

Queensland Health Non-admitted Patient Data Collection Manual v1.0

2019-2020

Statistical Services Branch



[Imprint details]

Publication name

Published by the State of Queensland (Queensland Health), November 2019



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) 2019

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 Services and Integration Unit, 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>

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.

Document Information

Version: v1.0

Published by: Statistical Collections and Integration Unit
Statistical Services Branch
Strategy, Policy and Planning Division
Department of Health
GPO Box 48
Brisbane Q 4001

Email: napmail@health.qld.gov.au

Approved by: Rod Leeuwendal
Director
Statistical Collections and Integration Unit

Date: November 2019

Available From: <http://qheps.health.qld.gov.au/SSB/datacollections.htm>

Release History:

Date	Version	Pages	Details
July 2019	1.0		Update of manual to align to 2019-20 data collection/ reporting requirements.
July 2018	1.0		Update of manual to align to 2018-19 data collection/ reporting requirements.

Table of Contents

1. Overview	6
2. Non-admitted patient activity data collected	6
2.1. Type of activity	6
2.2. Scope statement	7
2.2.1. Scope diagram	9
2.3. Reporting mandates	9
2.4. Clinic classifications and Counting Rules	10
2.4.1. Outpatient service event classification	10
Corporate Clinic Codes (CCCs)	10
Tier 2 clinic classifications	10
Counting Rules	11
2.4.2. Primary and Community Health (PCH) service type classifications and counting rules	12
2.4.3. PCHSE Counting Rules	14
2.4.4. Clinic Mapping Table	14
2.5. File format and data elements	15
2.6. Other services within scope	15
BreastScreen Queensland	15
Other Outreach Services	15
2.7. Activity of a HHS	15
2.8. Reporting of service events from shared information systems	15
2.8.1. HBCIS Specific Information	16
2.9. Purchaser and Provider Establishment Identifiers	16
2.9.1. Request for the addition of new purchaser/ provider identifiers	16
3. Data lodgement	17
3.1. Data flow	17
3.2. Data sources	18
3.3. Data submission/ extract timeframe	18
3.4. Data submission for non-interfaced systems	19
3.4.1. File name	19
3.4.2. File format	21
Rules	21
File format detail	21
QHNAPDC submission template (manual/.csv file lodgement)	21
3.4.3. File submission	22
Pre-registration	22
Submission mechanism	22
Basic data validation	22
Submission timeframes	23
4. Data Validation	23
5. Business rules and derivations	23
6. Changes for 2019-20	24
6.1. Changes to service event reporting	24
6.1.1. New and End Dated Corporate Clinic Codes	24
6.2. Reference file (permissible value) updates	25

6.2.1.	Torres Strait Treaty.....	25
6.3.	New data elements	25
6.3.1.	Statewide Service Request Identifier (SSRID)	25
6.3.2.	Service Request Issue Date.....	25
6.3.3.	Encounter type.....	25
7.	Appendices.....	26
7.1.	Appendix A-Examples of Recording Purchasers and Providers.....	26

1. Overview

The Queensland Health Non-admitted Patient Data Collection (QHNAPDC) is a collection of patient-level non-admitted outpatient activity (service events) reported by the various 'reporting entities'¹ of the three different levels of Queensland's public hospital system. It was established in July 2016 and is managed by the Statistical Services Branch (SSB) of Queensland Health.

The QHNAPDC, whilst still in its infancy, provides for the collection and reporting of validated non-admitted patient activity at the patient-level, with the coverage and data quality continually increasing. Data collected complies with both State and Commonwealth Government reporting requirements for both the Australian Institute of Health and Welfare (AIHW) and the [Independent Hospital Pricing Authority \(IHPA\)](#).

It is the intention that QHNAPDC will replace the aggregate data collection of this activity through the Monthly Activity Collection (MAC) which for many years has been the departmental source of service event data for statistical reporting, purchasing, funding and monitoring performance. The first step towards this replacement commenced from 01 July 2019 where Hospital and Health Services (HHSs) could elect to transition the reporting entities of their HHS from aggregate-level reporting to patient-level reporting to derive actual performance.

This opportunity has resulted in a large number of reporting entities reporting this activity to QHNAPDC and no longer reporting to the MAC. Patient-level activity will be aggregated for these reporting entities to meet the aggregate statistical reporting requirements of the Department.

The requirement to provide non-admitted patient-level activity data is detailed in the [Three Year Data Plan](#), which is the collaboration of the IHPA, the National Health Performance Authority and the Administrator of the National Health Funding Pool. This Plan conveys that from the reporting year of 2020-21, that non-admitted patient-level data are required to be reported with no further requirement for aggregate data. This activity will then become the source for statistical reporting, purchasing, funding and monitoring performance for all reporting entities.

The data items for data collection are prescribed in IHPA's National Best Endeavours Dataset Specifications (NBEDS) see **2.3 Reporting Mandates**. In addition to these data items, there are additional data items required by the State. Both national and State requirements are prescribed together in the [QHNAPDC file format](#)

Non-admitted patient activity is extracted for QHNAPDC from the Healthcare Improvement Unit's NAP repository each week on a financial year to date basis with data being due monthly.

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

2. Non-admitted patient activity data collected

2.1. Type of activity

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

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

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)
Occasions of service (see Scope statement for more information)	Occasion of service	public acute hospitals Hospital and Health Services (HHSs)

2.2. Scope statement

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

- **outpatient service events² (OSEs)** provided by clinics deemed as ‘in scope’ for reporting as determined by the IHPA’s General list of in-scope public hospital services. Whilst the ‘General list’ does not include Tier 2 clinic classes of ‘General Practice and Primary Care’ (20.06), ‘Aged Care Assessment’ (40.02), ‘Family Planning’ (40.27), ‘General Counselling’ (40.33), and ‘Primary Health Care’ (40.08) as in-scope public hospital services, these clinic types must be reported.

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

- **Primary and Community Health service events³ (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 that do not deliver clinical care and therefore do not meet the definition of a service event. This includes activities such as home cleaning, meals on wheels or home maintenance. Reporting this activity at the patient-level is up to the HHS/ facility but is mandatory for reporting to the MAC. This activity is collected for State reporting purposes. See **Other services within scope** for more information.

²Outpatient 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 31/10/2019

³ 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.

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.⁴

Further, this activity must:

- be irrespective of location (includes on-campus and off-campus)
- be included regardless of setting or mode
- be inclusive of multiple non-admitted patient service events provided to a patient in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.

IHPA reporting rules such as the exclusion of public service events for same patient, same day, same Tier 2 clinic class which are subsequent to the first service event on the day, are applied as part of QHNAPDC processing therefore no 'in scope' activity should be excluded from QHNAPDC data submissions. See [QHNAPDC Business Rules](#) for details.

- be inclusive of services provided to patients in the admitted, emergency department or emergency service care settings.

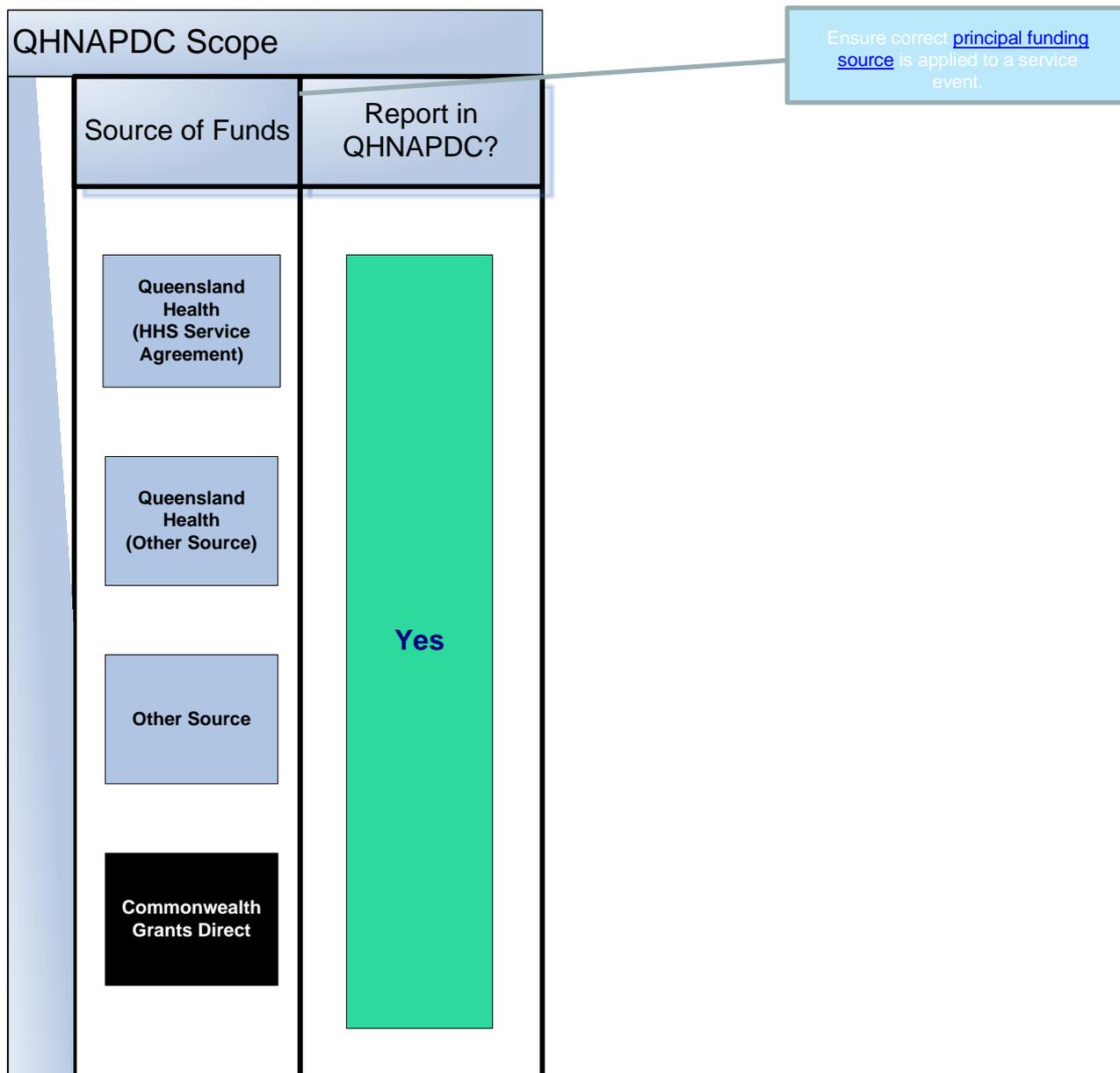
Service events which are provided during the time of a patient's admitted patient episode or emergency department attendance will be flagged by the QHNAPDC system as not IHPA reportable. See [QHNAPDC Business Rules](#) for details.

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).

⁴ Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary. <[Non-admitted patient NBEDS 2019-20](#)> Retrieved 04/11/2019

2.2.1. Scope diagram



2.3. Reporting mandates

Australian Institute of Health and Welfare (AIHW) and the Independent Hospital Pricing Authority (IHPA)

The Department of Health must provide patient-level non-admitted patient service event activity to both the AIHW and the IHPA.

Data at the patient-level is collected as specified in the [Non-admitted patient NBEDS 2019-20](#)

Refer to the current [MAC Manual](#) for further information on the aggregate data collection.

2.4. Clinic classifications and Counting Rules

2.4.1. Outpatient service event classification

Corporate Clinic Codes (CCCs)

CCCs are the most granular level of classification of non-admitted patient service event activity. They have been created over the years by Queensland Health to record outpatient service event activity according to the clinical services provided. CCCs map to MAC clinic types which then map to an IPHA Tier 2 clinic classification.

Tier 2 clinic classifications

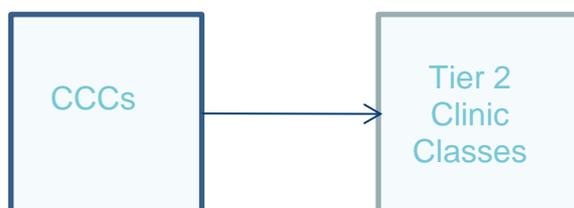
The [Tier 2 Non-Admitted Services Definitions Manual](#) (Tier 2 Manual) defines the clinic classifications (classes) required for reporting non-admitted services.

In addition, IHPA has published the following two documents and recommends that these along with the Tier 2 Manual and the data set specifications are used collectively.

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

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



Counting Rules

Counting Rules Diagram Non-admitted patient service events

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

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

PCHSEs are classified according to the following service types:

<i>Primary and Community Health Service Catalogue for MAC Reporting</i>		
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
Chronic Disease	Community services provided to identify and manage an illness or medical condition that lasts over a long period (e.g. more than 12 months) and sometimes causes a long-term change in the body.	School based health nurses
		Type 2 diabetes services, pulmonary services, cardiac services, renal services
Communicable Diseases	Community based surveillance and treatment of communicable and infectious diseases, including immunisations. Excludes sexually transmitted diseases (see Sexual Health) and Staff vaccinations.	Includes immunisations relevant for this service as well as activity pertaining to general communicable or infectious disease prevention, detection and response.

Primary and Community Health Service Catalogue for MAC Reporting

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

Primary and Community Health Service Catalogue for MAC Reporting

Service Type	Definition	Service
	management and referral for sexual assault.	Testing, referral and counselling for sexual health
Women's and Men's Health	Community health services targeted to women or men for specific gender related health issues.	<p>Family Planning</p> <hr/> <p>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.</p> <hr/> <p>Advice concerning vasectomy, male infertility, penile and testicular problems, sexual function and dysfunction, sexual health and the prostate. Excludes diagnostic screening.</p>

2.4.3. PCHSE Counting Rules

The counting rules for PCHSEs are as follows:

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

2.4.4. Clinic Mapping Table

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

2.5. 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.

2.6. Other services within scope

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

These services include:

BreastScreen Queensland

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

Other Outreach Services

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

2.7. Activity of a HHS

Activity of an HHS that is reportable to QHNAPDC is in-scope activity that is funded by a HHS, including the in-scope activity of the facilities of the HHS which are not 'declared' hospitals.

HHS activity can be reported to the QHNAPDC in the following ways:

- as one HHS submission under the HHS identifier inclusive of the HHS activity and the non-hospital facilities of the HHS
- under each non-hospital facility identifiers as well as the HHS identifier
- under another facility identifier with the provision of the facility identifier to which the activity should be attributed identified in the service event. See 2.8 Reporting of service events from shared information systems

2.8. Reporting of service events from shared information systems

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

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

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

'reporting facility identifier'. The 'reporting facility identifier' remains unchanged and the 'supplied facility identifier' is populated with the original 'facility identifier' supplied.

HHSs are requested to notify SSB where shared accounts are in use to activate the recognition of this data item in the QHNAPDC system for each facility. See [Sharing Information Systems Information Sheet](#).

2.8.1.HBCIS Specific Information

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

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

2.9. Purchaser and Provider Establishment Identifiers

To identify activity which is purchased or provided by a facility other than the facility which is reporting the activity, the two data items [Provider establishment identifier](#) and [Purchasing establishment identifier](#) should be used.

Statistical Services Branch maintain the corporate reference file for these two data items. If a purchaser or providing establishment is not available from the corporate reference data set, they can be added and also details amended - see **Request for the addition of new purchaser/provider identifiers** below and [Appendix A](#) for examples of recording purchaser and provider identifiers.

Note:

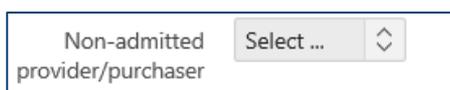
Where an identifier is not provided for the purchaser or the provider, it will be assumed that the purchaser or provider is the same as the facility identifier provided in the service event record.

2.9.1.Request for the addition of new purchaser/ provider identifiers

When a new purchaser or provider is identified, a new identifier must be requested from the Statistical Standards and Strategies Unit (SSSU), SSB through the Corporate Reference Data Set (CRDS) [Facility Data](#) page.

A blue rectangular button with white text that reads "Request a new facility".

To do so click  located at the top right of the screen and select from options in the drop-down menu below within the 'Request a new facility' form.

A screenshot of a form field. On the left, the text "Non-admitted provider/purchaser" is displayed. To the right of this text is a dropdown menu with the text "Select ..." and a downward-pointing arrow icon.

This process includes the advice of amendment to existing purchaser/providers.

SSSU will update the CRDS with the details of the new purchaser/ provider and provide the requester with the 5 character identifier, or advise if the purchaser/provider has already been requested. The requester should then arrange to have their systems updated with this identifier to enable processing through QHNAPDC.

Note for HBCIS users:

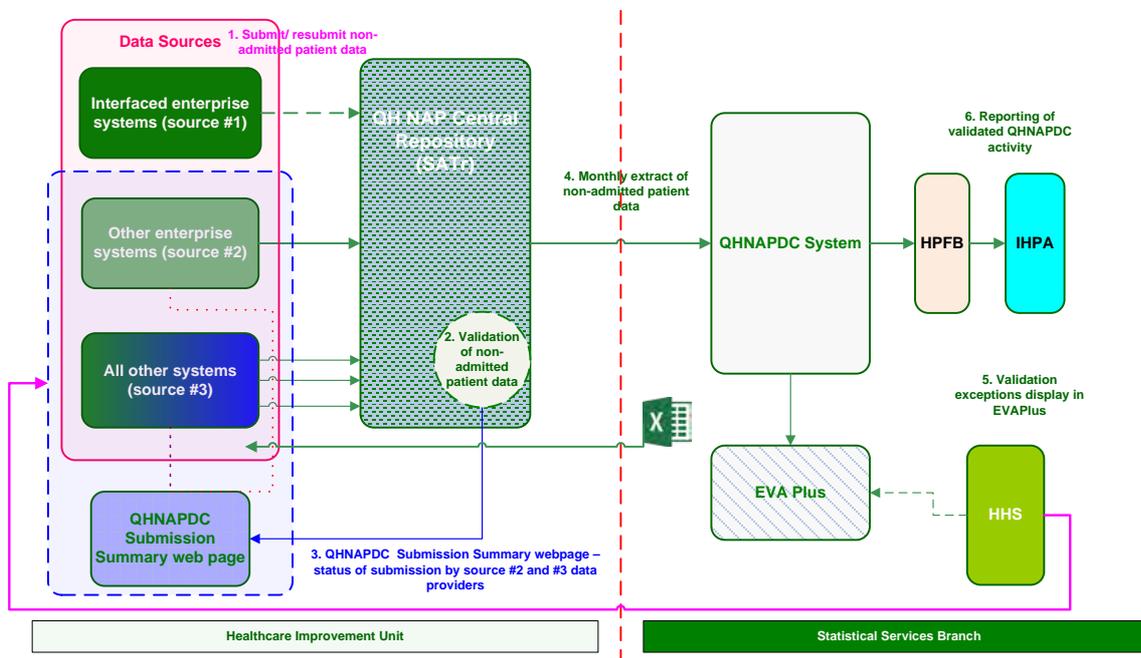
Once the identifier is provided by SSSU, the HBCIS administrator should update the relevant reference file locally so that the field within the service event/s can be populated with this number.

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

3. Data lodgement

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 SSB for validation and reporting.



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 And/ or One (1) data file per system per facility each.

3.3. Data submission/ extract timeframe

Data is due by 5pm on the 14th of each month for the reference period.

Weekly data submission/ weekly extract

Since February 2019, in support of the transition to patient-level non-admitted patient activity data for measuring performance and funding from 01 July 2019, QHNAPDC commenced receiving weekly, rather than monthly extracts from SATr.

Data from systems which interface with SATr (source type #1) will automatically be included in the weekly extract, however sites which manually upload data have the choice to do so at weekly intervals or continue to upload monthly.

There are many benefits for weekly processing including:

- improved validation management with the availability of weekly information
- flexibility in resolving data issues, as reporting entities can choose to address validations at intervals suitable to their business need
- timely monitoring of activity for service agreement targets
- reporting entities which may miss the Tuesday manual submission cut off time can submit for extraction in the next week rather than the month
- future provision of this data in DSS each week (currently QHNAPDC data is not available in DSS but it is the intention that this data will be available from 01 July 2019).

See [Schedule of Dates for Submission of QHNAPDC Data to SATr](#).

3.4. Data submission for non-interfaced systems

Sources #2 and #3 only

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

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

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

3.4.1. File name

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

NAPxxxxxMMMYYYYSOURCE.csv

Source #2 – Other Enterprise systems

Source #2 file names

Identifying field	Value/s	Example
NAP	"NAP"	NAP
xxxxx	"ENTPS"	ENTPS
MMMYYYY	"JUL2019", "AUG2019", "SEP2019", "OCT2019", 'NOV2019', "DEC2019", 'JAN2020', 'FEB2020', "MAR2020", "APR2020", "MAY2020" or "JUN2020"	DEC2019
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 2019 month is:

NAPENTPSDEC2019SYSTEM.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 2019 month:

NAP00062SEP2019MANUAL.csv

3.4.2. File format

Rules

File format rule	Example
The submission file must be in Comma Separated Values (csv) file format.	NAP00172DEC2019PI5.csv
All data elements must be separated by a comma character and no additional spaces.	facility identifier, patient identifier, second given name, family name, sex of patient, etc
All alphanumeric data elements must be enclosed by double quote characters.	00104,"T123456","John","Andrew","Smith",1,etc
All double quote characters contained within an alphanumeric data element must be removed.	First given name (data element 3) recorded as Smi"th. This must be provided as "Smith".
If a conditional, desirable or optional data element does not have a value, the data element should be left blank in the submission file.	00172,"123456",,,"Smith",1,etc

File format detail

[QHNAPDC File format](#)

Header row

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

Detail rows

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

QHNAPDC submission template (manual/.csv file lodgement)

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

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

3.4.3. File submission

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

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

Pre-registration

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

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

Submission mechanism

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

The receiving server address and account details are:

Server details: 10.17.12.109

User: ftpsatr

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

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

Basic data validation

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

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

Submission timeframes

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

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

- **Submission Date:** data files **MUST** be uploaded and received by the 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 submission template user guide](#).

4. Data Validation

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

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

Fatal

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

Warning

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

Please refer to [QHNAPDC Validations 2019-20](#) and [EVA Plus user manual](#) for further information on validations.

5. Business rules and derivations

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

6. Changes for 2019-20

Each financial year, reporting requirements change. Changes are mandated by the Commonwealth and State governments and can also be required by business area of the Department of Health to meet their obligations. 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.

6.1. Changes to service event reporting

6.1.1. New and End Dated Corporate Clinic Codes

New CCCs – Termination of Pregnancy

CCC	Name
611	Termination of pregnancy – medical – no or unknown fetal abnormality
612	Termination of pregnancy – medical - fetal abnormality
613	Termination of pregnancy – surgical – no or unknown fetal abnormality
614	Termination of pregnancy – surgical - fetal abnormality

Definitions for these new Corporate Clinic Codes are available in the Guide for Use of the data element [Corporate Clinic Codes](#).

End dated CCC – Home Ventilation – Ventilation via Tracheostomy

CCC	Name
704	Home Ventilation-Ventilation Via Tracheostomy

New CCCs – Home Ventilation-Tracheostomy

CCC	Name
707	Home Vent-Tracheostomy (16 hours or more per day)
708	Home Vent-Tracheostomy (Under 16 hours per day)

Clinic types for these new CCCs are added to the **Clinic**, **IHPAEx** and **Telehealth** suite of service event forms to report this activity.

6.2. Reference file (permissible value) updates

6.2.1. Torres Strait Treaty

It was advised last year that service events provided under the Torres Strait Treaty should have a funding source of *10 Other hospital or public authority (contracted care)*. Revenue and Strategy Branch have revised this decision and the appropriate funding source is:

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

6.3. New data elements

6.3.1. Statewide Service Request Identifier (SSRID)

The data element *Statewide service request identifier (SSRID)* ([Refer to QHDD](#)) has been created and added to the QHNAPDC to report the unique statewide service request identifier issued by the Referral Lodgement and Tracking (RLaT) service for referral workflow solutions.

6.3.2. Service Request Issue Date

The data element *Service request issue date* ([Refer to QHDD](#)) has been created and added to the QHNAPDC to report the date a written referral was issued by a referring practitioner to an outpatient service on behalf of a patient.

6.3.3. Encounter type

The data element *Encounter type* ([Refer to QHDD](#)) has been created and added to the QHNAPDC to report the type of encounter provided by a hospital or HHS for a service event. This field is available in ESM and has been provided in QHNAPDC for ESM site purposes.

7. Appendices

7.1. Appendix A-Examples of Recording Purchasers and Providers

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

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

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:	<p>Facility id: Cairns and Hinterland HHS</p> <p>Funding Source: Relevant code</p> <p>Contract indicator: Blank</p> <p>Purchaser id: Chillagoe PHC</p> <p>Provider id: Chillagoe PHC</p> <p><i>Note:</i> This is not contracted care. Validations/load reports will be published/sent to Cairns HHS. Although the provider id differs from the reporting id the contract indicator is blank as this is not contracted care.</p>

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	<p>The reporting entity should record:</p> <p>Facility id: Metro North HHS Funding Source: Relevant code Contract indicator: Blank Purchaser id: Metro North HHS Provider id: Chermside Community Health Centre</p> <p>Service event may or may not be 'contracted out'. To identify 'contracted out' service events the below logic should be used:</p> <ul style="list-style-type: none"> - Contract indicator = 'Y' - Provider id differs from (primary) facility id - If not 'contracted out', Contract indicator should be 'blank'.

Example 5	
<p>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.</p>	
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:	<p>Facility id: Bamaga Hospital Funding Source: Relevant code Contract indicator: Blank Purchaser id: Blank Provider id: Blank Note: This is not considered contract care.</p>

Example 6	
<p>A patient has a referral to attend a Cardiology outpatient clinic at Ipswich Hospital but due to resourcing issues they are unable to provide a Cardiology outpatient service at this hospital nor the other facilities in the Hospital and Health Service (HHS). To continue to provide this service to patients, West Moreton HHS has a contract with a private cardiology establishment of Dr B Heart Cardiology Services in Ipswich. The patient will attend the rooms of Dr B Heart's private establishment being Heart Cardiology Services.</p>	
Purchaser	West Moreton HHS
Provider	Heart Cardiology Services
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:	<p>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:</p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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	
<p>Townsville Hospital provides an oncology outpatient clinic at Ayr Hospital. The doctor providing the clinic is a Townsville doctor who is seeing patients who reside in Ayr but are patients of Townsville Hospital. The doctor brings the patient records from Townsville and uses a room at Ayr Hospital to conduct the clinic.</p>	
Purchaser	Townsville Hospital
Provider	Townsville Hospital
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:	<p>Facility id: Townsville Hospital Funding Source: Relevant code Contract indicator: 'Blank' Purchaser id: Blank Provider id: Blank</p> <p>Note This is not considered contract care.</p>