Queensland Health Non-admitted Patient Data Collection Manual

Statistical Services Branch

2017-2018

Queensland Government

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For more information contact:
Statistical Collections and Integration, Statistical Services Branch, Department of Health, GPO Box 48, Brisbane QLD 4001, email joanne.georgiou@health.qld.gov.au, phone 07 3708 5661.

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Strategy, Policy and Planning Division
Department of Health
GPO Box 48
Brisbane Q 4001

Email: napmail@health.qld.gov.au

Approved by: Rod Leeuwendal
A/ Director
Statistical Collections and Integration

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Oct 2017	1.0		Update of manual to align to 2017-18 data collection/ reporting requirements.

1. Introduction to the QHNAPDC

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

1.1 The establishment of QHNAPDC

The QHNAPDC was established to collect the non-admitted outpatient activity at the patient-level primarily to comply with State and Commonwealth Government reporting requirements, in particular those of the Independent Hospital Pricing Authority (IHPA)[2].

Up until the establishment of QHNAPDC in July 2016, the collection and reporting of validated non-admitted patient activity has only been at the summary-level through the Monthly Activity Collection (MAC) managed by the Statistical Services Branch, Department of Health.

The requirement to provide non-admitted patient activity data is detailed in the Three Year Data Plan, which is the collaboration of the IHPA, the National Health Performance Authority (NHPA) and the Administrator of the National Health Funding Pool.

Data items for collection are prescribed in IHPA's Non-admitted Patient National Best Endeavours Data Set Specification (NBEDS) 2017-2018[3]. In addition to these data items, there are also additional data items prescribed by the State. Both these national and state requirements are prescribed together in the QHNAPDC file format.

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

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

1.2 Use of QHNAPDC data

Non-admitted patient-level data from QHNAPDC is primarily used by the Department of Health to report to the IHPA. This data has been previously reported to the IHPA in preceding years by the Department of Health, however with the introduction of QHNAPDC in July 2016, this data is validated to ensure a high standard of data quality in reporting.

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[1] The term 'reporting entity' used in this manual refers to one of the three hierarchical levels for reporting non-admitted patient activity data ie the hospital, the HHS or the State. The term 'reporting entities' used in this manual refers collectively to the three hierarchical levels for monthly activity reporting ie the hospital, the HHS and the State.

[2] IHPA is an independent government agency established by the Commonwealth as part of the *National Health Reform Act 2011*. IHPA was established to contribute to significant reforms to improve Australian public hospitals. A major component of these reforms is the implementation of national Activity Based Funding (ABF) for Australian public hospitals.

[3] Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary, retrieved 18/07/2017. <http://meteor.aihw.gov.au/content/index.phtml/itemId/650086>

In future years, QHNAPDC data will be used for funding purposes, but for 2017-2018, non-admitted patient activity reported to the MAC will continue to be the source for funding.

As with other data collections, QHNAPDC data is utilised for many purposes in addition to IHPA reporting, including performance, costing, financial and resource management, health planning, research, informing service level agreements between HHSs and the Department of Health and their subsequent monitoring.

Reporting entities continue to work to improve data quality and coverage of patient-level data.

2. Non-admitted patient activity data collected

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

Type of Activity	Statistical Unit of Activity	Type of Reporting Entity
Non-admitted patient – outpatient service events	service event	public acute hospitals Hospital and Health Services (HHSs) Jurisdictional Health Authority (State)
Non-admitted patient - Primary and Community Health service events	Primary and Community Health (PCH) service events	Hospital and Health Services (HHSs)

2.1 Non-admitted patient activity (outpatient service events)

Scope statement

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

- outpatient service events[4] (OSEs) provided by clinics deemed as 'in scope' for reporting as determined by the IHPA's General list of in-scope public hospital services. Whilst the 'General list' does not include Tier 2 clinic classes of 'General Practice and Primary Care' (20.06), 'Aged Care Assessment' (40.02), 'Family

[4]Outpatient service events must meet the definition of a service event being *an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record* Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary. <http://meteor.aihw.gov.au/content/index.phtml/itemId/652089> Retrieved 14/07/2017

Planning' (40.27), 'General Counselling' (40.33), and 'Primary Health Care' (40.08) as in-scope public hospital services, these clinic types must be reported.

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

- Primary and Community Health service events[5] (PCHSEs) provided by Primary and Community Health Services clinics that are not able to be classified to a CCC/ Tier 2 clinic class and for which funding corresponds with cost centres designated as 'Non-ABF Service Categories' in the general ledger 'Funding Split Hierarchy'. Classification of these clinic services will be to a service type identified in the Service type classifications and counting rules for reporting at the HHS level and may include activity for services that are outsourced. This activity does not fit the criteria prescribed in *General list of in-scope public hospital services* ie: considered ABF in scope services, as these would be able to be reported against the appropriate Tier 2 clinic classification.
- occasions of service provided by clinics at the facility level that do not deliver clinical care eg activities such as home cleaning, meals on wheels or home maintenance. Whilst in scope, these activities are not service events. This activity is collected for State reporting purposes.

This also includes all in scope services that contracted by a public hospital, Local Hospital Network *(HHS)* or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network *(HHS)* or jurisdiction, or the location where the services are delivered. Instances of service provision are to be captured from the point of view of the patient.[6]

Further, this activity must:

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

Excludes:

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

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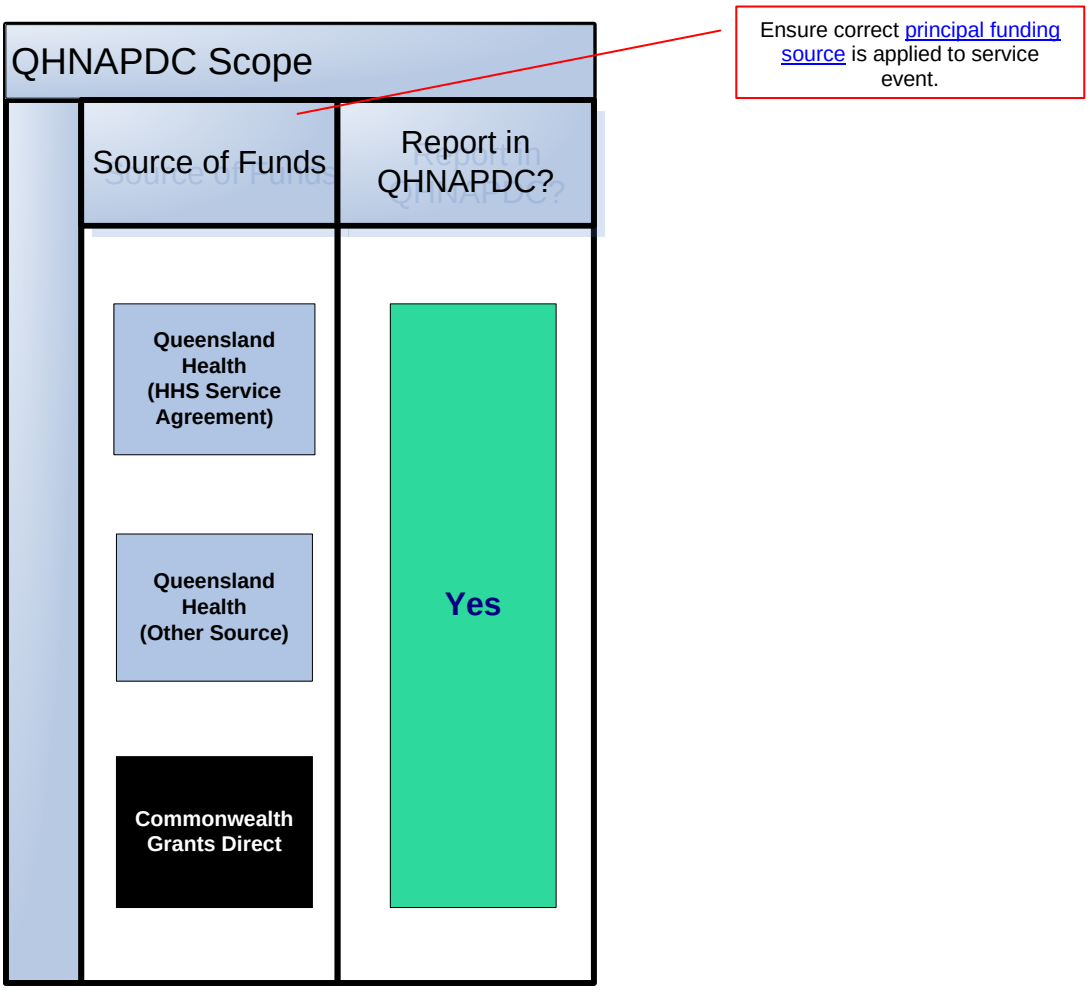
[5] A PCHSE is defined as an interaction between a client and one or more healthcare provider(s) containing therapeutic/clinical content, resulting in a dated entry in the patient's medical record, file or other client service record and occurring in a community setting, or under the auspices of a community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

[6] Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary. <*Non-admitted patient NBEDS 2017-18*> Retrieved 03/08/2017

Note

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

Scope diagram



Reporting mandates

Independent Hospital Pricing Authority (IHPA)

The Department of Health must provide non-admitted patient service event activity to IHPA at both the patient-level as well as the aggregate-level as per the Three Year Data Plan 2017-18 to 2019-20. Data at the patient-level is collected by the QHNAPDC

and reported to the IHPA as specified in the Non-admitted patient NBEDS 2017-18[7] however the source of data for mandated Commonwealth and State government reporting requirements and Activity Based Funding (ABF) remains the aggregate-level Monthly Activity Collection (MAC) for 2017-18.

The Department of Health provides aggregate-level data from the MAC as specified in the following two data set specifications, *Non-admitted patient care hospital aggregate NMDS 2017-18* [8](NAPC HA NMDS) and *Non-admitted patient care Local Hospital Network aggregate NBEDS 2017-18*[9] (NAPC LHNA NBEDS). Refer to the current MAC Manual for further information.

It should be noted that the Three Year Data Plan 2017-18 to 2019-20 advises that the collection of summary-level non-admitted patient activity (the MAC) will cease from 1 July 2019 with patient-level data (QHNAPDC) being the source for national reporting.

State reporting

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

Clinic classifications and counting rules

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

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

- Tier 2 Non-admitted services compendium (hereafter referred to as the 'Tier 2 Compendium') – this document provides details on the counting and classification rules associated with the Tier 2 non-admitted services classification as well as business rules and scenarios to assist users to consistently classify activity, and
- Tier 2 Non-admitted services national index (hereafter referred to as the 'Tier 2 Index') - this index assists users of the Tier 2 classification to allocate local clinics to a Tier 2 class in a consistent manner.

[7] Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary, retrieved 18/07/2017. <http://meteor.aihw.gov.au/content/index.phtml/itemId/650086>
[8] Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary, retrieved 18/07/2017. <http://meteor.aihw.gov.au/content/index.phtml/itemId/649281>
[9] Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary, retrieved 18/07/2017. <http://meteor.aihw.gov.au/content/index.phtml/itemId/649576>
Local Hospital Networks (LHNs) are known as Hospital and Health Services (HHSs) in Queensland.

Note:

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

Counting Rules Diagram

Scenario	Patient	Clinician/s	Count	Session/ Service Event Type
Scenario 1 One to one Eg Addiction Medicine	 One	 One clinician	 One	1:1 Session
Scenario 2 One to two Eg Cardiology	 One	 Two clinicians	 One	1:1 Session
Scenario 3 One to three or more clinicians - same specialty Eg Pre-admission	 One	 Three or more clinicians – same specialty	 One	1:1 Session
Scenario 4 One to three or more clinicians – different specialties Eg Rehabilitation	 One	 Three or more clinicians – different specialty	 One Provided by:	1:1 Session Multiple Health Care Providers
Scenario 5 Many patients to one clinician Eg Diabetes	 Many	 One clinician	 One  Six	Group Session Patients within the group session
Scenario 6 Many patients to two clinicians Eg Cardiology Rehabilitation	 Many	 Two clinicians	 One  Six	Group Session Patients within the group session
Scenario 7 Many patients to three or more clinicians - same specialty Eg Maternal Fetal Health	 Many	 Three or more clinicians – same specialty	 One  Six	Group Session Patients within the group session
Scenario 8 Many patients to three or more clinicians – different specialties Eg Oncology	 Many	 Three or more clinicians – different specialty	 One  Six Provided by:	Group Session Patients within the group session Multiple Health Care Providers

Service type classifications and counting rules

PCHSEs are classified according to the following service types:

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

Primary and Community Health Service Catalogue for Reporting		
Service Type	**Definition**	**Service**
	infectious diseases, including immunisations. Excludes sexually transmitted diseases (see Sexual Health) and Staff vaccinations.	or infectious disease prevention, detection and response.
Community Palliative Care	Community palliative care services provided in the community or a patient's home. Includes care services purchased through non-government providers and equipment hire.	Includes heart failure.
Community Rehabilitation	Community based rehabilitation services for children and/or adults provided in a community setting (i.e. patients home or community centre), usually, but not always, following a hospital event. Includes care services purchased through non-government providers and equipment hire.	Cardiac Rehabilitation
		Pulmonary Rehabilitation
		Acquired Brain Injury Rehabilitation
		Spinal Injury Rehabilitation
Maternal Health	Community based pre-natal and post-natal services provided to women/parents.	Antenatal and Postnatal Care (including postnatal contact/visits delivered under specific initiatives and government commitments). Excludes parenting support programs (see Child and Youth community health service type).
Offender Health Services	Health services provided to offenders/prisoners under the supervision of Queensland Corrective Services.	All community health services provided to offenders/prisoners fall into this category. Activity recorded could pertain to a range of service types across the community health service catalogue but the client/patient is an offender/prisoner.
Primary Health	GP type services provided	Refugee Health

Primary and Community Health Service Catalogue for Reporting		
Service Type	**Definition**	**Service**
Care	in the community, including services to Medicare ineligible clients. (Includes services provided to indigenous persons/communities).	Primary Care Clinics (out of scope Tier 2 clinics)
Sexual Health	Services provided in the community to provide testing, support, education and advice for sexual health including transmission of sexually transmitted diseases and management and referral for sexual assault.	Sexual Assault Services
		Complex STIs
		Post Exposure Prophylaxis for HIV
		Testing, referral and counselling for sexual health
Women's and Men's Health	Community health services targeted to women or men for specific gender related health issues.	Family Planning
		Advice concerning breast health, gynaecological care, female genital mutilation and gynaecological oncology. Specific services may include early pregnancy clinic, fertility and reproductive endocrinology, urogynaecology sexual health and menopausal health. Excludes diagnostic screening.
		Advice concerning vasectomy, male infertility, penile and testicular problems, sexual function and dysfunction, sexual health and the prostate. Excludes diagnostic screening.

The counting rules for PCHSEs are as follows:

- 'client' is defined as the principal individual to whom therapeutic/clinical content is directed by a healthcare provider(s). Where carers and/or family members are also present during the interaction, only one PCHSE per client may be counted.

- one PCHSE is recorded for each interaction with a client, regardless of the number of healthcare providers present. Note: The reporting of multiple health care provider type information is not required for PCHSE activity.
- services delivered via telehealth or telephone are included if they meet the definition of a PCHSE. Telehealth PCHSEs are reported by both the provider and receiver.
- one PCHSE is recorded for each client who attends a group session, regardless of the number of healthcare providers present. There is no requirement to separate these session types nor report the number of group sessions. For example, if five clients attended a group session, this would be reported as five PCHSEs.

2.1.1 Other services and programs within scope

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

This includes services such as Other Outreach Services and BreastScreen Queensland.

SCIU may obtain extracts from other corporate repositories of activity in the future where it is required.

2.1.2 Reporting activity of non-hospital facilities

The activity of facilities which are not 'declared' hospitals are to be reported as part of the monthly HHS submission. Facilities which are not 'declared' hospitals can include primary health care centres, community health facilities, and previously declared hospitals.

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

Refer to the Reporting Decision Tree.

2.1.3 Facilities which share another HBCIS Account

Service events recorded by facilities (reporting entities) which share the HBCIS account of another facility are reported with the 'Primary Facility Code' that is set for the HBCIS account. As all activity is attributed to the one facility identifier, it appears that the activity of the other facilities is not recorded and the activity of the 'primary' facility is overstated.

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

The activity that is recorded in the shared HBCIS account is received in the QHNAPDC system under the 'Primary Facility Code'.

To enable the QHNAPDC to attribute activity to the correct facility, the data element 'Reporting facility identifier' has been created to enable the service events of shared HBCIS accounts to be attributed to the facility recording the service event when received by the QHNAPDC system. This data element is HBCIS APP specific and is

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

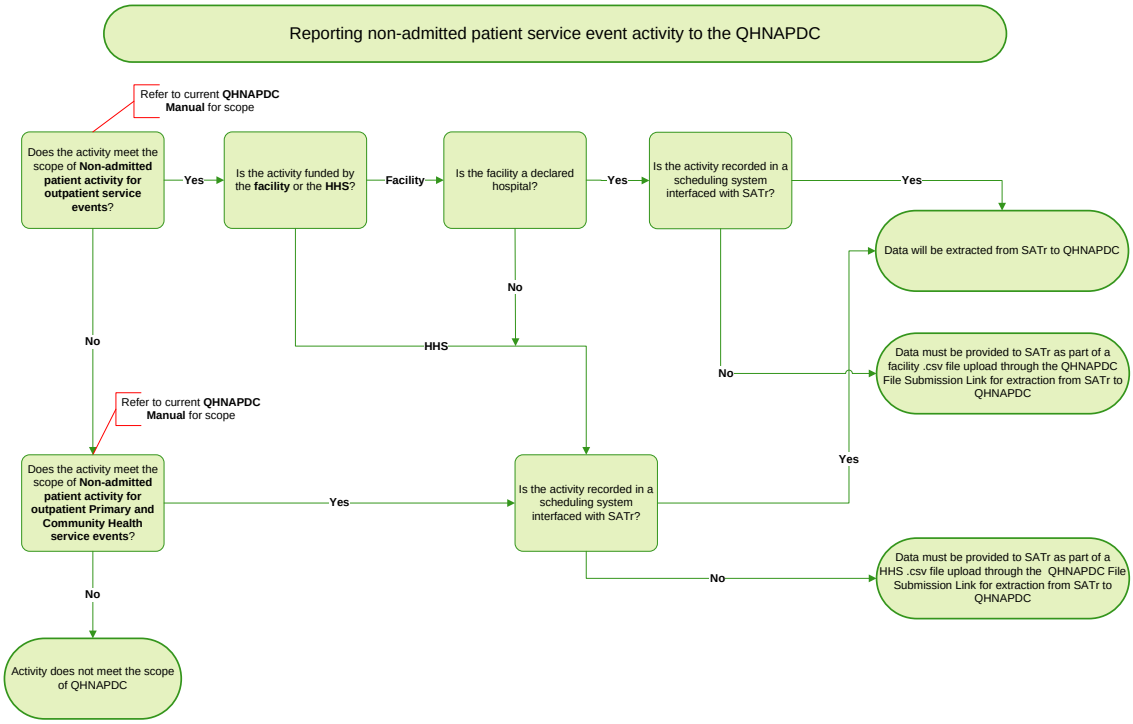
Examples of sharing a HBCIS account can include:

- one or more health care facilities sharing one HBCIS account where local rules are used to uniquely identify the activity of each entity eg assigning a unique series of patient URs to each entity, use of local clinic codes etc
- activity of the HHS being entered into a hospital HBCIS account

Refer to the Reporting facility identifier for further details.

2.1.4 Reporting pathways

Reporting Decision Tree



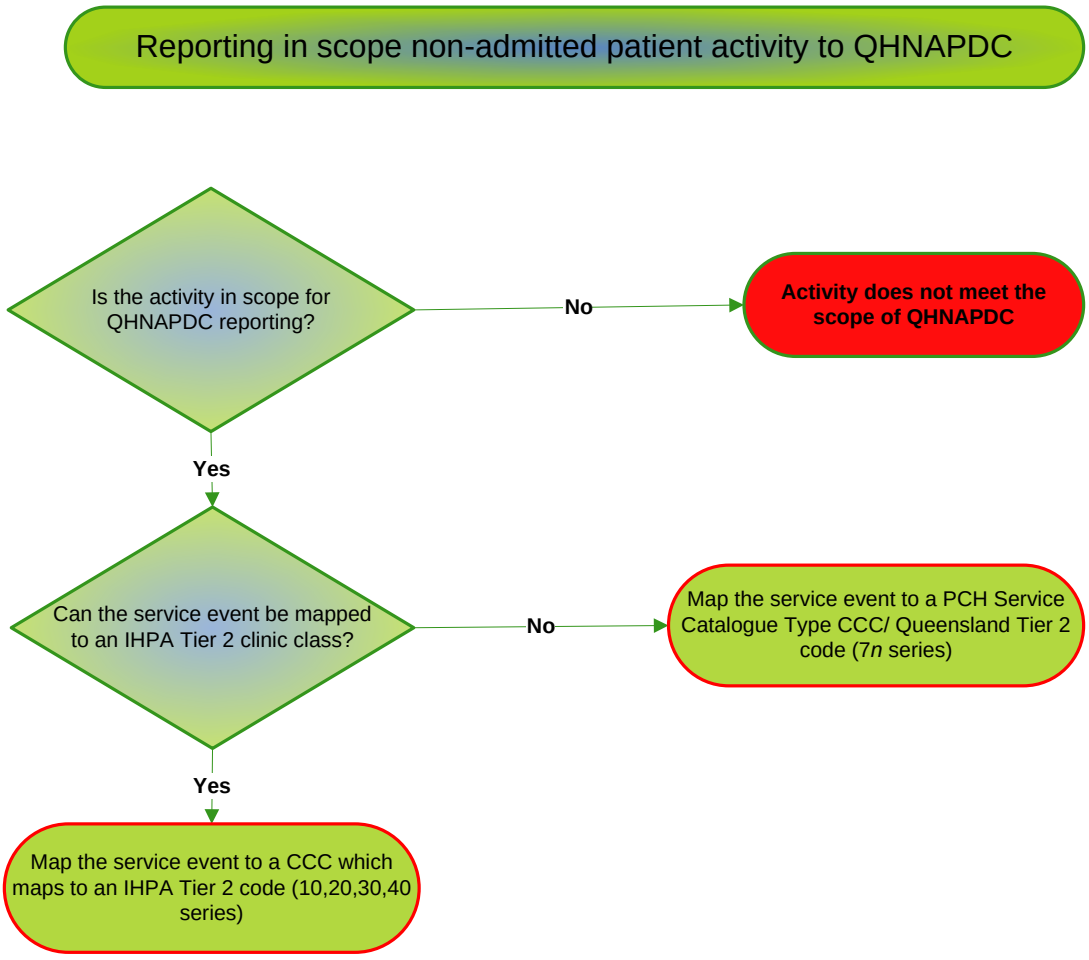
2.2 File format and data elements

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

2.2.1 File format

2.2.2 Clinic Mapping Table

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



2.2.3 Request for the addition of new purchaser/ provider identifiers

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

New identifiers are requested by completing the 'Request to CRDS for new or amended Purchasers and Providers Identifier' template and then emailing to crds@health.qld.gov.au

Note for HBCIS users

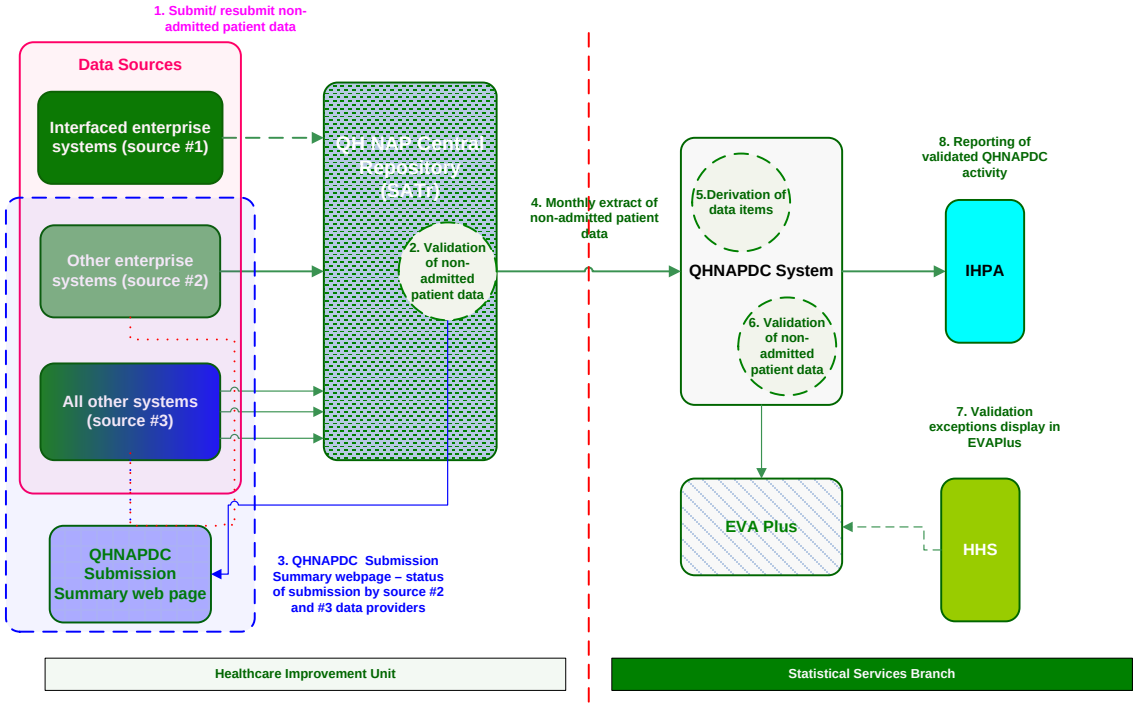
Once the identifier is provided by SSSU, the HBCIS administrator should update the relevant reference file locally so that the field within the service event/s can be populated with this number.

SSSU will provide the updates to the reference file to the HBCIS team at the SIM to perform the update to the corporate reference field which will be released within the next HBCIS release.

2.3 Data lodgement

2.3.1 Data flow

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



2.3.2 Data sources

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

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

		month

2.3.3 Date of Extract

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

2.3.4 Data Submission for Sources #2 and #3

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

Standards apply to each data file for the file name and file format.

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

File name

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

NAPxxxxxMMMYYYYSOURCE.csv

Source #2 – Other Enterprise systems

Source #2 file names

Identifying field	Value/s	Example
NAP	"NAP"	NAP
xxxxx	"ENTPS"	ENTPS
MMMYYYY	"JUL2017", "AUG2017", "SEP2017", "OCT2017', 'NOV2017', "DEC2017", 'JAN2018', 'FEB2018', "MAR2018", "APR2018", "MAY2018" or "JUN2018"	DEC2017
SOURCE	The system from which the data supplied has been sourced, as referenced in the QHNAPDC file format data element H(3).	System Name

Example: the file name of the file submitted for December 2017 month is:

NAPENTPSDEC2017SYSTEM.csv

Source #3 – All other systems used to record NAP activity

Source #3 file names

Identifying field	Values	Example

NAP	"NAP"	NAP
xxxxx	"HH" & 3 character HHS identifier: 112 - Cairns and Hinterland 113 – Townsville 114 – Mackay 115 - North West 116 - Central Queensland 117 - Central West 118 - Wide Bay 119 - Sunshine Coast 120 - Metro North 121 - Children's Health Queensland 122 - Metro South 123 - Gold Coast 124 - West Moreton 125 - Darling Downs 126 - South West 127 – Torres and Cape Healthcare statutory body-hospital and health service code or Five character Facility Identifier.	HH120 00172
MMMYYYY	"JUL2017", "AUG2017", "SEP2017", "OCT2017', 'NOV2017', "DEC2017", 'JAN2018', 'FEB2018', "MAR2018", "APR2018", "MAY2018" or "JUN2018"	JUL2017
SOURCE	The system from which the data supplied has been sourced, as referenced in the QHNAPDC data element H(3) in file format.	ARIA

Example: the file name of the file submitted by Cairns and Hinterland HHS (112) for ARIA data for all facilities in the HHS for the July 2017 month:

NAPHH120JUL2017ARIA.csv

Example: the file name of the file submitted by Mackay Base Hospital (00172) for PI5 data for the facility for the December 2017 month:

NAP00172DEC2017PI5.csv

Example: the file name of the file submitted by Bundaberg Hospital (00062) for all manually recorded NAP activity for the facility for the September 2017 month:

NAP00062SEP2017MANUAL.csv

File format

Rules

File format rule	Example
The submission file must be in Comma Separated Values (csv) file format.	NAP00172DEC2017PI5.csv
All data elements must be separated by a comma character and no additional spaces.	facility identifier,patient identifier,second given name,family name,sex of patient,etc
All alphanumeric data elements must be enclosed by double quote characters.	00104,“T123456”,“John”,“Andrew”,“Smith”,1,etc
All double quote characters contained within an alphanumeric data element must be removed.	First given name (data element 3) recorded as Smi”th. This must be provided as “Smith”.
If a conditional, desirable or optional data element does not have a value, the data element should be left blank in the submission file.	00172,“123456”,,,“Smith”,1,etc

File format detail

Header row

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

Detailed rows

Each detailed row includes 44 data elements that identify the patient, service, service event and service event funding details.

File format link

QHNAPDC file lodgement template

To assist with data lodgement, the QHNAPDC file lodgement template is available to ensure that the file is within the correct format.

It is essential that the correct procedure is followed to submit this file which is available from the QHNAPDC file lodgement template fact sheet.

File submission

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

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

Pre-registration

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

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

Submission mechanism

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

The receiving server address and account details are:

Server details: 10.17.12.109

User: ftpsatr

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

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

Basic data validation

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

1. Valid file name (and file extension is ".csv")
2. The file is in "csv" file format
3. The file name is valid for the month
4. The first row is the Header row
5. Data elements H(1) and H(2) are valid dates for the reporting period
6. The source system in data element H(3) matches the file name
7. The number of records in data element H(4) matches the number of records in the file
8. Essential data elements contain values

9. The supplied date fields are in DDMMYYYY format, and date time fields in DDMMYYYYhhmm format
10. No data element is longer than the allocated number of characters
11. Service date (data element 27) is within the extract period beginning date (data element H(1)) and the extract period ending date (data element H(2))

Submission timeframes

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

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

- **Submission Date**: data files **MUST** be uploaded and received by the 7th of each month.

  The Submission Date is set seven (7) days after the last day of each month to allow for the complete collection and validation of data, and to prepare the necessary data files.

- **Resubmission Date**: **final version** of data files **MUST** be uploaded and received **by close of business on the 14th of each month**.

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

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

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

For full details of QHNAPDC file submission, please refer to the QHNAPDC File Submission User Guide.

2.4 Validation of records

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

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

Fatal

A record receives a 'fatal' validation message when one or more critical quality checks have failed validation. Where a fatal validation message exists, the data issue must be confirmed or resolved, otherwise the record will not become 'final' and not reported. If

there is a reason that the data is recorded in the way that it has raised the fatal validation message, and is therefore not an error, a detailed explanation of the reason as to why the data issue is correct must be supplied to SSB.

Warning

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

Please refer to QHNAPDC Validations 2017-18 and EVA Plus Manual for further information on validations.

2.5 Business rules and derivations

Please refer to the document QHNAPDC Business Rules and Derivations 2017-18.

2.6 Changes for 2017-18

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

2.6.1 New data elements

Non-admitted patient service event—contract indicator (QHNAPDC)

This data element has been created to indicate service events which are delivered under a contract arrangement. This indicator should be used in conjunction with the Funding source to accurately identify and report activity that is either contracted' in' or contracted 'out'.

See examples of the use of this indicator in Appendix A.

Non-admitted patient – self-referral indicator

This data element has been created to indicate that a patient has self-referred to a non-admitted patient service. The use of this indicator is restricted to non-specialist outpatient clinics for which permissible CCCs have been negotiated with HIU.

The reason for the creation of this data element is to enable the mandatory data items of Service request received date and Service request source to be derived upon load to QHNAPDC for 'walk in' or other non-specialist clinics (permissible CCCs) for which the reporting entity has deemed that a referral is not required.

Note
The use of this indicator is entirely at the discretion of the reporting entity. It is not meant to change any current business process only to derive these two data items in QHNAPDC and remove the completion of referral details and linking of the referral for permissible CCCs.

Non-admitted patient – additional information

This data element has been created to enable a reporting entity an extra field to provide additional information to identify service events if required.

Non-admitted patient – reporting facility identifier *(HBCIS APP module specific)*

This data element has been created to enable the accurate identification of activity from reporting entities where more than one reporting entity is sharing a HBCIS account. When entities share a HBCIS account, all of the activity recorded is attributed to the 'primary' facility identifier. This data element enables the identification of activity for each individual reporting entity on the shared HBCIS account.

Refer to 2.1.3 Facilities which share another HBCIS Account for further detail.

2.6.2 New CCCs

Six new CCCs have been added to collect home ventilation activity.

Note: Activity for these CCCs is to be aggregated and reported to the single MAC clinic type of *Home Ventilation*.

CCC#	CCC Name
701	Home Ventilation – Bi-level positive airway pressure (BiPAP)
702	Home Ventilation – Continuous positive airway pressure (CPAP)
703	Home Ventilation – Diaphragm Pacing
704	Home Ventilation – Ventilation via Tracheostomy
705	Home Ventilation – Other Ventilation
706	Home Ventilation – High Cost Home Support Program (min 24 hours)

2.6.3 End dated CCCs

CCC#	CCC Name
642	Procedure – Ventilation – home delivered
888	Mums and Bubs Activity for this CCC is to be reported under relevant Midwifery clinic type.

Appendices

Appendix A-Examples of Recording Purchasers and Providers

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

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

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

Example 4	
A patient attends a Diabetes outpatient clinic at Chermside Community Health Centre which is funded by Metro North HHS. This service event is provided by Chermside Community Health Centre and is purchased by the Metro North HHS.	
Purchaser	Metro North HHS
Provider	Chermside Community Health Centre
Reporting Entity	**Metro North HHS**
Explanation	Activity of previously declared hospitals and other non-hospital facilities is aggregated to the HHS level for reporting by SSB. Whilst it is acknowledged that activity of facilities which are not declared hospitals or non-hospital facilities should be reported at the HHS level, the provision of the purchaser/ provider identifier at the facility level enables activity that is purchased and/or provided by these facilities to be identified.
Recording	The reporting entity should record: **Facility id:** Metro North HHS **Funding Source:** Relevant code **Contract indicator:** Blank **Purchaser id:** Metro North HHS **Provider id:** Chermside Community Health Centre Service event may or may not be 'contracted out'. To identify 'contracted out' service events the below logic should be used: - Contract indicator = 'Y' - Provider id differs from (primary) facility id - If not 'contracted out', Contract indicator should be 'blank'.

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

Example 6	
A patient has a referral to attend a Cardiology outpatient clinic at Ipswich Hospital but due to resourcing issues they are unable to provide a Cardiology outpatient service at this hospital nor the other facilities in the Hospital and Health Service (HHS). To continue to provide this service to patients, West Moreton HHS has a contract with a private cardiology establishment of Dr B Heart Cardiology Services in Ipswich. The patient will attend the rooms of Dr B Heart in his private establishment being Heart Cardiology Services.	
Purchaser	West Moreton HHS
Provider	Heart Cardiology Services
Reporting Entity	West Moreton HHS
Explanation	Whilst the service event is being paid for by West Moreton HHS, the patient has been removed from the Ipswich Hospital waiting list and is now a patient of the private providing establishment.
The reporting entity should record:	**Facility id:** West Moreton HHS **Funding Source:** Relevant code **Contract indicator:** '1' (yes) **Purchaser id:** West Moreton HHS **Provider id:** Heart Cardiology Services Note: Service event is 'contracted out' To identify 'contracted out' service events: - Contract indicator = 'Y' - Provider id differs from (primary) facility id

Example 7	
Metro South Hospital and Health Service contracts wound management outpatient service events to XYZ Nursing Services for delivery in patient homes. The responsibility for the care of these patients has been transferred to XYZ Nursing Services.	
Purchaser	Metro South HHS
Provider	XYZ Nursing Services
Reporting Entity	Metro South HHS
Explanation	The responsibility for the care of these patients is now with XYZ Nursing Service.
The reporting entity should record:	**Facility id:** Metro South HHS **Funding Source:** Relevant code **Contract indicator:** '1' (yes) **Purchaser id:** Metro South HHS **Provider id:** XYZ Nursing Services Note: Service event is 'contracted out' To identify 'contracted out' service events: - Contract indicator = '1' - Provider id differs from (primary) facility id

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

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

Note

Where the purchaser and/ or provider is the same as the facility identifier of the record, there is no requirement to provide these codes for these fields. Where a value is not provided in these fields, the facility identifier provided in the service event will be used.

Abbreviations

ABF	Activity Based Funding
CCC	Corporate Clinic Code
CRDS	Corporate Reference Data System
DSS	Data Set Specification
HHS	Hospital and Health Service
HIU	Healthcare Improvement Unit
IHPA	Independent Hospital Pricing Authority
MAC	Monthly Activity Collection
METeOR	Metadata Online Registry
NAP	Non-admitted patient
NBEDS	National Best Endeavours Data Set
QHNAPDC	Queensland Health Non-admitted Patient Data Collection
SSB	Statistical Services Branch
SSSU	Statistical Standards and Strategies Unit