Queensland Health Non-admitted Patient Data Collection Manual V1.0

2020-2021

Statistical Services Branch

Queensland Government

Queensland Health Non-admitted Patient Data Collection Manual 2020-21

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June 2020	1.0		Update of manual to align to 2020-21 data collection/reporting requirements.
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.

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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 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-level activity collected 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.

During 2019-2020, this opportunity has resulted in more than 60% of reporting entities reporting this service event 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 2021-22, that non-admitted patient-level data are required to be reported with no further requirement for aggregate data. Patient-level 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 (HIU) non-admitted patient (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.

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

2. Non-admitted patient activity data collected

2.1. Type of activity

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

Type of Activity	Statistical Unit of Activity	Type of Reporting Entity
Non-admitted patient – outpatient service events	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 events[2] (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 Corporate Clinic Code (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[3] (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 i.e.: considered Activity Based Funded (ABF) in scope services, as these would be able to be reported against the appropriate Tier 2 clinic classification.

[2]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 and Welfare. National Health Data Dictionary. <http://meteor.aihw.gov.au/content/index.phtml/itemId/652089> Retrieved 10/06/2020

[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.

- **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 of this activity at the patient-level is up to the HHS/ facility but is mandatory for reporting at the aggregate-level to the MAC. This activity is collected for State reporting purposes. See other services within scope for more information.

The scope also includes all 'in scope' services that are 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:

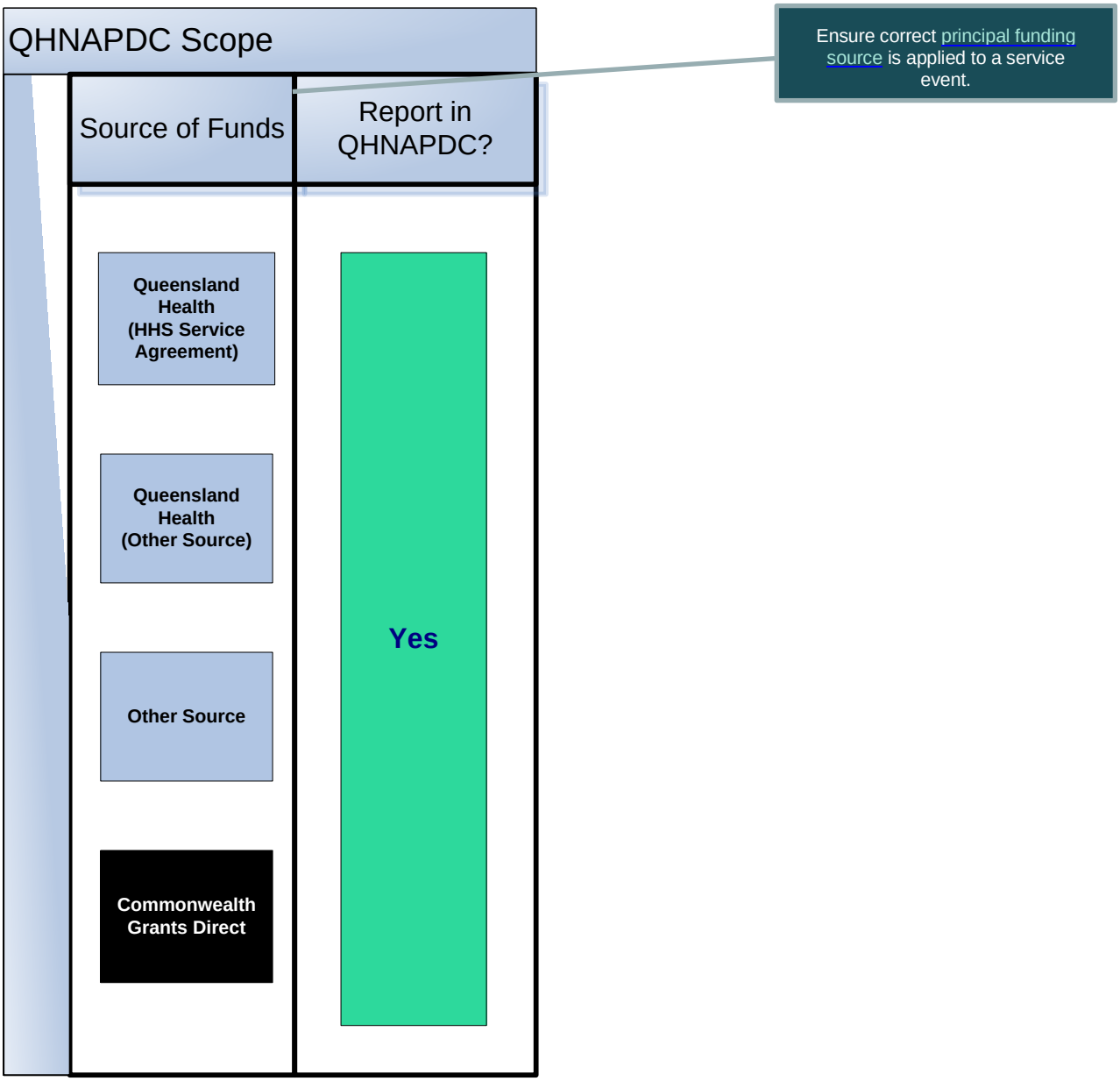
- be irrespective of location (includes on-campus and off-campus)
- be included regardless of setting or mode
- be inclusive of multiple non-admitted patient service events provided to a patient in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient 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 by the QHNAPDC system as part of the processing routine with records flagged as 'not IHPA reportable' 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 are flagged by the QHNAPDC system as part of the processing routine accordingly. 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. < https://meteor.aihw.gov.au/content/index.phtml/itemId/713856> Retrieved 10/06/2020

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 (DoH) 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 2020-21

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)
Corporate Clinic Codes 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. Corporate Clinic Codes map to MAC clinic types which then map to an IHPA Tier 2 clinic classification.

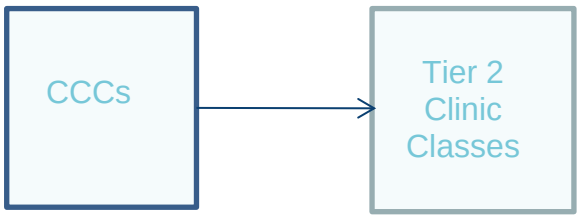
Tier 2 clinic classifications
The Tier 2 Non-Admitted Services Definitions Manual (Tier 2 Manual) defines the clinic classifications (classes) required for reporting non-admitted services.

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.

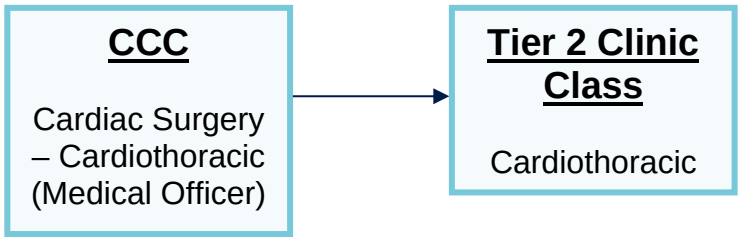
Tier 2 Non-admitted services compendium (Tier 2 Compendium) – this document provides details on the counting and classification rules associated with the Tier 2 non-admitted services classification as well as business rules and scenarios to assist users to consistently classify activity, and

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 DoH's Healthcare Purchasing and Funding Branch (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.



Example:



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	1:1 Session
Scenario 2 **One patient to two clinicians**	 One	 Two	1	1:1 Session
Scenario 3 **One patient to three+ clinicians** MHCP definition **not** met	 One	 3+	1	1:1 Session
Scenario 4 **One patient to three+ clinicians** **MHCP definition met**	 One	 3+	1	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	1:1 Session **MDCC Service Event** **(only reportable to QHNAPDC)**
Scenario 6 **Two+ patients to one+ clinicians**	 Two+	 1+	1 6 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)	1 6 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

Primary and Community Health Service Events (PCHSEs) are classified according to the following service types:

Primary and Community Health Service Catalogue		
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 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		
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.	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 Care	GP type services provided in the community, including services to Medicare ineligible clients. (Includes services provided to indigenous persons/communities).	Refugee Health
		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	Sexual Assault Services
		Complex STIs
		Post Exposure Prophylaxis for HIV

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

Primary and Community Health Service Event (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.

2.4.3. Recording telehealth service events

The **Telehealth Support Unit** has provided the following information. For further information please contact the unit directly - teleheatlth@health.qld.gov.au

Non-admitted patient telehealth service events are those which are delivered one to one or in a group session delivered via videoconferencing technology and should be reported once by the provider facility and once by the receiver facility for the following outpatient clinic types:

- specialist
- allied health/ clinical nurse
- primary and community health
- procedure
- diagnostic

Telehealth service events may be reported for those which are:

- one-to-one
- in group sessions
- provided by multiple healthcare providers
- and multi-disciplinary case conferences.

Scope

Provider:

- the service was a substitute for a face-to-face non-admitted patient service event.
- the service was delivered via videoconference technology.
- details of the service event are captured through an electronic or manual booking system.
- the services meet the definition of a non-admitted patient service event.
- where the service is provided by Multiple Health-care Providers (MHCPs), the service must also meet the definition the Non-admitted patient service event—multiple health-care provider indicator ('multiple health-care provider' means three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event. The health care providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event. In practice, this should be interpreted as meaning that the patient can separately identify the unique care provided by each healthcare provider).
- in the event multiple providing facilities deliver the consultation, only one provider facility can capture a multiple health-care provider service event (refer to Scenario 4).

Receiver:

- the service was a substitute for a face-to-face non-admitted patient service event.
- the service event was delivered via videoconference technology.
- medical officer/other health professional (located at the receiver end) was present for the entire service event.
- details of the service event are captured through an electronic or manual booking system.

- the services meet the definition of a non-admitted patient service event.

- where the service is provided by Multiple Health-care Providers (MHCPs), the service must also meet the definition of the Non-admitted patient service event—multiple health-care provider indicator ('multiple health care provider' means three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event. The health care providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event. In practice, this should be interpreted as meaning that the patient can separately identify the unique care provided by each healthcare provider).
- in the event multiple providing facilities deliver the consultation only one provider end facility can capture a multiple health care provider service event. Refer to scenario 4.

Excluded from this scope are:

- videoconferencing for the purposes of making an appointment or providing test results.

Reporting Scenarios

Scenario 1

Facility A: Receiver		**Facility B: Provider**	
 **Scenario:** A non-admitted patient presents for a cardiac telehealth service event at Facility A. A clinician is not present with the patient at Facility A during the telehealth service event.		 **Scenario:** a Cardiologist at Facility B provides the service event via videoconference.	
Count:	N/A Out of scope.	**Count:**	One 1:1 telehealth service event
Service provider:	N/A Out of scope. A clinician is not present with the patient at Facility A during the telehealth service event	**Service provider:**	Medical Officer

Scenario 2

Facility A: Receiver	**Facility B: Provider**
 **Scenario:** A group of six non-admitted patients present for their group diabetes education session at Facility A.	 **Scenario:** An Endocrinologist at Facility B provides the service event via videoconference.

A Registered Nurse assists with the delivery of the service event.			
Count:	Six telehealth service events	**Count:**	One telehealth service event
Service provider:	Other Health Professional	**Service provider:**	Medical Officer

Scenario 3

Facility A: Receiver		**Facility B: Provider**	
 **Scenario:** A non-admitted patient presents for a 1:1 post-surgical ENT telehealth service event at Facility A. A Registered Nurse assists with the delivery of the service event.		 **Scenario:** An ENT Specialist, Audiologist and Speech Pathologist at Facility B provide the service event via videoconference.	
Count:	One 1:1 telehealth service events	**Count:**	One 1:1 telehealth service event
Service provider:	Multiple Health Care Provider - Other Health Professional	**Service provider:**	Multiple Provider – Medical Officer

Scenario 4

Facility A: Receiver		**Facility B: Provider**		**Facility C: Provider**
 **Scenario:** A non-admitted patient presents for a pre-admission clinic telehealth service event at Facility A. A Registered Nurse assists with the delivery of the service event.		 **Scenario:** An Anaesthetist at Facility B provides the service event.		 **Scenario:** A Clinical Pharmacist at Facility C provides the service event concurrently.
Count:	One 1:1 telehealth service events	**Count:**	One 1:1 telehealth service event	Activity can only be reported once by a providing facility and

Service provider:	Multiple Health Care Provider - Other Health Professional	**Service provider:**	Multiple Health Care Provider - Medical Officer	it is up to the providers to negotiate which facility will report the activity.

2.4.4. Clinic Mapping Table

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

2.5. Other services within scope

Data for other services provided by Queensland Health which are not outpatient or PCHSEs, 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/HHSs 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 at the discretion of 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 (e.g. HBCIS, ESM) or uploading a file through the QHNAPDC submission webpage), QHNAPDC will receive and process this information.

2.6. Activity of a HHS

Activity of a HHS that is reportable to QHNAPDC is in-scope activity that is funded by a HHS i.e. the in-scope activity provided by the facilities of the HHS which are not 'declared' hospitals as well as the in-scope activity provided by the HHS directly. This activity is referred to collectively as HHS activity.

Hospital and Health Service activity can be reported to the QHNAPDC in the following ways:

Data provided from an enterprise system interfaced with SATr (e.g. HBCIS, ESM, iPM):

1. Hospital and Health Service activity is reported to QHNAPDC from an interfaced system under the facility identifier of the non-hospital and/or HHS.
2. Hospital and Health Service activity that is recorded in the non-admitted patient scheduling system of another facility, and therefore reported under the facility identifier of the host facility. To align this activity to the correct facility, each service event must have the 'reporting facility identifier' data element provided. It is preferable that the facility identifier provided as the 'reporting identifier' should be the facility identifier of the actual facility to which the activity belongs e.g. a primary healthcare centre or if provided directly by the HHS, then the HHS identifier. The activity of the non-hospital facilities will be rolled up to the HHS identifier and reported along with activity reported under the HHS identifier for Commonwealth reporting requirements by DoH. See section 2.8 Reporting of service events from shared information systems.

Data provided through the NAP data submission portal:

3. Activity of non-hospital facilities and the HHS can be submitted under the HHS identifier in one HHS submission with the 'reporting facility identifier' provided for each service event to

enable the alignment of the activity to the specific facility identifiers. See section 2.8 Reporting of service events from shared information systems as one HHS submission under the HHS identifier inclusive of the HHS activity and the non-hospital facilities of the HHS with the relevant 'reporting facility identifier' data element provided in each record.

4. Separate submissions under each non-hospital facility identifier as well as the HHS identifier.

2.7. 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 AIHW's National Health Data Dictionary where applicable.

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 reported under that one primary facility code, so it appears that the activity of the other facility/s is not reported 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 processing, 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.

Hospital and Health Services 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.

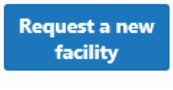
Note:

Where an identifier is not provided for the purchaser or the provider, it will be assumed that the

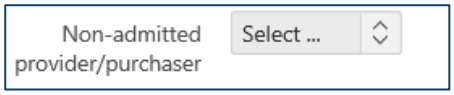
purchaser or provider is the same as the facility identifier provided in the service event record.

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 System (CRDS) *Facility Data* page.

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.



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

The SSSU will update the CRDS with the details of the new purchaser/provider and provide the requester with the five 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:

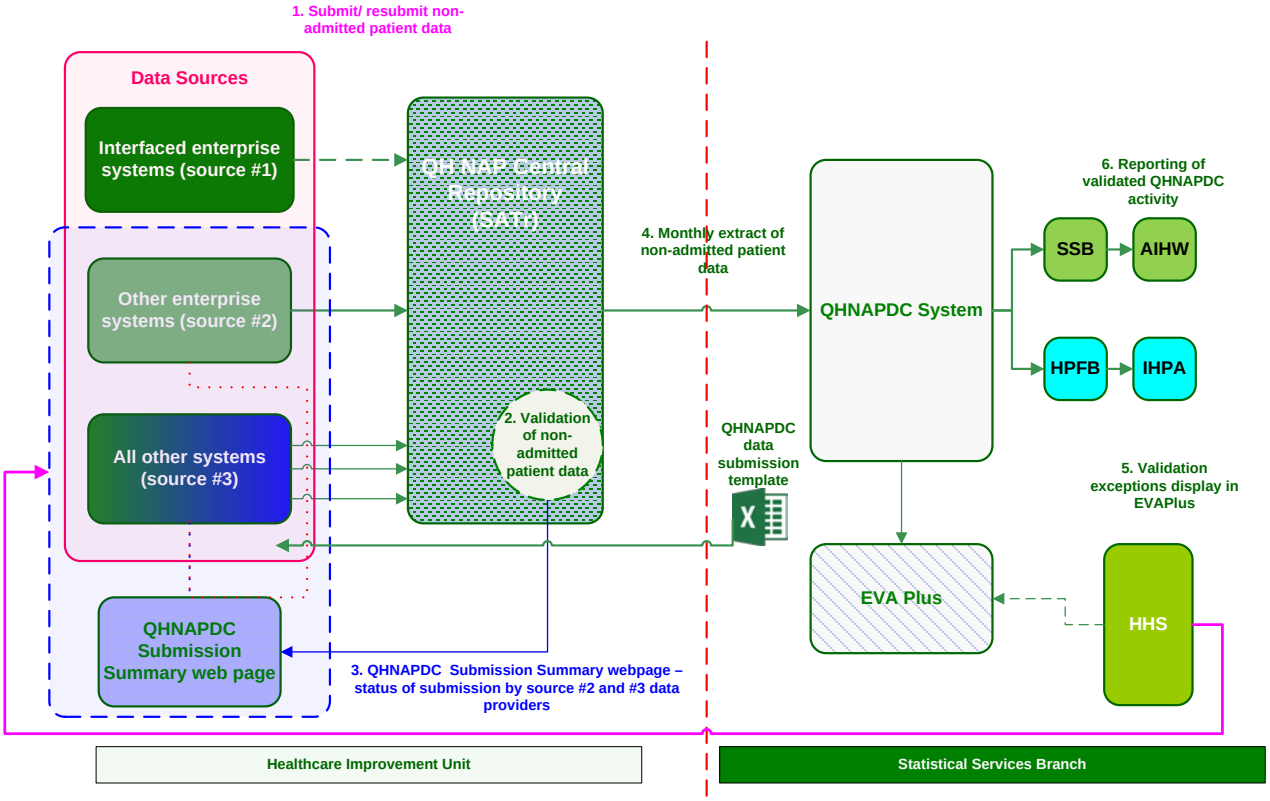
Once the identifier is provided by SSSU, the HBCIS administrator should update the relevant reference file locally so that the field within the service event/s can be populated with this number.

The 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, the data extraction by the QHNAPDC processing system within SSB, validation and reporting.



3.2. Data sources and file requirements

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 SATr processes eg HBCIS EIS extract, ESM extract.
#2	Other enterprise systems	One (1) data file for one enterprise system each weekly interval/ month.
#3	All other systems used to record NAP activity	One (1) data file per system per HHS each weekly interval/ month. and/ or One (1) data file per system per facility each weekly interval/ month.

3.3. Data due date

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

3.4. Data submission

Data can be submitted at weekly or monthly intervals.

Weekly data submission

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

• provision of this data in the Decision Support System (DSS) each week.

Data submitted by close of business each Tuesday will be included in the extract for that week. See Schedule of Dates for Submission of QHNAPDC Data to SATr.

3.4.1. Data submission for interfaced systems

Source #1 only

Non-admitted patient data from systems which are interfaced with SATr, HBCIS, ESM and the systems of Mater Health Services (CHARM, DAART, iPM, iPME, TAHDIS) are automatically included in the weekly extract.

3.4.2. 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 data from these sources will be submitted to SATr in a file through the QHNAPDC Submission webpage.

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	"JUL2020", "AUG2020", "SEP2020", "OCT2020', 'NOV2020', "DEC2020", 'JAN2020', 'FEB2020', "MAR2020", "APR2020", "MAY2020" or "JUN2020"	DEC2020
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 2020 is:

NAPENTPSDEC2020SYSTEM.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 code.	HH120 00172
MMMYYYY	"JUL2020", "AUG2020", "SEP2020", "OCT2020', 'NOV2020', "DEC2020", 'JAN2021, 'FEB2021', "MAR2021", "APR2021", "MAY2021" or "JUN2021"	JUL2020
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 July 2020:

NAPHH120JUL2020ARIA.csv

Example: the file name of the file submitted by Mackay Base Hospital (00172) for PI5 data for the facility for December 2020:

NAP00172DEC2020PI5.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 2020 month:

NAP00062SEP2020MANUAL.csv

File format

Overall Rules

File format rule	Example
The submission file must be in Comma Separated Values (csv) file format.	NAP00172DEC2020PI5.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.

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 webpage.

Successfully submitted files will become part of the QHNAPDC weekly 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 the Electronic Validation Application (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: File Transfer Protocol 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 i.e. 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 data is due by the 14th day of the following month, however data can be submitted each week by 5pm Tuesday for inclusion in the extract of that week.

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 one hour by visiting the QHNAPDC submission webpage.

Data files may be uploaded multiple times with only the last uploaded file for the weekly interval/ month 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 identified where data may be inconsistent or uncommon. All warning validation messages must be investigated and confirmed or data amended where required.

Please refer to QHNAPDC Validations 2020-21 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 2020-21

Changes to reporting requirements are mandated each collection year by Commonwealth and State governments, as well as by request from Department of Health business areas. There are a number of tasks undertaken to accommodate new reporting requirements. These tasks can include creation of or amendment to data items, source system changes, reference file changes, and updates to data collection documentation.

6.1. New and End Dated Corporate Clinic Codes

End dated CCC

CCC	Name	Valid to
519	Procedure – renal dialysis	30/06/2020

New CCC

CCC	Name	Valid from
529	Facility – Haemo – supported non-admitted	01/07/2020

6.2. New data element – First service event indicator

A new data element ***First service event indicator*** has been created and added to the QHNAPDC to support measuring access to elective surgery and it is to be derived and stored in Healthcare Improvement Unit's NAP repository and then be provided to Statistical Services Branch via the QHNAPDC extract.

The inclusion of the *Service request issue date* and *First service event indicator* data items in the *Non-admitted patient NBEDS 2020-21* was endorsed by the *National Health Data and Information Standards Committee* (NHDISC) in December 2019.

The definition of this data item is *an indicator of whether a non-admitted patient service event is the first service event following a service request from a health-care provider or hospital*. If a patient has multiple appointments to different clinics as a result from a single referral, then the earliest dated appointment is identified as the First service event.

As the *Service request issue date* is already part of the QHNAPDC, only the new data item *First service event indicator* is required to be added to the data set (effective 01 July 2020). This data item is #53 in the QHNAPDC file format.

6.3. Update to the definition of service events provided by electronic mail

The definition of electronic mail provided in the data element of 'Service delivery mode' did not provide an adequate level of detail as to what constitutes a service event delivered by this mode. Many facilities requested that this definition provide more detail to ensure data quality of data collected.

The previous definition was 'The healthcare provider delivers the service via electronic mail.'

This text has now been updated to the following:

The healthcare provider delivers the service via electronic mail. Includes text messaging (e.g. Short Message Service (SMS)). For their use, the following principles should apply:

1. Careful consideration as to whether the use of electronic mail best serves the interest of the patient.
2. Appropriate arrangements for the security of personal information must be made where information is sent or received by electronic mail.
3. Must involve an interaction between at least one healthcare provider and the patient and meet the definition of a non-admitted patient service event.
4. The healthcare provider and patient must interact in a mutually responsive manner within a short timeframe and substitute for a face-to-face consultation. Note that as electronic mail exchange is in place of a face-to-face consultation, there could be multiple exchanges between the healthcare provider and the patient related to the intent of the service event. Even though the period of interaction may be broken it is still regarded as one service event if it was intended to be unbroken in time.

Example: A healthcare provider emails a patient to follow up on the effects of a new medication recently prescribed to the patient. Several emails are exchanged between the provider and the patient over a period of three days in relation to the new medication. The three-day email exchange is counted as one service event as the multi-email exchange is equivalent to what would have occurred in a single face-to-face consultation.

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:	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 Queensland Children's Hospital (QCH) 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 QCH 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 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.	
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 HHS 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 HHS 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 University 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 University Hospital. The doctor brings the patient records from Townsville and uses a room at Ayr Hospital to conduct the clinic.	
Purchaser	Townsville University Hospital
Provider	Townsville University Hospital
Reporting Entity	Townsville University Hospital
Explanation	The patients are patients of Townsville University 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 University Hospital who is purchasing and providing this clinic.
The reporting entity should record:	**Facility id:** Townsville University Hospital **Funding Source:** Relevant code **Contract indicator:** 'Blank **Purchaser id:** Blank **Provider id:** Blank Note This is not considered contract care.

7.1. Appendix B – Abbreviations

The following terms and abbreviations are used throughout this document.

Abbreviation	Description
ABF	Activity Based Funding
AIHW	Australian Institute of Health and Welfare
CCC	Corporate Clinic Code
CIMHA	Consumer Integrated Mental Health Application
DoH	Department of Health
DSS	Decision Support System
EVAPlus	Electronic Validation Application
HBCIS	Hospital Based Corporate Information System
HHS	Hospital and Health Service
HIU	Healthcare Improvement Unit
HPFB	Healthcare Purchasing and Funding Branch
IHPA	Independent Hospital Pricing Authority
ISOH	Information System Oral Health
LHN	Local Hospital Network
MAC	Monthly Activity Collection
MHCP	Multiple Health-care Provider
NAP	Non-admitted Patient
NBEDS	National Best Endeavours Data Set
PCH	Primary and Community Health
PCHSE	Primary and Community Health service event
QHNAPDC	Queensland Health Non-admitted Patient Data Collection
SSB	Statistical Services Branch