and changes to the collection

- Data steward (ABM):
  - monitors data quality and completeness, providing advice to the data custodian on issues and proposals for change
  - act as state SYNPTIX administrator

DEFINITIONS

ABM	Activity Based Management
AIHW	Australian Institute of Health and Welfare
AN-SNAP	Australian National Sub-Acute and Non-Acute Patient Classification
APDC	Admitted Patient Data Collection
AROC	Australian Rehabilitation Outcomes Centre
AR-DRG	Australian Refined Diagnosis Related Group
FIM	Functional Independence Measure
GEM	Geriatric Evaluation and Management
HIE	Health Information Exchange
HITH	Hospital in the Home
HoNOS	Health of the Nation Outcome Scales
IHPA	Independent Hospital Pricing Authority
NSW	New South Wales
PAS	Patient Administration System
PCOC	Palliative Care Outcome Collaboration
PD	Policy Directive
RUG-ADL	Resource Utilisation Group – Assisted Daily Living
SNAP	Sub-Acute and Non-Acute Patient
SNAP App	Online multipurpose program
SYNAPTIX	Standalone data collection tool

REFERENCES AND RESOURCES

Further information about the collection and submission of SNAP data is available on the NSW Health intranet at **http://internal.health.nsw.gov.au/abf_taskforce/snap**. This includes links to the following resources:

- NSW SNAP Data Collection Handbook - detailed information on SNAP data items, codes and guidance on completion of each data item
- SNAP Fact Sheet - summary information regarding the SNAP classification
- SYNAPTIX Users Guide - a comprehensive guide on the use of the SYNAPTIX application
- SYNAPTIX Reporting Manual - supports data collectors and educates users on the SYNPATIX application
- NSW SYNAPTIX Data Error Corrections Guide - instructions on how to correct SNAP data errors
- ABM SNAP Application User Guide - information and instructions on how to use the SNAP App to monitor data completeness and quality

INPATIENT STATISTICS COLLECTION (ISC) - PUBLIC FACILITIES - SEPARATIONS DATED FROM 1 JULY 2001 (PD2005_210)

1.   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

1.2   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.

1.   Scope and Coverage

2.1   The Inpatient Statistics Collection covers all patients admitted to public hospitals, public psychiatric hospitals, public multi purpose services, private hospitals, private day procedure centres, and sleep disorder centres. The collection excludes private residential aged care facilities, Commonwealth funded residential aged care facilities and beds, and hospital boarders.

2.2   An "admitted patient" is defined as a person who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care can occur in hospital and/or in the person's home (for hospital-in-the-home patients). The patient may be admitted if one or more of the following apply:
- the patient's condition requires clinical management and/or facilities not available in their usual residential environment;
- the patient requires observation in order to be assessed or diagnosed;
- the patient requires at least daily assessment of their medication needs;
- the patient requires a procedure, or number of procedures, that cannot be performed in a stand-alone facility, such as a doctor's room without specialised support facilities and/or expertise available (eg cardiac catheterisation);
- there is a legal requirement for admission (eg under child protection legislation);
- the patient is aged nine days or less.

2.3   Persons seeking aged care respite at facilities with Commonwealth funded residential aged care beds should be registered as aged care residents at the facility, rather than admitted as patients, and are excluded from the collection B this activity is reported instead to the Residential Aged Care Collection. When respite is provided to a person for reasons other than he/she is requiring aged care (e.g. because the person requires respite care because he/she is intellectually impaired) the person should be admitted as a patient and reported to the Inpatient Statistics Collection.

2.4   The following facilities are in scope of the collection and must report inpatient activity to the Area Health Service and Department to the specifications in this circular.

Central Sydney Area Health Service (X100)

Facility Name	Code	Type
Balmain Hospital	A201	Public
Canterbury Hospital	A202	Public
Concord Hospital	A237	Public
Royal Prince Alfred Hospital	A208	Public
Rozelle Hospital	A101	Dental
RPAH Institute of Rheumatology & Orthopaedics	A239	Public
Thomas Walker Hospital	A236	Public
Tresillian Hospital Petersham	A230	Public
Tresillian Hospital Willoughby	B230	Public
United Dental Hospital	C153	Dental

Northern Sydney Area Health Service (X105)

Facility Name	Code	Type
Gladesville Macquarie Hospital	B101	Psyc
Greenwich Home of Peace Hospital	B208	Public
Hornsby and Ku-ring-gai Hospital	B210	Public
Manly District Hospital	B212	Public
Mona Vale District Hospital	B214	Public
Neringah Hospital	B209	Public
Royal North Shore Hospital	B218	Public
Royal Rehabilitation Centre	B221	Public
Ryde Hospital	B224	Public
Sydney Dialysis Centre	B219	Public

Western Sydney Area Health Service (X120)

Facility Name	Code	Type
Auburn Hospital	D201	Public
Blacktown Hospital	D203	Public
Cumberland Hospital	D102	Psyc
Lottie Stewart Hospital	D217	Public
Mount Druitt Hospital	D218	Public
St Joseph's Hospital	D213	Public
Westmead Hospital	D224	Public

Wentworth Area Health Service (X125)

Facility Name	Code	Type
Blue Mountains District Anzac Memorial Hospital	D204	MPS
Nepean District Hospital, Penrith	D210	Public
Springwood Hospital	D214	MPS
Tresillian Hospital Wentworth	D230	Public

South Western Area Health Service (X130)

Facility Name	Code	Type
Bankstown-Lidcombe Hospital	D227	Public
Bowral and District Hospital	N219	Public
Braeside Hospital	D228	Public
Camden Hospital	D205	Public
Campbelltown Hospital	D215	Public
Fairfield Hospital	D206	Public
Karitane Child & Family Health Services	C203	Public
Liverpool Hospital	D209	Public

Central Coast Area Health Service (X135)

Facility Name	Code	Type
Gosford Hospital	B202	Public
Long Jetty Hospital	B204	Public
Woy Woy Hospital	B203	Public
Wyong Hospital	B206	Public

Hunter Area Health Service (X140)

Facility Name	Code	Type
Belmont District Hospital	Q214	Public
Cessnock District Hospital	Q202	Public
Denman Hospital	Q210	Public
Dungog and District Hospital	Q203	Public
James Fletcher Hospital - Hunter Hospital Site	Q102	Psyc
James Fletcher Hospital - Morisset Hospital Site	Q101	Psyc
John Hunter Hospital	Q230	Public
Kurri Kurri District Hospital	Q205	Public
Maitland Hospital	Q206	Public
Merriwa District Hospital	Q208	Public
Muswellbrook District Hospital	Q209	Public
Nelson Bay & District Polyclinic	Q225	Public
Newcastle Mater Misericordiae Hospital	Q211	Public
Royal Newcastle Hospital	Q213	Public
Scott Memorial Hospital	Q216	Public
Singleton District Hospital	Q217	Public
Wilson Memorial Hospital	Q219	Public

Illawarra Area Health Service (X145)

Facility Name	Code	Type
Bulli Hospital	P202	Public
Coledale Hospital	P203	Public
David Berry Hospital	P291	Public
Milton-Ulladulla Hospital	P205	Public
Port Kembla District Hospital	P206	Public
Shellharbour Hospital	P211	Public
Shoalhaven District Memorial Hospital	P207	Public
Wollongong Hospital	P208	Public

South Eastern Sydney Area Health Service (X155)

Facility Name	Code	Type
Calvary Hospital Kogarah	C202	Public
Gower Wilson Memorial Hospital	C205	Public
Prince Henry Hospital	C207	Public
Prince of Wales Hospital	C208	Public
Royal Hospital for Women	C201	Public
Sacred Heart Hospice	A209	Public
St George Hospital	C213	Public
St Vincent's Hospital	A212	Public
Sutherland Hospital	C214	Public
Sydney Children's Hospital	C238	Public
Sydney-Sydney Eye Hospital	A233	Public
War Memorial Hospital	C206	Public

The Children's Hospital at Westmead (X160)

Facility Name	Code	Type
Bear Cottage	B239	Public
The Children's Hospital at Westmead	A207	Public

Corrections Health Service (X170)

Facility Name	Code	Type
Corrections Health - Long Bay	C121	Prison
Corrections Health - Mulawa	D122	Prison

Northern Rivers Area Health Service (X400)

Facility Name	Code	Type
Aruma Home, Grafton	H151	Psyc
Ballina Hospital	H201	Public
Bonalbo Hospital	H207	Public
Byron District Hospital	H204	Public
Campbell Hospital	H205	Public
Casino & District Memorial Hospital	H206	Public
Grafton Base Hospital	H210	Public
Kyogle Memorial Hospital	H213	Public
Lismore Base Hospital	H214	Public
Maclean District Hospital	H217	Public
Mullumbimby District Hospital	H220	Public
Murwillumbah District Hospital	H221	Public
Nimbin Hospital	H215	Public
Tweed Heads District Hospital	H223	Public
Urbenville and District Multi-Purpose Centre	H224	MPS

Mid North Coast Area Health Service (X410)

Facility Name	Code	Type
Bellinger River District Hospital	H203	Public
Bulahdelah District Hospital	J223	Public
Coffs Harbour and District Hospital	H208	Public
Dorrigo Multi-Purpose Centre	H209	MPS
Gloucester Soldier's Memorial Hospital	J224	Public
Kempsey District Hospital	H212	Public
Macksville & District Hospital	H216	Public
Manning River Base Hospital	J225	Public
Wauchope District Memorial Hospital	H225	Public
Wingham & District War Memorial Hospital	J226	Public

New England Area Health Service (X420)

Facility Name	Code	Type
Armidale and New England Hospital	J201	Public
Ashford Hospital	J209	Public
Barraba and District Hospital	J202	Public
Bingara District Hospital	J203	Public
Boggabri District Hospital	J204	Public
Bundarra Hospital	J210	Public
Glen Innes District Hospital	J205	Public
Gunnedah District Hospital	J206	Public
Guyra District War Memorial Hospital	J207	Public
Inverell District Hospital	J208	Public
Manilla District Hospital	J211	Public
Moree Hospital	J212	Public
Narrabri District Hospital	J213	Public
Prince Albert Memorial Hospital	J214	Public
Quirindi District Hospital	J215	Public
Tamworth Base Hospital	J216	Public
Tingha Hospital	J217	Public
Vegetable Creek Hospital	J218	Public
Walcha District Hospital	J219	Public
Warialda District Hospital	J220	Public
Wee Waa District Hospital	J221	Public
Werris Creek District Hospital	J222	Public

Macquarie Area Health Service (X430)

Facility Name	Code	Type
Baradine Multi-Purpose Centre	K207	MPS
Binnaway Hospital	K208	Public
Cobar District Hospital	K203	Public
Coolah District Hospital	K205	Public
Coonabarabran District Hospital	K206	Public
Coonamble District Hospital	K209	Public
Dubbo Base Hospital	K211	Public
Dunedoo War Memorial Hospital	K212	Public
Gilgandra District Hospital	K213	Public
Gulargambone Hospital	K210	Public
Gulgong District Hospital	K215	Public
Mudgee District Hospital	K216	Public
Narromine District Hospital	K217	Public
Nyngan District Hospital	K218	Public
Trangie Multi-Purpose Centre	K219	MPS
Warren Multi-Purpose Centre	K221	MPS
Wellington District Hospital	K222	Public

Mid Western Area Health Service (X440)

Facility Name	Code	Type
Bathurst Base Hospital	L201	Public
Blayney District Hospital	L202	Public
Bloomfield Hospital	L101	Psyc
Canowindra Soldier's Memorial Hospital	L203	Public
Condobolin District Hospital	L205	Public
Cowra District Hospital	L206	Public
Cudal War Memorial Hospital	L207	Public
Eugowra Memorial Hospital	L208	Public
Forbes District Hospital	L209	Public

Grenfell Multi-Purpose Centre	L210	MPS
Lake Cargelligo Multi-Purpose Centre	L212	MPS
Lithgow District Hospital	L213	Public
Molong District Hospital	L214	Public
Oberon Multi-Purpose Centre	L215	MPS
Orange Base Hospital	L216	Public
Parkes District Hospital	L217	Public
Peak Hill District Hospital	L218	Public
Portland District Hospital	L220	Public
Rylstone District Hospital	L221	Public
St Vincent's Community Hospital	L222	Public
Tottenham Hospital	L223	Public
Trundle Multi-Purpose Centre	L219	MPS
Tullamore District Hospital	L224	Public

Far West Area Health Service (X450)

Facility Name	Code	Type
Balranald District Hospital	M202	Public
Bourke District Hospital	K201	Public
Brewarrina District Hospital	K202	Public
Broken Hill Base Hospital	S201	Public
Collarenebri District Hospital	K204	Public
Goodooga District Hospital	K214	Public
Ivanhoe District Hospital	S202	Public
Tibooburra District Hospital	S203	Public
Walgett District Hospital	K220	Public
Wentworth District Hospital	M216	Public
Wilcannia Multi-Purpose Centre	S204	MPS

Greater Murray Area Health Service (X460)

Facility Name	Code	Type
Albury Base Hospital	M201	Public
Barellan Hospital	R212	Public
Barham and Koondrook Soldiers' Memorial Hospital	M203	Public
Batlow District Hospital	R202	Public
Berrigan War Memorial Hospital	M204	Public
Coolamon-Ganmain Hospital	R210	Public
Cootamundra Hospital	R221	Public
Corowa Hospital	M206	Public
Culcairn Multi-Purpose Centre	M205	MPS
Deniliquin Hospital	M207	Public
Finley Hospital	M208	Public
Griffith Base Hospital	R205	Public
Gundagai District Hospital	R206	Public
Hay Hospital	R207	Public
Henty District Hospital	M209	Public
Hillston District Hospital	R208	Public
Holbrook District Hospital	M210	MPS
Jerilderie District Hospital	M211	Public
Junee District Hospital	R209	Public
Leeton District Hospital	R211	Public
Lockhart and District Hospital	R213	Public
Mercy Hospital, Albury	M212	Public
Narrandera District Hospital	R215	Public
Temora and District Hospital	R216	Public
Tocumwal Hospital	M214	Public

Tumbarumba Multi-Purpose Centre	M215	MPS
Tumut and District Hospital	R218	Public
Urana Multi-Purpose Centre	M213	MPS
Wagga Wagga Base Hospital	R219	Public
Wyalong and District Hospital	L226	Public

Southern Area Health Service (X470)

Facility Name	Code	Type
Bateman's Bay Hospital	N201	Public
Bega District Hospital	N202	Public
Bombala District Hospital	N203	Public
Boorowa District Hospital	N204	Public
Braidwood Multi-Purpose Centre	N205	MPS
Cooma Hospital	N206	Public
Crookwell District Hospital	N207	Public
Delegate Multi-Purpose Centre	N208	MPS
Goulburn Base Hospital	N209	Public
Kenmore Hospital	N101	Psyc
Mercy Care Centre	N210	Public
Moruya District Hospital	N211	Public
Murrumburrah-Harden District Hospital	N213	Public
Pambula District Hospital	N214	Public
Queanbeyan District Hospital	N215	Public
St John of God Hospital	N216	Public
Yass District Hospital	N217	Public
Young District Hospital	N218	Public

▪   **Data Items to be Reported**

3.1   From 1 July 2001 the Inpatient Statistics Collection covers all data items reported to the HIE for admitted patients. Some data items are mandatory for every patient while other data items are mandatory for some patient groups only. Some data items are optional and only reported where collected as a matter of course.

3.2   In the table of data items below "Mandatory" indicates a valid value must be reported for every admitted patient. Where the value is unknown or unable to be determined, the code for "unknown" must be reported. "Conditional" indicates a valid value must be reported where the information is required for a particular type of patient (defined in the associated instruction), or only where the data is collected for a local requirement and thus available to report.

3.3   The data items listed for the collection include those required to derive a State standard data item, or comply with a Statewide policy, but not required for any other purpose by the Department. These data items, while included in the scope of the collection, may only need to be stored on the Area's Patient Administration System or the Area's Health Information Exchange (HIE). In the table of data items to follow (see section 3.5) data items that must be stored on the Area's Patient Administration System only are flagged with "PAS", data items that must be stored on the Area Area's HIE are flagged with "Area" and data items that must be submission to the Department's HIE are flagged with "DoH".

3.4 The table below shows the codes used to describe the nature of any change to a data item since the previous collection year in the table of data items presented in section 3.5.

Code	Indicates Y
L	Data Item Label Change - The data item has had a label (i.e. name) change. Label changes may occur to align with national standards, improve user understanding or respond to recommendations from specialist groups. **Example:** "Indigenous Origin" has changed to "Aboriginal and Torres Strait Islander Origin"
B	Business Rule Changes - The data item instructions contain a business rule related to this data item that has changed. This change is usually required to align with national reporting requirements or standardise business practice. **Example:** Business rules for "Urgency of Admission" have changed to reflect national reporting requirements for obstetric admissions.
A	Annual Update - The data item has new or retired codes and this occurs each collection year. **Example:** "Reporting Facility" code set has new codes for private facilities that have opened in previous year, facility name changes, and closures.
U	Updated Classification - The data items that have a classification that differs from the previous year. Such a change occurs to standardise information across collections and align with national reporting requirements. **Example:** "Country of Birth" will change to align with national standards, which are used in NSW Health community data collections.
O	Other Change - The data item instruction has changed in another way, such as a change in the recommended local code/display values, or the data item should be reported using a different field length or set of fields. **Example:** "Client's Name" has increased in length and must be reported in 3 separate fields.

3.5   The list below identifies the data items covered by the Inpatient Statistics Collection from 1 July 2001.

Data Item Label	Status	New Item	Change Type	HIE
Record Identifiers				
Reporting Facility	Mandatory	No	A, L	DOH
Admitted Patient Stay Identifier	Mandatory	Yes	Nil	DOH
Admitted Patient Episode Identifier	Mandatory	Yes	Nil	DOH
Admitted Patient Record Update Date	Mandatory	Yes	Nil	DOH
Stay Record Dates and Times				
Formal Admission Date and Time	Mandatory	No	L	DOH
Formal Discharge Date and Time	Mandatory	No	L, B	DOH
Patient Identifiers				
Client's Name	Mandatory	No	L, O	DOH
Client's Alias Names	Conditional	Yes	n.a.	DOH
Medical Record Number	Mandatory	No	Nil	DOH
State Unique Identifier	Conditional	Yes	n.a.	DOH
Medicare Card Number	Conditional	No	Nil	DOH
Department of Veterans' Affairs Card Colour	Conditional	No	L, B	DOH
Department of Veterans' Affairs Card Number	Conditional	No	B	DOH
Health Fund	Conditional	No	O	DOH
Health Fund Membership Number	Conditional	No	Nil	DOH
Ambulance Client Number	Conditional	No	B	DOH
Client's Address of Usual Residence	Mandatory	No	A, O	DOH
Centrelink Client Number	Conditional	Yes	n.a.	Area
Client's Telephone Number Home/Work	Conditional	Yes	n.a.	Area
Name of Client's Next of Kin	Conditional	Yes	n.a.	Area
Name of Client's Mother and Father	Conditional	Yes	n.a.	Area
Maiden Name of Client's Mother	Conditional	Yes	n.a.	Area
Patient's Fixed Demographics				
Date of Birth	Mandatory	No	Nil	DOH
Estimated Date of Birth Flag	Conditional	Yes	n.a.	DOH
Sex	Mandatory	No	Nil	DOH
Country of Birth	Mandatory	No	U	DOH
Patient's Variable Demographics, Status and Elections				
Aboriginal and Torres Strait Islander Origin	Mandatory	No	L	DOH
Medicare Eligibility Status	Mandatory	Yes	n.a.	DOH
Marital Status	Mandatory	No	U	DOH
Preferred Language	Mandatory	No	L	DOH
Hospital Insurance Status on Admission	Mandatory	No	U	DOH
Private Health Insurance Claim	Mandatory	No	Nil	DOH
Consent for General Practitioner	Mandatory	Yes	n.a.	PAS

Data Item Label	Status	New Item	Change Type	HIE
Formal Admission Items				
Urgency of Admission	Mandatory	No	L, U	DOH
Intended Length of Stay	Mandatory	No	L	DOH
Readmission within 28 Days	Mandatory	No	n.a.	DOH
Contract Status	Mandatory	No	B, U	DOH
Source of Referral	Mandatory	No	n.a.	DOH
Facility Referred From	Mandatory	No	A	DOH
Previous Specialised Treatment	Conditional	Yes	n.a.	DOH
Year Last Admitted to Designated Psychiatric Unit	Conditional	No	B	DOH
Type of Accommodation	Conditional	No	n.a.	DOH
Formal Discharge Items				
Mode of Separation	Mandatory	No	n.a.	DOH
Facility Transferred To	Conditional	No	A	DOH
Referred to on Separation	Mandatory	No	n.a.	DOH
Event History Items				
Event Start/End Date and Time	Conditional	Yes	n.a.	DOH
Financial Class - Master	Mandatory	No	Nil	DOH
Financial Class -Local	Mandatory	No	Nil	DOH
Bed Type - Master	Mandatory	No	L	DOH
Mental Health Financial Sub-Program	Conditional	No	Nil	DOH
Attending Medical Officer - Local	Mandatory	Yes	n.a.	DOH
Ward - Local	Mandatory	Yes	n.a.	DOH
Legal Status	Mandatory	No	L, B, U	DOH
Patient Location	Conditional	Yes	n.a.	DOH
Facility Contracted To/From	Conditional	Yes	n.a.	DOH
Leave Period Start/End Date and Time	Conditional	No	L	DOH
General Episode Items				
Episode Start Date and Time	Mandatory	No	L	DOH
Episode End Date and Time	Mandatory	No	L	DOH
Service Category - Master	Mandatory	No	Nil	DOH
Service Category - Local	Conditional	Yes	n.a.	DOH
Mode of Separation for Episode	Mandatory	No	L	DOH
Palliative Care Status	Mandatory	No	Nil	DOH
Total Hours on Mechanical Ventilation	Mandatory	No	Nil	DOH
Unplanned Visit to Theatre	Mandatory	No	Nil	DOH
Neonate Admission Weight	Conditional	No	Nil	DOH
Source of Referral to Episode	Mandatory	No	Nil	DOH

Data Item Label	Status	New Item	Change Type	HIE
Clinical Episode Items				
Principal Diagnosis	Mandatory	No	Nil	DOH
Additional Diagnosis	Conditional	No	Nil	DOH
Procedures	Conditional	No	Nil	DOH
Date of First Listed Procedure	Conditional	No	Nil	DOH
Procedure Locations	Conditional	No	L, B	DOH
External Causes of Injury or Poisoning	Conditional	No	Nil	DOH
Place of Occurrence of External Cause of Injury	Conditional	No	Nil	DOH
Activity When Injured	Conditional	No	Nil	DOH
Clinical Coding Audit Flag	Conditional	Yes	Nil	DOH
Cancer Notification Items				
Primary Site of Cancer	Conditional	Yes	n.a.	DOH
Morphology of Primary Site of Cancer	Conditional	Yes	n.a.	DOH
Date of Diagnosis of Primary Cancer	Conditional	Yes	n.a.	DOH
State of Residence at Time of Diagnosis of Primary Cancer	Conditional	Yes	n.a.	DOH
Name of General Practitioner	Conditional	Yes	n.a.	DOH
Mailing Address of General Practitioner	Conditional	Yes	n.a.	DOH
AMO Registration Number of Treating Doctor	Conditional	Yes	n.a.	DOH
Laterality of this Primary Cancer	Conditional	Yes	n.a.	DOH
Pathology Laboratory	Conditional	Yes	n.a.	DOH
Best Basis for Primary Cancer Diagnosis at this Episode	Conditional	Yes	n.a.	DOH
Degree of Spread of Cancer at this Episode	Conditional	Yes	n.a.	DOH
Attending Medical Officer Items				
Local Code of Attending Medical Officer	Mandatory	Yes	n.a.	DOH
Local Name of Attending Medical Officer	Conditional	Yes	n.a.	DOH
Local Address of Attending Medical Officer	Conditional	Yes	n.a.	DOH
NSW AMO Registration Number	Mandatory	No	Nil	DOH
Medicare Provider Number	Mandatory	No	Nil	DOH
Local Specialty	Mandatory	No	Nil	DOH
Master Specialty	Mandatory	No	Nil	DOH
Ward Items				
Local Code of Ward	Mandatory	Yes	n.a.	DOH
Local Name of Ward	Conditional	Yes	n.a.	DOH
Master Bed Type Default	Conditional	Yes	n.a.	DOH
Institution Type Default	Conditional	Yes	n.a.	DOH

3.6   The data items listed below are covered by the collection but are data items that will be derived from the collected data items listed above.

PAS/HIE Derived Event History Data Items
- Payment Status
- Election Status
- Financial Program
- Unqualified Baby Bed Days during Episode of Care

- Hours in Intensive Care Unit during Episode of Care
- Total Involuntary Days Under *Mental Health Act* during Episode of Care
- Days in Designated Psychiatric Unit during Episode of Care
- Total Leave Days for Episode of Care

HIE Derived Age Data Items
- Age at Time of Formal Admission (Days, Months, Years)
- Age at Time of Formal Discharge (Days, Months, Years)
- Age at Start of Episode (Days, Months, Years)
- Age at End of Episode (Days, Months, Years)

HIE Derived Data Items for National Reporting
- NHDD: Area of Usual Residence - Version 3 (Statistical Local Area)
- NHDD: Health Insurance Status - Version 3
- NHDD: Department of Veterans' Affairs Patient – Version 1
- NHDD: Compensable Status – Version 3
- NHDD: Hospital Insurance Status – Version 3
- NHDD: Inter-Hospital Contracted Patient – Version 2
- NHDD: Mode of Admission – Version 4
- NHDD: Mode of Separation – Version 3 #
- NHDD: Number of Qualified Days for Newborns – Version 2
- NHDD: Source of Referral to Public Psychiatric Hospital – Version 3
- NHDD: Mental Health Legal Status – Version5 #
- NHDD: Funding Source for Hospital Patient – Version 1
- NHDD: Number of Leave Periods – Version 3
- NHDD: Care Type - Version 4
- NHDD: Establishment Identifier – Version 3
- NHDD: Establishment Type – Version 1
- NHDD: Medicare Eligibility Status – Version 1
- NHDD: Person Identifier – 1

Note: "NHDD" means "National Health Data Dictionary", # Indicates item is required for AR-DRG V4.1 derivation.

HIE Derived Episode Funding Data Items
- Service Related Group - Version 4.1
- Emergency Department Status
- Intensive Care Unit Status
- Enhanced Service Related Group 2000
- High Costs Complexity Case
- Surgery/Medical/Procedure Indicator
- Casemix Policy Class
- Episode Type
- Length of Stay Trim Point
- Outlier Days 1 – Days above Trim Point to Step Down Point
- Outlier Days 2 – Day Step Down Point to 365 Days
- Cost Weight A1 – Cost Weight, All Costs – 2000 Policy

- Cost Weight D1 – Cost Weight, Excluding ED and ICU – 2000 Policy
- Cost Weight E1 – Cost Weight, All Costs, No Discount – 2000 Policy
- Cost Weight A2 – Cost Weight, All Costs – Original Policy
- Cost Weight D2 – Cost Weight, Excluding ED and ICU – Original Policy

DOHRS Admitted Patient Activity Measures - Monthly Totals
- Number of Formal Admissions
- Number of Formal Discharges
- Number of Admitted Patients at Start
- Number of Admitted Patients at End
- Number of Sameday Episodes
- Number of Transfers In from Another Financial Program
- Number of Transfers Out to Another Financial Program
- Number of Occupied Bed Days
- Number of Never Qualified Births
- Number of Live Births
- Number of Unqualified Baby Bed Days
- Number of Patients Reclassified as a Nursing Home Type Patient
- Number of Formal Admissions for Overnight Renal Dialysis Treatment
- Number of Formal Admission for Overnight Sleep Disorder Treatment

3.7   The reporting of these data items must comply with instructions provided in the ISC Instruction Manual and updates to the manual that may be made from time to time (available on-line on HealthNet and HealthWeb).

3.8   "First Admission to Designated Psychiatric Unit" will cease to be included in the scope of the Inpatient Statistics Collection for separations dated from 1 July 2001. This concept will be captured by "Previous Specialised Treatment" for separation dated from 1 July 2001.

3.9   For separations dated from 1 July 2001, ICD10AM - Version 2 will continue to be the required classification for the reporting clinical codes and the Diagnosis Related Group (DRG) will be Version 4.1.

4.   Methods of Reporting

4.1   All public sector facilities must use the HOSPAS, WinPAS, PiMS or Cerner patient administration system to report to the Inpatient Statistics Collection for formal discharges dated from 1 July 2001.

4.2   Facilities with low inpatient activity that do not have HOSPAS, WinPAS, PiMS or Cerner installed at the site may collect ISC data on paper forms for data entry and correction at another site within the Area Health Service that has one of these systems installed, provided due dates can be met.

4.3   Templates of the ISC forms developed by the NSW Health Department are available on Healthnet and HealthWeb. Carbon copy forms will no longer be supported by the Department for public sector sites as photocopies are more legible and last longer. Only forms for 2001/2002 may be used for reporting. Forms for prior years are not suitable as they do not capture the event history required for the 2001/2002 reporting requirements. Areas are responsible for designing and producing their own forms if they find the form supplied by the Department inadequate for their needs.

4.4 The NSW Health Department does not supply clinical coding, data entry, data correction or error report distribution services to public facilities.

5. Data Resubmission

5.1 It is an underlying principle of data warehousing that there should only be one version of information. For this reason, records that are updated in the source system (the patient administration system) must be resubmitted to both the Area HIE and the Department HIE. By default, HIE extracts will capture all new and updated records that occurred between the previous extract and the new extract date.

5.2 As standard practice, coded records may be submitted to the HIE, pass all data quality checks, then be updated and resubmitted at a later date when further relevant information become available (such as pathology reports and coroners reports). This practice allows due dates to be met without compromising data quality or integrity in the HIE.

6. Data Quality

6.1 The quality of data submitted to NSW Health for the Inpatient Statistics Collection will be determined using a standard suite of data quality (input edit) checks in the HIE. A list of the data quality checks is available in the ISC Instruction Manual and on-line through HealthNet at HealthWeb.

6.2 The Area Health Services will need to ensure that data is extract from the patient administration systems and loaded into the Area HIE well in advance of the due date so that error reports can be distributed, corrections can be made in the source system and the Area HIE can be updated with those corrections all before the due date. The Department recommends that data be first loaded in the Area HIE at least 8 to 15 days before the due date.

7. Reporting Requirements

7.1 The due dates for admitted patient dated from 1 July 2001 have been brought forward due to the increased need for accurate data available close to the event to which the information relates. Timely supply of quality data is required to increase the efficiency and effectiveness of business processes throughout NSW Health, reduce costs, and improve patient care.

Reporting Requirement	Reason
For all sites <u>100% admission, separation and administrative event data</u> (excluding clinical coding and cancer notification items) must be loaded into to the Department HIE, and pass all associated data quality checks by the 14th day of the month after the month of the admission, separation or administrative event. **Note:** To support this requirement, HIE extracts have been specified to include every new and updated record since the last HIE extract date.	DOHRS admitted patient activity will be automatically calculated by the HIE from July 2001. DOHRS figures must be reported monthly to the Performance and Finance Committee, and to NSW Treasury. Up-to-date records for currently admitted patients are required for "census" reporting (e.g. census of long stay mental health patients) to support different funding methods for long stay patients
For remote rural sites <u>100% of clinical coding and cancer notification items</u> for DVA patients admitted patient must be loaded into the Department HIE, <u>and pass all admitted patient data quality checks</u>, by the 28th calendar day after the day of separation.	NSW Health Department reports to DVA on behalf of each Health Service. NSW Health has a contract with DVA and this contract requires data to be supplied by due dates. Casemix funding is used by DVA and failure to submit data on time results in lost casemix payments.
For remote rural sites <u>100% of clinical coding and cancer notification items</u> for non-DVA admitted patient records must be loaded into the Department HIE, <u>and pass all admitted patient data quality checks</u>, by the 56th calendar day after the day of separation.	Timely casemix data is required by NSW Health in the Department and in the Health Service to support: • episode funding • budget holdings • flow reversals • capped interstate flow services It is acknowledged that remote rural sites require additional time to submit coded data due to a limited coder workforce in remote rural areas.
For all other sites <u>100% of clinical coding and cancer notification items</u> for all admitted patient records must be loaded into the Department HIE, <u>and pass all admitted patient data quality checks</u>, by the 28th calendar day after the day of separation.	

Note: "Administrative Events" are status changes that occur during the patient admission and recorded as transactions on a patient administration system. These events include changes in bed, ward, doctor, financial class, service category, legal status, and leave periods.

7.2   Where additional information relating to a record becomes available (such as additional diagnosis codes obtained from a coroners reports, or a morphology code obtained from a pathology report), or a change is made to a record after the due date, the record must be resubmitted to the HIE with the additional information added. This update may occur after the due date without incurring a fine however any errors associated with that update must be corrected before the next compliance measurement date to avoid a fine.

7.3   To support these due dates Area Health Services will need to:
- create extracts from the patient administration system and submit that extract to the Area HIE at least once per week
  (**Note:** this will support regular and timely data correction processes and evenly distributed error correction work loads.)

- supply data from the Area HIE to the Department HIE by 8pm every Friday, and by 8pm every 14th calendar day of the month
(**Note:** the method for supply data from the Area HIE to the Department HIE changes from file loading to table loading with Version 3.0 of the HIE).

Failure to follow these recommended procedures increases the risk of missed due dates.

8.   Fines

8.1   Fines are applied for failure to comply with reporting requirements outlined in this policy. The fines are designed to reflect importance of timely supply of high quality data, and the high cost of non-quality/untimely information, to the NSW Health System.

8.2   An exemption from fines will apply until January 2002 because:
- the new reporting requirements listed in this document mean changes to current work practices and a temporarily increase in resources in medical record departments to clear information backlogs;
- the HIE extracts from PiMS and Cerner supporting the full scope of data required to meet the requirements of the Inpatient Statistics Collection will not be delivered by I-soft and Cerner until October/November 2001;
- the data warehouse functionality required to identify errors, and age errors when corrections are received, are unlikely to be delivered in a production version of the HIE until September 2001;
- after the full HIE extract and error check functionality has been delivered there may be a backlog of errors that needs to be cleared by sites – the extent this backlog will vary by Area Health Service because the investment in staff to monitor data quality and ensure standard correct work practices varies considerably.

8.3   The table below shows the proposed fines for failure to meet the reporting requirement to apply from January 2002.

Reporting Requirement	Penalty
For all sites 100% admission, separation and administrative event data (excluding clinical coding and cancer notification items) must be loaded into to the Department HIE, and pass all associated data quality checks by the 14th day of the month after the month of the admission, separation or administrative event. Note: To support this requirement, HIE extracts have been specified to include every new and updated record since the last HIE extract date.	$2 per record per day
For remote rural sites 100% of clinical coding and cancer notification items for DVA patients admitted patient must be loaded into the Department HIE, and pass all admitted patient data quality checks, by the 28th calendar day after the day of separation.	$2 per record per week
For remote rural sites 100% of clinical coding and cancer notification items for non-DVA admitted patient records must be loaded into the Department HIE, and pass all admitted patient data quality checks, by the 56th calendar day after the day of separation.	$2 per record per week
For all other sites 100% of clinical coding and cancer notification items for all admitted patient records must be loaded into the Department HIE, and pass all admitted patient data quality checks, by the 28th calendar day after the day of separation.	$2 per record per week

8.4   It is proposed that from January 2002 there will be no exemptions from fines. This means there will be no exemptions when facilities migrate to new patient administration systems and that Health Services must manage their migrations in a manner that avoids delays to the data supply and any drop in data quality.

8.5   From January 2002, fine revenue will not be able to be accessed by sites that consistently fail to meet due dates – instead the fine revenue will be used to reward sites that meet due dates and to implement Statewide data quality and timeliness improvement initiatives determined by the Department.

8.6   While exemptions from penalties will not be available from January 2002, applications to exclude a data quality check from the list used to measure compliance with the requirement to "pass all admitted patient data quality checks" may be made where the data quality check is incorrect, is not applicable to admitted patients, or the data item is unable to be collected due to system limitations. System limitations exclude situations where functionality in the system is available and included in HIE extracts but the Area Health Service did not set-up the system in a manner that facilitates the collection of that data. Submissions of requests for data quality check exclusions must be directed to Manager, Patient Data Management Unit, NSW Health Department.

8.7   Area Health Services may review these fines and provide feedback or alternative recommendations to the Department by 31 October 2001. Correspondence should be directed to the Chief Information Officer, and copied to the Manager, Patient Data Management Unit.

8.8   Following review of the feedback and submissions, the proposed fines and exemption policies listed in this section will become policy from January 2002 unless this circular is superseded by another circular outlining alternative levels of fines and alternative exemption policies.

9.   Access to Penalty Payment Revenue

9.1   The Department will use penalty payment revenue to reward sites that consistently meet due dates. This policy has been introduced because:
- sites that consistently meet due dates will be "best practice" sites and thus offer a good training environment for new staff, which may later flow to other sites in other Health Services – they should therefore have access to fine revenue to train more staff in that "best practice" environment;
- sites that consistently meet due dates are likely to have more time to spend on training and coaching than sites that are consistently failing to meet due dates and are likely to share "best practice" procedures with other sites for their benefit;
- there should be an incentive to invest additional resources to meet due dates <u>before</u> the due date, rather than an incentive to miss due dates and incur the fine so to retrospectively compensate for a lack of timely resourcing.

9.2   Sites eligible for the reward may submit fully costed projects proposals that have an outcome of improving data quality and timely reporting of admitted patient. Proposals should be submitted to the Manager, Patient Data Management Unit, Information Management and Support Branch. The Patient Data Supplier Advisory Committee will have an opportunity to advise the Department on the merit of proposals and the Department will ultimately decide how fine revenue will be distributed.

10.   Compliance Monitoring

10.1   The NSW Health Department will monitor compliance with the reporting requirements set in this circular. The compliance will be based on the data in the NSW Health Department's HIE by the due date.

10.2   The Data Management Unit will distribute compliance reports to Area Health Service Chief Executive Officers at least once a month, and to the Department's Performance Monitoring Branch at least once a quarter. Between July and December 2001 the compliance reports will show the Health Service's progress towards meeting the new due dates and the associated fine that would have been incurred had fines been applied in that period.

11.   Roles and Responsibilities

11.1   It is the responsibility of the Health Service to assign a staff member as the Health Service's ISC Coordinator. This position is key person for ensuring timely accurate data for the Health Service and it needs to be adequately resource. The role of the ISC Coordinator is to:
- contact sites in advance of each due date to remind them about the reporting requirements (if this is required);
- monitor each facility's progress towards meeting the reporting requirements in the days leading up to the due date and contact sites who do not appear to be on target;
- monitor data quality including the coordination of output editing of data;
- coordinate the correction of errors that may be identified by knowledge workers;
- coordinate the extraction of data from patient administration systems and coordinate the uploading into the Area HIE in collaboration with the HIE Coordinator;
- continue to pursue hospitals who failed to meet a reporting requirements until such time that the reporting requirements is met;
- coordinate the distribution of information from the Department to the sites, and coordinate the reply return of information to the Department by the due date set;
- implement work practice changes to eliminate errors at point of first entry and consistently correct work practices at all sites;
- coordinate the migration of paper sites reporting via ISCOS to reporting via a patient administration system, including the coordination of any support that those staff involved in the migration may require;
- coordinate the updates to mapping tables in patient administration systems and check that mappings are correct;
- coordinate distribution of error reports, error correction and data resubmission.

11.2   It is the responsibility of the Health Service to assign a staff member as the Health Service's HIE Coordinator. In relation to the Inpatient Statistics Collection this person's role is to:
- Ensure admitted patient data is sent to the Department HIE from the Area HIE by the due dates given in this circular.
- Ensure all extract files from patient administration systems sent for loading into the Area HIE have loaded successfully by the due data.

- Ensure the ISC Coordinator or site is aware of any late, missing or failed extracts.
- Establish processes (automated where possible) and timetables for submissions from the patient administration system to the Area HIE.
- Ensure access to the HIE is available at each site in the medical records department, and that any site without access has an alternative method for accessing HIE error reports in a timely and convenient manner.
- Ensure test environments are available for HIE extract testing where the Area is participating in testing of patient administration system functionality.

11.3 It is the role of the Data Management Unit, NSW Health Department, to provide Statewide management and support for the collection. It is this unit's role to:
- publish and maintain information about the collection on-line;
- provide advice to Area ISC Coordinators about coding rules, classification definitions, and business rules relating to ISC data items where published information does not adequately address the issue being raised;
- ensure a full range of input data quality checks are available in the HIE and the HIE data quality check functionality meets the business requirements;
- coordinate changes in patient administration systems and the HIE to support Statewide/ national reporting requirements and accurate/timely reporting of data at the time of entry;
- issue collection policy, including due dates and penalties, and ensure these policies are appropriate for the business;
- ensure reference tables on the HIE are maintained and distributed in a timely manner to support accurate data quality checks;
- audit patient administration system setups, including mappings from local/display values to Statewide master values;
- ensure data received from Area Health Services has successfully loaded into the Department's HIE and liaise with the Area HIE and ISC coordinators if a failure has occurred;
- report on data collection compliance to the Executive of the Area and Department, and to the Performance Management Branch.

12.   Security of Data

12.1 The Privacy Manual for Health Information (March 2015) must be observed for all data relating to the Inpatient Statistics Collection. Any other related security policy issued by the Department must also be observed.

12.2 Data sent between sites via electronic mail over an open network such as the Internet, or on media such as a diskette between hospitals (or between hospitals and Health Services) must be encrypted and password protected using a self-extracting encryption and compression package. The password must be provided separately. Commercial encryption programs are available from sellers of PC software.

12.3 Data sent in a hard copy (paper) format must be kept secure at all times. This means records must be transported in securely locked cases or be sent by secure post (or courier) using a service that records the name of persons handling the data.

13.   Collection Resources

13.1   The NSW Health Department maintains the most up-to-date information about the Inpatient Statistics Collection, and other data collections, on-line on HealthNet and HealthWeb (the NSW Health Intranet and Internet sites). At least one staff member of each hospital's medical record department should have access to either HealthNet or HealthWeb. The sites are located at the URLs below:

- HealthNet: **http://internal.health.nsw.gov.au/im/ims/ap/index.html**
- HealthWeb: http://www.health.nsw.gov.au/policies/PD/2005/PD2005_198.html

14.   Tools and Access Required

14.1   To meet due dates medical record department staff must have at least one e-mail account and access to the HIE. This is required for the efficient and direct distribution of information relating to the Inpatient Statistics Collection, including compliance reports and data quality reports.

14.2   Medical records department staff will also require business objects for standard reports, and a tool to perform adhoc queries on the HIE.

15.   Contact Information

15.1   For further information about this circular or the Inpatient Statistics Collection, contact:

Nora Etmekdjian Phone: (02) 9391 9097; E-mail: **netme@doh.health.nsw.gov.au**
Roman Leszczynski Phone (02) 9391 9995; E-mail: **rlesz@doh.health.nsw.gov.au**

15.2   Requests for further information about this circular may also be faxed to the Patient Data Management Unit on (02) 9391 9070.

CLIENT REGISTRATION POLICY (PD2007_094)

1.   Introduction

1.1   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.

1.2 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.

1.3 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
- 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.

1.4   Replaced policy directives

This policy replaces the following policy directives:
- Client Registration Policy (PD2007_094)

2.   Client Registration Process

2.1   Which services must register clients/patients?

The following NSW Health services must register clients/patients:

1   Public hospitals and public psychiatric hospitals, including:
- admitted patient services
- outpatient services
- residential and transitional aged care services
- emergency department services
- allied health services
- outreach services
- confused and disturbed elderly services
2   Residential care facilities, including:
- residential aged care services
- brain injury rehabilitation/transitional living services
- hostel services
- group home services
- supported living services
3   Community health services, including:
- centre/campus based services
- home based services
- mobile services
- outreach services
4   Multi-purpose services
5   Ancillary health services, including pathology, radiology and pharmacy
6   Community acute and post acute care services (including hospital in the home)
7   Ambulance Service of New South Wales
8   Justice Health services
9   HealthOne NSW services.

2.2   Who must be registered?

Mandatory registrations

The following clients/patients who **receive** a health care service, or who are **booked to receive** a health service, including those **added to a waiting list**, must be registered:
- Patients who are admitted or are planned to be admitted to a health facility, including hospital-in-the-home patients.
- Patients who receive services or are planned to receive services in an outpatient department of a hospital.
- Patients who present to an emergency department, including those who do not wait to receive the service and those who are dead on arrival.
- Community health clients or those that are planned to receive these services, including those receiving services off-campus, e.g., at home.

- Clients receiving pathology, radiology or pharmacy services from a public health service, including those who receive a service as a result of a request from an external and/or private health service provider.

- All babies born in public hospitals or a NSW Health birthing facility. Each baby in a multiple birth must be registered separately.

- Stillborn babies of 20 weeks gestation or more, or, if the period of gestation cannot be determined, with a body mass of 400 grams or more. This applies regardless of the delivery location of the stillborn (that is whether it occurs in hospital or prior to arrival).

- Babies up to 9 days old accompanying their mother during her admission to hospital, even if they are well. For this purpose, determine the baby's age at the time of admission of the mother, calculating the day of birth as zero (0). If the baby's age is less than or equal to 9 days old at this time, then the baby must be registered. Babies older than 9 days accompanying their mother to hospital who do not require clinical care should be classified as boarders. See 'Optional registrations' below for guidelines relating to boarders.

- Organ donors (dead or alive), but only within the Area Health Service in which the organ is harvested.

- Clients/patients who are residents in NSW Health facilities, including but not limited to: residential aged care, hostels, group homes, transitional and assisted living, brain injury rehabilitation, and facilities for confused and disturbed elderly.

- Clients/patients receiving respite care.

  Clients/patients receiving a service within a group situation where clinical notes need to be recorded in the individual client's/patient's health record, including clients/patients who may join the group for one or a limited number of sessions. Clients/patients who are located in one Area Health Service but who are provided a service by staff in another Area Health Service using telecommunication service contact modes, such as telehealth. In these instances, clients/patients should be registered at each health service.

- Clients of call-centre based services where identification and/or registration would not inhibit participation in the service. (See 'Optional registrations' below for call-centre based services where registration may inhibit participation in the service.) People receiving individual immunisation or screening services, e.g., breast screening.

- Clients/patients whose identity is unknown at the time of receiving a health care service. (See Section 2.3 for further guidance on this.)

- Clients/patients who wish to have their identity restricted. (See Section 2.3 for further guidance on this.)

- People who are certified as dead prior to arrival to hospital taken directly to the hospital morgue. (See section 3.5 for minimum data requirements for dead people.)

Optional registrations

It is not mandatory to register the following clients, patients and other people who have contact with NSW Health services:
- People receiving group immunisation or screening services (though a record including details of the people receiving these services needs to be kept for medico-legal and follow-up purposes).
- Recipients of health promotion services.

- Clients/patients of the NSW public health system receiving a service that has been contracted out to a private sector or non-government organisation.

- Clients of a needle exchange service or a supervised injecting room.

- Clients of a service where identification and/or registration may inhibit participation in the service and where it is lawful and practicable to provide the service without identifying the client (e.g., crisis counselling, sexual health).

- A family member, carer or support person who receives a service directly related to a client/patient, but who is not deemed clinically as being a client/patient in his/her own right.

- A family member, carer or support person with whom the health service provider communicates regarding the client/patient.

- People making general enquiries of a health service, e.g., about a health condition or about the nature of services available.

- Boarders or other people receiving food and/or accommodation by the health service but who are not receiving treatment (e.g., a parent accompanying their sick child during a hospital admission). While there is no requirement under this policy directive to register these people, individual Area Health Services may set local policies that require registration for purposes such as delivery of meals or for accounting for hospital occupants in disaster or emergency situations.

2.3   Special circumstances

Unidentified clients/patients: Unidentified clients/patients are people for whom no registration details can be collected because the client/patient is unable to provide those details (e.g., the person is unconscious) and there is no other person (such as a relative or carer) who can provide this information. Unidentified clients/patients must be registered and assigned an Area Health Service unique patient identifier. Procedures for registering unidentified clients/patients detailed in the *Client Registration Guideline* (GL2007_024) must be followed, and attempts should be made to obtain the client/patient registration details from alternative sources, such as relatives or carers, where possible. People in Justice Health under a witness protection program are considered to be unidentified clients/patients for the purpose of this policy but in these instances no attempts should be made to obtain the client/patient registration details from alternative sources.

Identity-restricted clients/patients: An identity-restricted client/patient is one whose identity can be ascertained but there is a requirement to mask it in the registration system because the client/patient requests it, or for legal or other reasons. Identity-restricted clients/patients may include staff of a service; Very Important Persons (VIPs); or people receiving services of a sensitive nature. Clients/patients who wish to have their identity restricted or are required to have their identity restricted must still be registered and allocated an Area Health Service unique patient identifier. This should be managed by policies developed by the Area Health Service. See *Client Registration Guideline* (GL2007_024) for further guidance on the registration of identity-restricted clients/patients. Also, see the Privacy Manual for Health Information (March 2015).

Telephone information, assessment and intake: Clients/patients may or may not be registered in these instances, depending on the nature of the call. For example, if the call is purely a request for publicly accessible information (e.g., opening times or contact details for a service), registration is not required. However, if the call involves intake (e.g., screening or assessment for the provision of a service), or for an appointment for a service, client registration needs to occur and at least the minimum registration data items recorded (see section 3.2). See Section 2.2 for guidelines on crisis-lines.

2.4   When to register

Client registration must occur at the first point of contact with a health service, or as early as possible in the process of providing a service. The first point of contact may be at the time of booking or, in the case of drop-in services, at the time of first presentation. For people who are certified as dead prior to arrival to hospital, the first point of contact is when the hospital takes responsibility for the body.

If it is not possible to obtain all client registration details at the time the client/patient is being booked for a service, effort should be made to obtain as many of the mandatory registration items as possible and then to record the remaining mandatory items at the time that the service is actually provided. This practice also applies in instances when the Area Health Service-wide client registration database is not accessible, in which case local policies should be developed and followed to ensure that the minimum mandatory data items are collected and the remainder followed up later. See Section 3 for a listing of mandatory client registration data items.

2.5   How to register clients/patients and update details

Client registrations must be recorded electronically in a single Area Health Service-wide client registration database. Each client/patient must be assigned an Area Health Service unique patient identifier.

Prior to adding a new client/patient to the Area Health Service-wide client registration database, it is mandatory to search for an existing registration of the client/patient within that database using a variety of search criteria. The search criteria should be defined in an Area Health Service policy and should align with the criteria described in the *Client Registration Guideline* (GL2007_024) and section 3.1 of this policy directive.

Updates to client registration details must always be made in the Area Health Service-wide client registration database.

Where client registration details are required in applications other than the Area Health Service-wide client registration database, an electronic HL7 message should flow outbound from Area Health Service-wide client registration database to the other system when a client's details are added, updated or requested by that system. For systems that are not compliant with HL7 messaging standards, the registration details will need to be entered manually into both the Area Health Service-wide client registration database and the non-HL7 compliant system - both sources must be kept consistent and up-to-date.

All alternative local identifiers (e.g. medical record numbers) assigned to the patient by other electronic systems, or by manual methods, must be stored in the Area Health Service-wide client registration database. This is required so that information from all source systems can be linked. Where functionality is available, the Area Health Service unique patient identifier must also be stored in the other source systems that hold a copy of client registration details, and transcribed onto all paper based medical records.

A 'Privacy leaflet for patients', as described in the *NSW Health Privacy Manual*, or similar, must be made available to clients/patients at every site performing client registration. This information should be prominently displayed (e.g. in admission areas, community health and hospital outpatient reception areas, emergency departments and hospital wards) and readily accessible to patients.

2.6 When to update client registration details

Client/patient details should be checked and confirmed or updated, as appropriate, each time a client presents for a new phase of treatment.

A phase of treatment may involve a number of service events that occur within weeks or months. Where a phase of treatment goes beyond three months, the currency of client registration details should be checked and confirmed with the client/patient every three months at minimum.

On re-presentation, or at the time a new service is booked or scheduled, special consideration must be given to the currency of:
- Address of usual residence
- Mailing address
- Telephone number(s)
- Preferred language
- Interpreter required
- Medicare eligibility and Medicare number (if eligibility for Medicare is a factor in service provision or billing)
- Health fund and health fund membership number (if a claim is to be made for the client/patient)
- General practitioner details
- Person to contact

Under privacy laws it is a requirement to keep personal health information up-to-date and accurate. Corrections or updates to client registration details made following a request by a client/patient, or his/her authorised representative, must be actioned in the Area Health Service-wide client registration database and in all copies of that information. For further guidance on clients' requests to make changes to their personal health information, see section 12.7 of the *NSW Health Privacy Manual*.

2.7 Area Health Service responsibilities

It is a mandatory requirement that each Area Health Service defines standard criteria for searching for client registrations that align with those described in the *Client Registration Guideline* (GL2007_024) and section 3.1 of this policy directive and to distribute them to all staff responsible for registering clients.

Area Health Services must ensure that all staff responsible for registering clients are trained in all aspects of registration (e.g., gathering of information from the client/patient, searching, recording information and assigning an Area Health Service unique patient identifier) before they are allowed to register clients/patients. Training should cover relevant policies and procedures, consequences and risks to patient health care and health service liability arising from duplicate registration and incorrect identification and matching of individuals.

Follow up training and education should be available for all relevant staff and procedures implemented to monitor the quality of registrations. Staff identified as having issues meeting the expected client registration standards, e.g., creating duplicate registrations or incorrectly matching clients/patients, should undergo structured remedial training and further monitoring to ensure that the training has been effective. Subsequent ongoing issues with registration should be addressed in accord with the local performance management framework and the staff member's continued involvement in client registration examined.

Area Health Services should have a client registration policy that addresses the following:
- standard methodology for searching for existing registrations in the Area Health service-wide client registration database

- training staff prior to allowing them to register clients
- follow-up training for client registration staff
- material to be covered in client registration training
- methods used to reduce duplicate registrations
- procedures to resolve potential duplicates
- how to register identity-restricted clients

2.8 When to implement

It is recognised that implementation of this policy directive may require changes to local business processes and, as such, will be introduced in a staged manner across NSW. The policy should be implemented across all services by 1 September 2008.

3. Client Registration Data to Collect

There are four groups of client registration data:
1. minimum data for searching for an existing registration;
2. minimum data for booking or scheduling the first service within the Area Health Service;
3. minimum data for provision of the first service within the Area Health Service;
4. additional data mandated for specific encounter types.

The *NSW Health Data Dictionary* is the authoritative source for data and classification standards for NSW Health. It also provides some business rules. Compliance with the dictionary is mandatory.

3.1 Information required to search for an existing registration

A search of the Area Health Service-wide client registration database must be conducted prior to registering a new client. This applies regardless of whether or not the patient states that they have previously been a client/patient of the service.

The priority information to be used for searching and matching is:
- Family name
- Initial of given name/given name
- Date of birth
- Sex

Highly desirable information for searching and confirming identity when results for a search have been returned are:
- Middle name(s).
- Alias name(s) (including maiden name and any other name used at any time).
- Address of usual residence.

Where only part of the information above can be obtained (e.g., in emergency situations), the search should use what information is available and reviewed at a later time when further information is available.

3.2 Information required for booking the first service

When a booking is made for the first service it is mandatory that the following information is recorded in the Area Health Service-wide client registration database:
- Family name
- Given name

- Date of birth
- Sex
- Middle name(s)
- Alias name(s) (including maiden name and any other name used at any time)
- Address of usual residence
- Mailing address (if different from Address of usual residence)
- Telephone number(s) - home, work and/or mobile
- Preferred language
- Interpreter required

This information is required to enable the client/patient to be contacted when a planned service needs to be rescheduled, and for scheduling interpreter services if required.

In addition to these items, services may choose to record the extra items in section 3.3 to save having to enter them at the time of first service provision.

3.3 Information required at time of service provision

At the time the first service is provided, it is mandatory that the following information is recorded in the Area Health Service-wide client registration database:

- Family name
- Given name
- Date of birth
- Sex
- Middle name(s)
- Alias name(s) (including maiden name and any other name used at any time)
- Address of usual residence
- Mailing address (if different from Address of usual residence)
- Telephone number(s) - home, work and/or mobile
- Preferred language
- Interpreter required
- Country of birth
- Aboriginal or Torres Strait Islander origin
- Medicare eligibility and Medicare Number (if eligibility for Medicare is a factor in service provision or billing)
- Department of Veterans' Affairs (DVA) file number and card type (if a DVA card holder)
- Health fund and health fund membership number (if the health service intends to make a claim against a private fund for services provided)
- Person to contact (name, address, telephone numbers, relationship to client/patient) - for clients/patients under 16 years of age

It is highly desirable that the following information is also recorded in the Area Health Service-wide client registration database:

- Person to contact (name, address, telephone numbers, relationship to client/patient) - for clients/patients 16 years of age or older.
- General practitioner name, address, telephone, email and facsimile numbers (for the purpose of corresponding with general practitioner about the client's/patient's ongoing care).

3.4 Additional data mandated for newborns

A baby born at or on the way to the hospital/birth centre must be registered as soon as possible after the birth. The information required for newborns is the same as the information required for other clients/patients, however the following additional information is also mandatory:

- Full name of mother.
- Mother's medical record number/Area Health Service unique patient identifier.

It is also highly desirable to record:
- Full name of father.

Some details, such as address of usual residence, may be inherited (copied) from the mother's registration details. However, Aboriginal or Torres Strait Islander origin of the baby should not be assumed to be the same as that of the mother. Staff should especially not assume that the newborn baby is not of Aboriginal or Torres Strait Islander origin when the mother has not identified as being Indigenous. The mother should be asked as to the status of the baby.

3.5   Information required for dead people

All hospitals must register, in the Area Health Service-wide client registration database, all people who die in hospital and those who are already dead who are brought to hospital. Specific information, outlined below, is required for the management of deceased people, and an additional register will need to be maintained where the Area Health Service wide client registration database does not accommodate all that information.

With respect to deaths, this policy directive should be read in conjunction with the following Acts and Policy Directives:
- *State Records Act 1998*
- PD2010_054 *Coroners' Cases and the Coroners Act 2009*

Hospitals should ensure that proper procedures are followed at all times with respect to the identification of dead people as well as the subsequent removal of bodies from hospital premises.

When the body of a person who dies outside the hospital is brought to the hospital, the Area Health Service-wide client registration database should be searched in the same way as for all other clients/ patients of the health service.

Information about the person's identity and other details should, if possible, be obtained from the next of kin, other family members or friends. If this is not possible, then information should be obtained from the person bringing the body to the hospital and any documentation in relation to the person (e.g., death certificate).

Where only part of the information required for searching is available, the search should use what information is available and reviewed when further information is available.

If the person has not been registered in the Area Health Service-wide client registration database, data items that must be recorded for them in that database are as follows:
- Family name
- Given name
- Date of birth
- Sex
- Middle name(s)
- Alias name(s) (including maiden name and any other name used at any time)
- Country of birth
- Aboriginal or Torres Strait Islander origin
- Person to contact (name, address, telephone numbers, relationship to client/patient)

Other mandatory information required specifically for the management of dead people includes:
- Where the body came from
- Whether a death certificate was issued or the death has been reported to Coroner
- Whether an autopsy has been authorised
- Who the body is claimed by
- That an authority for removal of the body has been sighted
- Date and time of removal
- Signature of the person removing the body

If this additional mandatory information cannot be accommodated in the Area Health Service-wide client registration database, an additional register to record this information must be maintained. The Area Health Service unique patient identifier must be used in that register to enable the information in that register to be linked to the record in the Area Health Service-wide client registration database.

When a person is dead, it is also important to record this on the Area Health Service-wide client registration database. This is necessary for people that die in hospital, for people who die outside of hospital and are brought to the hospital (e.g., to the emergency department or to the morgue), and for other people when the health service obtains notice and confirmation of their death.

Recording that a person is dead will ensure that any outstanding appointments across the Area Health Service can be cancelled, and can prevent further activity in relation to the client/patient (such as automatically generated letters) where information systems check the deceased flag in the Area Health Service-wide client registration database before initiating such activity.

If the death of a client/patient is known, the following information fields must be updated on the client's/patient's registration record:
- Date of death.
- Date of death estimation flag.

Standards for recording date of death where it is unknown are described in the *NSW Health Data Dictionary*.

4. Related Documents and Definitions

4.1 Related policies
This policy directive should be read in conjunction with NSW information privacy policies, legislation and other relevant policy directives to ensure the proper collection, storage, use and disclosure of health information. Such policies and legislation currently include:
1. Privacy Manual for Health Information (March 2015).
2. *Health Records and Information Privacy Act 2002* (NSW).
3. *Privacy and Personal Information Protection Act 1998* (NSW).
4. PD2010_054 *Coroners' Cases and the Coroners Act 2009*, and
5. *State Records Act 1998.*

4.2 Related standards
The following standards and guidelines have been referenced in developing this policy directive:
1. NSW Health Client Registration Standard, NSW Health, 2004.
2. NSW Health Data Dictionary, NSW Health, Version 1.2, 2006.
3. Australian Standard Health Care Client Identification (AS 5017-2006), Standards Australia, 2006.
4. Australian Standard Interchange of Client Information (AS 4590-2006), Standards Australia, 2006.

Information contained in the Area Health Service-wide client registration database should be maintained according to guidelines in the current General Retention and Disposal Authority - Public Health Services: Patient/Client Records (GDA 17), NSW Department of Health Information Bulletin 2004/20.

4.3   Definition of a health service

In the context of this policy directive a health service is defined as a service that provides any of the following:
- Initial health care needs identification
- Comprehensive or specialist health assessment
- Therapy or clinical intervention, symptom control
- Pain management
- Palliative care
- Spiritual, personal and/or social support or care
- Case management and/or care coordination
- Follow up, monitoring, evaluation, review
- Provision of aids and appliances (including in the home)
- Preventative care
- Radiology, pharmacy or pathology services
- Supported living
- Education about health issues

4.4   Definition of an Area Health Service unique patient identifier

A unique identifier within the Area Health Service assigned to a client/patient to distinguish them from other clients/patients.

For The Children's Hospital at Westmead, The Ambulance Service of New South Wales, and Justice Health, the Area Health Service unique patient identifier is the unique client/patient identifier assigned by those organisations respectively.

CLIENT REGISTRATION GUIDELINE (GL2007_024)

Background and instruction on the What, Why, Who, When and How of clients/patients registered within the NSW Public Health System. The Guideline can be accessed at
http://www.health.nsw.gov.au/policies/gl/2007/GL2007_024.html

IDENTIFYING THE CARER AT PATIENT REGISTRATION (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:
- o   disability,
- o   chronic (long term) illness e.g. diabetes, arthritis
- o   terminal (life limiting) illness,
- o   mental illness e.g. depression, anxiety, or
- o   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 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-guidebook-2007.aspx

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

Attachments listed below can be accessed at:
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2019_031

1. Instruction Sheet - Carer Identification
2. Attributes of Data items
3. Role Information

REGISTRATION OF NSW HEALTH ESTABLISHMENTS (PD2017_038)

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.

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.

Registration of NSW Health Establishments: Procedures.

1 BACKGROUND

1.1 What Is Health Establishment Registration?

For the purpose of this Policy Directive, 'Health Establishment Registration' is defined as the process of recording a core set of mandatory information about a health service entity in the HERO application.

For the purpose of this policy an entity can be:

- A location where health services are provided i.e. clinical or support

- A service unit

- A hospital

- A community health centre

- A diagnostic service outlet eg pathology collection

The process of registering a health establishment in HERO will result in the automatic assignment of a state-wide identifier for that entity, unique within the context of NSW Health.

1.2 Definitions and Abbreviations relating to this Policy Directive

- HERO: Health Establishment Registration Online

- LHD: Local Health District

- SHN: Specialist Health Network

- Shared Services: Devolved organisations affiliated with NSW Health, such as eHealth, Pathology, NSW Ambulance Services, Cancer Institute of NSW, etc.

- HDA (HealthDirect Australia): National Health Service Directory vendor

- HIE: Health Information Exchange data warehouse, legacy system

- EDWARD: Enterprise Data Warehouse for Analysis, Reporting and Decision Support

- FaMER: Facility Metadata Registry database to assign facility identifiers for HIE

- NGO: not-for-profit organisations, previously known as non-government organisations

- HSIPR: Health System Information and Performance Reporting Branch

- Service Unit: is defined as a team of people that come together to deliver health services to patients/clients with a specific set of problems or issues. Service units are part of an organisational structure.

- Establishment: Institutions, organisations or the community from which health services are provided. The term establishment covers conventional health establishments and also organisations which may provide services in the community.

- Location: The physical area where services are delivered, but not the organisations or service units that deliver the services at that location.

- Person Identifier Issuing Authority: Nominated organisation responsible for the assignment of a client identifier record number within the LHD / SHN.

2 HERO DATA SPONSOR

The executive sponsor of the HERO data collection is the Executive Director, Health System Information Performance Reporting (HSIPR) Branch and Deputy Secretary, System Purchasing Performance Division.

Within the division, the Executive Director, HSIPR Branch is the primary contact for authorising new health organisations, as well as significant amendments or closures of existing health organisations.

3 WHICH HEALTH ESTABLISHMENTS MUST BE REGISTERED?

It is mandatory for all establishments that report data to any mandated NSW Health data collections or are required for commonwealth reporting requirements, to be registered in HERO.

The types of health establishments that must be registered include:

- all NSW health public sector establishments / organisations;

- all NSW board-governed statutory health corporations. For example, the NSW Ambulance Service, Cancer NSW clinical services;

- all NSW health service units/teams/clinics under NSW public sector establishments/organisations, board governed statutory health corporations and affiliated health organisations including intake services;

- all NSW private sector health care establishments; this may include some if not all of their service units/teams /clinics, as deemed necessary for disease notifications;

- all interstate establishments that have high levels of inbound and outbound referrals or contractual arrangements. However this does not include their service units/teams/clinics;

- all NSW Health locations as requested to support the use of eHealth applications such as the StateWide Infrastructure Services Health Lookup system and the Incident Management System. This may also include administrative service locations, staffing and asset management locations;

- all Person Identifier issuing authorities to enable identification of such authorities in the EDWARD data warehouse.

3.1 Health Service Units

For the purpose of this Policy Directive and registrations within HERO, a 'service unit' is defined as a team of people that come together to deliver health services to or on behalf of patients / clients with a specific set of problems or issues. Service units are part of an organisational structure, and are distinct from the physical locations where they are based at and/or provide services from. Under certain circumstances, LHDs may wish to register both the service unit and the physical location for entities that possess both attributes, e.g., an admitted patient physical ward location and the associated admitted patient service unit.

The registration of service units within HERO is mandatory.

Service units within NSW public sector LHDs, SHNs, hospitals, community health services and state-wide networks must be registered as 'child' establishments (services) of the relevant higher level organisation.

Service units have one or more roles / positions within them, and there may be one or more incumbents working within those roles / positions. Where source systems are used to schedule or record activity, service units are clearly established and defined within those source systems as hospital outpatient clinics or community health centre service teams.

Examples of service units include:

- Intake services

- Emergency department teams

- Public hospital outpatient service units

- Public hospital admitted patient service units

- Public hospital outreach service units

- Public hospital pathology laboratory / radiology / pharmacy services

- Public sector community health service units

- Public sector client information services / call centres

- Public sector patient transport services

- Public health unit service teams.

All health service units that deliver services on NSW Health campuses must be registered in HERO, even if they only deliver services on a privately referred non-admitted basis.

Service units that report directly to a state-wide network or program, such as oral health, immunisation, screening and needle exchange services may have a parent health establishment of a state network rather than an LHD / SHN. However, they should be recorded in HERO as being located within the jurisdiction boundary of a LHD.

3.2 Service Point Locations

Registration of all service point locations is also mandatory. This is to support the use of HERO 'location' entities by StateWide Infrastructure Services Health applications, the Clinical Excellence Commission Incident Management System and other system applications. Registering these types of entities allows the association of relationships between entities in HERO, specifically the relationship between service units and the locations at which they deliver services, and the hospitals and community health services that are located within each LHD / SHN.

3.3 Other Establishments Reported via a Mandated Data Collection

Any health entity that is not listed above and which reports to a NSW Ministry of Health data collection must also be registered in HERO.

3.4 Establishment Identifiers

When an establishment is registered in HERO, it will be assigned a unique identifier within the context of NSW Health.

Alternative identifiers, such as the HIE facility identifier, should be recorded in HERO to support the continued interim use of those existing identifiers in legacy applications such as the HIE data warehouse for cross-referencing and aliasing in source system applications. It assists in the process of reconciling legacy systems to the replacement system. This cross-referencing is also used as an interim mapping for transition of WebNAP to EDWARD via the mLoad application.

3.5 Use of Hero Identifier versus Other Facility Identifiers

The HERO identifier must be used as the identifier for the entity in all new data collections or new applications where an identifier for an entity is required.

The HERO identifier must replace the existing HIE facility identifier at the next logical change over point.

Logical change over points includes:

- Data collection re-design

- Data collection extract modification

- Source system change, upgrade or migration

- Migration of a data collection to a new data repository.

Prior to the logical change-over point, the four-character HIE facility identifier may continue to be used.

Some new establishments may be assigned both a new HERO identifier and a HIE facility identifier upon initial registration if they are covered by a reporting requirement that is still using the HIE facility identifier.

The HSIPR Branch will assign any HIE facility identifiers and record them in HERO against the relevant entity.

3.6 Other Entities That May Be Registered In HERO on a Needs Basis

HERO will support the registration of a broad range of health service establishments, reporting entities, and service point locations that are beyond the minimum mandatory registration requirements described in this Policy Directive. This allows for the recording of relationships between each entity, including the range of locations at which services may be delivered.

Establishments, reporting entities, and service point locations that are not mandatory for registration may be registered where an LHD / SHN or other business unit identifies a requirement to do so. For example, an LHD / SHN may wish to register a specific outpatient service within a private hospital or interstate health services to facilitate the recording of referrals to or from that service.

4 WHICH HEALTH ENTITIES MUST NOT BE REGISTERED?

4.1 Virtual Wards
Under the Location hierarchy within HERO, wards reflect actual physical locations where a patient is accommodated. A virtual ward that is established in one hospital for the purpose of accommodating a patient who spends part or all of their stay within a different hospital contradicts the intent of HERO.

With the exceptions of (i) Hospital in the Home virtual wards and (ii) MoH approved Collaborative Care wards, HSIPR will not be endorsing these types of entities, and will seek written submissions from the LHD / SHN explaining the necessity for the initial request, allowing HSIPR to provide appropriate advice.

5   WHO WILL ACCESS ESTABLISHMENT REGISTRATION DETAILS?

Entry of registration details in HERO is restricted to authorised 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, purchasing and reporting.

As it is important that all staff have ready access to information about other Government services that will assist clinicians with appropriate referral pathways for clients, LHDs/SHNs should ensure that the relevant information technology support units of an LHD / SHN, eHealth, NSW HealthShare, and the NSW Ministry of Health have provided general access to all staff with intranet access to the HERO website (https://hero.health.nsw.gov.au)

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. Registrations 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/**

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

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

6 ROLES AND RESPONSIBILITIES

6.1 HSIPR Branch

The NSW Ministry of Health's HSIPR Branch has the responsibility to perform the *initial* registration of any new higher level establishments, and to amend or maintain details over time. These include:

- Local Health Districts, Specialist Health Networks, Shared Services and other Affiliated Health Organisations;

- Public Hospitals, including Third Schedule Hospitals (affiliated) and Public Psychiatric Hospitals, including interstate;

- Public or private Residential Aged Care Facilities, including interstate;

- Public or private Hospices;

- Multi-Purpose Services (MPS);

- Community Health Centres;

- Community Residential Facilities / Supported Accommodation Services / Group Homes;

- Not for Profit organisations (ie Non-Government organisations)

- Freestanding pathology laboratories / radiology suites / pharmacy locations

The HSIPR Branch is responsible for monitoring the openings and closures of all the above entities. Initial registration of these entities will only occur following a written request from the LHD / SHNs Chief Executive.

It is the role of the HSIPR Branch to provide state-wide management and support for the registration system. HSIPR is responsible for:

- Developing, updating and publishing all information, including policy directives, guidelines, data standards and instructions that support health establishment registration.

- Training of a nominated LHD / SHN representative who in turn will provide training to other responsible LHD / SHN staff to register and manage health service establishments within HERO.

- Establishing and maintaining HERO user accounts.

- Maintaining HERO code value reference tables.

- Coordinating changes to the HERO application.

6.2 LHDs/SHNs

6.2.1 Registration of Health Establishments

For lower level entities, it is the responsibility of the LHD / SHN to perform the initial registration of the following NSW health establishments:

- Ambulatory / hospital / community health services, including mental health service units/teams;

- Mothercraft services;

- Public health units;

- HealthOne services;

- Person Identifier issuing authorities;

- Service point locations including mental health service delivery locations;

- Incident area locations.

It is the responsibility of the LHD / SHN to maintain the details of these entities over time. However, the HSIPR Branch reserves the right to update attributes and/or identifier information as required for reporting purposes.

Also, it is the LHD / SHNs responsibility to advise HSIPR of any new service contractual arrangements between the LHD / SHN and other organisation(s). The Ministry's HERO Administrator will create the initial registration of the 'contracted' establishments and has the right to maintain the details over time such as:

- Private residential aged care facilities;

- Private hospices

- Private organisations with public contracted services

Interstate private and public sector establishments must be registered if there are high levels of referrals with NSW health establishments, or contracts established to provide health services on behalf of NSW Health. This is necessary for planning purposes, to identify and monitor inbound or outbound referral patterns, and to monitor purchased activity.

The types of interstate public and private sector establishments (if the LHD / SHN has a contract with the private sector organisation to provide health services) that must be registered include the following:

- Hospitals

- Day procedure centres

- Residential aged care facilities

- Non-government organisations (either for-profit or not-for-profit) providing health services under a contract with the Ministry of Health.

The LHD / SHN must notify the MOH HERO Administrator who will create these interstate establishments.

6.2.2 Additional responsibilities and processes

In addition, the LHD / SHN establishment registration manager is required to:

- Manage completion of the initial and ongoing reviews, verification or correction of details relating to previously registered establishments.

- Ensure the health establishment identifier is provided back to the source system administrator, health service and any staff that use related data within the LHD / SHN.

- Conduct an audit/review every six months of HERO using data and information for that service available for a minimum of the previous 18 months, or for the length of time the service has operated, whichever time period is the shorter. Suggested reviews are conducted by 31 March and 30 September each year to ensure that the information is accurate and up-to-date, in consultation with the service unit manager and relevant executive personnel, e.g. Clinical Director.

- Establish and manage a process of approval for registration of new health service establishments within the LHD / SHN.

- Manage a process of mergers and closures of services.

- Notify the Ministry in writing, via the Executive Director of the HSIPR Branch, of any creations of new or closures of existing health organisations, such as hospitals or LHD wide community health services, including an assessment on the impact of the change on their performance activity targets.

- Contribute to the ongoing development of the standard classifications within HERO, and provide advice about any system refinement required.

Changes of establishment type are only permitted in the case of genuine errors, not as a result of a change in the service delivered by a service unit. As a general principle, it is therefore recommended that where a service has changed their establishment type, this is sufficient to justify a closure of the existing service unit and the creation of a new service unit. Refer to guideline related to this policy for more detailed information.

For the ongoing registration of new services and new establishments, a HERO registration must be completed prior to providing services to clients/patients and prior to being activated within any source system. Source systems must have the HERO identifier aliased for all data warehouse extracts.

Registration details of entities must be updated and confirmed by the LHD / SHN establishment registration manager when there is a significant change to a service. This includes opening or closing, temporary closures of a location/service, or change of establishment type. Continuity of activity reporting is essential for target setting and activity based funding.

6.3 Private Health Care – Regulation and Compliance Unit

The NSW Ministry of Health's Private Health Care – Regulation and Compliance Unit (PHC) is responsible for licensing the private sector hospital and day procedure centres, including details about the openings and closures, addresses and other contact details, as well as the licenses and parent companies.

Currently, the registrations of the following are the joint responsibility of HSIPR and PHC:

- Private hospitals; and

- Private day procedure centres

6.4 Other Ministry of Health branches

Where other branches within NSW Health have elected to utilise LHD / SHN HERO data for their own requirements, it is that branch's responsibility to manage the requisite content and liaise with the LHDs/SHNs to ensure that the establishment data they are requesting meets that branch's requirements. Prioritisation and ongoing maintenance of that work by the LHD / SHN is to be negotiated directly between that branch and the LHD / SHN, and that branch is to liaise with the LHD / SHN to address any shortcomings of the content within HERO.

Under these circumstances, HSIPR's role is to act as system administrator, ensuring that any new or changed data follows HERO classification hierarchy principles, and to provide extracts of the data upon request. Management of any other work, including verification of content, is not part of HSIPR's remit with respect to its role as HERO administrator.

6.5 Shared Services and Affiliated Organisations

The initial registration of new entities for other purposes will be the responsibility of the Shared Services / Affiliated Organisation introducing the requirement to identify them within HERO. Post-implementation and ongoing maintenance will be the responsibility of the LHD / SHN or Shared Service / Affiliated Organisation where the entity is managed.

7 MANDATORY MINIMUM DATA ITEMS FOR REGISTRATION

There are mandatory fields in HERO via the Quick Registration option that must be completed prior to submitting a registration request to the MOH HERO administrator.

The following data items comprise the minimum data set for health establishment registration in HERO. *Note:* fields that show an asterisk * are mandatory for the quick registration process.

- Establishment name – official standardised name*

  Note: the standardised name will appear in all Ministry and Executive reports. Please refer to the guideline related to this policy directive for the preferred naming convention standard.

- Establishment name – abbreviated name*

- Health sector*

- Management Authority (i.e. LHD / SHN)*

- Jurisdiction Boundary (i.e. LHD / SHN Boundary location)*

- Hierarchical parent establishment*

- Establishment group (derived field)*

- Establishment type*

- Open date*

- Telephone number (where applicable)

- Physical and Postal address details i.e. Street address and Suburb/Locality*

Additional details via the 'More Details' button can be added, if available, during the quick registration process to ensure the registration is fully completed and submitted for final approval.

- Close date (where applicable)

- HIE/FaMER identifier (for previously registered establishments only and services/locations still providing extracts to HIE data warehouse).

Note: If the additional details are not immediately available for the initial approval, then this requires 'checking out' the HERO entity, updating and re-submitting for final approval.

For each data collection that the health organisation reports to, the following can be recorded in HERO (this 'optional' requirement may change in the future):

- Data collection (via Reporting Details tab)

- Reporting start date (via Reporting Details tab)

- Method of reporting (via Reporting Details tab)

- Identifier used for reporting (via Identifiers tab)

- Source system and version (via Reporting Details tab)

- Contact position
- Contact address
- Contact telephone number
- Contact email address.

8 NATIONAL HEALTH SERVICES DIRECTORY

The NSW Ministry of Health has an agreement with Health Direct Australia to provide an extract with an agreed selection of information from registrations in HERO to populate the National Health Service Directory with services in New South Wales. This directory is available to all staff via the URL: **http://www.nhsd.com.au**.

The HERO extract will supply the following fields for all open entities (excluding physical locations, Justice Health entities and any entities deemed not for release by the LHDs/SHNs):

- Establishment ID
- Standardised Name
- Establishment Type
- Physical Address fields

Note: Health Direct Australia will provide information from the National Health Service Directory to populate the state-wide service directory HSNet ServiceLink for use by staff and the public. This information can be accessed at the following URL: **http://www.hsnet.nsw.gov.au**.

Maintenance of additional service directory details including:

- Description of service;
- Opening hours;
- Telephone numbers;
- Fax numbers

will occur through an application maintained by Health Direct Australia which will be accessed and updated by health facility service managers. All other details will be maintained through the HERO application.

LHDs / SHNs are to ensure that any changes to services and service structures have taken the potential impact on the National Health Services Directory into account prior to making changes within HERO.

9 METADATA REPOSITORY

The metadata for classifications used in HERO will be maintained in the Health Information Resources Directory (HIRD), which is accessible through the NSW Ministry of Health Intranet. Within HIRD, the HERO resource will be referred to as the 'Health Establishment Registration Online Data Dictionary' and is accessible via the following URL:
http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=9040

10 HOW TO ACCESS HERO

Each LHD / SHN and their designated personnel who are required to register establishments must apply for HERO user accounts via **http://internal.health.nsw.gov.au/data/hero/web-forms/hero-account-application-form.html** and nominate the required user class. HERO is available via the NSW Ministry of Health Intranet (**http://hero.health.nsw.gov.au**).

The following types of accounts are available to LHDs/SHNs:

- Jurisdiction Administrator: view, create, modify, and rejection/approval rights at the LHD / SHN level after any lower level approvals have been made.

- Local/business unit administrator: view, create, modify, and rejection/approval rights at any level below LHD / SHN

- Local requester: view and create/modify rights but no rejection/approval rights.

Note: The Ministry administrator can view, create, modify, and has final rejection/approval rights after lower level approvals have been obtained.

A user account is not required to search and view HERO data. The data can be viewed by any staff member with access to the NSW Health Intranet.

The role of the Ministry HERO Administrator will reside in the Ministry's HSIPR Branch.

11 LIST OF RELATED DOCUMENTATION

- HERO Business Information Bulletin
- HERO Guideline Document

12 ATTACHMENT 1: IMPLEMENTATION CHECKLIST

Purpose: This checklist includes a list of critical requirements that are essential to the consistent, accurate and complete reporting of health service entities. The checklist should be used at the commencement of the local HERO Project and may be used periodically to measure progress.

Where the user of this checklist has ticked "Not commenced" or "Partial compliance", further details relating to planned action in this area must be provided in the "Notes" section and translated into the LHD implementation plan.

LHD/Facility:				
Assessed by:			**Date of Assessment:**	
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**	
1. Register all relevant service entities including locations in HERO	❑	❑	❑	
	Notes:			
2. Ensure source systems are structured to record the HERO identifiers to enable compliance with reporting of activity for relevant data collections	❑	❑	❑	
	Notes:			
3. Conduct a periodic review that source systems are cross-referenced with HERO identifiers to ensure extracts are correctly mapped	❑	❑	❑	
	Notes:			
4. Conduct analysis of establishment types for each HERO service entity is current as per standards and alignment with how services are physically being delivered.	❑	❑	❑	
	Notes:			
5. Establish policy and processes to record HERO identifiers in source systems, particulary those source systems providing extracts or direct data feeds to EDW	❑	❑	❑	
	Notes:			
6. Ensure LHD have the appropriate human resources assigned to fulfil the requirements and responsibilities outlined in the Policy and Procedure. For example: a) HERO Co-ordinator b) Source System Administrators	❑	❑	❑	
	Notes:			

NON-ADMITTED PATIENT CLASSIFICATION PRINCIPLES (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 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.

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.

The Guidelines can be downloaded at
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2017_014

NON-ADMITTED PATIENT REPORTING RULES (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.

The Guidelines can be downloaded at
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2017_017

HERO: NSW HEALTH SERVICE LOCATION
REGISTRATION REQUIREMENTS FOR EDWARD COMPLIANCE (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.

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:
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EMERGENCY DEPARTMENT DATA DICTIONARY (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).*

The Emergency Department Data Dictionary is available from the Emergency Department Data Collection web page at **http://internal.health.nsw.gov.au/data/collections/edc/**

NON-ADMITTED PATIENT DATA COLLECTION TRANSITION FROM WEBNAP TO EDWARD REPORTING (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 nonadmitted 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.

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 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

A full copy of these guidelines can be downloaded at:
https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2015_012

COVID-19 DATA COLLECTION AND REPORTING REQUIREMENTS NSW HEALTH INTRANET PAGE (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 COVID-19 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

COVID-19 DATA COLLECTION SUMMARY ADVISORY (IB2020_043)

IB2020_043 rescindes 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 COVID- 19 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
    - o Diagnosis Codes
    - o Presenting Problem
- Admitted Patient
    - o Coding rules and values
    - o Transfer of a patient with suspected COVID-19
    - o Supplementary Guidance (**IHPA How to Classify COVID-19 Webpage**)
- Non-Admitted Patient
    - o Service Units
    - o **Non-Admitted Service Type Code**
    - o **Service Setting Type Code**
- Admitted Patient and Non-Admitted Patient
    - o **Legal Status Code**
- Emergency Department, Admitted Patient and Non-Admitted Patient
    - o 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

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.**

COVID-19 WARDS SET UP ADVICE (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.

Details are available in the Information Bulletin at:
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2020_013

328(17/04/20)

SEXUALLY TRANSMISSIBLE INFECTIONS AND HUMAN IMMUNODEFICIENCY VIRUS DATA SET FROM 1 JULY 2023 (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.

346(03/04/23)

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

- 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:

- 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**