

Queensland Health Non-admitted Patient Data Collection File Format

Statistical Collections and Integration Unit
Statistical Services Branch
2021-2022 Collection Year
V 1.0

| Item No | Data item | Type and size | Notes / valid values | Requirement | Data Dictionary Link |
|---------------------|------------------------------------|---------------|---|-------------|----------------------|
| Header row | | | | | |
| H(1) | Extract period beginning | DDMMYYYY | Located in the first row of the file. The first date of the non-admitted patient data collection reporting period. | Essential | - |
| H(2) | Extract period ending | DDMMYYYY | Located in the first row of the file. The last date of the non-admitted patient data collection reporting period. Extract period ending must be a valid date and cannot be before the extract period beginning date. | Essential | - |
| H(3) | Source system | X[X(19)] | Located in the first row of the file. The system in uppercase for which the data supplied has been sourced, e.g. HBCIS, ASIM, OSIM, PI5. | Essential | Link |
| H(4) | Number of records | N(10) | Located in the first row of the file. Contains a count of the rows contained in the submission, excluding the header row. | Essential | - |
| File details | | | | | |
| 1 | Facility code | N(5) | A numeric code which uniquely identifies a facility. | Essential | Link |
| 2 | Patient identifier | X[X(19)] | Number or code assigned by an organisation, establishment or agency, used to uniquely identify a person in healthcare. | Essential | Link |
| 3 | First given name | [X(40)] | The patient's first identifying name within the family group or by which the client is uniquely socially identified. Condition: If the patient has a first given name then this field is essential. If the patient does not have both a given name and a family name, then record the one name in the family name field (data element 5) and leave this field blank. | Conditional | Link |
| 4 | Second given name | [X(40)] | The patient's second identifying name (middle name) within the family group or by which the patient is uniquely socially identified. Condition: If the patient has a middle name then this field is essential. If the patient does not have a middle name, this field is to be left blank. | Conditional | Link |
| 5 | Family name | [X(40)] | The part of a name a patient usually has in common with some other members of his/her family, as distinguished from his/her given names. If the patient has a family name then this field is essential. If the patient does not have a family name, record as UNKNOWN. | Essential | Link |
| 6 | Sex of patient | N(1) | Sex refers to a person's genetic, hormonal and physical characteristics (sex characteristics). A person's sex is usually described as being either male or female. A person may have both male and female characteristics, or neither male nor female characteristics. Note: Code 3 has been renamed from 'Indeterminate' to 'X'. 1 - Male 2 - Female 3 - X 9 - Not stated/inadequately described | Essential | Link |
| 7 | Patient date of birth | DDMMYYYY | The date of birth of an individual. | Essential | Link |
| 8 | Estimated date of birth indicator | N(1) | A flag to indicate whether any component of a reported date of birth is estimated. 1 - Yes Condition: If any component of the date of birth was estimated, then this data element is essential. Otherwise leave this data element blank. | Conditional | Link |
| 9 | Patient country of birth | N(4) | The country in which a person was born. If not available, record this data element as 0003, meaning "not stated". | Essential | Link |
| 10 | Patient indigenous status | N(1) | Whether the patient identifies as being of Aboriginal or Torres Strait Islander origin. 1 - Aboriginal but not Torres Strait Islander origin 2 - Torres Strait Islander but not Aboriginal origin 3 - Both Aboriginal and Torres Strait Islander origin 4 - Neither Aboriginal nor Torres Strait Islander origin 9 - Not stated/unknown | Essential | Link |
| 11 | Patient usual residence - address | X[X(119)] | The number and street name of usual residential address of person, or equivalent in rural areas. The address line is a combination of the standard address data elements that may be concatenated in the following sequence: For a physical location: - Building/complex sub-unit type - Building/complex sub-unit number - Building/property name- Floor/level type - Floor/level number - House/property number - Lot/section number - Street name - Street type - Street suffix If the address line is not known or cannot be established, record "Unknown". | Essential | Link |
| 12 | Patient usual residence - suburb | X[X(49)] | The full name of the suburb, town or locality that is the patient's usual place of residence. | Essential | Link |
| 13 | Patient usual residence - postcode | N(4) | The numeric descriptor for a postal delivery area, aligned with suburb, town or locality that is the patient's usual place of residence. | Essential | Link |

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| 14 | Tier 2 code | N(4) | The type of service through which an establishment provided health care to a non-admitted patient in a non-admitted setting. Condition: This field is optional. However, this data element should be provided if the source system is capable of reporting Tier 2 codes. A Tier 2 code will be derived using the CCC and Service provider code provided. | Optional | Link |
| 15 | Corporate Clinic Code (CCC) | N(3) | The type of clinical service a healthcare facility provided to a non-admitted patient in a non-admitted setting, represented by a code. End dated CCC: 140 Alcohol and Other Drugs 266 Diagnostic - Pathology 635 Other Outreach Services 644 Addiction Medicine New CCC: 141 Alcohol and Other Drugs - AODS 142 Alcohol and Other Drugs - Other 269 Diagnostic - Pathology - COVID19 270 Diagnostic - Pathology - Other 646 Addiction Medicine - AODS 647 Addiction Medicine - Other | Essential | Link |
| 16 | Local Clinic Code | X[X(49)] | The clinic through which a hospital provided health care to a non-admitted patient in a non-admitted setting, represented by a code. Condition: If a local clinic code is available, then this field is essential. Otherwise leave blank. | Conditional | Link |
| 17 | Service provider | N(8) | The type of healthcare provider that provided a service event to a non-admitted patient. | Essential | Link |
| 18 | Care type | N(1) | The overall nature of clinical care provided to a non-admitted patient during a service event. 1 - Rehabilitation care 2 - Palliative care 3 - Geriatric evaluation and management 4 - Psychogeriatric care 5 - Mental health care 8 - Other care | Essential | Link |
| 19 | Service delivery setting | N(1) | The setting in which a service is provided to a non-admitted patient during a service event. 1 - On the hospital campus of the healthcare provider 2 - Off the hospital campus of the healthcare provider (another hospital) 3 - Off the hospital campus of the healthcare provider (other setting) Note: The setting is from the point of view of the patient in relation to the healthcare provider. | Essential | Link |
| 20 | Service delivery mode | N(1) | The method of communication between a non-admitted patient and a healthcare provider during a service event. 1 - In person 2 - Telephone 4 - Electronic mail 5 - Postal/courier service 6 - Telehealth - provider 7 - Telehealth - recipient 8 - Other 9 - Patient self-administered - other 10 - Patient self-administered - diagnostic monitoring (telemonitoring) | Essential | Link |
| 21 | National provider identifier | X[X(7)] | The Medicare service provider/registration number assigned to the clinician who delivers the service event. The Medicare service provider number is a fixed length 8 character field consisting of 6 or 7 numbers and 1 or 2 letters. If more than one clinician provided the service event only a single clinician should be included in this data element. The Tier 2 compendium determines the provider of multi-disciplinary clinics via the 50% rule, whereby the provider who provided the largest percentage of the service event is included. | Optional | - |
| 22 | Local provider identifier | X[X(19)] | The local clinician code assigned to the clinician who delivered the service event. The local provider identifier is collected so that information can be provided back to the facility (as required) to assist with the identification of the service event. This could be to assist with data validation and/or data output purposes. If more than one clinician provided the service event only a single clinician should be included in this data element. The Tier 2 compendium determines the provider of multi-disciplinary clinics via the 50% rule, whereby the provider who provided the largest percentage of the service event is included. Conditional: If a local provider identifier exists, then this field is essential. | Conditional | Link |

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| 23 | Multiple Health Care Provider indicator | N(1) | An indicator of whether a non-admitted patient service event was delivered by multiple health care providers, as represented by a code. In the context of reporting non-admitted activity data for activity based funding, 'multiple health care provider' means three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event. The healthcare providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event. 1 - Yes 2 - No 9 - Not stated/inadequately described | Essential | Link |
| 24 | Service request received date | DDMMYYYYhhmm | The date on which a service request for a non-admitted patient was received by a healthcare provider. Service request date must be a valid date and cannot be after the service event has occurred. | Essential | Link |
| 25 | Service request source | N(2) | The type of organisation or person that requests a service by a non-admitted patient clinic for a patient. 21 - Qld Health - this hospital - Emergency Dept 22 - Qld Health - this hospital - Outpatient Clinic 23 - Qld Health - this hospital - Unit/Ward 24 - Qld Health - this hospital - Private Practice Clinic 28 - Qld Health - this hospital - Other 32 - Qld Health - other hospital - other HHS 33 - Qld Health - other hospital - same HHS 41 - Qld Health - Community Health Service 48 - Qld Health - Other 51 - Other Government Service Provider - Correctional Facility 52 - Other Government Service Provider - Community Health Facility 53 - Other Government Service Provider - Department of Communities (Child Safety Services) 58 - Other Government Service Provider - Other 61 - Non-Government Service Provider - General Practice 62 - Non-Government Service Provider - Private Hospital Facility 63 - Non-Government Service Provider - Private Medical Specialist/Consulting Rooms/Agency 64 - Non-Government Service Provider - Family Support Alliance 65 - Non-Government Service Provider - Intensive Family Support Service 68 - Non-Government Service Provider - Other 70 - Health care client - Self 98 - Other 99 - Not stated/inadequately described | Essential | Link |
| 26 | Service request provider name | X[X(79)] | The given name and family name of the referring practitioner that requested a service for a non-admitted patient from a healthcare provider. | Desirable | Link |
| 27 | Service event date | DDMMYYYYhhmm | The date on which the non-admitted patient service event occurred. Service date must be a valid date, within the values defined in the extract period beginning and extract period ending data elements, and cannot be before the service request received date. | Essential | Link |
| 28 | Group session indicator | N(1) | An indicator of whether the non-admitted patient service event was delivered in a group. 1 - Yes 2 - No | Essential | Link |
| 29 | Purchaser establishment identifier | N(5) | The identifier of the establishment which purchased a non-admitted patient service event. Condition: If the service was performed under a contracting arrangement, then this field is essential. Otherwise, leave this blank. | Conditional | Link |
| 30 | Funding source | N(2) | The expected principal source of funds for an admitted patient episode or non-admitted patient service event. 01 - Health service budget (not covered elsewhere) 02 - Private health insurance 03 - Self-funded 04 - Worker's compensation 05 - Motor vehicle third party personal claim 06 - Other compensation (e.g. public liability, common law, medical negligence) 07 - Department of Veterans' Affairs 08 - Department of Defence 09 - Correctional facility 10 - Other hospital or public authority (contracted care) 11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement) 12 - Other funding source 13 - Health service budget (no charge raised due to hospital decision) 14 - Medicare benefits Scheme 99 - Not stated/Unknown | Essential | Link |
| 31 | Service event chargeable status | N(2) | The chargeable status for a non-admitted patient's elected choice of care and/or treatment. 01 - Public 02 - Private - bulk billed 03 - Private - other | Essential | Link |

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| 32 | Payment class | N(2) | Identifies the payment source assigned to a patient's account for a non-admitted patient service event. Specifies the expected type of funding for a non-admitted patient service event. 01 - Correctional services 02 - Unsighted Medicare card 03 - Department of defence 04 - Department of veterans affairs 05 - Medicare 06 - Motor vehicle other 07 - Motor vehicle other ineligible 08 - Motor vehicle Qld 09 - Motor vehicle Qld ineligible 10 - Not eligible 11 - Reciprocal country 12 - Third party eligible 13 - Third party ineligible 14 - Workers compensation other 15 - Workers compensation other ineligible 16 - Workers compensation Qld 17 - Workers compensation Qld ineligible 18 - National injury insurance scheme Qld eligible 19 - National injury insurance scheme Qld ineligible 20 - National Injury Insurance Other 21 - National Injury Insurance Other Ineligible 22 - Torres Strait Treaty (effective from 01 October 2018) 98 - Other 99 - Not stated/Unknown Condition: If the source system collects this data element, then this field is essential. | Conditional | Link |
| 33 | Medicare number | N(11) | Person identifier, allocated by the Health Insurance Commission to eligible persons under the Medicare scheme that appears on a Medicare card. Condition: If the patient has a Medicare number, then this field is essential. | Conditional | Link |
| 34 | Medicare Eligibility | N(1) | A person's eligibility for Medicare at the time of an admitted patient episode or non-admitted patient occasion of service, as specified under the Commonwealth Health Insurance Act 1973. 1 Eligible 2 Not eligible 9 Not stated/unknown | Essential | Link |
| 35 | Blank | N(1) | | | |
| 36 | Blank | N(1) | | | |
| 37 | New/review flag | N(1) | Whether a non-admitted patient service event is for a new problem not previously addressed at the same clinical service or for a clinical review. 1 - New non-admitted patient service event 2 - Review non-admitted patient service event | Essential | Link |
| 38 | Department of Veterans' Affairs File Number | AAXXNNNN[A] | A unique personal identifier issued to a veteran by the Department of Veterans' Affairs (DVA). Condition: If a patient has a DVA file number and the service event is to be funded by DVA, then this field is essential. | Conditional | Link |
| 39 | Department of Veterans' Affairs Card Type | N(1) | The type of card issued to a veteran by the Department of Veterans' Affairs (DVA). The card's colour determines the level of health services the person is eligible for at the DVA expense. 1 - White 2 - Gold 3 - Orange Condition: If a patient holds a DVA card and the service event is to be funded by DVA, then this field is essential. | Conditional | Link |
| 40 | Provider establishment identifier | N(5) | The identifier of the establishment which provided a non-admitted patient service event. Each separately administered health care establishment is to have a unique identifier. Condition: If the service was performed under a contracting arrangement, or by an establishment that is not a declared hospital, then this field is essential. Otherwise, leave blank. | Conditional | Link |
| 41 | Contract Indicator | N(1) | An indicator of whether a non-admitted patient service event was delivered under a contract arrangement. 1 - Yes Condition: If the service was performed under a contracting arrangement this field is essential. Otherwise, leave this data element blank. | Conditional | Link |
| 42 | Additional Information | [X(40)] | Additional information provided by a hospital or HHS for a service event. | Optional | Link |

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| 43 | Reporting Facility Identifier | N(5) | A numeric code which uniquely identifies the facility which reported non-admitted patient service event data. Condition: The data item will be used when multiple facilities share the same source system and will enable the activity to be correctly attributed to the facility reporting the activity. | Conditional | Link |
| 44 | Self Referral Indicator | N(1) | An indicator of whether a patient self-referred to a non-admitted patient service. 1 - Yes Note: there are restricted CCCs to which this indicator can be applied. Please refer to business rules document for list of permissible CCCs. Refer to QHNAPDC business rules 10a, 10b, 11a and 11b for the application of this indicator. | Optional | Link |
| 45 | Patient not present indicator | N(1) | Indicates that the patient was not present during a non-admitted patient multiple healthcare provider service event. 1 - Yes Condition: If a patient was not present in a non-admitted patient multiple health care provider service event, then this field is essential. Otherwise leave blank. | Conditional | Link |
| 46 | Commonwealth funded program type | N(1) | The type of Commonwealth program that funds a non-admitted patient service event. 1 - National Partnership Agreement 8 - Other Commonwealth program Condition: If a service event was funded under a National Partnership Agreement or another Commonwealth program, then this field is essential. Otherwise, leave blank. | Conditional | Link |
| 47 | Commonwealth exemption type | N(1) | The type of COAG S19(2) Commonwealth exemption that applies to a non-admitted and non-referred patient service event. 1 - COAG S19(2) Exemptions Initiative 2 - Rural & Remote Medical Benefits Scheme (RRMBS) exemption Condition: If a Commonwealth exemption type applies to a service event, then this field is essential. Otherwise leave blank. | Conditional | Link |
| 48 | Service request identifier | X[X(99)] | A unique identifier assigned to identify a service request for a non-admitted patient service event. Note: this is not the Statewide service request identifier. Refer to data item #50 Condition: If a referral identifier is available, then this field is essential. Otherwise leave blank. | Conditional | Link |
| 49 | Service event identifier | X[X(99)] | A unique identifier assigned to identify a non-admitted patient service event. Condition: If an appointment identifier is available, then this field is essential. Otherwise leave blank. | Conditional | Link |
| 50 | Statewide service request identifier (SSRID) | X[X(14)] | A unique statewide service request identifier issued by the Referral Lodgement and Tracking (RLaT) service for referral workflow solutions. (DRAFT) Condition: If the SSRID is available, then this field is essential. Otherwise leave blank. | Conditional | Link |
| 51 | Service request issue date | DDMMYYYY | The date on which a service request for a non-admitted patient was issued. Condition: If a service request issue date is available, then this field is essential. Otherwise leave blank. | Conditional | Link |
| 52 | Encounter type | [X(40)] | The type of encounter provided by a hospital or HHS for a service event. This field can assist the reporting facility to identify the type of activity provided in a service event e.g. Community Health. (DRAFT) | Optional | Link |
| 53 | First service event indicator | N(1) | An indicator of whether a non-admitted patient service event is the first service event following a service request from a valid service request source to a non-admitted patient service. 1 - Yes | Optional | Link |

Text Colour Legend

Red text indicates a new requirement for the designated reporting year.

Background Colour Legend

| Colour | Type of Data Item |
|--------|-------------------------------|
| | Patient Details |
| | Service Details |
| | Service Event Details |
| | Service Event Funding Details |