Queensland Health Non-admitted Patient Data Collection File Format
Statistical Collections and Integration Unit
Statistical Services Branch
2019-2020 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)	The unique identifier of the facility providing the non-admitted patient service.	Essential	Link
2	Patient identifier	X[X(19)]	The unique patient identifier within a facility, e.g. UR number, MR number, etc.	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)	The biological distinction between male and female. 1 - Male 2 - Female 3 - Other 9 - Not stated/inadequately described	Essential	Link
7	Patient date of birth	DDMMYYYY	The date of birth of the patient.	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 the patient was born, represented by a four-digit code as defined within the Standard Australian Classification of Countries 2011. 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

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11	Patient usual residence - address	X[X(119)]	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
14	Tier 2 code	N(4)	A code denoting the nature of service and the type of clinician providing a service 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 activity a facility provides to a non-admitted patient in a non-admitted setting, represented by a code. **End dated CCC:** 704 Home Ventilation-Ventilation Via Tracheostomy **New CCCs:** 611 Termination of Pregnancy - medical - no fetal abnormality 612 Termination of Pregnancy - medical - fetal abnormality 613 Termination of Pregnancy - surgical - no fetal abnormality 614 Termination of Pregnancy - surgical - fetal abnormality 707 Home Vent-Tracheostomy (16 hours or more per day) 708 Home Vent-Tracheostomy (Under 16 hours per day)	Essential	Link
16	Local Clinic Code	X[X(49)]	The clinic through which a hospital provides health care to a non-admitted patient in a non-admitted setting, represented by a code.	Essential	Link
17	Service provider	N(8)	The type of health professional that provides a service event to a non-admitted patient.	Essential	Link
18	Care type	N(1)	A descriptor of 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	Essential	Link

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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 used within the source system assigned to the clinician who delivers 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
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 requests a service for a non-admitted patient from a healthcare provider.	Desirable	Link

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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 purchasing 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 occasion of service. 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
32	Payment class	N(2)	Identifies the payment source assigned to a patient's account during 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

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34	Medicare Eligibility	N(1)	An indicator of 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 of the provider in which each service event occurred. 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
43	Reporting Facility Identifier	N(5)	A numeric code which uniquely identifies the facility providing 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 is self-referred to a non-admitted patient service. 1 - Yes **Note:** there are restricted CCCs to which clients can self refer. Please refer to business rules document for list of permissible CCCs.	Optional	Link
45	Patient not present indicator	N(1)	Indicates that the patient is not present during a non-admitted patient multiple healthcare provider service event. 1 - Yes **Condition:** If a patient is 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 is 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

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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 worflow solutions. (DRAFT) **Condition:** If the SSRID is available, then this field is essential. Otherwise leave blank.	Conditional	data element yet to be supplied
51	Service request issue date	DDMMYYYY	The date on which a service request for a non-admitted patient was issued by a healthcare provider. **Condition:** If a service request issue date is available, then this field is essential. Otherwise leave blank.	Conditional	data element yet to be supplied

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