

# Queensland Health Non-admitted Patient Data Collection Manual

2018-2019

Statistical Services Branch



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# 1. Introduction

The Queensland Health Non-admitted Patient Data Collection (QHNAPDC) is a collection of patient-level non-admitted outpatient activity reported by the various 'reporting entities'<sup>1</sup> of the different levels of Queensland's public hospital system on a monthly basis.

## 1.1. The establishment of the QHNAPDC

The QHNAPDC, established in July 2016, is a data collection of patient-level non-admitted outpatient activity which complies with State and Commonwealth Government reporting requirements, in particular the [Independent Hospital Pricing Authority \(IHPA\)](#).

The QHNAPDC, whilst still in its infancy, provides for the collection and reporting of validated non-admitted patient activity at the patient-level, with the coverage and data quality of this information increasing.

It should be noted that the Monthly Activity Collection (MAC) managed by the Statistical Services Branch, Department of Health, is still currently the Departmental source for service event data which is used statistical reporting, purchasing, funding and monitoring performance.

The requirement to provide non-admitted patient-level activity data is detailed in the [Three Year Data Plan](#), which is the collaboration of the IHPA, the National Health Performance Authority and the Administrator of the National Health Funding Pool. This Plan conveys that from the reporting year of 2019-20, that non-admitted patient-level data are required to be reported with no further requirement for aggregate data. This activity will then become the source of funding.

The data items for data collection are prescribed in IHPA's National Best Endeavours Dataset Specifications (NBEDS). In addition to these data items, there are additional data items required by the State. Both national and state requirements are prescribed together in the [QHNAPDC file format](#)

Non-admitted patient activity is extracted for QHNAPDC from the Healthcare Improvement Unit's NAP repository each month on a financial year to date basis.

This manual provides information on the QHNAPDC. It is intended as a reference for those who collect and report patient-level activity.

## 1.2. Use of QHNAPDC data

Non-admitted patient-level data from the QHNAPDC is primarily used by the Department of Health to report to the IHPA, however it is expected that as the data collection matures that it's uses will include costing, financial and resource management, measuring performance, health planning, research, informing Hospital and Health Service (HHS) Service Agreements and their subsequent monitoring.

This data has been reported to the IHPA by the Department of Health in years preceding the QHNAPDC, however with the introduction of the QHNAPDC, data are now validated to ensure a high standard of data quality in reporting.

As the QHNAPDC data will be used for funding purposes from the reporting year of 2019-2020, reporting entities should use this reporting year to ensure that all in-scope non-admitted patient activity is reported and the information provided is of high quality.

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<sup>1</sup> The term 'reporting entity' used in this manual refers to one of the three hierarchical levels for reporting monthly activity data ie either the hospital, the HHS or the State. The term 'reporting entities' used in this manual refers collectively to the three hierarchical levels for monthly activity reporting being the hospital, the HHS and the State.

## 2. Non-admitted patient activity data collected

### 2.1. Type of activity

The type of activity and the statistical unit of activity required to be collected by the type of reporting entity is as follows:

Type of Activity	Statistical Unit of Activity	Type of Reporting Entity
Non-admitted patient – outpatient service events	<a href="#">service event</a>	public acute hospitals Hospital and Health Services (HHSs) Jurisdictional Health Authority (State)
Non-admitted patient - Primary and Community Health service events	Primary and Community Health (PCH) service events	Hospital and Health Services (HHSs)
Occasions of service (see <b>Scope statement</b> for more information)	Occasion of service	public acute hospitals Hospital and Health Services (HHSs)

### 2.2. Scope statement

Non-admitted patient activity to be reported to the QHNAPDC includes:

- outpatient service events<sup>2</sup> (OSEs) provided by clinics deemed as ‘in scope’ for reporting as determined by the IHPA’s General list of in-scope public hospital services. Whilst the ‘General list’ does not include Tier 2 clinic classes of ‘General Practice and Primary Care’ (20.06), ‘Aged Care Assessment’ (40.02), ‘Family Planning’ (40.27), ‘General Counselling’ (40.33), and ‘Primary Health Care’ (40.08) as in-scope public hospital services, these clinic types must be reported.

Classification of these clinic services will be to the appropriate CCC/Tier 2 clinic class for reporting at the jurisdictional health authority (Queensland Health), Hospital and Health Service (Local Hospital Network (LHN)) and hospital levels.

- Primary and Community Health service events<sup>3</sup> (PCHSEs) provided by Primary and Community Health Services clinics that are not able to be classified to a CCC/ Tier 2 clinic class and for which funding corresponds with cost centres designated as ‘Non- ABF Service Categories’ in the general ledger ‘Funding Split Hierarchy’. Classification of these clinic services will be to a service type identified in the Service type classifications and counting rules for reporting at the HHS level and may include activity for services that are outsourced. This activity does not fit the criteria prescribed in General list of in-scope public hospital services ie:

<sup>2</sup>Outpatient service events must meet the definition of a service event being *an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record* Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary. <<http://meteor.aihw.gov.au/content/index.php?id=652089>> Retrieved 06/07//2018

<sup>3</sup> A PCHSE is defined as an interaction between a client and one or more healthcare provider(s) containing therapeutic/clinical content, resulting in a dated entry in the patient's medical record, file or other client service record and occurring in a community setting, or under the auspices of a community health service.

considered ABF in scope services, as these would be able to be reported against the appropriate Tier 2 clinic classification.

- occasions of service provided by clinics that do not deliver clinical care and therefore do not meet the definition of a service event. This includes activities such as home cleaning, meals on wheels or home maintenance. Reporting this activity at the patient-level is up to the HHS/facility but is mandatory for reporting to the MAC. This activity is collected for State reporting purposes. See **Other services within scope** for more information.

*This also includes all in scope services that contracted by a public hospital, Local Hospital Network (HHS) or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network (HHS) or jurisdiction, or the location where the services are delivered. Instances of service provision are to be captured from the point of view of the patient.<sup>4</sup>*

Further, this activity must:

- be irrespective of location (includes on-campus and off-campus), and
- be included regardless of setting or mode

Note:

Patients can have multiple non-admitted patient service events in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event. IHPA reporting rules such as the exclusion of public service events for same patient, same day, same Tier 2 clinic class which are subsequent to the first service event on the day, are applied as part of QHNAPDC processing therefore no 'in scope' activity should be excluded from QHNAPDC data submissions. See [QHNAPDC Business Rules](#) for details.

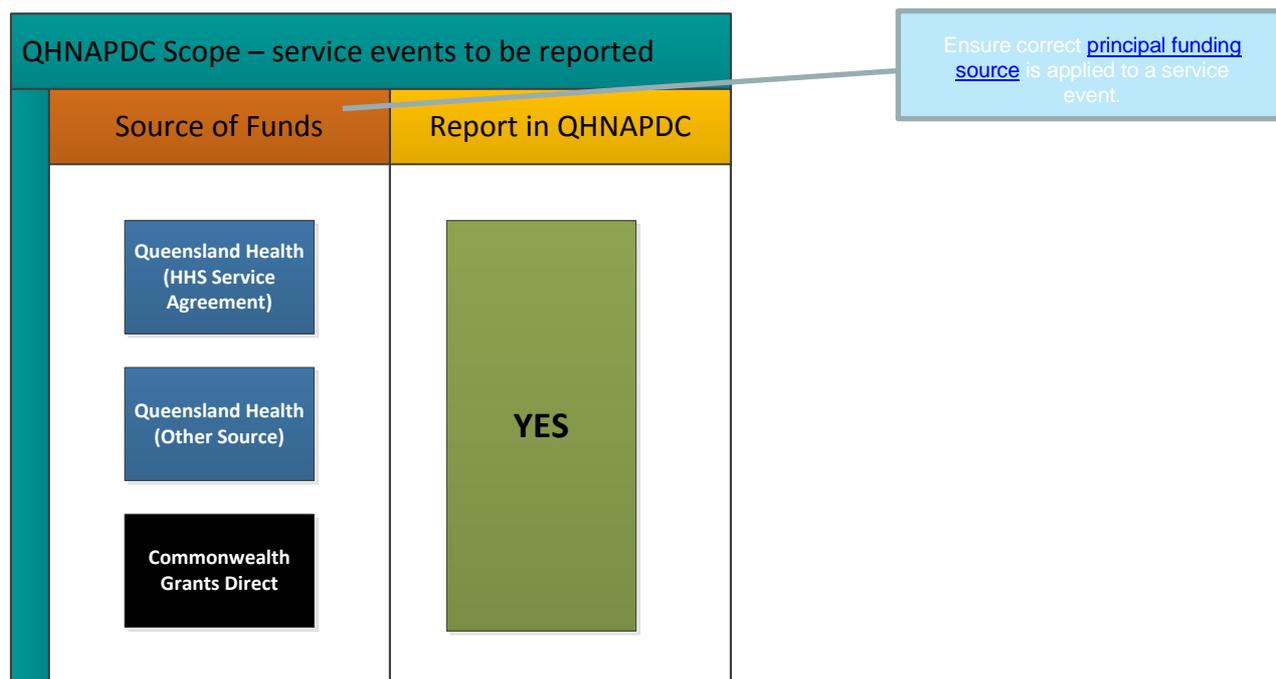
Excludes:

- services for which activity is reported via service specific information systems such as mental health activity reported from Consumer Integrated Mental Health Application (CIMHA) and oral health service activity reported from Information System Oral Health (ISOH).
- services provided to patients in the admitted, emergency department or emergency service care settings. Note: service events which are provided during the time of a patient's admitted patient episode or emergency department attendance will be flagged by the QHNAPDC system as not IHPA reportable. See [QHNAPDC Business Rules](#) for details.

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<sup>4</sup> Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary. <[Non-admitted patient NBEDS 2018-19](#)> Retrieved 06/07/2018

## 2.2.1. Scope diagram



## 2.3. Reporting mandates

### Independent Hospital Pricing Authority (IHPA)

The Department of Health must provide non-admitted patient service event activity to the IHPA at both the patient-level and the aggregate-level as per the [Three Year Data Plan 2018-19 to 2020-21](#). Data at the patient-level is collected by the QHNAPDC and reported to the IHPA as specified in the [Non-admitted patient NBEDS 2018-19](#) and the [Activity based funding: Non-admitted patient NBEDS 2018-19](#) however the source of data for mandated Commonwealth and State government reporting requirements and Activity Based Funding (ABF) remains the aggregate-level Monthly Activity Collection (MAC) for 2018-19.

Aggregate-level data reported to the MAC is specified in the following two data set specifications [Non-admitted patient care hospital aggregate NMDS 2018-19](#) and [Non-admitted patient care Local Hospital Network aggregate NBEDS 2018-19](#). Refer to the current [MAC Manual](#) for further information.

### State reporting

The reporting of PCHSE activity is mandatory and activity is used for local and state reporting purposes.

## 2.4. Clinic classifications and counting rules

### 2.4.1. Outpatient service events

The [Tier 2 Non-Admitted Services Definitions Manual](#) (hereafter referred to as the 'Tier 2 Manual' or 'Tier 2') defines the clinic classifications (classes) required for reporting non-admitted services to the IHPA.

IHPA has also published the following two documents and recommends that these along with the Tier 2 Manual and the data set specifications above should be used collectively.

[Tier 2 Non-admitted services compendium](#) (hereafter referred to as the 'Tier 2 Compendium') – this document provides details on the counting and classification rules associated with the Tier 2

non-admitted services classification as well as business rules and scenarios to assist users to consistently classify activity, and

[Tier 2 Non-admitted services national index](#) (hereafter referred to as the 'Tier 2 Index') - this index assists users of the Tier 2 classification to allocate local clinics to a Tier 2 class in a consistent manner.

Note:

IHPA publications must be referenced in conjunction with the Department of Health's Healthcare Purchasing and ABF Model resources and this manual, as in some cases state reporting rules and requirements take precedence over these national guidelines. Refer to [QHNAPDC Business Rules](#) for derivations applied for specific counting rules.

# Counting Rules Diagram

## Non-admitted patient service events

	Patient	Clinician	Count	Session/ Service Event Type
<b>Scenario 1</b> One patient to one clinician	 One	  One		1:1 Session
<b>Scenario 2</b> One patient to two clinicians	 One	  Two		1:1 Session
<b>Scenario 3</b> One patient to three+ clinicians <b>MHCP definition not met</b>	 One	  3+		1:1 Session
<b>Scenario 4</b> One patient to three+ clinicians <b>MHCP definition met</b>	 One	  3+		1:1 Session <b>MHCP Service Event</b>
<b>Scenario 5</b> No patient to three+ clinicians <b>MHCP definition met and MDCC definition met</b>	 No patient present	  3+		1:1 Session <b>MDCC Service Event</b> <b>(only reportable to QHNAPDC)</b>
<b>Scenario 6</b> Two+ patients to one+ clinicians	 Two+	  1+	 <hr/>  Eg Six patients in group = 6 service events	<b>Group Session</b> <b>(report 1 group session to MAC)</b>  A service event is reported for each patient attending a group session
<b>Scenario 7</b> Two+ patients to three+ clinicians <b>MHCP definition met</b>	 Two+	  3+ (MHCP)	 <hr/>  Eg Six patients in group = 6 service events	<b>Group Session</b> <b>(report 1 group session to MAC)</b>  A service event is reported for each patient attending a group session  <b>MHCP Service Event</b>

## 2.4.2. Primary and Community Health (PCH) service type classifications and counting rules

PCHSEs are classified according to the following service types:

<i>Primary and Community Health Service Catalogue for MAC Reporting</i>		
<b>Service Type</b>	<b>Definition</b>	<b>Service</b>
Care Co-ordination	Community services that involve coordination of other services to achieve the optimal outcomes for a non-admitted client (where the PCHSE definition is met).	Community Hospital Interface Program (CHIP) or similar community based co-ordination services if not for an ABF service. If CHIP is used for hospital avoidance this should be reported in the valid Tier 2 clinic code 40.58 Hospital Avoidance Programs.
		Liaison services including indigenous liaison officers
Child & Youth	Community services provided principally for an infant, child or a young person under 18 years of age. Whilst the service may be provided to a parent or guardian the focus is on supporting the health or development of the child or young person. Includes child protection services. Excludes oral health and community mental health services because activity for these services is collected in other systems (e.g. CIMHA).	Community Clinic Services
		Child/Infant development assessment and treatment
		Hearing Screening
		Child Protection Services
		Parenting support programs
Chronic Disease	Community services provided to identify and manage an illness or medical condition that lasts over a long period (e.g. more than 12 months) and sometimes causes a long-term change in the body.	School based health nurses
		Type 2 diabetes services, pulmonary services, cardiac services, renal services
Communicable Diseases	Community based surveillance and treatment of communicable and infectious diseases, including immunisations. Excludes sexually transmitted diseases (see Sexual Health) and Staff vaccinations.	Includes immunisations relevant for this service as well as activity pertaining to general communicable or infectious disease prevention, detection and response.

## Primary and Community Health Service Catalogue for MAC Reporting

Service Type	Definition	Service
Community Palliative Care	Community palliative care services provided in the community or a patient's home. Includes care services purchased through non-government providers and equipment hire.	Includes heart failure.
Community Rehabilitation	Community based rehabilitation services for children and/or adults provided in a community setting (i.e. patients home or community centre), usually, but not always, following a hospital event. Includes care services purchased through non-government providers and equipment hire.	<p>Cardiac Rehabilitation</p> <hr/> <p>Pulmonary Rehabilitation</p> <hr/> <p>Acquired Brain Injury Rehabilitation</p> <hr/> <p>Spinal Injury Rehabilitation</p>
Maternal Health	Community based pre-natal and post-natal services provided to women/parents.	Antenatal and Postnatal Care (including postnatal contact/visits delivered under specific initiatives and government commitments). Excludes parenting support programs (see Child and Youth community health service type).
Offender Health Services	Health services provided to offenders/prisoners under the supervision of Queensland Corrective Services.	All community health services provided to offenders/prisoners fall into this category. Activity recorded could pertain to a range of service types across the community health service catalogue but the client/patient is an offender/prisoner.
Primary Health Care	GP type services provided in the community, including services to Medicare ineligible clients. (Includes services provided to indigenous persons/communities).	<p>Refugee Health</p> <hr/> <p>Primary Care Clinics (out of scope Tier 2 clinics)</p>
Sexual Health	Services provided in the community to provide testing, support, education and advice for sexual health including transmission of sexually transmitted diseases and	<p>Sexual Assault Services</p> <hr/> <p>Complex STIs</p> <hr/> <p>Post Exposure Prophylaxis for HIV</p>

## Primary and Community Health Service Catalogue for MAC Reporting

Service Type	Definition	Service
	management and referral for sexual assault.	Testing, referral and counselling for sexual health
Women's and Men's Health	Community health services targeted to women or men for specific gender related health issues.	Family Planning
		Advice concerning breast health, gynaecological care, female genital mutilation and gynaecological oncology. Specific services may include early pregnancy clinic, fertility and reproductive endocrinology, urogynaecology sexual health and menopausal health. Excludes diagnostic screening.
		Advice concerning vasectomy, male infertility, penile and testicular problems, sexual function and dysfunction, sexual health and the prostate. Excludes diagnostic screening.

The counting rules for PCHSEs are as follows:

- 'client' is defined as the principal individual to whom therapeutic/clinical content is directed by a healthcare provider(s). Where carers and/or family members are also present during the interaction, only one PCHSE per client may be counted.
- one PCHSE is recorded for each interaction with a client, regardless of the number of healthcare providers present. Note: The reporting of multiple health care provider type activity is not required for PCHSE activity.
- services delivered via telehealth or telephone are included if they meet the definition of a PCHSE. Telehealth PCHSEs are reported by both the provider and receiver.
- one PCHSE is recorded for each client who attends a group session, regardless of the number of healthcare providers present. There is no requirement to separate these session types nor report the number of group sessions. For example, if five clients attended a group session, this would be reported as five PCHSEs.

## 2.5. Other services within scope

Data for other services provided by Queensland Health which are not outpatient or PCH service events, can be within the scope of QHNAPDC for state reporting purposes only, and therefore not be reported for IHPA or for any other Commonwealth reporting purposes.

These services include:

### BreastScreen Queensland

BreastScreen Queensland provide an extract of patient-level activity directly to the QHNAPDC for costing and funding purposes only. Facilities/ HHS are not to report this activity.

### Other Outreach Services

Whilst it is mandatory for this activity to be reported to MAC, it is up to the HHS/ facility if this activity is reported to QHNAPDC. Where a HHS/ facility enters this information into their electronic scheduling system and provides this to SATr (either through an information system that is interfaced with SATr (eg HBCIS, ESM) or uploading a file through the QHNAPDC submission link), QHNAPDC will receive and process this information.

## 2.6. Activity of a HHS and/or facilities which are not hospitals

Activity of an HHS that is reportable to QHNAPDC includes in scope activity that is funded by a HHS, as well as the in scope activity of the facilities of the HHS which are not 'declared' hospitals. Refer to the Scope diagram.

Currently, the QHNAPDC receives this activity under numerous facility identifiers including hospital, HHS, previously declared hospital, and primary health care centre identifiers. Further for most HHSs the coverage of reporting this activity is not complete with facilities either not reporting or partially reporting some clinics/ service provided.

This activity should be reported to the QHNAPDC monthly as either one HHS submission, as one individual facility submission, or if part of another facility's submission (eg where an instance of an information system (eg a HBCIS account) is shared by more than one facility) then the facility identifier to which the activity should be attributed must be identified in the service event.

In the past, submissions of HHS activity were requested to be provided in one monthly submission however it is recognised that due to the multiple systems in use across the many clinical services/ areas of a facility/ HHS, that this information may need to be reported in individual submissions from those systems or may be part of another facilities activity due to the sharing of a system.

Where a facility/ HHS is not able to report under their identifier, there are two of ways in which activity can be separated and aligned to the correct facility identifier to ensure reporting is occurring at the correct reporting entity level ie facility or HHS. These are:

- Use of Reporting Facility Identifier. See **Reporting of service events provided by more than one entity under one (another) facility identifier** below.
- Use of Purchaser and Provider Establishment Identifiers

To support facilities/ HHSs to report accurately against the correct facility identifier and to maximise the completeness of reporting all in scope activity, the QHNAPDC team will be working with facilities during this year to assist.

It will be necessary for sites to advise SSB under which identifier the activity of HHSs including their facilities which are not 'declared' hospitals are reporting so that this information can be maintained to attribute activity to the required reporting entity level for reporting purposes.

## 2.7. Reporting of service events provided by more than one entity under one (another) facility identifier

Service events recorded by facilities/ HHSs (reporting entities) which share their scheduling system with another facility may be reporting service events under the primary [facility code](#) that is set for that system. In these cases, all activity is usually attributed to the one facility identifier, so it appears that the activity of the other facility/ies is not recorded and the activity of the 'primary' facility is overstated.

Locally, the individual activity of a facility is usually identified through the use of specific rules which may include the allocation of a series of patient identifiers assigned to each facility or the use of local clinic codes.

The data element [Reporting facility identifier](#) enables the service events of shared systems to be attributed to a different facility code to that of facility code when the service event is received by the QHNAPDC system. On load the QHNAP system takes the 'facility identifier' supplied in the extract from the NAP Repository and overwrites the data with the value provided for 'reporting facility identifier'. The 'reporting facility identifier' remains unchanged and the 'supplied facility identifier' is populated with the original 'facility identifier' supplied.

HHSs are requested to notify SSB where shared accounts are in use to activate the recognition of this data item in the QHNAPDC system for each facility and also for data management and statistical analysis purposes.

### 2.7.1.HBCIS Specific Information

In addition to the information above, the [Reporting facility identifier](#) data element is captured in the 'Funding Facility' field on the Clinic Codes screen of the HBCIS APP module.

'Funding Facility' is extracted via the EIS Extract to SATr and stored as 'Clinic Facility Code'. This data item is added to the NAP Repository for extraction through the QHNAPDC extract.

## 2.8. Purchaser and Provider Establishment Identifiers

A further way to align activity to the correct facility as well and to correctly identify contracted activity and activity that is either not purchased or not provided by the entity which is reporting the information, the two data items of [Provider establishment identifier](#) and [Purchasing establishment identifier](#) should be used. See **Request for the addition of new purchaser/ provider identifiers** below to request new purchaser or provider identifiers be added to the corporate reference data sets as well as to amend existing details. See [Appendix A](#) for examples of recording purchaser and provider identifiers.

### Note:

Where an identifier is not provided for the purchaser or the provider, it will be assumed that the purchaser or provider is the same as the facility identifier provided in the service event record.

SSB will be contacting facilities to identify under which facility identifier the activity of HHSs including their facilities which are not 'declared' hospitals are reporting. This is required so that activity can be mapped to correct reporting entity level for reporting.

Facilities which are not 'declared' hospitals can include primary health care centres, community health facilities, and previously declared hospitals.

Patient-level activity delivered at the HHS and State levels (Surgery Connect) is also required to be reported to QHNAPDC.

### 2.8.1. Request for the addition of new purchaser/ provider identifiers

When a new purchaser or provider is identified, a new identifier must be requested from the Statistical Standards and Strategies Unit (SSSU), SSB. SSSU will update the Corporate Reference Data Set with the details of the new purchaser/ provider and provide the requester with the identifier (5 character number), or advise them if the purchaser/provider has already been requested. The requester should then request their systems administrator to update the purchaser/ provider reference file with this identifier to enable processing through QHNAPDC.

New identifiers or amendments to existing identifiers can be requested by completing the [Purchaser and Provider Identifier Form](#) and then emailing to [crds@health.qld.gov.au](mailto:crds@health.qld.gov.au)

Note for HBCIS users:

Once the identifier is provided by SSSU, the HBCIS administrator should update the relevant reference file locally so that the field within the service event/s can be populated with this number.

SSSU will provide the updates to the reference file to the HBCIS team at the SIM to update the application at the next release.

## 3. File format and data elements

The data elements included in the [QHNAPDC file format](#) have utilised Queensland Health data standards from the Queensland Health Data Dictionary that align to the Australian Institute of Health and Welfare's [Meteor](#) where applicable.

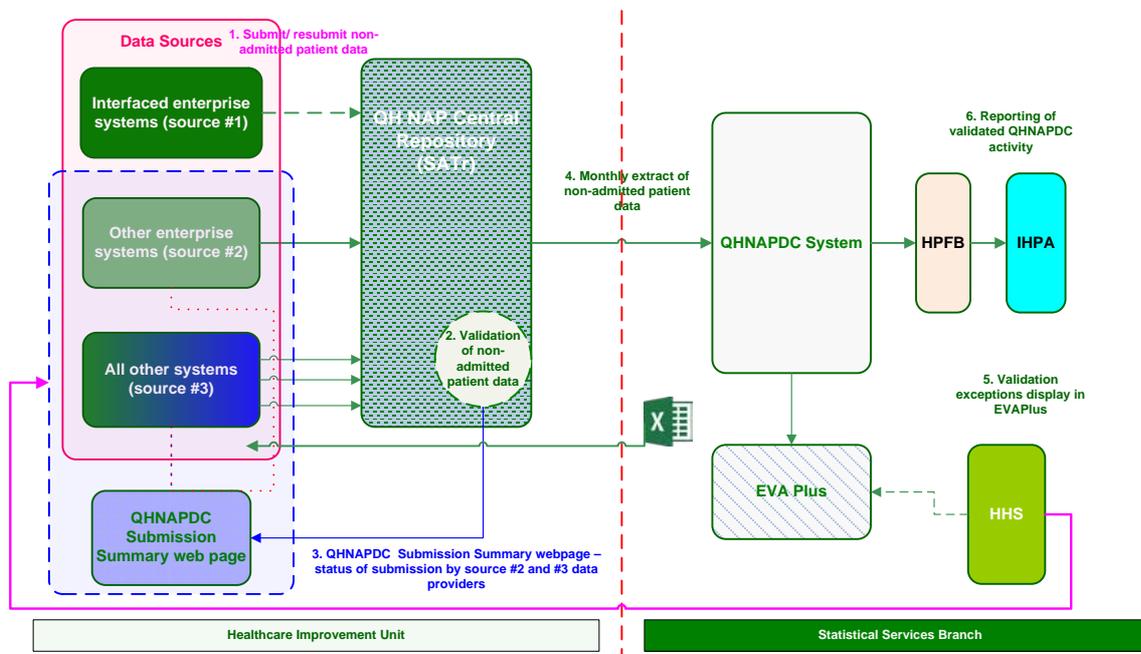
## 4. Clinic Mapping Table

The [mapping table](#) provides clinic mappings between Corporate Clinic Codes, IHPA's Tier 2 Clinic Classes and MAC Clinic Types for statistical reporting purposes.

## 5. Data lodgement

### 5.1. Data flow

The diagram below represents the data flow from source systems to SATr and then the extraction by the QHNAPDC processing system within Statistical Services Branch for validation and reporting.



### 5.2. Data sources

The sources from which SATr receives non-admitted patient data are:

Source Type	Source Name	Data files required
#1	Enterprise systems currently interfaced to SATr	Extracts are received from these systems through established processes eg HBCIS EIS extract, ESM extract. <b>Please note: information provided in section 2.3.4 does not apply to this data source.</b>
#2	Other enterprise systems	One (1) data file for one enterprise system each month
#3	All other systems used to record NAP activity	One (1) data file per system per HHS each month And/ or One (1) data file per system per facility each.

## 5.3. Extract timeframe

Data must be submitted to SATr by 5pm on the 14<sup>th</sup> of each month for the reference period. Data submitted after 5pm will not be included in the extract for that reference period. After this time, HIU prepares the data for extraction by QHNAPDC on the 15<sup>th</sup> of each month.

## 5.4. Data submission for non-interfaced systems

### Sources #2 and #3 only

The file submission details described in this section apply only to **source #2** and **source #3** data sources, where these sources will be submitting a file through the [QHNAPDC Submission link](#).

Standards apply to each data file for the [file name](#) and [file format](#).

The file name and format is verified during the submission process and only files provided within the prescribed format can be accepted.

### 5.4.1. File name

The file name contains four identifying fields used to determine the details of the data file. The file name **MUST** be capitalised and in the format relevant to either source #2 or source #3:

NAPxxxxxMMMYYYYSOURCE.csv

### Source #2 – Other Enterprise systems

#### Source #2 file names

Identifying field	Value/s	Example
NAP	"NAP"	NAP
xxxxx	"ENTPS"	ENTPS
MMMYYYY	"JUL2018", "AUG2018", "SEP2018", "OCT2018", "NOV2018", "DEC2018", "JAN2019", "FEB2019", "MAR2019", "APR2019", "MAY2019" or "JUN2019"	DEC2018
SOURCE	The system from which the data supplied has been sourced, as referenced in the QHNAPDC file format data element H(3).	System Name

**Example:** the file name of the file submitted for December 2018 month is:

NAPENTPSDEC2018SYSTEM.csv



**Example:** the file name of the file submitted by Bundaberg Hospital (00062) for all manually recorded NAP activity for the facility for the September 2018 month:

NAP00062SEP2018MANUAL.csv

## 5.4.2. File format

### Rules

File format rule	Example
The submission file must be in Comma Separated Values (csv) file format.	NAP00172DEC2018PI5.csv
All data elements must be separated by a comma character and no additional spaces.	facility identifier, patient identifier, second given name, family name, sex of patient, etc
All alphanumeric data elements must be enclosed by double quote characters.	00104,"T123456","John","Andrew","Smith",1,etc
All double quote characters contained within an alphanumeric data element must be removed.	First given name (data element 3) recorded as Smi"th. This must be provided as "Smith".
If a conditional, desirable or optional data element does not have a value, the data element should be left blank in the submission file.	00172,"123456",,,"Smith",1,etc

### File format detail

#### [QHNAPDC File format](#)

#### Header row

The first row of a data file must be the header row. As per the QHNAPDC File Format, the header row includes 4 data elements that identify the date range, source system and number of records contained within the file.

#### Detail rows

Each detail row includes 49 data elements that identify the patient, and include other information about the service, service event and service event funding.

### QHNAPDC submission template (manual/.csv file lodgement)

To assist with data submission to SATr for systems which are not interfaced with SATr, the [QHNAPDC submission template](#) is available to ensure that the file is within the correct format.

It is essential that the correct procedure is followed to submit this file which is available from the [QHNAPDC submission template user guide](#).

### 5.4.3. File submission

Once a data file has been created by a HHS, facility or enterprise system, as specified above, the submitted file undergoes strict validation and is uploaded to the Central Repository. Once validated, feedback is returned to the HHS, facility or enterprise system via the [QHNAPDC submission link](#).

Successfully submitted files will become part of the QHNAPDC monthly extract to SSB where further validation will occur on the fields of each detailed record as part of the QHNAPDC processing. Records not meeting validation will be published to EVA Plus to advise reporting entities of exceptions.

#### Pre-registration

For data files to be validated and therefore accepted, the name of the files that will be submitted to the Central Repository **must be pre-registered**. This applies to both **source #2** and **source #3**.

The advice of the names of these files to be supplied by each reporting entity must be agreed to by SSB in consultation with HIU. Any submitted files that are not pre-registered cannot be uploaded to the Central Repository from the NAP Submission web page.

#### Submission mechanism

Once a data file is created, it can be submitted to the Central Repository using File Transfer Protocol (FTP).

The receiving server address and account details are:

**Server details:** 10.17.12.109

**User:** ftpsatr

If more than one data file with the same file name is submitted, only the last submitted data file will be used.

**Note:** FTP has been selected as it is supported by existing procedures in place for the submission and processing of files into SATR.

#### Basic data validation

Once the data file has been received by SATr, the following validation is automatically performed on the submitted data file to ensure:

1. Valid file name (and file extension is “.csv”)
2. The file is in “csv” file format
3. The file name is valid for the month
4. The first row is the Header row
5. Data elements H(1) and H(2) are valid dates for the reporting period
6. The source system in data element H(3) matches the file name
7. The number of records in data element H(4) matches the number of records in the file
8. Essential data elements contain values
9. The supplied date fields are in DDMMYYYY format, and date time fields in DDMMYYYYhhmm format
10. No data element is longer than the allocated number of characters
11. Service date (data element 27) is within the extract period beginning date (data element H(1)) and the extract period ending date (data element H(2))

## Submission timeframes

The extract from SATr to the QHNAPDC contains data that is financial year-to-date ie each submission will include data from the beginning of the financial year to the end of the reference month. This allows for changes in previous months of a financial year to be updated throughout the financial year with the latest record being provided to QHNAPDC.

For each reporting month there are two key data submission dates:

- **Submission Date:** data files **MUST** be uploaded and received by the 7<sup>th</sup> of each month.  
The Submission Date is set seven (7) days after the last day of each month to allow for the complete collection and validation of data, and to prepare the necessary data files.
- **Resubmission Date: final version** of data files **MUST** be uploaded and received **by close of business on the 14<sup>th</sup> of each month.**

The Resubmission Date is set to the **14<sup>th</sup> of each month** (one (1) week after the Submission Date) for correction of any errors identified in the submitted data file (**by close of business on the 14<sup>th</sup> of each month**).

Note: as the validation process is automated, once a data file has been uploaded, the submitter can view the submission status and any errors within 1 hour by visiting the [QHNAPDC submission link](#).

Data files may be uploaded multiple times before the Resubmission Date. Only the last uploaded file for the month will be used for reporting purposes. Any resubmitted data file **MUST** include the full data submission, with identified errors corrected.

For full details of QHNAPDC file submission, please refer to the [QHNAPDC submission template user guide](#).

## 6. Data Validation

Following a successful data load, the QHNAPDC system validates the information provided in the fields of each record against specific criteria. Records failing validation are notified to data providers (facilities or HHSs) through the Electronic Validation Application (EVAPlus).

There are two types of validation message types – ‘fatal’ and ‘warning’.

### Fatal

A record receives a ‘fatal’ validation message when one or more critical quality checks have failed. Where a fatal validation message exists, the data issue must be confirmed or resolved, otherwise the record will not become ‘final’ and not reported. If there is a reason that the data is recorded in the way that it has raised the fatal validation message, and is therefore not an error, a detailed explanation of the reason as to why the data issue is correct must be supplied to the Statistical Services Branch.

### Warning

A record receives a ‘warning’ validation message when one or more non-critical quality checks have been identified where data may be inconsistent or uncommon. All warning validation messages must be investigated and confirmed.

Please refer to [QHNAPDC Validations 2018-19](#) and [EVA Plus user manual](#) for further information on validations.

## 7. Business rules and derivations

Please refer to the document [QHNAPDC Business Rules](#).

## 8. Changes for 2018-19

Each financial year, reporting requirements change. Changes are mandated by Commonwealth and State governments and business areas of the Department of Health. To accommodate changes to the collection of data to support new reporting requirements, a number of tasks are required to be undertaken which may include new/ amended data items, changes to source systems, amendment of reference files within source systems, and updates to data collection documentation.

### 8.1. New data elements

#### 8.1.1. Patient not present indicator

The data element [Non-admitted patient service event-patient not present indicator](#) has been created to indicate that the patient is not present during a non-admitted patient multiple healthcare provider service event.

#### Recording a non-admitted Multidisciplinary Case Conference

This indicator should be used in conjunction with Multiple Healthcare Provider indicator which must be 'yes', to indicate an MDCC.

Refer to the data element and IHPA's Tier 2 documentation (the [Tier 2 Non-admitted Services Compendium 2018-19](#) and [Tier 2 Non-admitted Services Definitions Manual 2018-19](#)) for further information.

#### Recording a non-admitted Telehealth Multi Disciplinary Case Conference (MDCC)

*The Telehealth Support Unit, Clinical Excellence Division have provided the following information. For any queries, please contact this unit directly.*

Non-admitted telehealth MDCC where the patient is not present is a meeting or discussion held concurrently between health care providers, delivered via videoconference and arranged in advance, to discuss a non-admitted patient in detail and to coordinate care.

Telehealth MDCC may be reported in QHNAPDC from 2018-19 if it meets the definition, scope and counting rules of an MDCC. Refer to the data element and IHPA's Tier 2 documentation (the [Tier 2 Non-admitted Services Compendium 2018-19](#) and [Tier 2 Non-admitted Services Definitions Manual 2018-19](#)) for further information.

Healthcare providers participating in an MDCC may attend via videoconference (telehealth). A telehealth MDCC may involve healthcare providers from more than one facility. Although more than one facility may participate in the MDCC only one facility may report the MDCC.

Where the scope and counting rules of an MDCC are met, and more than one facility are participating, the facility that may report the MDCC is the facility that:

- has instigated/initiated the MDCC;
- maintains the patient's medical record; and
- is responsible for actioning the outcomes and decisions made during the MDCC

The service delivery mode for a telehealth MDCC should be **Telehealth-Provider**

## Scenarios

### Telehealth MDCC with three or more healthcare providers of different specialties

Facility A: Provider		Facility B: Provider	
	<p>Scenario: A Registered Nurse instigates/initiates the MDCC via telehealth.</p> <p>The patient's medical record is maintained by Facility A.</p> <p>Clinicians at Facility are responsible for actioning the outcomes and decisions made during the MDCC.</p>		<p>Scenario: An ENT Specialist, Audiologist and Speech Pathologist at Facility B participate in the MDCC via telehealth</p>
<b>QHNAPDC</b> Delivery Mode	Facility A may report the MDCC, ensuring delivery mode is Telehealth-Provider	<b>QHNAPDC</b> Delivery Mode	Not reportable. Only one facility may report the MDCC.

### Non-admitted patient telehealth Service Event followed by telehealth MDCC with three or more healthcare providers of different specialties

Facility A: Recipient		Facility B: Provider	
	<p><b>Scenario:</b> A non-admitted patient presents for an Oncology Clinic</p> <p>A Registered Nurse assists with the delivery of the service event.</p>		<p><b>Scenario:</b> An Oncologist and Pharmacist at Facility B provides the service event concurrently.</p>
<b>MAC Count:</b>	One 1:1 telehealth service events	<b>MAC Count:</b>	One 1:1 telehealth service event
<b>MAC Service provider:</b>	Other Health Professional	<b>MAC Service provider:</b>	Medical Officer
<b>MAC clinic type:</b>	Oncology	<b>MAC clinic type:</b>	Oncology
<b>MAC Form</b>	Telehealth Receiver <a href="#">MACONTELR</a>	<b>MAC Form</b>	Telehealth Provider <a href="#">MACONTELP</a>
Facility A: Recipient		Facility B: Provider	
	<p><b>Scenario:</b> A Registered Nurse instigates/initiates the MDCC via telehealth.</p> <p>Facility A maintains the patients' medical records.</p> <p>The clinicians at Facility A are responsible for actioning the outcomes and decisions made during the MDCC.</p>		<p><b>Scenario:</b> An Oncologist and Pharmacist participates in the MDCC via telehealth.</p>
<b>QHNAPDC</b> Delivery Mode	Facility A may report the MDCC, ensuring delivery mode is Telehealth-Provider	<b>QHNAPDC</b> Delivery Mode	Not reportable. Only one facility may report the MDCC.

MDCC with more than two sites connecting via videoconference with three or more healthcare providers of different specialties

Facility A: participant		Facility B: Provider		Facility C: participant	
	<p><b>Scenario:</b> A registered Nurse instigates/initiates the MDCC via telehealth.</p> <p>Facility A maintains the patients' medical records.</p> <p>The clinicians at Facility A are responsible for actioning the outcomes and decisions made during the MDCC.</p>		<p><b>Scenario:</b> An Anaesthetist participates in the MDCC via telehealth.</p>		<p><b>Scenario:</b> A Clinical Pharmacist participates in the MDCC via telehealth</p>
<b>QHNAPDC</b> Delivery Mode	Facility A may report the MDCC, ensuring delivery mode is Telehealth-Provider	<b>QHNAPDC</b> Delivery Mode	Not reportable. Only one facility may report the MDCC.	<b>QHNAPDC</b> Delivery Mode	Not reportable. Only one facility may report the MDCC.

MDCC with more than two sites connecting via videoconference with three or more healthcare providers of different specialties

Facility A: participant		Facility B: Provider	
	<p><b>Scenario:</b> A registered Nurse instigates/initiates the MDCC via telehealth.</p> <p>Facility A maintains the patients' medical records.</p> <p>The clinicians at Facility A are responsible for actioning the outcomes and decisions made during the MDCC.</p>		<p><b>Scenario:</b> An Anaesthetist participates in the MDCC via telehealth.</p>
<b>QHNAPDC</b> Delivery Mode	Not reportable. The MDCC does not meet the counting rules as it does not involve three or more healthcare providers of different specialties.	<b>QHNAPDC</b> Delivery Mode	Not reportable. The MDCC does not meet the counting rules as it does not involve three or more healthcare providers of different specialties.

### 8.1.2. Commonwealth funded program type

The data element [Non-admitted patient service event-Commonwealth funded program type](#) has been created to indicate the type of Commonwealth program that funds a non-admitted patient service event.

Refer to the data element for further information.

### 8.1.3. Commonwealth exemption type

The data element [Non-admitted patient service event-Commonwealth exemption type](#) has been created to indicate the type of COAG S19(2) Commonwealth exemption that applies to a non-admitted and non-referred patient service event.

Refer to the data element for further information.

## 8.1.4. Service request identifier

The data element [Non-admitted patient service event-service request identifier](#) has been created to provide a unique identifier assigned to identify a service request for a non-admitted patient service event.

Refer to the data element for further information.

## 8.1.5. Service event identifier

The data element [Non-admitted patient service event-service event identifier](#) has been created to provide a unique identifier assigned to identify a non-admitted patient service event.

Refer to the data element for further information.

## 8.2. Retired data elements

Other Commonwealth program status (#35 of QHNAPDC File Format) and Commonwealth program or exemption type (#36 of QHNAPDC File Format) are no longer required to be collected. The data items of [Commonwealth funded program type](#) and [Commonwealth exemption type](#) have replaced these data items. Positions in the extract are required to be maintained with null (blank) values provided.

## 8.3. Change to data element description

The description of the permissible value of code 3 **Intersex or indeterminate** for the data element Person-sex has changed to **Other**. [Person-sex](#)

## 8.4. Reference file (permissible value) updates

### 8.4.1. Service Provider Types

Two new service provider types have been added to the data element of [Non-admitted patient service event-provider type](#) which are:

- 21000400 AH-EXERCISE PHYSIOLOGIST
- 21000425 OTH-RADIATION THERAPIST

### 8.4.2. Payment Classes

Effective 01 July 2018, two new payment classes have been added to the reference file values of data item [Non-admitted patient service event-payment class](#).

- 20 - National Injury Insurance Other
- 21 - National Injury Insurance Other Ineligible

The National Injury Insurance payment classes map to the [Funding Source](#) of

06 Other compensation (e.g. public liability, common law, medical negligence)

Effective 01 October 2018, one new payment class code will be added to the reference file values for this data item:

- 22 - Torres Strait treaty

The Torres Strait treaty payment class maps to the Funding Source of

10 Other hospital or public authority (contracted care)

## 9. Appendices

### 9.1. Appendix A-Examples of Recording Purchasers and Providers

Example 1	
A patient attends a Cardiology outpatient clinic at Mackay Base Hospital. This service event is provided and funded (purchased) by Mackay Base Hospital.	
<b>Purchaser</b>	Mackay Base Hospital
<b>Provider</b>	<b>Mackay Base Hospital</b>
<b>Reporting Entity</b>	<b>Mackay Base Hospital</b>
The reporting entity should record:	<p>The reporting entity should record:</p> <p><b>Facility id:</b> Mackay Base Hospital</p> <p><b>Funding Source:</b> Relevant code</p> <p><b>Contract indicator:</b> Blank <b>Purchaser id:</b> Blank</p> <p><b>Provider id:</b> Blank</p> <p>Note: the purchaser and provider id should be left blank unless the value differs from the (primary) facility id</p>

Example 2	
A patient from Private Hospital A attends an Oncology outpatient clinic at Gladstone Hospital as Private Hospital A is unable to provide this service at this time. This service event is funded (purchased) by Private Hospital A and provided by Gladstone Hospital.	
<b>Purchaser</b>	<b>Private Hospital A</b>
<b>Provider</b>	<b>Gladstone Hospital</b>
<b>Reporting Entity</b>	<b>Gladstone Hospital</b>
The reporting entity should record:	<p><b>Facility id:</b> Gladstone Hospital</p> <p><b>Funding Source:</b> 10 'delivered under contract'</p> <p><b>Contract indicator:</b> '1' (yes)</p> <p><b>Purchaser id:</b> Private Hospital A</p> <p><b>Provider id:</b> Gladstone Hospital</p> <p>Note: This service event is 'delivered under contract'.</p>

<b>Example 3</b>	
A patient attends an Orthopaedic outpatient clinic at Chillagoe Primary Health Centre (a previously declared public hospital) which is funded by the Chillagoe Primary Health Centre. This service event is purchased and provided by Chillagoe Primary Health Centre.	
<b>Purchaser</b>	<b>Chillagoe Primary Health Centre</b>
<b>Provider</b>	Chillagoe Primary Health Centre
<b>Reporting Entity</b>	<b>Cairns and Hinterland HHS</b>
<b>Explanation</b>	Activity of previously declared hospitals and other non-hospital facilities is aggregated to the HHS level for reporting by SSB. Whilst it is acknowledged that activity of facilities which are not declared hospitals or non-hospital facilities should be reported at the HHS level, the provision of the purchaser/ provider identifier at the facility level enables activity that is purchased and/or provided by these facilities to be identified.
The reporting entity should record:	<p><b>Facility id:</b> Cairns and Hinterland HHS</p> <p><b>Funding Source:</b> Relevant code <b>Contract indicator:</b> Blank</p> <p><b>Purchaser id:</b> Chillagoe PHC</p> <p><b>Provider id:</b> Chillagoe PHC</p> <p><i>Note:</i> This is not contracted care. Validations/load reports will be published/sent to Cairns HHS. Although the provider id differs from the reporting id the contract indicator is blank as this is not contracted care.</p>

<b>Example 4</b>	
A patient attends a Diabetes outpatient clinic at Chermside Community Health Centre which is funded by Metro North HHS. This service event is provided by Chermside Community Health Centre and is purchased by the Metro North HHS.	
<b>Purchaser</b>	<b>Metro North HHS</b>
<b>Provider</b>	Chermside Community Health Centre
<b>Reporting Entity</b>	<b>Metro North HHS</b>
Explanation	Activity of previously declared hospitals and other non-hospital facilities is aggregated to the HHS level for reporting by SSB. Whilst it is acknowledged that activity of facilities which are not declared hospitals or non-hospital facilities should be reported at the HHS level, the provision of the purchaser/ provider identifier at the facility level enables activity that is purchased and/or provided by these facilities to be identified.
Recording	<p>The reporting entity should record:</p> <p><b>Facility id:</b> Metro North HHS</p> <p><b>Funding Source:</b> Relevant code</p> <p><b>Contract indicator:</b> Blank <b>Purchaser id:</b> Metro North HHS</p> <p><b>Provider id:</b> Chermside Community Health Centre</p> <p>Service event may or may not be 'contracted out'. To identify 'contracted out' service events the below logic should be used:</p> <ul style="list-style-type: none"> <li>- Contract indicator = 'Y'</li> <li>- Provider id differs from (primary) facility id</li> <li>- If not 'contracted out', Contract indicator should be 'blank'.</li> </ul>

<b>Example 5</b>	
A patient attends a paediatric outpatient clinic at Bamaga Hospital. This service event is funded by Bamaga Hospital but is delivered by a doctor who is provided under contract by Lady Cilento Children's Hospital in Brisbane. The doctor flies to Bamaga Hospital each week to deliver this clinic.	
Purchaser	Bamaga Hospital
Provider	Bamaga Hospital
<b>Reporting Entity</b>	<b>Bamaga Hospital</b>
Explanation	The patient is a patient of Bamaga Hospital and is attending the clinic at this hospital. The location from where the doctor providing the clinic has come from is not relevant. The financial arrangement to compensate the LCCH for this resource is outside of the recording of the activity.
The reporting entity should record:	<b>Facility id:</b> Bamaga Hospital <b>Funding Source:</b> Relevant code <b>Contract indicator:</b> Blank <b>Purchaser id:</b> Blank <b>Provider id:</b> Blank Note: This is not considered contract care.

<b>Example 6</b>	
<p>A patient has a referral to attend a Cardiology outpatient clinic at Ipswich Hospital but due to resourcing issues they are unable to provide a Cardiology outpatient service at this hospital nor the other facilities in the Hospital and Health Service (HHS). To continue to provide this service to patients, West Moreton HHS has a contract with a private cardiology establishment of Dr B Heart Cardiology Services in Ipswich. The patient will attend the rooms of Dr B Heart's private establishment being Heart Cardiology Services.</p>	
Purchaser	West Moreton HHS
Provider	Heart Cardiology Services
<b>Reporting Entity</b>	West Moreton HHS
Explanation	Whilst the service event is being paid for by West Moreton HHS, the patient has been removed from the Ipswich Hospital waiting list and is now a patient of the private providing establishment.
The reporting entity should record:	<p><b>Facility id:</b> West Moreton HHS <b>Funding Source:</b> Relevant code <b>Contract indicator:</b> '1' (yes) <b>Purchaser id:</b> West Moreton HHS <b>Provider id:</b> Heart Cardiology Services</p> <p>Note: Service event is 'contracted out'</p> <p>To identify 'contracted out' service events:</p> <ul style="list-style-type: none"> <li>- Contract indicator = 'Y'</li> <li>- Provider id differs from (primary) facility id</li> </ul>

<b>Example 7</b>	
Metro South Hospital and Health Service contracts wound management outpatient service events to XYZ Nursing Services for delivery in patient homes. The responsibility for the care of these patients has been transferred to XYZ Nursing Services.	
Purchaser	Metro South HHS
Provider	XYZ Nursing Services
<b>Reporting Entity</b>	<b>Metro South HHS</b>
Explanation	The responsibility for the care of these patients is now with XYZ Nursing Service.
The reporting entity should record:	<p><b>Facility id:</b> Metro South HHS <b>Funding Source:</b> Relevant code <b>Contract indicator:</b> '1' (yes) <b>Purchaser id:</b> Metro South HHS <b>Provider id:</b> XYZ Nursing Services Note: Service event is 'contracted out'</p> <p>To identify 'contracted out' service events:</p> <ul style="list-style-type: none"> <li>- Contract indicator = '1'</li> <li>- Provider id differs from (primary) facility id</li> </ul>

<b>Example 8</b>	
Metro South Hospital and Health Service uses contracted agency nursing services in the provision of their wound management outpatient service events delivered in the patient's home. The responsibility for the care of these patients remains with each facility within Metro South HHS.	
Purchaser	Metro South HHS
Provider	Facility in the HHS which is responsible for the care of the patient.
<b>Reporting Entity</b>	<b>Metro South HHS</b>
Explanation	The responsibility for the care of these patients remains with the facilities of Metro South HHS. The resource is from an external establishment but the responsibility for the care of the patient remains with the facility therefore is not a contracted out service.
The reporting entity should record:	<p><b>Facility id:</b> Metro South HHS <b>Funding Source:</b> Relevant code <b>Contract indicator:</b> Blank <b>Purchaser id:</b> Metro South HHS <b>Provider id:</b> Facility in the HHS which is responsible for the care of the patient or the HHS.</p>

<b>Example 9</b>	
<p>Townsville Hospital provides an oncology outpatient clinic at Ayr Hospital. The doctor providing the clinic is a Townsville doctor who is seeing patients who reside in Ayr but are patients of Townsville Hospital. The doctor brings the patient records from Townsville and uses a room at Ayr Hospital to conduct the clinic.</p>	
Purchaser	Townsville Hospital
Provider	Townsville Hospital
<b>Reporting Entity</b>	Townsville Hospital
Explanation	The patients are patients of Townsville Hospital. The only interaction with Ayr Hospital is the use of their consulting room and some assistance from their administration staff, therefore it is Townsville Hospital who is purchasing and providing this clinic.
The reporting entity should record:	<p><b>Facility id:</b> Townsville Hospital  <b>Funding Source:</b> Relevant code  <b>Contract indicator:</b> 'Blank'  <b>Purchaser id:</b> Blank  <b>Provider id:</b> Blank</p> <p>Note This is not considered contract care.</p>