

Queensland Health Non-admitted Patient Data Collection **Data Elements**

Statistical Services Branch

2017-2018

Queensland Health Non-admitted Patient Data Collection Data Elements

Published by the State of Queensland (Queensland Health), July 2017



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) **2017**

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Statistical Collections and Integration, Statistical Services Branch, Department of Health, GPO Box 48, Brisbane QLD 4001, email napmail@health.qld.gov.au, phone 07 3708 5661.

An electronic version of this document is available at

<http://qheps.health.qld.gov.au/hsu/datacollections.htm>

<https://www.health.qld.gov.au/hsu/collections/qhnapdc>

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contents

| | | |
|-----|---|----|
| 1. | Overview of the data elements of the QHNAPDC..... | 1 |
| 1.1 | Requirement..... | 1 |
| 1.2 | List of Data Elements..... | 2 |
| 1.3 | Data element attributes guide..... | 4 |
| 2. | Data elements..... | 5 |
| 2.1 | Header row..... | 5 |
| | Extract period beginning..... | 5 |
| | Extract period ending..... | 6 |
| | Source system..... | 7 |
| | Number of records..... | 9 |
| 2.2 | Patient Details..... | 10 |
| | Facility identifier..... | 10 |
| | Patient identifier..... | 11 |
| | First given name..... | 12 |
| | Second given name..... | 13 |
| | Family name..... | 14 |
| | Sex of patient..... | 15 |
| | Patient date of birth..... | 16 |
| | Estimated date of birth indicator..... | 18 |
| | Patient country of birth..... | 19 |
| | Patient indigenous status..... | 21 |
| | Patient usual residence – address..... | 22 |
| | Patient usual residence – suburb..... | 24 |
| | Patient usual residence – postcode..... | 25 |
| 2.3 | Service Details..... | 26 |
| | Tier 2 Clinic (Qld) Code..... | 26 |
| | Corporate Clinic Code (CCC)..... | 27 |
| | Local Clinic Code..... | 28 |
| | Service provider..... | 29 |
| | Care type..... | 33 |
| 2.4 | Service event details..... | 35 |
| | Service delivery setting..... | 35 |
| | Service delivery mode..... | 37 |
| | National provider identifier..... | 38 |
| | Local provider identifier..... | 39 |
| | Multiple health care provider indicator..... | 40 |
| | Service request received date..... | 42 |
| | Service request source..... | 43 |
| | Service request provider name..... | 45 |
| | Service event date..... | 46 |
| | Group session indicator..... | 47 |
| 2.5 | Service event funding details..... | 49 |
| | Purchaser identifier..... | 49 |
| | Funding source..... | 51 |
| | Service event chargeable status..... | 54 |
| | Payment class..... | 55 |
| | Medicare number..... | 57 |
| | Medicare eligibility..... | 58 |
| | Other Commonwealth program status..... | 59 |
| | Commonwealth program or exemption type..... | 60 |
| | New/review flag..... | 61 |

| | |
|--|----|
| Department of Veterans' Affairs file number..... | 63 |
| Department of Veterans' Affairs card type..... | 64 |
| Provider Identifier | 65 |

1. Overview of the data elements of the QHNAPDC

The data elements of the QHNAPDC have utilised Queensland Health data elements from the [Queensland Health Data Dictionary](#) that align to the national data elements in AIHW's [METeOR](#).

This document provides a list of these data elements, the requirement for their provision to the QHNAPDC, and each data element with their associated data domain.

1.1 Requirement

The following table explains the requirement assigned to each data element for their provision to the QHNAPDC.

| | |
|--------------------|--|
| Essential | Data element is mandatory and must be included. |
| Conditional | Data element is mandatory and must be included under specific criteria. See 'Guide for use' and 'Verification rules' contained within the data element for details on when a conditional field is mandatory. |
| Desirable | Data element should be included but is not mandatory. See 'Guide for use' and 'Verification rules' contained within the data element for further details. |
| Optional | Data element may or may not be included. |

1.2 List of Data Elements

| Position # | Data element | Requirement | QHDD | NHDD |
|------------------------------|---|-------------|------|------|
| Header row | | | | |
| H(1) | Extract period beginning | Essential | | |
| H(2) | Extract period ending | Essential | | |
| H(3) | Source system | Essential | ✓ | |
| H(4) | Number of records | Essential | | |
| Patient details | | | | |
| 1 | Facility identifier | Essential | ✓ | |
| 2 | Patient identifier | Essential | ✓ | ✓ |
| 3 | First given name | Conditional | ✓ | ✓ |
| 4 | Second given name | Conditional | ✓ | ✓ |
| 5 | Family name | Essential | ✓ | ✓ |
| 6 | Sex of patient | Essential | ✓ | ✓ |
| 7 | Patient date of birth | Essential | ✓ | ✓ |
| 8 | Estimated date of birth indicator | Conditional | ✓ | |
| 9 | Patient country of birth | Essential | ✓ | ✓ |
| 10 | Patient indigenous status | Essential | ✓ | ✓ |
| 11 | Patient usual residence - address | Essential | ✓ | |
| 12 | Patient usual residence - suburb | Essential | ✓ | |
| 13 | Patient usual residence - postcode | Essential | ✓ | |
| Service details | | | | |
| 14 | Tier 2 code | Optional | ✓ | ✓ |
| 15 | Corporate Clinic Code (CCC) | Essential | ✓ | |
| 16 | Local Clinic Code | Essential | ✓ | |
| 17 | Service provider | Essential | ✓ | |
| 18 | Care type | Essential | ✓ | ✓ |
| Service event details | | | | |
| 19 | Service delivery setting | Essential | ✓ | |
| 20 | Service delivery mode | Essential | ✓ | ✓ |
| 21 | National provider identifier | Optional | ✓ | |
| 22 | Local provider identifier | Optional | ✓ | |
| 23 | Multiple health care provider indicator | Essential | ✓ | ✓ |

| Position # | Data element | Requirement | QHDD | NHDD |
|--------------------------------------|---|-------------|------|------|
| 24 | Service request received date | Essential | ✓ | ✓ |
| 25 | Service request source | Essential | ✓ | ✓ |
| 26 | Service request provider name | Desirable | ✓ | |
| 27 | Service event date | Essential | ✓ | ✓ |
| 28 | Group session indicator | Essential | ✓ | ✓ |
| Service event funding details | | | | |
| 29 | Purchaser identifier | Conditional | ✓ | |
| 30 | Funding source | Essential | ✓ | ✓ |
| 31 | Service event chargeable status | Essential | ✓ | |
| 32 | Payment class | Optional | ✓ | |
| 33 | Medicare number | Conditional | ✓ | |
| 34 | Medicare Eligibility | Essential | ✓ | ✓ |
| 35 | Other Commonwealth program status | Optional | ✓ | |
| 36 | Commonwealth program or exemption type | Optional | ✓ | |
| 37 | New/review flag | Optional | ✓ | |
| 38 | Department of Veterans' Affairs File Number | Optional | ✓ | ✓ |
| 39 | Department of Veterans' Affairs Card Type | Optional | ✓ | ✓ |
| 40 | Provider Identifier | Conditional | ✓ | ✓ |
| 41 | Contract Indicator | Conditional | ✓ | |
| 42 | Additional Information | Optional | ✓ | |
| 43 | Reporting Facility Identifier | Conditional | ✓ | |
| 44 | Self Referral Indicator | Optional | ✓ | |

Red text New or amended data element for 2017-18

1.3 Data element attributes guide

The following defines the attributes of each data element in the file format.

| Identifying and definitional attributes | |
|--|---|
| Data element number | <i>A reference number associated to the data element in the QHNAPDC DSS.</i> |
| Definition | <i>The meaning, description or explanation of the data element.</i> |
| Synonym names | <i>Other names commonly used for the data element.</i> |
| Relational and representational attributes | |
| Data type | <i>The type of characters accepted when providing the data element, numeric character/ alphanumeric.</i> |
| Representation layout | <i>The accepted character format when providing the data element.</i> |
| Minimum size | <i>The minimum number of characters accepted when providing the data element.</i> |
| Maximum size | <i>The maximum number of characters accepted when providing the data element.</i> |
| Data domain | <i>If a short list of specific values apply to a data element they are listed for reference.</i> |
| Requirements key | <i>The requirement for the data element to be completed, as per section 2.1.</i> |
| Guide for use | <i>The guide for use lists any formatting rules in addition to the data type, representation layout, minimum and maximum size. If a long list of specific values applies to a data element, the source is provided for reference.</i> |
| Verification rules | <i>The rules that will be applied to the data submission to check that the data elements provided are in the correct format.</i> |
| Administrative attributes | |
| Source document | <i>If the data element has been defined in the Queensland Health Data Dictionary or National Health Data Dictionary it is referenced.</i> |
| Comments | <i>Any comments on the use of the data element are listed/ referenced.</i> |
| Data set specifications which include this data element | <i>The data set specifications which include this data element are referenced.</i> |
| Data collection | |
| Data collection methods | <i>If the data element is modified for a data collection, the changes to the data element are listed for reference.</i> |
| Data collections and systems which include this data element | <i>The data collections which include this data element for reference.</i> |

2. Data elements

2.1 Header row

Extract period beginning

| Identifying and definitional attributes | |
|--|---|
| Data element number | H(1) |
| Definition | The first date of the non-admitted patient data collection reporting period. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | DDMMYYYY |
| Minimum size | 8 |
| Maximum size | 8 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | This data element is located in the header (first row) of the data submission. Record the extract period beginning using the full date and leading zeros where necessary. Further information is available in the QH NAPDC DSS Guide 2016-17. |
| Verification rules | Data element is not blank. Data element is a valid date. |
| Administrative attributes | |
| Source document | |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Extract period ending

| Identifying and definitional attributes | |
|--|--|
| Data element number | H(2) |
| Definition | The last date of the non-admitted patient data collection reporting period. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | DDMMYYYY |
| Minimum size | 8 |
| Maximum size | 8 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | This data element is located in the header (first row) of the data submission. Record the extract period ending using the full date and leading zeros where necessary. Further information is available in the QH NAPDC DSS Guide 2016-17. |
| Verification rules | Data element is not blank. Data element is a valid date. Data element is not earlier than data element H(1) |
| Administrative attributes | |
| Source document | |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Source system

| Identifying and definitional attributes | |
|--|--|
| Data element number | H(3) |
| Definition | The system from which the data supplied has been sourced. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(20) |
| Minimum size | 1 |
| Maximum size | 20 |
| Data domain | ABC ALLIEDONE ARIA ASIM ATODSIS CIMHA CHARM CHIMS FERRET HBCIS IPM ISOH KINTRAK MANUAL MOSAIQ OSIM PI5 PRACSOFT PRACTIX SHIP TAHDIS TRACCS TRANSDATA WINVAC |
| Requirements key | Essential |
| Guide for use | This data element is located in the header (first row) of the data submission. If the data was not collected from a single system record "MANUAL" in this data element. |
| Verification rules | Data element is not blank. Alphanumeric characters are uppercase. |

| Administrative attributes | |
|--|--|
| Source document | |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Number of records

| Identifying and definitional attributes | |
|--|--|
| Data element number | H(4) |
| Definition | The number of records included in data submission, excluding the header row. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(10) |
| Minimum size | 10 |
| Maximum size | 10 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | This data element is located in the header (first row) of the data submission, right justified and left padded with zeros. |
| Verification rules | Data element is not blank. Data element is equal to the number of rows contained in the submission, excluding the header row. |
| Administrative attributes | |
| Source document | |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

2.2 Patient Details

Facility identifier

| Identifying and definitional attributes | |
|--|--|
| Data element number | 1 |
| Definition | The unique identifier of the facility providing the non-admitted patient service. |
| Synonym names | Hospital number, Extended source code (HBCIS) |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(5) |
| Minimum size | 5 |
| Maximum size | 5 |
| Data domain | A valid code from the Corporate Reference Data System (CRDS) Facility Data Set , right justified and left padded with zeros. |
| Requirements key | Essential |
| Guide for use | |
| Verification rules | Data element is not blank. Data element is a valid facility identifier at the time of the service event. |
| Administrative attributes | |
| Source document | QHDD: Facility identifier |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | The facility identifier is used to derive the Establishment Identifier and Local Hospital Network Identifier. |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A NHFP Attachment 8 - Submission B |

Patient identifier

| Identifying and definitional attributes | |
|---|---|
| Data element number | 2 |
| Definition | The unique patient identifier within a facility, e.g. UR number, MR number, etc. |
| Synonym names | Unit Record (UR) Number, Medical Record (MR) Number, Health care client (identifier)-client identifier. |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(20) |
| Minimum size | 6 |
| Maximum size | 20 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | Supply the unique patient identifier value. Do not supply default values. |
| Verification rules | Data element is not blank. |
| Administrative attributes | |
| Source document | QHDD: Health care client (identifier)-client identifier |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | Transmitted as a fixed length 20 character field, right justified and left padded with zeros. |

First given name

| Identifying and definitional attributes | |
|--|--|
| Data element number | 3 |
| Definition | The patient's first identifying name within the family group or by which the patient is uniquely socially identified. |
| Synonym names | Forename, first name, Christian name |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(40) |
| Minimum size | 1 |
| Maximum size | 40 |
| Data domain | |
| Requirements key | Conditional. If the patient has a first given name then this data element 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 data element blank. |
| Guide for use | A valid First given name as per the Queensland Health data dictionary Person (name)-given name . |
| Verification rules | |
| Administrative attributes | |
| Source document | QHDD: Person (name)-given name |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Second given name

| Identifying and definitional attributes | |
|--|--|
| Data element number | 4 |
| Definition | The patient's second identifying name (middle name) within the family group or by which the patient is uniquely socially identified. |
| Synonym names | Middle name, second name |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(40) |
| Minimum size | 1 |
| Maximum size | 40 |
| Data domain | |
| Requirements key | Conditional. If the patient has a middle name then this data element is essential. If the patient does not have a middle name, this data element is to be left blank. |
| Guide for use | A valid Second given name as per the Queensland Health data dictionary Person (name)-given name . |
| Verification rules | |
| Administrative attributes | |
| Source document | QHDD: Person (name)-given name |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Family name

| Identifying and definitional attributes | |
|--|---|
| Data element number | 5 |
| Definition | 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. |
| Synonym names | Surname, last name |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(40) |
| Minimum size | 1 |
| Maximum size | 40 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | If the family name is not known or cannot be established, record "UNKNOWN". The full guide for use to complete a valid Family name is available in the Queensland Health Data Dictionary Person (name)-family name . |
| Verification rules | Data element is not blank. |
| Administrative attributes | |
| Source document | QHDD: Person (name)-family name |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Sex of patient

| Identifying and definitional attributes | |
|--|---|
| Data element number | 6 |
| Definition | The biological distinction between male and female. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Male 2 - Female 3 - Intersex or indeterminate 9 - Non stated/inadequately described |
| Requirements key | Essential |
| Guide for use | Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics. Code 3 Intersex or indeterminate, refers to a patient, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason. Code 3 Intersex or indeterminate, should be confirmed if reported for people aged 90 days or greater. |
| Verification rules | Data element is not blank. Data element is 1, 2, 3 or 9. Code 3 is only valid if patient is < 12 months. |
| Administrative attributes | |
| Source document | QHDD: Person-sex |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Patient date of birth

| Identifying and definitional attributes | |
|--|---|
| Data element number | 7 |
| Definition | The date of birth of the patient. |
| Synonym names | Health care client-date of birth |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | DDMMYYYY |
| Minimum size | 8 |
| Maximum size | 8 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | <p>Record the date of birth of the person using the full date and leading zeros where necessary.</p> <p>Every effort should be made to determine the patient's date of birth. The patient's date of birth is an important requirement for the correct identification of the individual, linking of patient records from diverse sources, the sharing of patient data, and data analysis for research and planning. If date of birth is not known or cannot be obtained, provision should be made to collect an estimated date of birth using the patient's approximate age. Estimated age would usually be in years for adults and to the nearest three months (or less) for children aged less than two years. The Estimated date of birth indicator must be reported in conjunction with all estimated dates of birth.</p> <p>For hospitals that use HBCIS to record the patient's details:</p> <ul style="list-style-type: none"> - If the day of birth is unknown, use ** and then enter the month and year. - If the month of birth is unknown, use ** for the month value. <p>For hospitals that use a system other than HBCIS to record the patient's details:</p> <ul style="list-style-type: none"> - If the day of birth is unknown, record 15. - If the month of birth is unknown, record 06. For all systems used to record the patient's details: - If the year of birth is unknown, estimate the year from the age of the patient. - If the age of the patient is unknown and it is not possible to estimate an age and hence a year of birth, use the year 1900. <p>If the source system is able to record an unknown date of birth, this should be supplied as 15061900 to the data collection. In line with state and national standards, unknown date of birth values of 15061900 will be converted to and stored as null values in the data collection.</p> |
| Verification rules | <p>Data element is not blank.</p> <p>Data element is a valid date.</p> |

| | |
|--|--|
| | Data element cannot be after the service event date (data element 29) or prior to 1 st January 1900. |
| Administrative attributes | |
| Source document | QHDD: Person-date of birth |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Estimated date of birth indicator

| Identifying and definitional attributes | |
|--|--|
| Data element number | 8 |
| Definition | A flag to indicate whether any component of a reported date of birth is estimated. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Yes |
| Requirements key | Conditional: If any component of the date of birth was estimated, then this data element is essential. Otherwise leave this data element blank. |
| Guide for use | |
| Verification rules | Data element is 1 or blank. |
| Administrative attributes | |
| Source document | QHDD: Date-estimated date of birth indicator |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Patient country of birth

| Identifying and definitional attributes | |
|---|---|
| Data element number | 9 |
| Definition | The country in which the patient was born. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(4) |
| Minimum size | 4 |
| Maximum size | 4 |
| Data domain | A valid code from the Corporate Reference Data System (CRDS) Country Data Set based on the Standard Australian Classification of Countries 2011 (SACC). |
| Requirements key | Essential |
| Guide for use | <p>A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia.</p> <p>Supplementary codes for inadequate data:</p> <p>These codes commence with 000 and facilitate the coding of data which present particular problems in that a country code cannot be allocated.</p> <p>0000 Inadequately described - To be used when insufficient country of birth information is provided or the information is unknown (e.g. when a person is unconscious).</p> <p>0001 At sea - To be used when a person was born at sea.</p> <p>0003 Not stated - To be used when no country of birth information is provided (e.g. when a person refuses to provide the information).</p> <p>If not available, record this data element as 0003, meaning "not stated".</p> |
| Verification rules | <p>Data element is not blank.</p> <p>Data element is a valid country code.</p> |
| Administrative attributes | |
| Source document | QHDD: Person-country of birth (SACC 2011, v2.3) |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |

| | |
|--|---|
| Data collection | |
| Data collection methods | If a country no longer exists or has changed name, clarification as to the correct code to apply should be sought from the SSB who maintain the statewide reference data for countries. |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Patient indigenous status

| Identifying and definitional attributes | |
|--|---|
| Data element number | 10 |
| Definition | Whether a patient identifies as being of Aboriginal or Torres Strait Islander origin. |
| Synonym names | Health care client-Indigenous status |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 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 |
| Requirements key | Essential |
| Guide for use | Although provision has been made for recording unknown indigenous status, every effort should be made to determine and record the patient's indigenous status. |
| Verification rules | Data element is not blank. Data element is 1, 2, 3, 4 or 9. |
| Administrative attributes | |
| Source document | QHDD: Person-indigenous status |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Patient usual residence – address

| Identifying and definitional attributes | |
|--|---|
| Data element number | 11 |
| Definition | A composite of one or more standard address components that describes a low level of geographical or physical description of a location that used in conjunction with suburb and postcode, forms a complete geographical or physical usual residence address of a patient. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(120) |
| Minimum size | 1 |
| Maximum size | 120 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | <p>The address line is a combination of the standard address data elements that may be concatenated in the following sequence:</p> <p>For a physical location:</p> <ul style="list-style-type: none"> - 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 <p>If the address line is not known or cannot be established, record “Unknown”.</p> <p>A post office box should not be provided as the data element refers to the address of the usual residence of the patient.</p> <p>The address provided must be the address of the patient’s usual residence at the time of the service event.</p> |
| Verification rules | <p>Data element is not blank.</p> <p>Must be usual residence, PO Boxes, etc. are not accepted.</p> |
| Administrative attributes | |
| Source document | QHDD: Person (address)-address line |
| Comments | |
| Data set | Queensland Health non-admitted patient DSS |

| | |
|--|--|
| specifications which include this data element | |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Patient usual residence – suburb

| Identifying and definitional attributes | |
|--|--|
| Data element number | 12 |
| Definition | The full name of the suburb, town or locality that is the patient's usual place of residence. |
| Synonym names | Town, locality |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(50) |
| Minimum size | 1 |
| Maximum size | 50 |
| Data domain | Locality data should be sourced from or verified against the data held in the Corporate Reference Data System (CRDS) Locality data set . |
| Requirements key | Essential |
| Guide for use | Unknown address - Enter "Unknown" for the town/locality. No fixed address - Enter "Unknown" for the town/locality. Baby for adoption - Adoption Services, Department of Communities, Child Safety and Disability Services (DCCSDS) or the foster carer will advise the relevant Hospital and Health Services with regard to the correct address details for correspondence during the transitional period. This will usually be either the foster carer or the DCCSDS. |
| Verification rules | Data element is not blank. Data element is a valid suburb, town, locality or "Unknown". |
| Administrative attributes | |
| Source document | QHDD: Person (address)-town/locality |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | The patient's suburb and postcode of usual residence are used to derive the QHDD: Person-area of usual residence, statistical area level 2 (SA2) identifier (ASGS2016) . |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Patient usual residence – postcode

| Identifying and definitional attributes | |
|--|---|
| Data element number | 13 |
| Definition | The numeric descriptor for a postal delivery area, aligned with suburb, town or locality that is the patient's usual place of residence. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(4) |
| Minimum size | 4 |
| Maximum size | 4 |
| Data domain | A valid postcode from the Corporate Reference Data System (CRDS) Locality data set . The CRDS Locality data set includes the following supplementary postcode values: 9301 - Papua New Guinea 9302 - New Zealand 9399 - Overseas other (not PNG or NZ) 9799 - At sea 9989 - No fixed address 0989 - Not stated/ unknown |
| Requirements key | Essential |
| Guide for use | |
| Verification rules | Data element is not blank. Data element is a valid postcode. |
| Administrative attributes | |
| Source document | QHDD: Person (address)-Australian postcode |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | The patient's suburb and postcode of usual residence are used to derive the QHDD: Person-area of usual residence, statistical area level 2 (SA2) identifier (ASGS2016) . |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

2.3 Service Details

Tier 2 Clinic (Qld) Code

| Identifying and definitional attributes | |
|--|--|
| Data element number | 14 |
| Definition | 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. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | NN.NN |
| Minimum size | 5 |
| Maximum size | 5 |
| Data domain | |
| Requirements key | This field is Optional. |
| Guide for use | A valid code from the Corporate Reference Data System (CRDS) Tier 2 Clinic (Qld) version 4.1 This is a Queensland specific version of IHPA's Tier 2 classification (from the Non-admitted services definitions manual 2016-17 - Version 4.1). For Queensland funding model purposes the Telehealth specific categories are removed. The Tier 2 code to be provided is left justified and with the decimal point. |
| Verification rules | Data element is a valid Tier 2 Version 4.1 code, or blank. |
| Administrative attributes | |
| Source document | CRDS (Tier2 v4.1 QLD) |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | The Corporate Clinic Code and Service provider will be combined to derive the Tier 2 Clinic (Qld) code. |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Corporate Clinic Code (CCC)

| Identifying and definitional attributes | |
|--|--|
| Data element number | 15 |
| Definition | The type of clinical activity a hospital provides to a non-admitted patient in a non-admitted setting. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(3) |
| Minimum size | 3 |
| Maximum size | 3 |
| Data domain | A valid Corporate Clinic Code from the Corporate Reference Data System (CRDS) CCC data set. |
| Requirements key | Essential. |
| Guide for use | |
| Verification rules | Data element is not blank. Data element is a valid Corporate Clinic Code. |
| Administrative attributes | |
| Source document | CRDS Corporate Clinic Code |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | Align the local clinic code to the CCC based on the service provider type and service type provided. |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Local Clinic Code

| Identifying and definitional attributes | |
|--|---|
| Data element number | 16 |
| Definition | The local clinic code used by a facility to provide services to a non-admitted patient in a non-admitted setting. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(50) |
| Minimum size | 1 |
| Maximum size | 50 |
| Data domain | |
| Requirements key | Essential. This field is required for data validation purposes. It is used to assist identification of the service event record in conjunction with the Local Provider Identifier code and the Service Event Date data elements. |
| Guide for use | The local clinic code is used by the hospital to manage and schedule the non-admitted patient clinic. The local clinic code may include more detail than that available in the Corporate clinic code (data element 15) data domain, and is used to derive the corporate clinic code by the hospital providing the non-admitted patient service. |
| Verification rules | Data element is not blank. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-local clinic code |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Service provider

| Identifying and definitional attributes | |
|--|--|
| Data element number | 17 |
| Definition | The type of health professional that provides a service event to a non-admitted patient. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(8) |
| Minimum size | 8 |
| Maximum size | 8 |
| Data domain | 20008186 - MO-NON-SPEC-OTHER 20008192 - MO-SPEC-ANAESTHETIST 20008193 - MO-SPEC-CARDIOLOGIST 20008194 - MO-SPEC-SURGEON, CARDIOTHORACIC 20008195 - MO-SPEC-HAEMATOLOGIST, CLINICAL 20008196 - MO-SPEC-CLINICAL PHARMACOLOGIST 20008197 - MO-SPEC-DERMATOLOGIST 20008198 - MO-SPEC-RADIOLOGIST 20008199 - MO-SPEC-SURGEON, EAR,NOSE & THROAT 20008200 - MO-SPEC-EMERGENCY MEDICINE SPECIALIST 20008201 - MO-SPEC-ENDOCRINOLOGIST 20008202 - MO-SPEC-GASTROENTEROLOGIST 20008203 - MO-SPEC-GERIATRICIAN 20008204 - MO-SPEC-IMMUNOLOGIST 20008205 - MO-SPEC-INFECTIOUS DISEASES PHYSICIAN 20008206 - MO-SPEC-INTNSVE CARE/INT MED 20008207 - MO-SPEC-SURGEON, ORAL / MAXILLOFACIAL 20008208 - MO-SPEC-MEDICINE-GENERAL/INT 20008210 - MO-SPEC-NEONATOLOGIST 20008211 - MO-SPEC-NEUROLOGIST 20008212 - MO-SPEC-SURGEON, NEUROSURGEON 20008213 - MO-SPEC-NUCLEAR MEDICINE 20008214 - MO-SPEC-OBSTETRICIAN AND GYNAECOLOGIST 20008215 - MO-SPEC-ONCOLOGIST, GYNAECOLOGIST 20008216 - MO-SPEC-OPHTHALMOLOGIST 20008217 - MO-SPEC-SURGEON, ORTHOPAEDIC 20008218 - MO-SPEC-PAEDIATRICIAN 20008225 - MO-SPEC-SURGEON, PLASTIC AND RECONSTRUCTIVE 20008226 - MO-SPEC-PSYCHIATRIST |

20008227 - MO-SPEC-PUBLIC HEALTH PHYSICIAN
20008228 - MO-SPEC-ONCOLOGIST, RADIATION
20008229 - MO-SPEC-REHABILITATION MED
20008230 - MO-SPEC-NEPHROLOGIST
20008231 - MO-SPEC-RESPIRATORY PHYSICIAN
20008232 - MO-SPEC-RHEUMATOLOGIST
20008233 - MO-SPEC-SURGEON, GENERAL
20008234 - MO-SPEC-UROLOGIST
20008235 - MO-SPEC-SURGEON, VASCULAR
20008236 - MO-SPEC-ALLERGIST
20008237 - MO-SPEC-CLINICAL CHEMISTRY
20008238 - MO-SPEC-IMMUNOLOGIST, CLINICAL
20008239 - MO-SPEC-CYTOPATHOLOGIST
20008240 - MO-SPEC-INT CARE/ANAESTHETIC
20008241 - MO-SPEC-OCCUPATIONAL MED
20008242 - MO-SPEC-ONCOLOGIST, MEDICAL
20008243 - MO-SPEC-PATHOLOGIST, FORENSIC
20008244 - MO-SPEC-VENEREAL DISEASES
20008245 - MO-SPEC-OTHER
20008308 - MO-NON-SPEC-GENERAL PRACTITIONERS
20008365 - NR-REG-NURSE, OTHER
20008367 - NR-REG-NURSE, MIDWIFERY
20008377 - NR-REG-NURSE, CLINICAL
20008379 - NR-REG-NURSE, CLINICAL MIDWIFERY
20008391 - NR-REG-NURSE, MANAGER
20008392 - NR-REG-NURSE, CLINICAL CONSULTANT
20008395 - NR-REG-ADON (Clinical)*
20008401 - NR-NON-REG-NURSE, ENROLLED
20008402 - NR-NON-REG-NURSE, STUDENT
20008420 - OTH-COUNSELLOR
20008446 - OTH-ATSI LIAISON/HEALTH WORKER
20008471 - OTH-WELFARE OFFICER
20008526 - AH-AUDIOLOGIST
20008532 - AH-DIETITIAN
20008536 - AH-OCCUPATIONAL THERAPIST
20008537 - AH-OPTOMETRIST
20008540 - AH-PHARMACIST
20008542 - AH-PHYSIOTHERAPIST
20008543 - AH-PODIATRIST
20008544 - AH-PSYCHOLOGIST
20008545 - OTH-RADIOGRAPHER/SONOGRAPHER
20008547 - MO-NON-SPEC-SCIENTIST
20008548 - AH-SOCIAL WORKER
20008549 - AH-SPEECH THERAPIST
20008551 - AH-ORTHOPTIST

| | |
|---|---|
| | <p>20008577 - AH-PHYSIOLOGIST 20008592 - AH-PSYCHOLOGIST, CLINICAL 20008601 - AH-PROSTHETIST/ORTHOTIST 20008602 - AH-MUSIC THERAPIST 20008616 - OTH-TECHNICAN 21000276 AH-ALLIED HEALTH ASSISTANT 21000277 AH-THERAPY AIDE 21000278 AH-THERAPY ASSISTANT 21000150 NR-REG-NURSE MANAGER (NAVIGATOR) 21000151 NR-REG-NURSE NAVIGATOR 21000225 NR-REG-NURSE PRACTITIONER* 21000275 OTH-ABORIGINAL & TSI HEALTH PRACTITIONER 21000250 OTH-PHYSICIAN'S ASSISTANT 77777777 NON-QLD HEALTH HOME PROVIDER</p> |
| Requirements key | Essential. |
| Guide for use | <p>The data domain is a modified subset of the Human Resources (HR) Job Codes data set which is part of the Corporate Reference Data System (CRDS) General Reference data set (refer JOBCOD domain for the full set of codes).</p> <p>The data domain descriptions are prefixed as follows to identify distinct provider type streams: MO: Medical Officers (NON-SPEC = Non-Specialist, SPEC = Specialist); NR: Nurses (REG = Registered, NON-REG = Non Registered); AH: Allied Health Professionals; and OTH: Other Health Professionals.</p> <p>*NOTE: The provider type of Nurse Practitioner was previously assigned to code 20008395. From 01 July 2016, this code will now be for the provider type of REG-ADON (Clinical). Nurse Practitioner will now have the code of 21000225 with narrative NR-REG-NURSE PRACTITIONER.</p> |
| Verification rules | <p>Data element is not blank.</p> <p>Data element is a valid service provider code.</p> |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-provider type long name |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | 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. |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Care type

| Identifying and definitional attributes | |
|--|---|
| Data element number | 18 |
| Definition | A descriptor of the overall nature of clinical care provided to a non-admitted patient during a service event. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Rehabilitation care 2 - Palliative care 3 - Geriatric evaluation and management 4 - Psychogeriatric care 5 - Mental health care 8 - Other care |
| Requirements key | Essential |
| Guide for use | <p>Code 1 - Rehabilitation care</p> <p>Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.</p> <p>Code 2 - Palliative care</p> <p>Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.</p> <p>Code 3 - Geriatric evaluation and management</p> <p>Geriatric evaluation and management is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.</p> <p>Code 4 - Psychogeriatric care</p> <p>Psychogeriatric care is care in which the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition.</p> <p>Code 5 - Mental health care</p> |

| | |
|--|---|
| | <p>Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder.</p> <p>Code 8 - Other care</p> <p>Any care provided that does not fall within the categories above.</p> |
| Verification rules | <p>Data element is not blank.</p> <p>Data element is 1, 2, 3, 4, 5 or 8.</p> |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-care type (derived) |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | <p>HBCIS: Outpatient clinic occasion of service-care type (derived, HBCIS)</p> <p>The HBCIS data domain, which is derived from Outpatient clinic occasion of service-provider type long name and Non-admitted patient service event-local clinic code, is different to the care type data domain and so is mapped as follows:</p> <p>Code 01 - Acute care is mapped to code 8 Other care.</p> <p>Code 05 - Newborn care is mapped to code 8 Other care.</p> <p>Code 06 - Other care is mapped to code 8 Other care.</p> <p>Code 09 - Geriatric evaluation and management is mapped to code 3 Geriatric evaluation and management.</p> <p>Code 10 - Psychogeriatric care is mapped to code 4 Psychogeriatric care.</p> <p>Code 11 - Maintenance care is mapped to code 8 Other care.</p> <p>Code 12 - Mental Health care is mapped to code 5 Mental health care.</p> <p>Code 20 - Rehabilitation care is mapped to code 1 Rehabilitation care.</p> <p>Code 30 - Palliative care is mapped to code 2 Palliative care.</p> |
| Data collections and systems which include this data element | <p>Queensland Health non-admitted patient data collection</p> <p>IHPA ABF NAP data collection</p> <p>NHFP Attachment 6 - Submission A</p> |

2.4 Service event details

Service delivery setting

| Identifying and definitional attributes | |
|---|---|
| Data element number | 19 |
| Definition | The setting in which a service is provided to a non-admitted patient during a service event. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 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) |
| Requirements key | Essential |
| Guide for use | Code 2 - Off the hospital campus of the healthcare provider (another hospital). Includes the 'other hospital' setting. This code is to be used to identify "hospital outreach-type clinics". Code 3 - Off the hospital campus of the healthcare provider (other setting). Includes settings such as: - Community health or day centre or other community facilities; - General practice surgeries or clinics; - Residential aged care facilities; or - Private residences. The setting is from the point of view of the patient in relation to the healthcare provider. |
| Verification rules | Data element is not blank. Data element is 1, 2 or 3. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-service delivery setting |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |

| Data collection | |
|--|--|
| Data collection methods | Service delivery setting used to derive IHPA service delivery setting |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Service delivery mode

| Identifying and definitional attributes | |
|--|--|
| Data element number | 20 |
| Definition | The method of communication between a non-admitted patient and a healthcare provider during a service event. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - In person 2 - Telephone 4 - Electronic mail 5 - Postal/courier service 6 – Telehealth - provider 7 – Telehealth - recipient 8 - Other |
| Requirements key | Essential |
| Guide for use | This new data element has been created to enable the separation of the data domain of Videoconference into Telehealth - provider and Telehealth - recipient. |
| Verification rules | Data element is not blank. Data element is 1, 2, 4, 5, 6, 7 or 8. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-service delivery mode (QHNAPDC) |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

National provider identifier

| Identifying and definitional attributes | |
|--|---|
| Data element number | 21 |
| Definition | The Medicare service provider/registration number assigned to the clinician who delivers the service event. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(8) |
| Minimum size | 8 |
| Maximum size | 8 |
| Data domain | |
| Requirements key | Optional |
| Guide for use | 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. |
| Verification rules | Data element is 8 characters or blank. |
| Administrative attributes | |
| Source document | QHDD: Healthcare provider individual-identifier designation |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Local provider identifier

| Identifying and definitional attributes | |
|--|---|
| Data element number | 22 |
| Definition | 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. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(50) |
| Minimum size | 1 |
| Maximum size | 50 |
| Data domain | |
| Requirements key | Optional |
| Guide for use | 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. |
| Verification rules | |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-local provider identifier |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Multiple health care provider indicator

| Identifying and definitional attributes | |
|--|--|
| Data element number | 23 |
| Definition | An indicator of whether a non-admitted patient service event was delivered by multiple health care providers, as represented by a code. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Yes 2 - No 9 - Not stated/inadequately described |
| Requirements key | Essential |
| Guide for use | <p>CODE 1 - Yes This code is used to indicate that direct care has been provided by multiple health care providers.</p> <p>CODE 2 - No This code is used to indicate that direct care has not been provided by multiple health care providers.</p> <p>CODE 9 - Not stated/inadequately described This code is used when there is insufficient information to determine whether direct care has been provided by multiple health care providers.</p> <p>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 health care 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.</p> |
| Verification rules | Data element is not blank. Data element is 1, 2 or 9. |
| Administrative attributes | |
| Source document | METeOR: Non-admitted patient service event-multiple provider indicator |
| Comments | |

| | |
|--|--|
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Service request received date

| Identifying and definitional attributes | |
|--|---|
| Data element number | 24 |
| Definition | The date and time on which a service request for a non-admitted patient was received by a healthcare provider. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | DDMMYYYYhhmm |
| Minimum size | 12 |
| Maximum size | 12 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | Record the date and time the service request for a patient was received using the full date and leading zeros where necessary. Time is to be provided in 24 hour format. If time is unknown, use 0000 for hhmm. |
| Verification rules | Data element is a valid date. Must not be blank. Data element is not after the service event date (data element 29) or greater than 10 years. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-request receipt date |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Service request source

| Identifying and definitional attributes | |
|--|---|
| Data element number | 25 |
| Definition | The type of organisation or person that requests a service by a non-admitted patient clinic for a patient. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(2) |
| Minimum size | 2 |
| Maximum size | 2 |
| Data domain | <p>21 - Qld Health - this hospital - Emergency Dept</p> <p>22 - Qld Health - this hospital - Outpatient Clinic</p> <p>23 - Qld Health - this hospital - Unit/Ward</p> <p>24 - Qld Health - this hospital - Private Practice Clinic</p> <p>28 - Qld Health - this hospital - Other</p> <p>31 - Qld Health - other hospital</p> <p>32 - Qld Health - other hospital - other HHS</p> <p>33 - Qld Health - other hospital - same HHS</p> <p>41 - Qld Health - Community Health Service</p> <p>48 - Qld Health - Other</p> <p>51 - Other Government Service Provider - Correctional Facility</p> <p>52 - Other Government Service Provider - Community Health Facility</p> <p>53 - Other Government Service Provider - Department of Communities (Child Safety Services)</p> <p>58 - Other Government Service Provider - Other</p> <p>61 - Non-Government Service Provider - General Practice</p> <p>62 - Non-Government Service Provider - Private Hospital Facility</p> <p>63 - Non-Government Service Provider - Private Medical Specialist/Consulting Rooms/Agency</p> <p>64 - Non-Government Service Provider - Family Support Alliance</p> <p>65 - Non-Government Service Provider - Intensive Family Support Service</p> <p>68 - Non-Government Service Provider - Other</p> <p>70 - Health care client - Self</p> <p>98 - Other</p> <p>99 - Not stated/inadequately described</p> |
| Requirements key | Essential |
| Guide for use | |
| Verification rules | Data element is not blank. |

| | |
|--|--|
| | Data element is a valid service request source. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-source of request |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Service request provider name

| Identifying and definitional attributes | |
|--|---|
| Data element number | 26 |
| Definition | The given name and family name of the referring practitioner that requests a service for a non-admitted patient from a healthcare provider. |
| Synonym names | Referring physician |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(80) |
| Minimum size | 1 |
| Maximum size | 80 |
| Data domain | |
| Requirements key | Desirable |
| Guide for use | The given name and family name separated by a space character. |
| Verification rules | |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-service request provider name |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Service event date

| Identifying and definitional attributes | |
|--|--|
| Data element number | 27 |
| Definition | The date on which the non-admitted patient service event occurred. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | DDMMYYYYhhmm |
| Minimum size | 12 |
| Maximum size | 12 |
| Data domain | |
| Requirements key | Essential |
| Guide for use | Record the date and time the service event occurred using the full date and leading zeros where necessary. Time is to be provided in 24 hour format. If time is unknown, use 0000 for hhmm. |
| Verification rules | Data element is not blank. Data element is a valid date. Data element is within the values defined in the extract period beginning (data element H(1)) and extract period ending (data element H(2)). Data element is not before the service request received date (data element 24). |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-service event date |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A |

Group session indicator

| Identifying and definitional attributes | |
|--|---|
| Data element number | 28 |
| Definition | An indicator of whether a non-admitted patient service event was delivered in a group. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Yes 2 - No |
| Requirements key | Essential |
| Guide for use | <p>Code 1 - Yes - Group service event</p> <p>“Yes” indicates care that has been provided to two or more patients by the same healthcare provider(s) at the same time. A group must have two or more persons attending in the capacity of patients in their own right. One service event is recorded for each patient who attends a group session.</p> <p>Spouses, parents or carers attending the session are counted for the group session only if they are also participating in the service as a patient (see definition of a service event). A group session may be delivered by more than one provider. This may be multidisciplinary care within one clinic appointment as part of a group, e.g. a group session jointly delivered by a physiotherapist and an occupational therapist.</p> <p>In practice, this should be interpreted to mean that patients are receiving precisely the same services. For example:</p> <ul style="list-style-type: none"> - Patients may be part of a movement or hydrotherapy class where all participants are following the same intervention at the same time. - Patients attending education sessions at chemotherapy or dialysis clinics are group sessions, if two or more people are receiving the same services at the same time. <p>Code 2 - No - Individual service event</p> <p>“No” indicates that care was delivered to the patient as an individual. An individual service event is provided to one person by one or more healthcare providers. For example:</p> <ul style="list-style-type: none"> - Where a clinician works one-on-one with several different patients in the same space over a period of time but each patient is following their own personalised program (for example, where several patients are scheduled to use the |

| | |
|--|--|
| | <p>physiotherapy gym at once).</p> <ul style="list-style-type: none"> - Where multiple persons, such as several family members and carers, meet with a clinician to discuss one patient only. - Patients attending for treatment at a dialysis or a chemotherapy clinic are receiving individual services. |
| Verification rules | <p>Data element is not blank. Data element is 1 or 2.</p> |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-group session indicator |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | <p>Queensland Health non-admitted patient data collection IHPA ABF NAP data collection NHFP Attachment 6 - Submission A</p> |

2.5 Service event funding details

Purchaser identifier

| Identifying and definitional attributes | |
|---|--|
| Data element number | 29 |
| Definition | The identifier of the establishment purchasing a non-admitted patient service event. |
| Synonym names | Purchaser identifier |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(5) |
| Minimum size | 5 |
| Maximum size | 5 |
| Data domain | <p>Purchasers include the following types of establishment:</p> <ul style="list-style-type: none"> – Hospitals and Health Services – Interstate health authorities/ departments – Hospitals – Hospices – Primary health centres – Community services – Dental clinics – Surgery Connect <p>Other establishment nominated by Hospital and Health Services as purchasers of non-admitted patient service events.</p> |
| Requirements key | Optional |
| Guide for use | The service event is delivered under a contracting arrangement. The providing establishment should record the identifier of the purchasing establishment. |
| Verification rules | Must be a valid facility code form the Corporate Reference Data System (CRDS) Facility data set. Facility attribute (CRDS) – attribute type must be code NAPPUR (Non-admitted patient purchaser). |
| Administrative attributes | |
| Source document | QHDD: ‘non-admitted patient service event – purchaser identifier’ . |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |

Data collection methods

Data collections and systems which include this data element

Queensland Health non-admitted patient data collection

Funding source

| Identifying and definitional attributes | |
|--|--|
| Data element number | 30 |
| Definition | The principal source of funding for a non-admitted patient service event. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(2) |
| Minimum size | 2 |
| Maximum size | 2 |
| Data domain | <p>01 - Health service budget (not covered elsewhere)</p> <p>02 - Private health insurance</p> <p>03 - Self-funded</p> <p>04 - Worker's compensation</p> <p>05 - Motor vehicle third party personal claim</p> <p>06 - Other compensation (e.g. public liability, common law, medical negligence)</p> <p>07 - Department of Veterans' Affairs</p> <p>08 - Department of Defence</p> <p>09 - Correctional facility</p> <p>10 - Other hospital or public authority (contracted care)</p> <p>11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)</p> <p>12 - Other funding source</p> <p>13 - Health service budget (no charge raised due to hospital decision)</p> <p>14 - Medicare Benefits Scheme</p> <p>99 - Not stated/Unknown</p> |
| Requirements key | Essential |
| Guide for use | <p>Code 01 - Health service budget (not covered elsewhere)</p> <p>Health service budget (not covered elsewhere) should be recorded as the funding source for Medicare eligible patients for whom there is no other funding arrangement.</p> <p>Excludes: Inter-hospital contracted patients and overseas visitors who are covered by Reciprocal health care agreements and elect to be treated as public admitted patients.</p> <p>Code 02 - Private health insurance</p> <p>Patients who are funded by private health insurance, including travel insurance for Medicare eligible patients. If patients receive any funding from private health insurance, choose Code 02, regardless of whether it is the majority source of funds.</p> |

Excludes: Overseas visitors for whom travel insurance is the major funding source.

Code 03 - Self funded

This code includes funded by the patient, by the patient's family or friends, or by other benefactors.

Code 10 - Other hospital or public authority (contracted care)

Patients receiving treatment under contracted arrangements with another hospital (inter-hospital contracted patient) or a public authority (e.g. a state or territory government).

Code 11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)

Patients who are overseas visitors from countries covered by Reciprocal Health Care Agreements.

Australia has Reciprocal Health Care Agreements with the United Kingdom, the Netherlands, Italy, Malta, Sweden, Finland, Norway, Belgium, Slovenia, New Zealand and Ireland. The Agreements provide for free accommodation and treatment as public hospital services, but do not cover treatment as a private patient in any kind of hospital.

The Agreements with Finland, Italy, Malta, the Netherlands, Norway, Sweden, Belgium, Slovenia and the United Kingdom provide free care as a public patient in public hospitals, subsidised out-of-hospital medical treatment under Medicare, and subsidised medicines under the Pharmaceutical Benefits Scheme.

The Agreements with New Zealand and Ireland provide free care as a public patient in public hospitals and subsidised medicines under the Pharmaceutical Benefits Scheme, but do not cover out-of-hospital medical treatment.

Visitors from Italy and Malta are covered for a period of six months from the date of arrival in Australia only.

Visitors from Belgium, the Netherlands and Slovenia require their European Health Insurance card to enrol in Medicare. They are eligible for treatment in public hospitals until the expiry date indicated on the card, or to the length of their authorised stay in Australia if earlier.

Excludes: Overseas visitors who elect to be treated as private patients or under travel insurance.

Code 12 - Other funding source

This code includes overseas visitors for whom travel insurance is the major funding source.

Code 13 - Health service budget (no charge raised due to hospital decision)

Patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital or the state/territory. Also includes patients who receive private hospital services for whom no accommodation or facility charge is raised (for example, when the only charges are for medical services bulk-billed to Medicare), and patients for whom a charge is raised but is subsequently waived.

Excludes:

- Medicare eligible non-admitted patients, presenting to a

| | |
|--|--|
| | <p>public hospital emergency department and Medicare eligible patients (for whom there is not a third party payment arrangement) presenting at a public hospital outpatient department, whose funding source should be recorded as Health service budget (not covered elsewhere).</p> <p>- Patients presenting to an outpatient department who have chosen to be treated as a private patient and have been referred to a named medical specialist who is exercising a right of private practice. These patients are not considered to be patients of the hospital.</p> <p>Code 14 - Medicare Benefits Scheme</p> <p>Medicare eligible patients presenting at a public hospital for whom services are billed to Medicare. Includes both bulk-billed patients and patients with out-of-pocket expenses.</p> |
| Verification rules | <p>Data element is not blank.</p> <p>Data element is 01 – 14 or 99.</p> |
| Administrative attributes | |
| Source document | QHDD: Episode of care-expected principal source of patient funding |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | Funding source used to derive IHPA funding source. |
| Data collections and systems which include this data element | <p>Queensland Health non-admitted patient data collection</p> <p>IHPA ABF NAP data collection</p> <p>NHFP Attachment 6 - Submission A</p> |

Service event chargeable status

| Identifying and definitional attributes | |
|--|---|
| Data element number | 31 |
| Definition | The chargeable status for a non-admitted patient's elected choice of care and/or treatment. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(2) |
| Minimum size | 2 |
| Maximum size | 2 |
| Data domain | 01 - Public 02 - Private - bulk billed 03 - Private - other |
| Requirements key | Essential |
| Guide for use | Code 01 - Public A patient who elects to be treated as a public patient, does not choose their own doctor and will be provided with a suitable doctor for their care. Code 02 - Private - Bulk Billed A patient who elects to be treated as a private patient by a doctor with right of private practice arrangements at a facility and is subsequently bulk billed for the service. Code 03 - Private - Other A patient who elects to be treated as a private patient by a doctor with right of private practice arrangements at a facility and is not bulk billed for the service. |
| Verification rules | Data element is not blank. Data element is 01, 02 or 03. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-chargeable status |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection Queensland Health funding model |

Payment class

| Identifying and definitional attributes | |
|---|---|
| Data element number | 32 |
| Definition | A code denoting a person's payment class. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(2) |
| Minimum size | 2 |
| Maximum size | 2 |
| Data domain | 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 98 - Other 99 - Not stated/Unknown |
| Requirements key | Optional |
| Guide for use | |
| Verification rules | Data element is 01 – 17, 98 or 99. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-payment class |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |

| | |
|--|---|
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection Queensland Health funding model |

Medicare number

| Identifying and definitional attributes | |
|--|--|
| Data element number | 33 |
| Definition | Person identifier, allocated by the Health Insurance Commission to eligible persons under the Medicare scheme that appears on a Medicare card. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(11) |
| Minimum size | 11 |
| Maximum size | 11 |
| Data domain | |
| Requirements key | Conditional. Required if the patient is eligible for Medicare. |
| Guide for use | The 11 digit Medicare card number comprises: N(8) - Card number N(1) - Check digit N(1) - Issue number N(1) - Person number |
| Verification rules | Data element is an 11 digit number. Should be provided if Medicare Eligibility = 1 (Eligible). Can be blank if unavailable. |
| Administrative attributes | |
| Source document | QHDD: Person-Medicare card number |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B |

Medicare eligibility

| Identifying and definitional attributes | |
|--|---|
| Data element number | 34 |
| Definition | An indicator of a person's eligibility for Medicare at the time of the non-admitted patient service event, as specified under the Commonwealth Health Insurance Act 1973. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Eligible 2 - Not Eligible 9 - Not stated/unknown |
| Requirements key | Essential. |
| Guide for use | |
| Verification rules | Data element is not blank. Data element is 1, 2 or 9. |
| Administrative attributes | |
| Source document | QHDD: Person-Medicare eligibility status |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B |

Other Commonwealth program status

| Identifying and definitional attributes | |
|--|---|
| Data element number | 35 |
| Definition | A code identifying if the service event is funded through other Commonwealth programs. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - This service or part of this service is funded through other Commonwealth programs 2 - This service or part of this service is not funded through other Commonwealth programs 3 - Not specified |
| Requirements key | Optional |
| Guide for use | |
| Verification rules | Data element is 1, 2, 3 or blank. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-other Commonwealth program status |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | NHFP Attachment 8 - Submission B - File Specification: Transmitted as a 1 character field. Any records not containing a valid value will be coded to "3". |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B |

Commonwealth program or exemption type

| Identifying and definitional attributes | |
|--|--|
| Data element number | 36 |
| Definition | A code identifying if the service event relates to a Commonwealth program or exemption. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - No relevant Commonwealth program or exemption applies to this service 2 - A S19(2) exemption applies to this service 3 - This service is associated with a National Partnership Agreement 4 - This service is associated with another Commonwealth program 5 - Not specified |
| Requirements key | Optional |
| Guide for use | |
| Verification rules | Data element is 1, 2, 3, 4, 5 or blank. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-Commonwealth program or exemption type |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | NHFP Attachment 8 - Submission B - File Specification: Transmitted as a 1 character field. Any records not containing a valid value will be coded to "5". |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection NHFP Attachment 8 - Submission B. |

New/review flag

| Identifying and definitional attributes | |
|---|--|
| Data element number | 37 |
| Definition | 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. |
| Synonym names | New/repeat status |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - New non-admitted patient service event 2 - Review non-admitted patient service event |
| Requirements key | Essential |
| Guide for use | <p>Code 1 - New non-admitted patient service event An initial service event for a patient at a given clinic (i.e. Corporate Clinic Code) for a condition. Excludes post-discharge review associated with an admitted patient episode.</p> <p>Code 2 - Review non-admitted patient service event Any subsequent service event in that given clinic (i.e. Corporate Clinic Code) required for the continuing management/treatment of that condition, up to the stage where the patient is discharged from that given clinic. Includes post-discharge review associated with an admitted patient episode.</p> <p>Where the patient requires ongoing review for the same condition at that given clinic after the referral has expired, an updated referral confirming the need for continued management (refer to Section 5.4 Appointment Management of the Outpatient Services Implementation Standard is required and will NOT initiate a new course of treatment, and the next service event will be a REVIEW.</p> |
| Verification rules | Data element is not blank. Data element is 1 or 2. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-new/review clinical service status |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |

Data collection methods

Data collections and systems which include this data element

Queensland Health non-admitted patient data collection
Queensland Health funding model

Department of Veterans' Affairs file number

| Identifying and definitional attributes | |
|--|--|
| Data element number | 38 |
| Definition | The identification number of a Department of Veterans' Affairs card holder. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(9) |
| Minimum size | |
| Maximum size | 9 |
| Data domain | |
| Requirements key | Optional |
| Guide for use | The 9 alphanumeric Department of Veterans' Affairs file number comprises: State code (1 alphabetic character) The war/conflict code (1-3 alphabetic characters) Id number (4-6 numeric characters) Dependant code (0-1 alphabetic character) |
| Verification rules | Should be provided if Funding Source code = 07 (DVA). Can be blank if unavailable. |
| Administrative attributes | |
| Source document | QHDD: Department of Veterans' Affairs file number |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection Queensland Health funding model |

Department of Veterans' Affairs card type

| Identifying and definitional attributes | |
|--|---|
| Data element number | 39 |
| Definition | The type of Department of Veterans' Affairs treatment entitlement card. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - White 2 - Gold |
| Requirements key | Optional |
| Guide for use | Code 1 - White White card entitles a DVA patient to be treated for service or specific war related conditions or malignant cancer, pulmonary tuberculosis and post traumatic stress disorder in health facilities where there is a DVA arrangement. Code 2 - Gold Gold card entitles a DVA patient to be treated for all medical conditions whether they are related to war service or not. Gold card holders have access to a range of health services in which there are arrangements with registered health care providers. |
| Verification rules | Is blank if Departmental of Veterans' Affairs file number is blank. Data element is 1 or 2 if Departmental of Veterans' Affairs file number is reported. Can be provided if Funding Source = 07 (DVA). |
| Administrative attributes | |
| Source document | QHDD: Department of Veterans' Affairs card type |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection Queensland Health funding model |

Provider Identifier

| Identifying and definitional attributes | |
|--|--|
| Data element number | 40 |
| Definition | The identifier of the establishment providing a non-admitted patient service event. |
| Synonym names | Provider Identifier |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(5) |
| Minimum size | 5 |
| Maximum size | 5 |
| Data domain | <p>Providers include the following types of establishment:</p> <ul style="list-style-type: none"> – Hospitals – Hospices – Primary health centres – Community services – Dental clinics – Other establishment nominated by Hospital and Health Services as providers of non-admitted patient service events. |
| Requirements key | Optional |
| Guide for use | The service event is delivered under a contracting arrangement. The purchasing establishment should record the identifier of the providing establishment. |
| Verification rules | Must be a valid facility code form the Corporate Reference Data System (CRDS) Facility data set. Facility attribute (CRDS) – attribute type must be code NAPPROV (Non-admitted patient provider). |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event – provider identifier |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Contract Indicator

| | |
|--|---|
| Identifying and definitional attributes | |
| Data element number | 41 |
| Definition | An indicator of whether a non-admitted patient service event was delivered under a contract arrangement. |
| Synonym names | Contract flag |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Yes |
| Requirements key | Conditional |
| Guide for use | <p>Condition: If the service was performed under a contracting arrangement this field is essential. Otherwise, leave this data element blank.</p> <p>Code 1 (yes) is used to indicate that direct care has been provided under contract (or a contract arrangement).</p> <p>The establishment identifiers of both the purchaser and provider of the service event should be provided.</p> |
| Verification rules | Can be blank. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event-contract indicator |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Additional Information

| | |
|--|---|
| Identifying and definitional attributes | |
| Data element number | 42 |
| Definition | Information provided by a hospital or HHS for a service event to enable them to identify the source provider of the service event for validation purposes. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Alphanumeric |
| Representation layout | A(40) |
| Minimum size | |
| Maximum size | 40 |
| Data domain | |
| Requirements key | Optional |
| Guide for use | The additional information data element can be supplied by a facility or HHS within the service event record supplied to the QHNAPDC. This data element enables them to identify a service event where information in addition to the data item Non-admitted patient service event local clinic code is required. |
| Verification rules | Can be blank. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event – additional information |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Reporting Facility Identifier

| Identifying and definitional attributes | |
|--|---|
| Data element number | 43 |
| Definition | The facility identifier of the reporting facility. |
| Synonym names | |
| Relational and representational attributes | |
| Data type | Numeric |
| Representation layout | N(5) |
| Minimum size | 5 |
| Maximum size | 5 |
| Data domain | A valid code from the Corporate Reference Data System (CRDS) Facility Data Set , right justified and left padded with zeros. |
| Requirements key | Conditional |
| Guide for use | <p>All facility codes are numeric with leading zeroes (e.g.00123). Exchange of data across information systems should always be based on the numeric facility code.</p> <p>This data element is restricted to facilities that share the same HBCIS account with one or more other facilities as reported from the system via the EIS extract can only be under one 'primary' facility identifier. This data element will enable activity to be correctly attributed to the facility reporting the activity.</p> <p>The 'reporting facility identifier' data item is originally captured in the HBCIS APP module, Clinic Codes Screen, field [Funding Facility].</p> <p>'Funding Facility' is extracted via the EIS Extract to the HIU's SATr system and stored as [Clinic Facility Code]. This will be added to the NAP Repository for extraction through the QHNAPDS extract.</p> <p>The QHNAPDC System on load will take the 'facility identifier' supplied by the HIU NAP Repository and overwrite with the value contained in the 'reporting facility identifier'. The 'reporting facility identifier' will remain unchanged and the 'supplied facility identifier' will be populated with the original 'facility identifier' supplied (on load).</p> |
| Verification rules | <p>Can be blank.</p> <p>Data element is a valid facility identifier at the time of the service event.</p> |

| | |
|--|--|
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event – reporting facility identifier |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

Self-Referral Indicator

| | |
|--|--|
| Identifying and definitional attributes | |
| Data element number | 44 |
| Definition | An indicator of whether a patient self-referred to a non-admitted patient service. |
| Synonym names | Self-referral flag (HBCIS) |
| Relational and representational attributes | |
| Data type | Numeric character |
| Representation layout | N(1) |
| Minimum size | 1 |
| Maximum size | 1 |
| Data domain | 1 - Yes |
| Requirements key | Conditional |
| Guide for use | <p>Code 1 (yes) is used to indicate that a patient has self-referred to a non-admitted patient service.</p> <p>The self-referral indicator is only permissible for non-specialist outpatient clinics.</p> <p>Service event records which are assigned this indicator will have the two mandatory QHNAPDC referral data items of <i>Service Request Received Date</i> and <i>Service request source</i> derived upon load of the monthly data extract to the QHNAPDC system. This indicator can only be applied to specific non-specialist outpatient clinics.</p> <p>This indicator is only to be applied when the patient has not been provided with a referral from an acceptable referral source. Where a referral is in existence, details of the actual referral must be provided to QHNAPDC.</p> |
| Verification rules | Can be blank. |
| Administrative attributes | |
| Source document | QHDD: Non-admitted patient service event self-referral indicator |
| Comments | |
| Data set specifications which include this data element | Queensland Health non-admitted patient DSS |
| Data collection | |
| Data collection methods | |
| Data collections and systems which include this data element | Queensland Health non-admitted patient data collection |

