



Government of **Western Australia**
Department of **Health**

Patient Activity Data Policy Information Compendium

July 2022

**No Longer Applicable
Superseded 1 July 2023.**

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Links to:	Information Management Policy Framework https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management

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Abbreviations

ABF	Activity Based Funding
ACHI	Australian Classification of Health Interventions
AIHW	Australian Institute of Health and Welfare
AN-SNAP	Australian National Subacute and Non-acute Patient
AOS	AROC Online Services
AROC	Australasian Rehabilitation Outcomes Centre
BSRS	BedState Reporting System
CEO	Chief Executive Officer
CSF	Clinical Services Framework
COVID-19	Coronavirus disease 2019
ED	Emergency Department
EDDC	Emergency Department Data Collection
EDIS	Emergency Department Information System
ePalCIS	Electronic Palliative Care Information System
ESWLDC	Elective Services Wait List Data Collection
GEM	Geriatric Evaluation and Management
HIAT	Health Information Audit Team
HITH	Hospital In The Home
HMDC	Hospital Morbidity Data Collection
HMDS	Hospital Morbidity Data System
HSPR	Health Service Performance Report
IHPA	Independent Hospital Pricing Authority
IPG	Information and Performance Governance
ISPD	Information and System Performance Directorate
KPI	Key Performance Indicator
MHDC	Mental Health Data Collection
MHIS	Mental Health Information System
MIND	Mental Health Information Data Collection
NAPDC	Non-Admitted Patient Data Collection
NEP	National Efficient Price
NHRA	National Health Reform Agreement
NOCC	National Outcomes and Casemix Collection
OBM	Outcome Based Management
PSOLIS	Psychiatric Services On-line Information System
SANADC	Subacute and Non-acute Data Collection
SSCD	State-wide Standardised Clinical Documentation

WA	Western Australia
WACCA	WA Clinical Coding Authority
webPAS	Web-based Patient Administration System

**No Longer Applicable.
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1. Purpose

The Patient Activity Data Policy Information Compendium is a supporting document in the Patient Activity Data Policy. The purpose of the compendium is to provide context, background information and resources to assist stakeholders comply with the mandated requirements in the Patient Activity Data Policy. The compendium is not mandatory unless the requirement is mandated in the policy.

2. Introduction

Patient activity data is a key enabler that facilitates the Department of State functions, as well as System Manager and Health Service Provider functions prescribed in sections 20 and 34 of the *Health Services Act 2016*.

3. Policy Drivers

The key policy drivers for the Patient Activity Data Policy are outlined in Figure 1. The legislative framework, as well as the State and National health agreements and agendas, inform the Patient Activity Data Policy.

Figure 1: Key Policy drivers



3.1 Legislative Framework

A range of legislative requirements govern activity data collected within the WA health system. Although the list below is not exhaustive, key legislation includes:

- *Children and Community Services Act 2004*
- *Commonwealth Privacy Act 1988 (Australian Privacy Principles)*
- *Coroners Act 1996*
- *Corruption, Crime and Misconduct Act 2003*
- *Criminal Code Act Compilation Act 1913*
- *Electronic Transactions Act 2011*
- *Evidence Act 1906, Acts Amendment (Evidence) Act 2000*
- *Freedom of Information Act 1992*
- *Freedom of Information Regulations 1993*
- *Health (Miscellaneous Provisions) Act 1911*
- *Health and Disability Services (Complaints) Act 1995*
- *Health Services Act 2016 and Health Services (Information) Regulations 2017*
- *Human Reproductive Technology Act 1991*
- *Medicines and Poisons Act 2014*
- *Mental Health Act 2014*
- *National Health and Medical Research Council Act 1992*
- *Private Hospital and Health Services Act 1927*
- *Public Health Act 2016*
- *State Records Act 2000*

3.2 WA Health Strategic Intent

The WA health system's vision is to deliver a safe, high quality, sustainable health system for all Western Australians. This vision is a core policy driver. It is essential that patient activity data is available to support this vision.

3.3 Sustainable Health Review

The *Sustainable Health Review* was released in April 2019. The review identifies eight 'Enduring Strategies' to promote the short, medium, and long-term sustainability of the health system in WA.

Access to patient activity data is a key part of many of the recommendations in the review. Key recommendations in the review that require patient activity data include:

- Recommendation 6(b) - Immediate transparent public reporting of patient outcomes and experience.
- Recommendation 11 (a),(b) - Improve timely access to outpatient services through:
a) Moving routine, non-urgent and less complex specialist outpatient services out of hospital settings in partnership with primary care; b) Requiring all metropolitan

Health Service Providers to progressively provide telehealth consultations for 65 per cent of outpatient services for country patients by July 2022.

- Recommendation 15 - Improve the interface between health, aged care and disability services to enable care in the most appropriate setting and to ensure people do not fall between the gaps.
- Recommendation 16 - Establish a systemwide high value health care partnership with consumers, clinicians and researchers to reduce clinical variation and ensure only treatments with a strong evidence base and value are funded.
- Recommendation 17 - Implement a new funding and commissioning model for the WA health system from July 2021 focused on quality and value for the patient and community, supporting new models of care and joint commissioning.
- Recommendation 21 - Invest in analytical capability and transparent, real-time reporting across the system to ensure timely and targeted information to drive safety and quality, to support decision making for high value healthcare and innovation, and to support patient choice.

3.4 State government priorities and desired outcomes

The Outcome Based Management (OBM) Framework is a Department of Treasury mandatory requirement for all State Government agencies.

The OBM Framework describes how outcomes, services and Key Performance Indicators (KPIs) are used to measure WA health system performance. The OBM KPIs measure the effectiveness and efficiency of the services delivered against agreed State Government priorities and desired outcomes. [Treasurer's Instruction 903](#) (Agency Annual Reports) requires Under Treasurer mandated OBM KPIs to be reported in the annual reports.

A full list of OBM KPIs for the WA health system are listed in the [OBM Policy Framework](#). Patient activity data is a key element in a large number of OBM KPIs.

3.5 Public Health and pandemic response strategy

Patient activity data is critical for the support of public health strategy planning and monitoring including the WA health system's response to the COVID-19 pandemic. State and Commonwealth reporting and decision metrics are driven by patient activity data and influence key elements of the WA Health COVID-19 Framework for System Alert and Response to support a proactive and coordinated risk management approach to respond to the changing risks of COVID-19, and transition to a living with COVID-19 context.

3.6 Commonwealth Funding

In August 2011, the State and Territory governments and the Commonwealth entered into the National Health Reform Agreement (NHRA). The agreement introduced Activity Based Funding (ABF) based on a National Efficient Price (NEP).

The WA Department of Health provides costing and activity data to the Independent Hospital Pricing Authority (IHPA). This informs the models that derive the National Efficient Price and National Weighted Activity Unit, and the Commonwealth's funding to the State.

Patient activity data is provided to the Australian Institute of Health and Welfare (AIHW), which produces national datasets based on jurisdictional data to inform and better support policy and service delivery decisions across Australia.

3.7 State Funding

Patient activity data informs the budget process. State funds are allocated to the WA health system via the annual budget process. The Department of Health undertakes the budget setting and allocation process for the WA health system in accordance with the *Health Services Act 2016*, the *Government Financial Responsibility Act 2000*, *Public Sector Management Act 1994* and the *Financial Management Act 2006*.

3.8 Service Agreements

The Director General, as the System Manager, enters into an annual Service Agreement with each Health Service Provider as prescribed in the *Health Services Act 2016*. The Service Agreements include:

- funding to be provided, including the way the funding is provided
- health services to be purchased
- teaching, training and research to be purchased in support of the provision of services
- any other matter the Director General considers relevant to the provision of services.

Patient activity data supports the modeling that determines the services purchased by the System Manager.

In addition, the Mental Health Commission (MHC) purchases services for the State from the Health Service Providers, which is governed by a head agreement between the Department of Health and the MHC. Patient activity data supports the service agreements with the MHC.

3.9 System Performance Management

The Performance Management Policy in the Performance Policy Framework is the system performance management component of the Service Agreements.

The Performance Management Policy is based on a performance management cycle and consolidates performance reporting, monitoring, evaluation and management (including interventions and remediations).

The Health Service Performance Report (HSPR) is the performance reporting component of the Performance Management Policy. The performance reports monitor performance on a monthly basis and are provided to each Health Service Provider Chief Executive. The HSPR is also available to all staff within the WA health system via the [HSPR Application](#).

The HSPR provides timely information and analysis to assist in managing system performance. Patient activity data is a key element in several of the performance indicators in the HSPR.

3.10 Clinical Services Framework

The *WA Health Clinical Services Framework* (CSF) is the principal, government endorsed clinical service planning document for Western Australia's public health system. The framework describes medium to long-term horizons and the strategic parameters to be used by individual health services, hospitals and non-hospital service providers. The framework informs and guides individual clinical service/s plans. Patient activity data is a key enabler that supports clinical service planning.

3.11 Review of Safety and Quality

Hugo Mascie Taylor's 2017 Review of Safety and Quality highlights the importance of information to ensure the WA health system delivers safe high-quality care. The Safety and Quality Indicator Set has been developed to monitor safety and quality of services provided within the WA health system. Patient activity data are key elements in several indicators in the Safety and Quality Indicator Set.

3.12 Aboriginal Health and Wellbeing

The *WA Aboriginal Health and Wellbeing Framework 2015-2030* details the key guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in Western Australia. Patient activity data supports the key priority area for data, evidence and research.

3.13 Other Policy Drivers

There are many other policy drivers that impact the need for quality patient activity data. These policy drivers include, but are not limited to:

- Election Promises
- Ministerials
- Parliamentary Questions
- Media
- Planning
- Costing Modelling
- Clinical Coding and Classifications
- Activity Modelling

**No Longer Applicable.
Superseded 1 July 2023.**

4. Patient Activity Data Policy

The mandated requirements of the Patient Activity Data Policy are outlined in a series of business rules, data specifications and data dictionaries.

4.1 Business Rules

Patient Activity Data Business Rules are related documents in the Patient Activity Data Policy and must be complied with as part of the requirements of the mandatory policy. The business rules mandate the requirements to correctly count, classify and record patient activity data within the WA health system.

The Patient Activity Data Policy comprises of the following set of business rules:

- Admitted patient activity
- Emergency department patient activity
- Community mental health patient activity
- Non-Admitted patient activity

4.1.1 Scope of Business Rules

Some patient activity business rules may cross over multiple areas, and are summarised in the table below.

Refer to each set of business rules for more detailed scope inclusion/exclusions.

Type of Activity / Issue	Patient Activity Data Business Rules			
	Admitted	ED	Community Mental Health	Non-Admitted
Admitted activity	✓			
Subacute and Non-acute admitted activity	✓			
Elective services wait list activity	✓			
Mental health activity - admitted	✓			
Mental health activity - community/non-admitted			✓	
Emergency Department activity - admitted	✓			
Emergency Department activity - non-admitted		✓		
Non-admitted activity				✓
Community-based clinic activity				✓
Hospital in the Home (HITH)	✓			✓
Care provided at home (excluding HITH)				✓
Outreach services				✓
Short Stay Units	✓	✓		
Home births	✓			✓

4.2 Data Collection Data Specifications

Data Collection Data Specifications are related documents in the Patient Activity Data Policy and must be complied with as part of the requirements of the mandatory policy. The data specifications mandate the reporting requirements for Health Services Providers and Contracted Health Entities to the Department of Health.

The Patient Activity Data Policy comprises of the following set of data specifications:

- Hospital Morbidity Data Collection Data Specifications
- Elective Services Wait List Data Collection Data Specifications
- Subacute and Non-Acute Data Collection Data Specifications
- Emergency Department Data Collection Data Specifications
- Mental Health Data Collection Data Specifications
- Non-Admitted Patient Data Collection Data Specifications

4.3 Data Collection Data Dictionaries

Data Collection Data Dictionaries are related documents in the Patient Activity Data Policy and must be complied with as part of the requirements of the mandatory policy. The data dictionaries mandate requirements of the data elements captured in each data collection.

The Patient Activity Data Policy comprises of the following set of data dictionaries:

- Hospital Morbidity Data Collection Data Dictionary
- Elective Services Wait List Data Collection Data Dictionary
- Subacute and Non-Acute Data Collection Data Dictionary
- Emergency Department Data Collection Data Dictionary
- Mental Health Data Collection Data Dictionary
- Non-Admitted Patient Data Collection Data Dictionary

No Longer Applicable.
Superseded 1 July 2023.

5. Data Collections

The six Department of Health information assets in scope for the Patient Activity Data Policy are:

- Hospital Morbidity Data Collection (HMDC)
- Elective Services Wait List Data Collection (ESWLDC)
- Subacute and Non-acute Data Collection (SANADC)
- Emergency Department Data Collection (EDDC)
- Mental Health Data Collection (MHDC)
- Non-Admitted Patient Data Collection (NAPDC)

These data collections are managed by the Information and Performance Governance unit (IPG), within the Information and System Performance Directorate (ISPD) of the Purchasing and System Performance Division of the Department of Health Western Australia.

The following sections outline the purpose of each collection, governance and contact information.

**No Longer Applicable
Superseded 1 July 2023**

5.1 Hospital Morbidity Data Collection

5.1.1 Overview

The HMDC contains admitted patient data from public acute and psychiatric hospitals, private acute and psychiatric hospitals, and private day surgeries in WA. Established in 1970, it is one of the largest statutory data collections managed by the WA health system, increasing in size and complexity in line with population growth.

The HMDC contains demographic and clinical information of services provided to admitted patients.

5.1.2 Governance

The HMDC is classified as a systemwide information asset.

The delegated governance roles for the Hospital Morbidity Data Collection are:

HMDC Steward	Assistant Director General, Purchasing and System Performance Division
HMDC Sponsor	Executive Director, ISPD
HMDC Custodian	Principal Data Management Officer, IPG
HMDC Administrator	Data and Information Systems, ISPD

5.1.3 Contact Information

Queries relating to the HMDC should be forwarded to:

- Data requests & general queries DoHAAdmittedDataCollection@health.wa.gov.au
- Data quality hmds.edits@health.wa.gov.au

For queries relating to clinical coding, please refer to Section 6.

5.1.4 Data Validations

Data validations for HMDC data are performed by the Quality and Assurance team within the Information and Performance Governance unit at the Department of Health.

For more information, refer to the [Hospital Morbidity Data Collection Data Validation Manual](#).

No Longer Applicable.
Superseded 1 July 2023.

5.2 Elective Services Wait List Data Collection

5.2.1 Overview

The ESWLDC is the central collection of elective services wait list information collected from Western Australian public hospitals and contracted health services. The collection contains information about patients who:

- at a given point in time (“census date”) are on the wait list for an elective procedure (“on list”)
- have been admitted from the wait list for the wait listed procedure (“admissions”)
- have been removed from the wait list for reasons other than admission for the wait listed procedure (“removals”), e.g., procedure no longer required
- have had their scheduled admission date deferred, rescheduled, or cancelled post admission (currently applicable to Health Service Providers).

Elective services refer to planned procedure(s) that can be booked in advance as a result of a specialist assessment and referral to the public health system. Elective procedures that are within the scope of the ESWLDC are:

- all elective surgery procedures with a Commonwealth data reporting requirement, as defined by the AIHW.
- non-reportable (to the Commonwealth) procedure groups, which do not meet the above definition of elective surgery, include:
 - gastroscopy
 - colonoscopy
 - hepatobiliary endoscopy
 - endovascular procedures
 - interventional cardiac procedures
 - organ/tissue transplant
 - dental procedures requiring admission.
- all elective ‘cosmetic’ or ‘excluded’ procedures performed in the public system for approved medical reasons. (See [MP0169/21 Elective Services Access and Management Policy](#) for more information)

5.2.2 Governance

The ESWLDC is classified as a systemwide information asset.

The delegated governance roles for the ESWLDC are:

ESWLDC Steward	Assistant Director General, Purchasing and System Performance
ESWLDC Sponsor	Executive Director, ISPD
ESWLDC Custodian	Principal Data Management Officer, IPG
ESWLDC Administrator	Data and Information Systems, ISPD

5.2.3 Contact Information

Queries relating to the ESWLDC should be forwarded to DoH.ESWLDataCollection@health.wa.gov.au

5.3 Subacute and Non-Acute Data Collection

5.3.1 Overview

The SANADC facilitates the collection of necessary publicly funded admitted subacute and non-acute information for planning, allocating, and evaluating health services within Western Australia.

The SANADC is a specialised repository of important clinical and non-clinical information about admitted patients receiving the following types of care:

- Rehabilitation
- Geriatric Evaluation and Management (GEM)
- Psychogeriatric Care
- Palliative Care
- Maintenance Care

The repository was established to collect detailed subacute and non-acute care clinical assessment data that assists in measuring the quality and efficacy of inpatient subacute and non-acute programs. These assessments play an integral role in the allocation of an Australian National Subacute and Non-acute Patient (AN-SNAP) classification to individual subacute and non-acute episodes of care.

The SANADC receives data from a variety of sources. The majority of demographic, admission, discharge and morbidity information is sourced from the Hospital Morbidity Data Collection (HMDC). Subacute and non-acute specific information is sourced from additional specialised systems.

The following data sources contribute data to this collection:

- Web-based Patient Administration System (webPAS)
- AROC Online Services (AROS)
- Psychiatric Services Online Information System (PSOLIS)
- Palliative Care Information System (ePalCIS)

5.3.2 Governance

The SANADC is classified as a systemwide information asset.

The delegated governance roles for the SANADC are:

SANADC Steward	Assistant Director General, Purchasing and System Performance
SANADC Sponsor	Executive Director, ISPD
SANADC Custodian	Principal Data Management Officer, IPG
SANADC Administrator	Data and Information Systems, ISPD

5.3.3 Contact Information

Queries relating to the SANADC should be forwarded to sana.data@health.wa.gov.au.

5.4 Emergency Department Data Collection

5.4.1 Overview

The EDDC collects patient data relating to services provided in dedicated specialist multidisciplinary units specifically designed and staffed to provide 24-hour emergency care.

The following data sources contribute data to this collection:

- Emergency Department Information System (EDIS)
- Web-based Patient Administration System (webPAS)
- St John of God Midland (webPAS)

5.4.2 Governance

The EDDC is classified as a systemwide information asset.

The delegated governance roles for the EDDC are:

EDDC Steward	Assistant Director General, Purchasing and System Performance
EDDC Sponsor	Executive Director, ISPD
EDDC Custodian	Principal Data Management Officer, IRG
EDDC Administrator	Data and Information Systems, ISPD

5.4.3 Contact Information

Queries relating to the EDDC should be forwarded to DataRequests.EDDC@health.wa.gov.au

No Longer Applicable.
Superseded 1 July 2023.

5.5 Mental Health Data Collection

5.5.1 Overview

The MHDC is comprised of the Mental Health Information System and the Mental Health Information Data Collection:

Mental Health Information System (MHIS)

MHIS is the former state-wide mental health data collection. Dating from 1966, it is one of the oldest health related data collections in WA and relied on the manual entry of data from predominantly paper-based notifications and forms.

MHIS also included data from the Local Administration Mental Health Information System (LAMHIS) collected in the mid-1990s to early 2003/04.

In 2014 a review of MHIS was undertaken which led to its replacement and a shift in focus from a patient-centric system to an event-based data collection with embedded data quality assurance processes.

Mental Health Information Data Collection (MIND)

MIND replaced the MHIS from December 2017.

The primary purpose of MIND is to collect record-level information from the Psychiatric Services Online Information System (PSOLIS) for patients who access public specialised mental health services, including public patients admitted in private hospitals.

The data collected in MIND is extracted from PSOLIS on a regular basis and provides the minimum data required to support and meet mental health reporting requirements deriving from legislation, national agreements and the policy obligations of the WA health system.

The initial development of MIND includes:

- referrals to community mental health (data from 1 January 2005).
- community mental health service events and community activations and de-activations (data from 1 January 2005).
- National Outcome and Casemix Collection (NOCC) (data from 1 January 2005).
- *Mental Health Act 2014* Legal Forms, excluding seclusion forms 11A-11G (data from 1 July 2016).
- mental health inpatient admissions (data from 1 January 2005).

Further development work will see the capture of additional data from PSOLIS in MIND, including more data relating to:

- community mental health residential services; and
- State-wide Standardised Clinical Documentation (SSCD).

The current scope of MIND is activity collected in PSOLIS by specialised mental health services. Data relating to this activity are based on service contacts.

The following data sources contribute data to this collection:

- Psychiatric Services Online Information System (PSOLIS)
- Hospital Morbidity Data System (HMDS)
- BedState Reporting System (BSRS)

5.5.2 Governance

The MHDC is classified as a systemwide information asset.

The delegated governance roles for the MHDC are:

MHDC Steward	Assistant Director General, Purchasing and System Performance
MHDC Sponsor	Executive Director, ISPD
MHDC Custodian	Principal Data Management Officer, IPG
MHDC Administrator	Data and Information Systems, ISPD

5.5.3 Contact Information

Queries relating to the MHDC should be forwarded to

mentalhealthdata@health.wa.gov.au.

5.5.4 Edits/validations

Data validations for MHDC data are performed by the Quality and Assurance team within the Information and Performance Governance unit at the Department of Health.

For more information, refer to the [Mental Health Information Data Collection Data Validation Manual](#).

**No Longer Applicable:
Superseded 1 July 2023.**

5.6 Non-Admitted Patient Data Collection

5.6.1 Overview

The NAPDC holds non-admitted patient data (referrals, wait list, activity) from all public hospitals, publicly funded activity at private hospitals and contracted service providers.

The NAPDC contains information about referrals received, referrals wait listed, and services provided to patients. It also holds the information about clinic profiles.

The following data sources contribute data to this collection:

- Best Practice, Diabetes WA
- Alayacare - Bethesda Hospital
- webPAS COVID, St John of God Midland Hospital
- Meditech COVID, Joondalup Health Campus
- eMED, Sir Charles Gairdner Hospital
- Genie Obstetrics, Special Medical Assessment Clinic, Joondalup Health Campus
- Genie Antenatal, Trauma/Allied Health, Joondalup Health Campus
- Genie Neurology, Sir Charles Gairdner Hospital
- Meditech, Peel Health Campus
- Meditech Oncology, Joondalup Health Campus
- MOSAIQ, GenesisCare
- MOSAIQ Radiation Oncology, Sir Charles Gairdner Hospital
- OASIS, Sir Charles Gairdner Hospital
- Oral Health Centre of WA
- SAP, Fresenius Medical Care
- ComCare, Silver Chain
- TurnPoint Care, Neurological Council of WA
- webPAS, WA health system, supported by Health Support Services
- webPAS, St John of God Hospital - Midland, Mt Lawley, Bunbury

5.6.2 Governance

The NAPDC is classified as a systemwide information asset.

The delegated governance roles for the NAPDC are:

NAPDC Steward	Assistant Director General, Purchasing and System Performance
NAPDC Sponsor	Executive Director, ISPD
NAPDC Custodian	Principal Data Management Officer, IPG
NAPDC Administrator	Data and Information Systems, ISPD

5.6.3 Contact Information

Queries relating to the NAPDC should be forwarded to NADCDData@health.wa.gov.au.

6. Clinical Coding

The [Western Australian Clinical Coding Authority \(WACCA\)](#) is within the Information and Performance Governance unit, in the Information and System Performance Directorate of the Purchasing and System Performance Division of the Department of Health Western Australia.

The Western Australian Clinical Coding Authority:

- contributes to governance and consultancy on the reporting and use of state coding data (in the Hospital Morbidity Data Collection) by:
 - publishing [WA Coding Rules](#)
 - publishing [Clinical Coding Guidelines](#) responding to technical coding queries from those reporting coded data. See [WA Coding Query Process](#)
 - Email coding queries to coding.query@health.wa.gov.au
 - publishing Hospital Morbidity Data System Clinical Coding Validations in the [Hospital Morbidity Data System Data Validation Manual](#)
 - responding to queries about Hospital Morbidity Data System Clinical Coding Validations
 - Email validation queries to DOHCoding.edits@health.wa.gov.au
 - consulting with users during extraction, analysis and reporting of coded data.
 - For consultation email clinical.coding@health.wa.gov.au
- contributes to governance and consultancy on the list of Same-day ACHI Procedure Codes referred to in the Admitted Patient Activity Data Business Rules
 - For consultation email coding.query@health.wa.gov.au

7. Compliance and Audit

The Health Information Audit Team (HIAT) is a key component of quality and assurance within the ISPD.

The HIAT is authorised to carry out compliance monitoring activities under the authority of the Director General, pursuant to section 175 of the *Health Services Act 2016*.

The [Health Information Audit Practice Statement](#) provides information on the conduct and activities performed by the HIAT, including the purpose, principles, procedures and objectives of the audit program.

8. Reference Documents

8.1 Reference Code Lists

The reference code lists below outline valid codes accepted for reporting data to the Department of Health

- [Establishment Code List](#)
- [Clinician Specialty List](#)
- [Australian State or Country of Birth List](#)
- [Language List](#)
- [Overseas Country Name List](#)

8.2 Same-day Australian Classification of Health Interventions (ACHI) Procedure Codes

[Same-day ACHI procedure codes](#) are available from the WA Clinical Coding Authority website.

8.3 Supplementary Information

Additional documentation has been developed to assist in the interpretation of business rules

- [Palliative Care Care Type Supplementary Information](#)
- [Contracted Care Supplementary Information](#)

8.4 COVID-19

[Guidelines for recording COVID-19 activity data](#) have been developed to provide instructions for the consistent recording and collection of COVID-19 activity data for all WA health system entities.

Additional information regarding COVID-19 is available from the [COVID-19 intranet page](#).

No Longer Applicable.
Superseded 1 July 2023.

9. Annual Changes

The Patient Activity Data Policy is reviewed each year, to ensure that patient activity data:

- reflects any changes to the WA health system's funding and service provisions for the next financial year
- supports the WA health system's state and national reporting obligations
- incorporates feedback from health system entities to improve the policy documents.

Proposals for changes for the following financial year take effect from 1 July each year. Feedback and proposals should be submitted to the relevant data collection contact, as listed in [Section 5](#).

**No Longer Applicable.
Superseded 1 July 2023.**

10. Glossary

The following definition(s) are relevant to this Compendium.

Term	Definition
Audit	The independent examination of source data against reported patient activity to assess compliance with policies in the Information Management Framework.
Contracted Health Entity	As per section 6 of the <i>Health Services Act 2016</i> , a non-government entity that provides health services under a contract or other agreement entered into with the Department CEO on behalf of the State, a Health Service Provider or the Minister
Custodian	A custodian manages the day-to-day operations of the information asset(s), and implements policy on behalf of the Steward and Sponsor
Data Collection	Refer to Information Asset
Data Dictionary	A Data Dictionary provides detailed metadata for the data elements included in the Data Specifications, including definition, field name, format and data type and links to national standards for each data element.
Data Specifications	Data Specifications mandate the list of data elements, format and submission schedule for each data collection.
Health Service Provider	As per section 6 of the <i>Health Services Act 2016</i> , a Health Service Provider established by an order made under section 32(1)(b)
Information asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Information Management Policy Framework	The Information Management Policy Framework specifies the information management requirements that all Health Service Providers must comply with in order to ensure effective and consistent management of health, personal and business information across the

No Longer Applicable July 2023
Superseded

Term	Definition
	WA health system.
Patient Activity Data Business Rules	Patient Activity Data Business Rules mandate the rules, scope and criteria to be used when recording health service patient activity data and reporting to the Department of Health.
Sponsor	A Sponsor's role is to execute leadership over allocated information asset(s) functions on behalf of the Steward.
Steward	A Steward's role is to implement the strategic direction of information management governance as recommended by the Information Management Governance Advisory Group, and manage the information asset(s) under their control to ensure compliance in line with legislation, policies and standards.
WA health system	Pursuant to section 19(1) of the <i>Health Services Act 2016</i> , means the Department of Health, Health Service Providers, and to the extent that Contracted Health Entities provide health services to the State, the Contracted Health Entities.

No Longer Applicable
Superseded 1 July 2023

Appendix A – Summary of revisions

Date Released	Author	Approval	Amendment
1 July 2021	Jessica George	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created.
1 July 2022	Jessica George	Rob Anderson, Assistant Director General, Purchasing and System Performance	<p>Updated dates, references and contact information.</p> <p>Added policy driver information relating to Sustainable Health Review and pandemic response.</p> <p>Added Section 9 – details regarding annual updates to the Patient Activity Data Policy.</p>

**No Longer Applicable.
Superseded 1 July 2023.**

**No Longer Applicable.
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Information and System Performance Directorate
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The Department of Health Western Australia

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