# Non-Admitted Patient Data Collection
## Data Dictionary

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| Owner: | Department of Health, Western Australia |
|---|---|
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| Links to: | Information Management Policy Framework<br><br>https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management |

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# Abbreviations

| | |
|---|---|
| ABS | Australian Bureau of Statistics |
| CEO | Chief Executive Officer |
| DoH | Department of Health |
| DVA | Department of Veterans Affairs |
| HACC | Home and Community Care |
| ID | Identifier |
| MCC | Multidisciplinary Case Conference |
| NADC | Non-Admitted Data Collection |
| NMDS | National Minimum Data Set |
| PAS | Patient Administration System |
| SACC | Standard Australian Classification of Countries 2016 |
| UMRN | Unit Medical Record Number |
| WA | Western Australia |
| webPAS | Web-based Patient Administration System |

# Purpose

The purpose of the *Non-Admitted Patient Data Collection Data Dictionary* is to detail the data elements captured in the Non-Admitted Patient Data Collection (NADC).

The *Non-Admitted Patient Data Collection Data Dictionary* is a related document under [MP 0164/21 *Patient Activity Data Policy.*](#)

This data dictionary is to be read in conjunction with this policy and other related documents and supporting information as follows:

- *[Non-Admitted Patient Activity Data Business Rules](#)*
- *[Non-Admitted Patient Data Collection Data Specifications](#)*
- *[Patient Activity Data Policy Information Compendium.](#)*

# Background

The use of non-admitted patient data by the Department of Health is dependent on high quality data that are valid, accurate and consistent.

# Recording of data

Data that are submitted to the NADC must be recorded in accordance with the Data Definitions (Section 5).

Please note there are multiple feeder systems that report Non-Admitted Patient activity data to the Department of Health. The permitted values identified in this document cover all relevant feeder systems; inclusion of a value in the Permitted Values list does not imply it is permitted or available in all source systems.

# Data definitions

The following section provides specific information about data elements captured in the NADC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the NADC and caution should be taken if these data elements are compared with those of other data collections.

Where relevant, related national definitions have been referenced. The Department of Health Western Australia acknowledges the assistance of the Australian Institute of Health and Welfare (AIHW) for services provided in relation to METeOR, Australia's repository for national metadata standards for the health, community services, early childhood, homelessness and housing assistance sectors, which is owned by the AIHW.

# Aboriginal Status

| | |
|---|---|
| **Field name:** | aboriginal_status_code |
| **Source data element(s):** | Indigenous Status (webPAS) |
| **Definition:** | Whether a person identifies as being of Aboriginal or Torres Strait Islander origin. |
| **Requirement status:** | Mandatory |
| **Data type:** | String |
| **Format:** | N |
| **Permitted values:** | 1 - Aboriginal but not Torres Strait Islander origin<br>2 - Torres Strait Islander but not Aboriginal origin<br>3 - Both Aboriginal and Torres Strait Islander origin<br>4 - Neither Aboriginal nor Torres Strait Islander origin<br>9 - Not stated/Inadequately described |

## Guide for use

There are three components to the Commonwealth definition of Aboriginal or Torres Strait Islander: descent, self-identification, and community acceptance. In practice, it is not feasible to collect information on community acceptance in general purpose data collections. Therefore, standard questions on Aboriginal status relate to descent and self-identification only.

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal peoples are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

## Examples

| | Aboriginal Status |
|---|---|
| A person who identifies as Aboriginal attends the Outpatient Clinic. | 1 Aboriginal but not Torres Strait Islander origin |
| A person who is a descendant of both Aboriginal and Torres Strait Islander origin and identify as both Aboriginal and Torres Strait Islander attends an Outpatient Clinic. | 3 Both Aboriginal and Torres Strait Islander origin |

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/602543

# Appointment Account Number

| Field name: | appointment_account_number |
|---|---|
| Source data element(s): | N/A |
| Definition: | An identifier in the source information system that distinguishes between related non-admitted services (e.g. appointment account number, event ID). This would be a unique number, either on its own or paired with the Establishment code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(29)] |
| Permitted values: | N/A |

## Guide for use

The Appointment Account Number must be a unique number for every episode of service.

This number does not change and is not re-used irrespective of the appointment status, outcome or attendance code. When an appointment is made, it must be linked to a registered referral. The appointment account numbers enable the patient-level non-admitted activity to be linked to the Department of Health WA costing system.

# Appointment Attendance Code

| | |
|---|---|
| **Field name:** | appointment_attendance_code |
| **Source data element(s):** | Appointment Outcome (webPAS) |
| **Definition:** | The nature of the patient's attendance at the appointment, as represented by a code. |
| **Requirement status:** | Mandatory |
| **Data type:** | String |
| **Format:** | [XXX] |
| **Permitted values:** | ATT – Attended<br>DNA – Did Not Attend<br>DNW – Did Not Wait<br>MCC – Multidisciplinary Case Conference<br>NCE – Non-client Event<br>NSP – Not Specified<br>UNK - Unknown |

## Guide for use

This data element is used to determine a non-admitted patient service event. The appointment attendance code is derived from the Appointment Outcome Code.

The following appointment outcome codes are mapped to an appointment attendance code of ATT (Attended) and is therefore in the scope of a non-admitted patient service event:

| Appointment Outcome Code | Appointment Attendance Code |
|---|---|
| ADM Admit to ward<br>ARV Arrived<br>COU Counselling of relatives<br>DIS Discharge from clinic<br>PRI Private referral<br>RAS Refer other specialty<br>REA Reappoint<br>RED Refer to emergency department<br>REV Further review<br>RGP Referred back to General Practitioner<br>ROH Refer other hospital<br>RTW Return to ward<br>RWL Refer inpatient waitlist | ATT Attended |

All remaining appointment outcome codes indicate that the appointment is not a non-admitted patient service event and are mapped to the following appointment attendance codes:

| Appointment Outcome Code | Appointment Attendance Code |
|---|---|
| CAN Cancelled<br>DEC Deceased in clinic<br>DIE Deceased<br>PAE Patient arrived in error<br>PAL Patient late not seen<br>PDA Patient did not attend | DNA Did not attend |
| PLN Patient left not seen | DNW Did not wait |
| CON Chart only | NCE Non-client event |
| UNK Unknown | UNK Unknown |
| NSP Not specified | NSP Not specified |

# Appointment Cancellation Code

| Field name: | appointment_cancellation_code |
|---|---|
| Source data element(s): | Cancellation Reason (webPAS) |
| Definition: | The reason why the scheduled appointment was cancelled, as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | XXX |
| Permitted values: | BET - States better<br>CCA - Clinic cancelled<br>CLU - Clinician unavailable<br>COH - Crisis - Hospital<br>COP - Crisis - Patient<br>COQ - Crisis - Patient In Quarantine<br>CUR - Current Inpatient any site<br>DEC - Deceased<br>DNN - No notification received<br>ERR - User error<br>ISF - Illness self or family<br>MOV - Moved away<br>NCO - Non contactable<br>NSP - Not specified<br>OTH - Treated other public hospital<br>PCO - Patient convenience<br>PRI - Treated privately<br>RES - Test results unavailable<br>RFC - Referral closed<br>TIA - Treatment no longer appropriate<br>TRA - Transport unavailable<br>UNK - Unknown<br>URG - Urgent patient<br>UTR - Urgent test results |

## Guide for use

This data element is used to determine where the responsibility lies for an unattended appointment.

Condition: this data element is conditional on the appointment being cancelled otherwise leave blank.

## Appointment Cancellation Date

| Field name: | appointment_cancellation_date |
|---|---|
| Source data element(s): | N/A |
| Definition: | The date on which the scheduled appointment was cancelled. |
| Requirement status: | Conditional |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

Condition: this data element is conditional on the appointment being cancelled otherwise leave blank.

# Appointment Care Type Code

| | |
|---|---|
| **Field name:** | appointment_care_type_code |
| **Source data element(s):** | Care Type (webPAS) |
| **Definition:** | The type of care provided to the patient at the appointment as represented by a code. |
| **Requirement status:** | Mandatory |
| **Data type:** | String |
| **Format:** | XXX |
| **Permitted values:** | ACU - Acute<br>GER - Geriatric Evaluation and Management<br>MEN - Specialist Mental Health<br>NSP - Not Specified<br>OTH - Other<br>PAL - Palliative<br>PSY - Psychogeriatric<br>REH - Rehabilitation<br>UNK - Unknown |

## Guide for use

This data element is also used to derive the appointment mental health indicator. Appointments with a value of MEN (Specialist mental health) or PSY (Psychogeriatric) for the Care Type code will be assigned a value of Y (Yes) for the appointment mental health indicator. All other Care Type codes are not classified as a specialised mental health service although an appointment may still be assigned a value of Y (Yes) for the appointment mental health indicator based on the clinic category code, NMDS Tier 1 code or Tier 2 classification code.

## Related national definition

https://meteor.aihw.gov.au/content/679528

# Appointment Client Type Code

| Field name: | appointment_client_type_code |
|---|---|
| Source data element(s): | Patient Type (webPAS) |
| Definition: | The type of patient at the time of the appointment, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XX |
| Permitted values: | CC - Continuing Care<br>ED - Emergency Department<br>EX - External<br>IP - Inpatient<br>NS - Not Specified<br>OP - Outpatient<br>PH - Primary Health |

## Guide for use

This data element is used to determine a non-admitted patient service event when the client type is coded as OP (Outpatient).

Records that do not have a client type of OP (Outpatient) are excluded when counting attended appointments or non-admitted patient service events.

# Appointment Date

| Field name: | appointment_date |
|---|---|
| Source data element(s): | N/A |
| Definition: | The date on which the appointment occurred. |
| Requirement status: | Mandatory |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

For patient safety, when a non-admitted patient commenced an appointment before midnight and the patient is still in the hospital after midnight, this is recorded as two appointments. The date on which the service commenced must be recorded for the first appointment and the date after midnight for the second appointment The Appointment Outcome Code for the appointment after midnight must be recorded as Chart Only or non-client event to ensure that it is excluded from reports of non-admitted activity.

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/680434

# Appointment Delivery Mode Code

| Field name: | appointment_delivery_mode_code |
| --- | --- |
| Source data element(s): | Service Delivery Mode (webPAS) |
| Definition: | The method of communication between a patient and a healthcare provider during the appointment, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | CLP - Client Present (face to face) <br> ELE - Electronic (e.g. Email, SMS) <br> GCP - Group Client Present (face to face) <br> HOM - Home Visit <br> MCC - Multidisciplinary Case Conference - patient not present <br> OTH - Other <br> POS - Postal Service <br> SLF - Self-administered Treatment <br> TEL - Telephone <br> THC - Telehealth Support Clinician <br> THH - Telehealth at non-WA Health Site <br> THS - Telehealth at WA Health Site <br> UNK - Unknown |

## Guide for use

**In person**

The healthcare provider delivers the service in the physical presence of the patient (i.e., in the same room). Codes CLP (Client Present) and GCP (Group Client Present) provide a measure of 'face-to-face' service delivery.

Exception: CLP (Client Present) service delivery mode must be used for self-administered home-delivered services (Tier 2 codes: 10.15, 10.16, 10.17, 10.18, 10.19), despite there being no clinician present.

**Telephone**

The healthcare provider delivers the service using a telephone. This includes teleconference.

**Telehealth**

The healthcare provider delivers the service using a video conferencing platform.

THC (Telehealth Support Clinician) is used at the receiving end of a telehealth appointment and applies when a clinician is needed to support a patient at their telehealth appointment (e.g. a nurse needs to measure blood pressure or conduct a clinical

assessment that enables the clinician at the provider end to undertake the appointment).

In this scenario, the telehealth activity can be recorded at both the clinic where the consultation service is being provided and at the patient's location where the support clinician is providing health care to the patient.

THS (Telehealth at WA health site) is used when a patient attends a WA Health site to use the facilities (e.g. consulting room, computer monitor, camera and microphone).

THH (Telehealth at Non-WA Health site) is used when the clinician at the provider end is located at any WA health site and the patient is located at a non-WA health location (e.g. patient's home or workplace, GP surgery, community resource centre or prison).

### Electronic

The healthcare provider delivers the service via electronic mail, or other electronic messaging services, including instant messaging.

### Postal or courier service

The healthcare provider delivers the service via postal (including courier) services.

### Patient self-administered

The health service was delivered via a means that does not involve direct interaction with a healthcare provider (however is under the care or review of the healthcare provider) such as home-based procedures and remote home-based diagnostic monitoring (telemonitoring) that the patient self-administers without assistance from a healthcare provider.

### Multidisciplinary case conference where the patient is not present

A meeting or discussion is held concurrently between healthcare providers, arranged in advance, to discuss a non-admitted patient in detail and to coordinate care without the patient being present.

Multidisciplinary case conferences must involve three or more healthcare providers who have direct care responsibilities for the patient discussed. The healthcare providers may be of the same profession (medical, nursing, midwifery, or allied health); however, they must each have a different specialty so that the care provided by each provider is unique. Alternatively, the healthcare providers may be of different professions (medical, nursing, midwifery, or allied health) but of the same specialty.

From 1 July 2018, the MCC delivery mode code is used to set the Appointment Attendance code and Appointment Session Type code to MCC (Multidisciplinary case conference).

### Other

The health service involved a direct interaction with a healthcare provider via a means not covered by any other category. Eg. Chart only – this is to ensure the patient is not notified of the appointment.

## Related national definition

https://meteor.aihw.gov.au/content/732562

# Appointment Delivery Setting Code

| | |
|---|---|
| **Field name:** | appointment_delivery_set_code |
| **Source data element(s):** | N/A |
| **Definition:** | The setting in which a service is provided to a patient during the appointment, as represented by a code. |
| **Requirement status:** | Mandatory |
| **Data type:** | String |
| **Format:** | X |
| **Permitted values:** | Y - On the hospital campus of the healthcare provider<br>N - Off the hospital campus of the healthcare provider |

## Guide for use

The setting in which a service is provided to a non-admitted patient during a service event, as represented by a code.

This code includes:
- community health or day centre or other community facility
- general practice surgery or clinic
- residential aged care facility
- private residence
- other hospital.

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/730444

## Appointment Diagnosis Code

| Field name: | appointment_diagnosis_code_N |
|---|---|
| Source data element(s): | N/A |
| Definition: | Any number of diagnoses or procedure codes collected relating to the patient's appointment, as represented by a code. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(15)] |
| Permitted values: | N/A |

## Guide for use

There are currently 4 appointment diagnosis_code_N fields. (N) represents a numeric range from 1 to 4 (e.g. appointment_diagnosis_code_1, appointment_diagnosis_code_2).

## Appointment Diagnosis Type

| Field name: | appointment_diagnosis_type_N |
|---|---|
| Source data element(s): | N/A |
| Definition: | A condition or complaint type in relation to the appointment event, represented by a code. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(10)] |
| Permitted values: | ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code |

## Guide for use

There are currently four appointment_diagnosis_type_N fields.  (N) represents a numeric range from 1 to 4 (e.g. appointment_diagnosis_type_1, appointment_diagnosis_type_2).

# Appointment Event Type

| Field name: | appointment_event_type |
|---|---|
| Source data element(s): | N/A |
| Definition: | Further description of appointment type as represented by text. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(50)] |
| Permitted values: | Admitted Patient<br>Chart Review<br>Continuing Care MPS<br>Outpatient<br>Primary Health |

## Guide for use

This is required in the webPAS load processing routine to identify and retain a single Outpatient record when duplicate appointments are created due to multiple contacts being recorded in the Contacts screen.

Only provided by WA Country Health Service - (WACHS).

# Appointment First Offered Date

| Field name: | appointment_first_offered_date |
|---|---|
| Source data element(s): | N/A |
| Definition: | The date of the first available appointment offered by a healthcare provider to a patient following receipt of a service request. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [YYYYMMDD] |
| Permitted values: | N/A |

## Guide for use

Condition: if the patient has been offered an initial appointment this field is mandatory.

## Related national definition

https://meteor.aihw.gov.au/content/596502

# Appointment Funding Source Code

| Field name: | appointment_funding_source_code |
|---|---|
| Source data element(s): | Funding Source (webPAS) |
| Definition: | Patient's principal funding or payment source for the appointment, as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | XXX |
| Permitted values: | AHA - Australian Health Care Agreement<br>COR - Correctional Facility<br>REC - Reciprocal Overseas<br>DET - Detainee |

## Guide for use

Condition: this data element is only reported by webPAS and is used to refine the data element Payment Classification Code.

Australian Health Care Agreements –

Refers to Medicare eligible patients who are presenting to a public hospital outpatient department for whom there is no third-party arrangement or public patients attending a non-admitted service in a private hospital funded by state or territory health authorities. This excludes inter-hospital contracted patients and overseas visitors who are covered by Reciprocal Health Care Agreements but elect to be treated as public non-admitted patients and Medicare eligible patients who choose not to register with Medicare and self-fund the non-admitted service.

Correctional Facility –

Refers to prisoners who attend a non-admitted service where the Department of Justice is responsible for the payment. These patients are treated as a public patient although the funding source is Correctional Facility. Illegal immigrants do not come under this funding source; they are coded as DET (Detainee).

Reciprocal Health Care Agreement –

Australia has Reciprocal Health Care Agreements (RHCA) with Belgium, New Zealand, Finland, Norway, Italy, Sweden, Ireland, Slovenia, Malta, United Kingdom, and Netherlands.

Detainee –

Refers to patients who are deemed as ineligible immigrants detained in an Immigration Detention Centre.

## Related national definition

https://meteor.aihw.gov.au/content/746003

# Appointment Healthcare Provider Code

| Field name: | appointment_hcp_code |
|---|---|
| Source data element(s): | N/A |
| Definition | An identifier assigned to the healthcare professional who delivered the service. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(13)] |
| Permitted values: | N/A |

## Guide for use

The Healthcare Provider Code is an identifier allocated to the healthcare professional by the profession's registration body. AHPRA codes are to be reported - Australian Health Practitioner Regulation Agency - Register of practitioners

Condition: If the healthcare provider has an AHPRA registration provider code then this field is mandatory.

## Appointment Healthcare Provider Name

| Field name: | appointment_hcp_name |
|---|---|
| Source data element(s): | N/A |
| Definition: | The name of the individual healthcare professional who provided care to the patient, as represented by text. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(99)] |
| Permitted values: | N/A |

## Guide for use

Condition: this data element is to reflect the Healthcare Provider who delivered the service. Where applicable, a list of registered healthcare professionals is available at the Australian Health Practitioner Regulation Agency - Register of practitioners

# Appointment Non-Attendance Reason Code

| Field name: | appointment_nonattend_reas_code |
|---|---|
| Source data element(s): | Non-Attendance Reason (webPAS) |
| Definition: | The reason why the patient did not attend the appointment as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | APE - Inpatient or Outpatient Appointment Elsewhere<br>COH - Crisis - Hospital<br>COP - Crisis - Patient<br>COQ - Crisis - Patient in Quarantine<br>DEC - Deceased<br>DRN - Did not Receive Notification<br>FGT - Forgot<br>GNR - Gives No Reason<br>ISF - Illness Self or Family<br>PDA - Patient Did Not Attend<br>SBE - States Better<br>TPR - Treated Privately<br>TRU - Transport Unavailable |

## Guide for use

Condition: If the appointment was not attended then this data element is mandatory, otherwise leave blank.

# Appointment Outcome Code

| Field name: | appointment_outcome_code |
|---|---|
| Source data element(s): | Outcome (webPAS) |
| Definition: | The outcome of the appointment, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | ADM - Admit to Ward<br>ARV - Arrived<br>CAN - Cancelled<br>CON - Chart Only<br>COU - Counselling of relatives<br>DEC - Deceased in Clinic<br>DIE - Deceased<br>DIS - Discharge from Clinic<br>NSP - Not Specified<br>PAE - Patient Arrived in Error<br>PAL - Patient Late Not Seen<br>PLN - Patient Left Not Seen<br>PDA - Patient Did Not Attend<br>PRI - Private Referral<br>RAS - Refer other Specialty<br>REA - Reappoint<br>RED - Refer to ED<br>REV - Further Review<br>RGP - Referred back to GP<br>ROH - Refer Other Hospital<br>RTW - Return To Ward<br>RWL - Refer Inpatient Waitlist<br>UNK - Unknown |

## Guide for use

The appointment outcome code is used to derive the appointment attendance code in webPAS.

Activity reported as NSP (Not Specified) or UNK (Unknown) are not required for national submissions.

The following appointment outcome codes are mapped to an appointment attendance code of ATT (Attended) and are therefore in the scope of a non-admitted patient service event:

| Appointment Outcome Code | Appointment Attendance Code |
|---|---|
| ADM Admit to ward | ATT Attended |
| ARV Arrived | |
| COU Counselling of relatives | |
| DIS Discharge from clinic | |
| PRI Private referral | |
| RAS Refer other specialty | |
| REA Reappoint | |
| RED Refer to emergency department | |
| REV Further review | |
| RGP Referred back to general practitioner | |
| ROH Refer other hospital | |
| RTW Return to ward | |
| RWL Refer inpatient waitlist | |

All remaining outcome codes indicate that the patient is not present and the appointment is therefore does not meet the requirements for counting a non-admitted patient service event:

| Appointment Outcome Code | Appointment Attendance Code |
|---|---|
| CAN Cancelled | DNA Did not attend |
| DEC Deceased in clinic | |
| DIE Deceased | |
| PAE Patient arrived in error | |
| PAL Patient late not seen | |
| PDA Patient did not attend | |
| PLN Patient left not seen | DNW Did not wait |
| C/O Chart only | NCE Non-client event |

# Related national definition

https://meteor.aihw.gov.au/content/607118

## Appointment Patient Arrival Time

| Field name: | appointment_client_arrival_time |
|---|---|
| Source data element(s): | N/A |
| Definition: | The time when the patient arrived for the appointment. |
| Requirement status: | Conditional |
| Data type: | Time |
| Format: | [HH:MM:SS] |
| Permitted values: | N/A |

## Guide for use

Condition: If the patient arrived for their appointment and the source system collects this data element then this must be provided, otherwise it will be blank.

## Appointment Patient Seen Time

| Field name: | appointment_client_seen_time |
|---|---|
| Source data element(s): | N/A |
| Definition: | The actual time when the patient was seen by a healthcare provider for the appointment. |
| Requirement status: | Conditional |
| Data type: | Time |
| Format: | [HH:MM:SS] |
| Permitted values: | N/A |

## Guide for use

Condition: if the patient was seen for their appointment and the source system collects this data element, then this must be reported, otherwise it will be blank.

# Appointment Payment Classification Code

| Field name: | appointment_pay_class_code |
|---|---|
| Source data element(s): | Claim Type (webPAS) |
| Definition: | The expected principal source of funds for payment of the account for an appointment, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | ADF - Australian Defence Force<br>AHA - Australian Health Care Agreement<br>CIS - Catastrophic Injury Support Scheme<br>COM - Compensable Other<br>COR - Correctional Facility<br>DET - Detainee<br>EMV - Other States Motor Vehicle Insurance Trust<br>FOD - Foreign Defence<br>INE - Ineligible<br>MBS - Medicare Benefits Scheme<br>OTH - Other<br>OVS - Overseas Student<br>OVV - Overseas Visitor<br>PVT - Private Insured<br>REC - Reciprocal Health Care Agreement<br>SHI - Shipping<br>UNI - Private Uninsured<br>UNK - Unknown<br>VET - Department of Veterans Affairs<br>WAM - Western Australian Motor Vehicle Insurance Trust<br>WCC - Workers Compensation |

## Guide for use

This is a mandatory item for national reporting.

The source of funding should be assigned based on a best estimate of where the majority of funds come from, except for private health insurance, which should be assigned wherever there is a private health insurance contribution to the cost. This data element is not designed to capture information on out-of-pocket expenses to patients (for example, fees only partly covered by the Medicare Benefits Schedule).

If a charge is raised for accommodation or facility fees for the appointment, the intent of this data element is to collect information on who is expected to pay, provided that the charge would cover most of the expenditure that would be estimated for the service event.

If the charge raised would cover less than half of the expenditure, then the funding source that represents the majority of the expenditure should be reported.

If there is an expected funding source followed by a finalised actual funding source (for example, in relation to compensation claims), then the actual funding source known at the end of the reporting period should be recorded.

The expected funding source should be reported if the fee has not been paid but is not to be waived.

The major source of funding should be reported for nursing-home type patients.

Not all of the above may be represented in the establishment's Patient Administration System.

Funding Source is independent of the patient's Insurance Status (i.e. a patient with private health insurance can have a Funding Source election of either public or private).

All qualified and unqualified newborns must have the same Funding Source as their mother.


Further details on permitted values are below:

Australian Health Care Agreements – refers to Medicare eligible patients who are presenting to a public hospital outpatient department for whom there is no third-party arrangement or public patients attending a non admitted service in a private hospital funded by state or territory health authorities. This excludes inter-hospital contracted patients and overseas visitors who are covered by Reciprocal Health Care Agreements but elect to be treated as public admitted patients and Medicare eligible patients who choose not to register with Medicare and self-fund the non admitted service event.

Private Health Insurance – Non admitted patients who are funded by private health insurance, including travel insurance for Medicare eligible patients. If patients receive any funding from private health insurance, this option is to be recorded, regardless of whether it is the majority source of funds.

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

Self-Funded – this code includes funded by the patient, by the patient's family or friends, or by other benefactors.

Worker's Compensation – refers to patients injured at their place of work where their employer's workers compensation insurance will pay for hospital and medical charges incurred during the non admitted service event.

Motor Vehicle Insurance Trust – refers to patients involved in a motor vehicle accident and whose personal injury claims for hospital and medical charges are covered by Motor Vehicle Third Party Insurance.

Other Compensation – refers to patients who are entitled to claim compensation under public liability, common law or medical negligence. Includes compensation from a sporting club or association, or other party where the latter are responsible for payment of the admission episode. Foreign shipping company employees have their hospital and medical charges covered by the employing shipping company. Other Compensation excludes patients covered under Workers Compensation, Motor Vehicle Third Party Personal claims, Department of Defence, DVA, or Travel Insurance claims.

DVA – refers to patients eligible for Veterans' Affairs beneficiary and whose hospital and medical charges are covered by the DVA. These include payment by DVA for public

hospital treatment of DVA gold cardholders for all conditions or payment of public hospital treatment of DVA white cardholders for specific war/conflict related conditions.

Australian Defence Force – refers to patients who are a member of the Australian Defence Forces and injured at work. Patients who are also members of overseas defence forces should be coded to – Ineligible, unless they are involved in joint armed forces exercises and are covered under a special health cover agreement with the Department of Defence.

Correctional Facility – refers to prisoners and other patients attending a non-admitted service event in a hospital where the Department of Justice is responsible for the payment of the non-admitted episode. These patients are treated as a public patient although the funding source is Correctional Facility. Illegal immigrants do not come under this funding source; they should be assigned to Detainee.

Reciprocal Health Care Agreement – Australia has Reciprocal Health Care Agreements (RHCA) with a number of countries. Please refer to Services Australia's [Reciprocal Health Care Agreements](#) for more information.

Other – refers to patients who do not satisfy the requirements of any other funding source.

Detainee – refers to patients who are deemed as ineligible immigrants detained in an Immigration Detention Centre.

Ineligible – refers to patients who are not eligible for the Australian Health Care Agreement, patients from countries who do not have Reciprocal Health Care Agreements with Australia (these patients may be covered by private travel insurance), Foreign Defence Force personnel (unless injured during a joint exercise), or any other ineligible patient not covered by a funding source listed above.

## Examples

| | Payment Classification |
|---|---|
| A patient is seen in an Outpatient Clinic with a work-related injury, where the company is responsible for payment. | WCC – Worker's Compensation |
| A patient is seen in an Outpatient Clinic for treatment of an injury sustained in a motor vehicle accident, where the Insurance Commission of WA is responsible for payment. | WAM – WA Motor Vehicle Insurance Trust |
| A patient is seen in an Outpatient Clinic after falling and injuring her back in the local supermarket and is making a public liability insurance claim. | COM – Compensable Other |

## Related national definition

https://meteor.aihw.gov.au/content/606188

## Appointment Preferred Date

| | |
|---|---|
| **Field name:** | appointment_preferred_date |
| **Source data element(s):** | N/A |
| **Definition:** | The date preferred by the patient for their scheduled non-admitted service appointment to an outpatient clinic. |
| **Requirement status:** | Conditional |
| **Data type:** | Date |
| **Format:** | DDMMYYYY |
| **Permitted values:** | N/A |

## Guide for use

Condition: this data element must be provided if available in the source system, otherwise leave blank.

# Appointment Program Code

| Field name: | appointment_program_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | A code to identify the type of service or program that is being delivered. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | BRE - Breast Services<br>CHD - Child Development<br>CPH - Community Physiotherapy Service<br>CRE - Community Rehabilitation<br>DAE - Diabetes Education<br>DIS - Disability<br>DTU - Day Therapy Unit<br>EME - Emergency Department<br>HAE - Haematology<br>HNV - Health Navigator<br>ICS – Integrated Cancer Service<br>MED - Medical<br>NAP - Not Applicable<br>NDS - National Disability Insurance Scheme Registered<br>NSP - Not specified<br>ONC - Oncology<br>PAL - Palliative Care<br>PAR - Post-Admission Rehabilitation<br>REM - Renal Medicine<br>SCL - Stroke Clinic<br>SCO - Stroke Community<br>SUR - Surgical<br>TRC - True Care True Culture<br>VGE - Visiting Geriatrician<br>VGS - Visiting Geriatrician Support Service |

## Guide for use

Condition: not all feeder systems will be able to provide this field, if available in the source system this element is mandatory.

# Appointment Reason for Reschedule Code

| Field name: | appointment_reschedule_reas_code |
|---|---|
| Source data element(s): | Reason for Reschedule (webPAS) |
| Definition: | The reason why the appointment was rescheduled. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | CLC - Crisis - Legislative Changes<br>CLU - Clinician Unavailable<br>COH - Crisis - Hospital<br>COP - Crisis - Patient<br>COQ - Crisis -Patient in Quarantine<br>DRN - Did Not Receive Notification<br>ERR - Operator Error<br>EXE - Executive Decision<br>EIA - External Industrial Action<br>IIA - Internal Industrial Action<br>INP - Current Inpatient any site<br>INU - Interpreter Unavailable<br>ISF - Illness Self or Family<br>NSP - Not Specified<br>PTC - Patient Convenience<br>RUN - Rooms Unavailable<br>SLC - Slot Change<br>STE - Student Exams<br>TRU - Test Results Unavailable<br>TUN - Transport Unavailable<br>URG - Urgent Patient<br>UTR - Urgent Test Results |

## Guide for use

Condition: if the appointment was rescheduled then this data element is mandatory otherwise leave blank.

## Appointment Reschedule Count

| Field name: | appointment_reschedule_count |
|---|---|
| Source data element(s): | N/A |
| Definition: | The number of times an appointment has been rescheduled. |
| Requirement status: | Conditional |
| Data type: | Numeric |
| Format: | [NNNN] |
| Permitted values: | N/A |

## Guide for use

Condition: if the appointment has been rescheduled, then this data element is mandatory otherwise to be left blank.

# Appointment Session Type Code

| Field name: | appointment_session_type_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | Whether the appointment was provided to an individual or a group or was non-client related. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | GRP - Group<br>IND - Individual<br>MCC - Multidisciplinary Case Conference<br>NCE - Non-Client event<br>UNK - Unknown |

## Guide for use

This data element is used to determine a non-admitted patient service event when the session type is coded as IND (Individual), GRP (Group) or MCC (Multidisciplinary case conference).

Appointment records that do not have a session type of IND (Individual), GRP (Group) or MCC (Multidisciplinary case conference) are excluded from reports of non-admitted activity.

Appointment records coded as NCE (Non-client event) do not have a patient present and are therefore not a non-admitted patient service event.

This data element is also used to derive the group session indicator. Records with a value of GRP for the appointment session type code will be assigned a value of 1 (Yes) for the group session indicator. All other records will be assigned a value of 2 (No) for the group session indicator.

From 1 July 2018, if appointment delivery mode code is MCC then Appointment Session Type Code is set to code MCC.

## Related national definition

https://meteor.aihw.gov.au/content/606294

# Appointment Status Code

| Field name: | appointment_status_code |
|---|---|
| Source data element(s): | Appointment Status (webPAS) |
| Definition: | The status of the scheduled appointment record, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | [XX] |
| Permitted values: | PR - Processed<br>PP - Part Processed<br>UN - Unprocessed / Unknown<br>FU - Future Appointment<br>RS - To Be Rescheduled<br>CA - Cancelled Appointment |

## Guide for use

This mandatory data element is used to determine the status of the scheduled appointment record.

## Related national definition

https://meteor.aihw.gov.au/content/496982

# Appointment Status Description

| Field name: | appointment_status_desc |
|---|---|
| Source data element(s): | N/A |
| Definition: | The description of the status of the scheduled appointment record as represented by text. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(50)] |
| Permitted values: | Attended<br>Blank<br>Booked<br>Cancelled<br>Did Not Attend<br>Rescheduled |

## Guide for use

The description of the status of the scheduled appointment record.

Condition: this field is reported by webPAS and used to derive Appointment Attendance Code.

## Appointment Time

| | |
|---|---|
| **Field name:** | appointment_time |
| **Source data element(s):** | N/A |
| **Definition:** | The time of the scheduled appointment. |
| **Requirement status:** | Mandatory |
| **Data type:** | Time |
| **Format:** | HH:MM:SS |
| **Permitted values:** | N/A |

## Guide for use

This is a mandatory data element used to record the time of the scheduled appointment.

# Appointment Type Code

| Field name: | appointment_type_code |
|---|---|
| Source data element(s): | Visit Type (webPAS) |
| Definition: | Whether the scheduled appointment is for a new problem not previously addressed at the same clinical service or for the follow-up of a problem that has been addressed at a previous appointment at the same clinical service, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | NEW - New<br>FOL - Follow-up<br>NCE - Non-Client Event/Chart Only<br>NSP - Not Specified<br>OTH - Other<br>UNK - Unknown |

## Guide for use

This data element is used to determine a non-admitted patient service event when the appointment type is coded as NEW (New), FOL (Follow-up) or OTH (Other).

The codes NSP (Not specified) and UNK (Unknown) are out of the scope of a non-admitted patient service event.

Non-Client Event or Chart Only refers to an appointment time that a clinician has set aside to review a patient's chart, without the patient being present. This type of appointment does not meet the criteria for a non-admitted patient service event since there is no interaction between the clinician and the patient. Appointments with a Delivery Mode of MCC (Multidisciplinary case conference – patient not present) are the exception to this rule and are in the scope of a non-admitted patient service event.

## Appointment Update Date

| Field name: | appointment_update_date |
|---|---|
| Source data element(s): | N/A |
| Definition: | The date and time an appointment is updated prior to the attended appointment. |
| Requirement status: | Conditional |
| Data type: | Datetime |
| Format: | DDMMYYYY  HH:MM:SS |
| Permitted values: | N/A |

## Guide for use

Condition: this data element is conditional if the appointment was subsequently updated from original appointment date, otherwise leave blank.

# Australian Postcode

| Field name: | postcode |
|---|---|
| Source data element(s): | Post Code (webPAS) |
| Definition: | The Australian numeric descriptor for a postal delivery area for an address. The postcode relates to the patient's area of usual residence. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | Valid Australian Postcode |
| | N/A |

# Guide for use

A postcode list is maintained with entries that are valid on the current list of postcodes from Australia Post. See Australia Post (postcode.auspost.com.au) for current listings.

Where the address is unknown or there is no fixed permanent address, the following postcodes must be used depending on the patient's State/Territory of residence:

| Postcode | Suburb | State/Territory Code | State/Territory Description |
|---|---|---|---|
| 0899 | Unknown | 7 | Northern Territory |
| 2999 | Unknown | 1 | New South Wales |
| 2999 | Unknown | 8 | ACT |
| 3999 | Unknown | 2 | Victoria |
| 4999 | Unknown | 3 | Queensland |
| 5999 | Unknown | 4 | South Australia |
| 6999 | Unknown | 5 | WA |
| 7999 | Unknown | 6 | Tasmania |
| 9999 | Unknown | 0 | Not Applicable |

When the patient has no fixed permanent address (NFPA) (e.g. homeless) but the State/Territory they live in is known, enter NFPA in the Residential Address field then enter the Suburb and Postcode combination as listed above.

When both the address and State/Territory are unknown you must assign the 9999 Postcode. Interstate visitors must have the postcode of their usual place of residence recorded. Overseas visitors must have their Country in the Suburb field and the postcode of 8888.

Do not submit Post Office box postcodes with residential addresses.

## Examples

|  | Australian Postcode |
|---|---|
| A WA patient residential address in Willetton. | 6155 |
| An overseas patient residential address in England. | 8888 |

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/611398

# Australian State or Country of Birth

| Field name: | country_or_state_of_birth_code |
|---|---|
| Source data element(s): | Country of Birth (webPAS) |
| Definition: | The Australian state or country in which the patient was born, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXXX |
| Permitted values: | Refer to the<br>Australian State or Country of Birth Code List |

## Guide for use

The code list for Australian State or Country of Birth is drawn from the Australian Bureau of Statistics' Standard Australian Classification of Countries 2016 (SACC), with additional codes to allow the collection of the Australian state of birth.

The collection of Australian State or Country of Birth is mandatory. Only where all this information is not available, should the code (0003) Not Stated be entered.

'Australia' should only be used when the Australian state of birth is not known for Australian-born patients.

## Examples

| | Australian State or Country of Birth |
|---|---|
| If a person is born in Tokyo, the country of Birth code must be entered as: | 6201 |
| If a person is born in Western Australia, the country of birth code must be entered as: | 0905 |
| If a person born on Christmas Island, the country of Birth code must be entered as: | 1199 |

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/659454

# Clinic Category Code

| Field name: | clinic_category_code |
|---|---|
| Source data element(s): | Clinic Type (webPAS) |
| Definition: | Clinic category, as represented by a code and based on the webPAS three-character category codes. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX[X] |
| Permitted values: | ABH - Aboriginal Health<br>ACA - Aged Care Assessment<br>ADO - Adolescent Medicine<br>ALI - Allied Health<br>AMA - Acute Medical Assessment<br>AMP - Amputee<br>ANA - Anaesthetics<br>ANT - Antenatal<br>APY - Adult Psychology<br>AUD - Audiology<br>BRE - Breast Service<br>BUR - Burns<br>CAR - Cardiology<br>CHI - Child Psychiatry<br>CHP - Child Protection Medicine<br>CMB - Cardiometabolic<br>CMN - Community Nursing<br>COL - Colorectal Surgery<br>COM - Communicable Disease<br>CON - Continence Enuresis<br>COT - Continence<br>CPY - Child Psychology<br>CRE - Cardiac Rehabilitation<br>CTE - Cardiology Technical Service<br>CTS - Cardiothoracic Surgery<br>DAA - Drug and Alcohol<br>DAE - Diabetic Education<br>DEN - Dental<br>DER - Dermatology<br>DIA - Diabetes<br>DIE - Dietetics<br>DIS - Dialysis |

EME - Emergency Medicine
END - Endocrinology
ENT - Ear Nose Throat
FRM - Forensic Medicine
GAS - Gastroenterology
GEN - Genetics
GER - Gerontology
GES - General Surgery
GHP - General Health Psychology
GNU - General Nursing
GPM - General Medicine
GYN - Gynaecology
HAE - Haematology
HAN - Hand Surgery
HEP - Hepatobiliary
HIT - Hospital In The Home
HLK - Home Link
HYP - Hyperbaric Medicine
ICS - Integrated Cancer Service
IMM - Immunology
INF - Infectious Medicine
LIV - Liver Service
LYM - Lymphoedema Service
MET - Metabolic Medicine
MFC - Multidisciplinary Foot Ulcer
MMH - Midland Mental Health
MPG - Midland Psychiatric Geriatric
MTO - Major Trauma Outcome
NEO - Neonatology
NES - Neurosurgery
NEU - Neurology
NGE - Neurogenetic
NIS - Neurological Intervention
NTE - Neurology Technical Service
NUC - Nuclear Medicine
OBS - Obstetrics
OCC - Occupational Therapy
ONC - Oncology
OPH - Ophthalmology
OPT - Optometry
ORA - Oral Surgery
ORP - Orthoptics
ORT - Orthopaedics

| | |
|---|---|
| | OTC - Orthotics |
| | OTT - Orthopaedic Trauma |
| | PAE - Paediatric Medicine |
| | PAI - Pain Management |
| | PAL - Palliative Medicine |
| | PAS - Paediatric Surgery |
| | PHA - Pharmacy |
| | PHY - Physiotherapy |
| | PIC - Peripherally Inserted Central Catheter Services |
| | PLA - Plastic Surgery |
| | POD - Podiatry |
| | PRE - Pre-Admission and Pre-Anaesthetic |
| | PSG - Psychogeriatrics |
| | PSY - Psychiatry Adult |
| | PUP - Pulmonary Physiology |
| | PYO - Psychiatry Youth |
| | RAD - Radiology |
| | RAO - Radiation Oncology |
| | REH - Rehabilitation Medicine |
| | REM - Renal Medicine |
| | RES - Respiratory Medicine |
| | RET - Rehabilitation Technology |
| | RHE - Rheumatology |
| | RIT - Rehabilitation In The Home |
| | RSH - Research |
| | SAM - Statewide Aboriginal Mental Health |
| | SLP - Sleep |
| | SOW - Social Work |
| | SPP - Speech Pathology |
| | SPS - Spinal and Scoliosis |
| | STM - Stomal Therapy |
| | URO - Urology |
| | VAS - Vascular Surgery |
| | VTE - Vascular Technical Service |
| | WOU - Wounds Dressings Management |
| | YCS - Youth Cancer Service |

## Guide for use

This data element is the fundamental grouping structure under which all clinics are organised within the source information systems.  The WA Health system further maps Clinic Categories to Specialty groupings for performance and reporting purposes.

This data item is also used to derive the Appointment Mental Health Indicator. Specialised mental health non-admitted services are identified according to the clinic category code,

clinic type and care type.

A value of Y (Yes) will be assigned to the Appointment Mental Health Indicator for appointments with the following specialised mental health clinic category codes:

- PSG, PSY or PYO.

Appointment records with these clinic category codes will be excluded from reports of non-admitted activity.

This data item is also used to exclude activity that is classified as admitted activity for national reporting purposes. Appointment records with a clinic category code of HITH or HIT (Hospital in the Home) are out of the scope of a non-admitted patient service event.

## Related national definition

https://meteor.aihw.gov.au/content/643409

# Clinic Healthcare Provider Code

| Field name: | clinic_hcp_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The healthcare provider allocated to the clinic, represented by code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(6)] |
| Permitted values: | N/A |

## Guide for use

The Healthcare Provider Code is an identifier allocated to the healthcare professional by the profession's registration body. AHPRA codes are to be reported - Australian Health Practitioner Regulation Agency - Register of practitioners

Condition: If the healthcare provider has an AHPRA registration provider code then this field is mandatory.

# Clinic Healthcare Provider Name

| Field name: | clinic_hcp_name |
|---|---|
| Source data element(s): | N/A |
| Definition: | The name of the healthcare provider allocated to the clinic as represented by text. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(49)] |
| Permitted values: | N/A |

## Guide for use

Condition: this data element is to reflect the Healthcare Provider who delivered the service. Where applicable, a list of registered healthcare professionals is available at the [Australian Health Practitioner Regulation Agency - Register of practitioners](#)

# Clinic Identifier

| Field name: | clinic_identifier |
|---|---|
| Source data element(s): | Clinic (webPAS Clinic Maintenance) |
| Definition: | A unique identifier for the clinic through which health care was provided to a non-admitted patient in a non-admitted setting. This identifier is assigned by the source information system in the preferred format. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(7)] |
| Permitted values: | N/A |

## Guide for use

The clinic identifier is assigned by the health information system that supplies data. The identifier will be unique in certain circumstances, depending on which health information system the clinic is created in.

# Clinic Multidisciplinary Flag

| | |
|---|---|
| **Field name:** | clinic_multidisciplinary_code |
| **Source data element(s):** | Multidisciplinary Clinic (webPAS) |
| **Definition:** | A yes/no value indicating whether the appointment occurred in a multidisciplinary clinic. |
| **Requirement status:** | Mandatory |
| **Data type:** | String |
| **Format:** | X |
| **Permitted values:** | N - No<br>Y - Yes<br>U - Unknown |

## Guide for use

In WA a clinic is defined as multidisciplinary when the following conditions are met:

1. There are three or more team members and the care provided by each healthcare provider is unique and is illustrated by:

   a. all members being of the same profession (medical, nursing or allied health) but each having a different specialty, or

   b. team members being of a different profession (medical, nursing or allied health) but may have the same or a different specialty.

2. Care is provided at the clinic on the same day, by multiple (three or more) healthcare providers, who collaborate to assess and make treatment recommendations that facilitate high quality patient care.

3. There is direct interaction between the patient and the healthcare providers.

4. The clinic has been set up using the single service event method.

There is no patient present at a multidisciplinary case conference therefore appointments with a service delivery mode of MCC will have a value of N (No) for the clinic multidisciplinary indicator.

Yes - This code is used to indicate that direct care has been provided by multiple health-care providers.

No - This code is used to indicate that direct care has not been provided by multiple health-care providers.

Unknown - This code is used when there is insufficient information to determine whether direct care has been provided by multiple health-care providers.

In practice, this should be interpreted as meaning that the patient can separately identify the unique care provided by each health-care provider. For example:

- A patient attends a pain management clinic for assessment. At the assessment there is a doctor specialising in chronic diseases, a doctor specialising in pain management, a nurse specialising in pain management and an occupational

therapist. As each provider will provide unique clinical content to the assessment, this is counted as multiple health-care providers.

- A patient attends a rehabilitation clinic and sees a physiotherapist, an occupational therapist and then a nurse, all individually. This would be counted as multiple health-care providers.
- A patient attends a hydrotherapy clinic, sees a physiotherapist who provides a plan, and then completes the plan with a physiotherapist aid. This would not be counted as multiple health-care providers.

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/727749

# Clinic NMDS Tier 1 Code

| Field name: | clinic_nmds_tier1_code |
|---|---|
| Source data element(s): | NMDS Code (webPAS) |
| Definition: | The clinic type to be selected from the NMDS Tier 1 clinic list, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X(7) |
| Permitted values: | For the complete list of permitted values, refer to the METeOR data item: Clinic - outpatient clinic Tier 1 type code |

## Guide for use

Please see link above for services in and out of scope as well as the relevant codes.

This data element is used to determine a non-admitted patient service event.

Services that are out of the scope of a non-admitted patent service event include non-clinical care, ancillary services and services provided in community health settings (e.g. community and child health centres).

For this reason, the following local NAPAAWL codes are excluded from counts of non-admitted patient service events:

| Clinic NMDS Tier 1 (NAPAAWL codes) |
|---|
| 000.000 Non-clinical care |
| 070.000 Community / Home care |
| 070.001 Community / Home care |
| 080.000 Psychiatry |
| 080.001 Psychiatry |
| 085.000 Drug and Alcohol |
| 085.001 Drug and Alcohol |
| 090.000 Diagnostic Imaging / Radiology |
| 090.001 Diagnostic Imaging / Radiology |
| 091.000 Pathology |
| 091.001 Pathology |
| 092.000 Pharmacy |
| 092.001 Pharmacy |
| 099.000 Non-clinical Home and Community Care (HACC) |

All other NMDS Tier 1 codes are in the scope of a non-admitted patient service event.

This data element is also used to derive the appointment mental health indicator. Appointments with a value of 080, 080.000 or 080.001 (Psychiatry) for the NMDS Tier 1 code will be assigned a value of Y (Yes) for the appointment mental health indicator.

All other NMDS Tier 1 codes are not classified as a specialised mental health service although an appointment may still be assigned a value of Y (Yes) for the appointment mental health indicator on the basis of the clinic category code or NHCDC Tier 2 code.

# Clinic Site Code

| Field name: | clinic_site_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The clinic sites allocated to hospitals and other health related locations or establishments by the Department of Health WA as represented by a code. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(6)] |
| Permitted values: | N/A |

## Guide for use

As per the list of alpha and numeric codes allocated to hospitals and other health related locations or establishments by the Department of Health WA.

# Clinic Tier 2 Classification Code

| Field name: | clinic_tier2_code |
|---|---|
| Source data element(s): | Tier 2 Code (webPAS) |
| Definition: | The Tier 2 clinic type that is assigned to a clinic at the time of registration, as represented by a code. The clinic type is to be selected from the IHACPA Tier 2 clinic list. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | NN.NN |
| Permitted values: | Refer to the Independent Hospital Pricing Authority (IHACPA) Tier 2 Non-Admitted Care Classification. |

## Guide for use

A classification for non-admitted patient service events based on the type and specialty of the health-care professional providing the service and the nature of the non-admitted service. Refer to the IHACPA website link above.

Tier 2 classes provide a consistent framework for counting non-admitted service events. They are based on an assessment of both the type and specialty of the health-care professional providing the service and the nature of the service provided. This has resulted in a number of classes that is sufficient to ensure clinical meaningfulness and exclusivity across the spectrum of non-admitted services.

The classes are also grouped into a number of categories that reflects the type of service provided and the health-care professionals that typically provide the service. The classes are grouped into four categories, as follows:

- procedures
- medical consultation
- diagnostic services
- allied health or clinical nurse specialist intervention.

The following MCC Tier 2 codes are not to be used by the WA Health system:

- 20.56 Multidisciplinary Case Conference (MCC) – patient not present
- 40.62 Multidisciplinary Case Conference (MCC) – patient not present

The following Telehealth Tier 2 codes are not to be used within the WA Health system:

- 20.55 Telehealth – patient location
- 40.61 Telehealth – patient location

## Related national definition

https://meteor.aihw.gov.au/content/764452

# Clinic Tier 2 Classification Code Opened Date

| | |
|---|---|
| **Field name:** | clinic_tier2_code_date_opened |
| **Source data element(s):** | N/A |
| **Definition:** | The date on which the Tier 2 clinic type opened or updated for use. |
| **Requirement status:** | Optional |
| **Data type:** | Date |
| **Format:** | [DDMMYYYY] |
| **Permitted values:** | N/A |

## Clinic Title

| Field name: | clinic_title |
|---|---|
| Source data element(s): | Description (webPAS) |
| Definition: | The descriptive title of the clinic as identified in the source information system. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(49)] |
| Permitted values: | N/A |

## Guide for use

This is the clinic title as it appears in the source health information system.

# Community Client SLK

| Field name: | comm_client_slk |
|---|---|
| Source data element(s): | N/A |
| Definition: | Statistical Linkage Key identifier |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(15)] |
| Permitted values: | N/A |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Desired Place of Death 1st Assessment Code

| Field name: | comm_1st_asst_desired_pod_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The desired place of death nominated by the patient at their first assessment, as represented by a code |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | HM - Home<br>HOS - Hospital<br>HOSP - Hospice<br>OTHR - Other<br>RCF - Residential Care Facility |

## Guide for use

Condition: if the patient has nominated desired place of death and the source system is Silver Chain, then this is Mandatory otherwise leave blank.

# Community Desired Place of Death Code

| Field name: | comm_desired_place_of_death_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The subsequent desired place of death nominated by the patient, as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | HM - Home<br>HOS - Hospital<br>HOSP - Hospice<br>OTHR - Other<br>RCF - Residential Care Facility |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Duration

| Field name: | comm_duration |
| --- | --- |
| Source data element(s): | N/A |
| Definition: | Duration of service, in minutes. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [N(8)] |
| Permitted values: | N/A |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Phase of Care Code

| Field name: | comm_phase_of_care_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The phase of palliative care, as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | ACT - Active<br>INACT - Inactive<br>BV - Bereavement |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Place of Care Code

| Field name: | comm_place_of_care_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The place where palliative care is provided, as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | COMM - Community<br>RACF - Residential Aged Care Facility |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Place of Death Code

| Field name: | comm_place_of_death_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The place of death as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | HM - Home<br>HOS - Hospital<br>HOSP - Hospice<br>OTHR - Other<br>RCF - Residential Care Facility |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Service Code

| Field name: | comm_service_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The type of service provided as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | CNU - Community Nursing<br>HATH - Hospital at the Home<br>PRA - Priority Response Assessment<br>HC - Hospice Care<br>PA - Post Acute Care<br>BC - Bereavement<br>HNAV - Health Navigator<br>O2 - Respiratory<br>PAR - Palliative Respite |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Service Received Code

| Field name: | comm_service_received_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The service received by the patient, represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXXX] |
| Permitted values: | AHF - Allied Health Face-to-face<br>AHS - Allied Health Support<br>CA - Care Aide<br>CDR - Coordinator<br>CM - Clinical Meetings<br>CNF - Counselling Face-to-face<br>CNS - Counselling Support<br>CON - Coordinator - Nurse<br>DE - Diabetes Educator<br>DR - Doctor<br>HNAV - Health Navigator<br>IHN - In-Home Nursing<br>NCC - Nurse Client Coordination<br>NP - Nurse Practitioner<br>NS - Nursing Support<br>OT - Occupational Therapist<br>PC - Personal Care<br>RN - Registered Nurse<br>SOC - Social Worker |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Community Travel Time

| Field name: | comm_travel_time |
|---|---|
| Source data element(s): | N/A |
| Definition: | The travel time, in minutes, associated with the appointment. The time taken by the healthcare provider to travel from the previous client's location to current client's location. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [N(8)] |
| Permitted values: | N/A |

## Guide for use

Condition: if the source system is Silver Chain, then this is data element is mandatory otherwise leave blank.

# Concession Card Type Code

| Field name: | concession_card_type_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | Concession card allowing recipients to access cheaper health services, medicines, and other benefits. Patients may have more than one concession card type. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(22] |
| Permitted values: | CCC - Current Concession<br>DVA - Dept of Veteran Affairs<br>HCC - Health Care Card<br>NDI - National Disability Insurance Scheme<br>PCC - Pension Concession Card<br>SAF - Safety Net Number<br>SHC - Seniors Health Card |

## Guide for use

Condition: this data element should be provided if the patient presents with a Concession Card, otherwise leave blank. A patient may have more than one concession type, if so string all codes into this data element.

## Date of Birth

| | |
|---|---|
| **Field name:** | date_of_birth |
| **Source data element(s):** | Date of Birth (webPAS) |
| **Definition:** | Date on which a patient was born. |
| **Requirement status:** | Mandatory |
| **Data type:** | Date |
| **Format:** | DDMMYYYY |
| **Permitted values:** | N/A |

## Guide for use

Date of Birth is used to derive the age of the patient for use in demographic analysis. It also assists in the unique identification of patients if other identifying information is missing or in question and may be required for the derivation of other metadata items.

It is important to be as accurate as possible when completing the birth date. It is recognised that some patients do not know the exact date of their birth. When the exact date of birth is unknown, please estimate the person's age and record the date of birth as appropriate. Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years.

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/287007

## Date of Death

| Field name: | date_of_death |
|---|---|
| Source data element(s): | N/A |
| Definition: | Patient's date of death. |
| Requirement status: | Conditional |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

Condition: If patient has died this field is mandatory, otherwise leave blank.

Where Date of birth is collected, Date of death must be equal to or greater than Date of birth for the same patient.

# Death Notification Code

| Field name: | death_notification_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The code that identifies how the notification of a patient's death was received, if available. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | HOS - Hospital<br>NOT - No Notification<br>OTH - Other<br>RAC - Residential Aged Care<br>REL - Relative<br>RGO - Death Register |

## Guide for use

Condition: if the patient has died, then this field is mandatory, otherwise leave blank.

# Department of Veterans' Affairs Card Colour Code

| Field name: | dva_card_colour_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The Department of Veteran Affairs (DVA) card colour indicates the level of entitlement to additional health cover. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | GOL - Gold<br>ORN - Orange<br>UNK - Unknown<br>WHT - White |

## Guide for use

Condition: if the patient presents with a DVA Card this field is mandatory.

The DVA card colour must be recorded for those patients whose treatment is being funded by the DVA.

For all DVA patients, a DVA authorisation number and date must be obtained from the DVA for treatments that are not listed on the Medicare Benefits Schedule as well as those treatments occasionally nominated in writing by the DVA (such as cosmetic surgery or in vitro fertilisation).

## Examples

| | DVA Card Colour |
|---|---|
| A patient who is a veteran arrives at the Outpatient Clinic. The level of cover the patient is entitled to as shown on his DVA card is Gold. | GOL – Gold |
| A patient who is a veteran arrives at the Outpatient Clinic. The level of cover the patient is entitled to as shown on his DVA card is White. | WHT – White |

# Department of Veterans' Affairs File Number

| Field name: | dva_file_number |
|---|---|
| Source data element(s): | N/A |
| Definition: | The Department of Veteran Affairs (DVA) file number. Required to identify those patients entitled to DVA funding for their medical care at the point of service. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(12)] |
| Permitted values: | N/A |

## Guide for use

Condition: if the patient presents with a DVA Card this field is mandatory.

Only applies to treatment that are not listed on the Medicare Benefits Schedule and those occasionally nominated in writing by the DVA such as cosmetic surgery or in vitro fertilisation.

The DVA File Number is the number located below the person's name on the Repatriation Health Card that is issued by the DVA to eligible Veteran beneficiaries.

There must be no spaces between the alpha and numeric values. The Alpha characters in the first position refer to the Australian States' initials. Therefore, the only valid characters in the first position of this field are N, Q, S, T, V and W. Veterans from the ACT and the Northern Territory have the initials N and S respectively.

Patients who choose to give up their entitlement for treatment under the *Veterans' Entitlements Act 1986 (Cth)* must have their card colour and DVA File Number recorded, regardless of the type of Funding Source indicated.

# Establishment Code

| Field name: | establishment_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | A unique four-digit number that is assigned by Department of Health (WA) to hospitals and other health related locations or establishments. |
| Requirement status: | Mandatory |
| Data type: | Numerical |
| Format: | NNNN |
| Permitted values: | Refer to the Establishment Code List |

## Guide for use

An establishment refers to an authorised or accredited physical location where patients can receive health care and stay overnight. This includes acute hospitals, residential aged care and nursing homes, rehabilitation and residential mental health facilities. For the purposes of reporting and other business requirements, virtual hospitals, same-day clinics, surgeries, nursing posts, detention centres or prisons may also be assigned an establishment code.

Establishment codes are assigned by the Department of Health and a list of valid establishments is provided in the Establishment Code List.

## Examples

|  | Establishment Code |
|---|---|
| A patient arrives at the Royal Perth Hospital Outpatient Clinic. | 0101 |
| A patient arrives at the Morawa Hospital Outpatient Clinic | 0418 |

## Related national definition

https://meteor.aihw.gov.au/content/269973

# Establishment Site Code

| Field name: | establishment_site_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | Any other code that identifies a site, if available. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(6)] |
| Permitted values: | N/A |

## Guide for use

Condition: this data element should be provided if available in the source system, otherwise leave blank.

# Family Name

| Field name: | family_name |
|---|---|
| Source data element(s): | Surname (webPAS) |
| Definition: | The part of a name a patient usually has in common with other members of their family, as distinguished from their given names |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(49)] |
| Permitted values: | N/A |

## Guide for use

The collection of Family Name is mandatory.

Alias or assumed names should not be included if the legal Family Name is known.

Do not use brackets ( ) for alias names in the Family Name.

Where hospitals have the facility to record an alias, this field must be used for alias names.

Where the Family Name is unknown or there is no Family Name, the name the person is identified by should be recorded in the Family Name field and the First Given Name field recorded as 'No Name Given'.

Numeric values are not permitted.

To minimise discrepancies in the recording and reporting of name information, establishments should ask the person for their 'Given name' (First Given Name) and 'Family name'. These may be different from the name that the person may prefer the establishment to use.

## Examples

| | Family Name |
|---|---|
| A patient arrives at the Albany Hospital Outpatient Clinic and his name is John Smith. | SMITH |
| A patient is identified by a first given name of Anastasia and has no Surname. | ANASTASIA |

## Related national definition

https://meteor.aihw.gov.au/content/613331

# First Given Name

| Field name: | first_given_name |
|---|---|
| Source data element(s): | First Given Name (webPAS) |
| Definition: | The first given name of the patient. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(49)] |
| Permitted values: | N/A |

## Guide for use

First Given Name is mandatory, except where person is only identified by a single name.

Some patients only have one name by which they are known. Record this name in the Family Name field and enter "No Name Given" in the First Given Name field.

When the First Given Name of a baby aged less than 29 days is unknown, 'Baby' is valid.

Babies of multiple births should be reported in the sequence of their birth (i.e. Baby One of Jane, Baby Two of Jane, etc).

If the First Given Name of a person over 28 days old is unknown, 'Unknown' is valid.

Alias names should be recorded in the Alias field in the hospital's Central Patient Index (CPI) or Patient Master Index (PMI). The use of brackets () for alias names is not accepted.

Do not report any characters other than alphabetical letters in the First Given Name field (i.e. dots or commas).

## Examples

| | First Given Name |
|---|---|
| A baby aged less than 29 days and their first given name is not known. | Baby |
| Multiple births babies aged less than 29 days and their first given names are not known. | Baby One of Jane Baby Two of Jane |
| A person over 28 days old is unknown in the first given name | Unknown |
| A patient is identified by only one name (Anastasia) and has no Surname. They must have Anastasia recorded in their Family Name. | No Name Given |

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/453734

# Gender Code

| Field name: | gender_code |
|---|---|
| Source data element(s): | [Gender] - webPAS |
| Definition: | Gender is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | N |
| Permitted values: | 1 – man, or male<br>2 – woman or female<br>3 – non-binary<br>4 – different term<br>5 – prefer not to answer<br>9 – not stated/inadequately described |

## Guide for use

The collection of Gender is mandatory.

Gender includes the following concepts:

- Gender identity is about who a person feels themselves to be.

- Gender expression is the way a person expresses their gender. A person's gender expression may vary depending on the context, for instance, expressing different genders at work and at home.

- Gender experience describes a person's alignment with the sex recorded for them at birth i.e. a cis experience or a trans experience.

Gender is often used interchangeably with sex, however they are distinct concepts and it is important to differentiate between them.

When comparing the concepts of sex and gender:

- Sex is understood in relation to sex characteristics.

- Gender is about social and cultural differences in identity, expression and experience.

While they are related concepts, caution should be exercised when comparing counts for gender with those for sex.

# Examples

|  | Gender, code |
|---|---|
| A patient presents to an Outpatient appointment and discloses their current gender is male. | 1 – Male |
| A patient attends an Outpatient appointment and advises their sex recorded at birth is male but they currently identify as a female. | 2 – Female |
| A patient attends an Outpatient appointment and discloses that their gender is non-binary. | 3 – Non-binary |
| A patient attends an Outpatient appointment discloses that their current gender is 'Sistergirl'. | 4 – Different term |
| A patient attends an Outpatient appointment and does not wish to disclose their gender. | 5 – Prefer not to answer |
| A patient attends an Outpatient appointment and was unable to provide this detail accurately. Please note this is only to be used for initial registrations and is required to be updated prior to appointment being processed. | 9 – Not stated/inadequately described |

# Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/741842

# Interpreter Required

| Field name: | interpreter_required_code |
|---|---|
| Source data element(s): | Interpreter Required (webPAS) |
| Definition: | An indicator for whether an interpreter service is required by or for the patient. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X |
| Permitted values: | N - Interpreter not required<br>U - Unknown/not stated<br>Y - Interpreter required |

## Guide for use

The use of an interpreter service may be necessary for any language, including non-verbal languages, used by the patient for communication.

Yes – refers to instances in which an official paid interpreter is used to assist the patient to communicate, or an official paid interpreter is used to assist the patient's family/friends to communicate on the patient's behalf (i.e. small children whose relatives are not fluent in English).

No – refers to family/friends interpreting for the patient or no formal interpreting services required.

## Examples

| | Interpreter Required |
|---|---|
| A patient presents to the Outpatient Clinic and does not speak English. | Y – Interpreter required |
| A patient presents to the Outpatient Clinic whose primary language is not English but is able to speak English. | N – Interpreter not required |

# Marital Status

| Field name: | marital_status_code |
|---|---|
| Source data element(s): | Marital Status (webPAS) |
| Definition: | A patient's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | DEF - De Facto<br>DIV - Divorced<br>MAR - Married<br>NMA - Never Married<br>SEP - Separated<br>UNK - Unknown<br>WID - Widowed |

## Guide for use

Marital status is mandatory.

Marital status is a core variable used in a wide range of social statistics. Its main purpose is to establish the living arrangements of individuals in general and is used to gauge the need for care of patients who live alone. This field must reflect the current marital status of the patient, including same sex couples.

Where a patient's marital status has not been specified and the patient is a minor (16 years of age or less), assign "Never Married" as a default.

## Examples

| | Marital Status |
|---|---|
| A 17-year old pregnant patient in a de facto relationship is seen in an Outpatient Clinic. | DEF – De Facto |
| A 5-year-old child presents to the Outpatient Clinic. | NMA – Never Married |

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/291045

# Medicare Card Number

| Field name: | medicare_card_number |
|---|---|
| Source data element(s): | Medicare Number (webPAS) |
| Definition: | Identifying number that appears on a Medicare card. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X(13) |
| Permitted values: | N/A |

## Guide for use

Must be a valid current Medicare Number issued by Services Australia.

Full Medicare Card details are used to define eligibility for specific services and not as a patient identifier.

As persons can be listed on more than one Medicare Card, the full Medicare number is not a unique identifier and must not be used for this purpose.

## Examples

|  | Medicare Card Number |
|---|---|
| Child X appears on two different Medicare Cards held in the names of both their mother and father who are living apart. Each Medicare Card has a separate Medicare Card Number and thus, the child will have two valid Medicare Numbers.<br>The card presented by the parent attending with the child is recorded for that attendance. NB: For this reason, it is good practice to request the physical sighting of the Medicare Card at each attendance.<br>Medicare Number = 6 0 1 3 1 2 3 4 5 6<br>Medicare Person Number = 2 | 60131234562 |

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/270101

## Patient Secondary Identifier

| Field name: | client_secondary_identifier |
|---|---|
| Source data element(s): | N/A |
| Definition: | A logical combination of valid alphanumeric characters that identifies a patient and is unique within an establishment or agency. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(10)] |
| Permitted values: | N/A |

## Guide for use

Condition: if the source system collects this field then this is mandatory, otherwise leave blank.

## Patient With Cancer Ready For Care Code

| Field name: | cancer_ready_for_care_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The ready for care status as represented by a code. May be mandatory for specific purposes. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | DEF - Deferred<br>OTH - Other<br>RFC - Ready for care<br>STG - Staged<br>UNK - Unknown |

## Guide for use

Condition: if the patient has a diagnosis, then this field is mandatory otherwise leave blank.

# Patient With Cancer Ready For Care Date

| | |
|---|---|
| **Field name:** | cancer_ready_for_care_date |
| **Source data element(s):** | N/A |
| **Definition:** | The date, in the opinion of the treating clinician, on which a patient is ready to commence treatment. |
| **Requirement status:** | Conditional |
| **Data type:** | Date |
| **Format:** | DDMMYYYY |
| **Permitted values:** | N/A |

## Guide for use

Condition: if the patient has a diagnosis, then this field is mandatory otherwise leave blank.

# Patient With Cancer Clinical Emergency Indicator

| | |
|---|---|
| **Field name:** | cancer_clinical_emergency_code |
| **Source data element(s):** | N/A |
| **Definition:** | An indicator for whether the treatment required for the patient is clinically assessed as an emergency. |
| **Requirement status:** | Conditional |
| **Data type:** | String |
| **Format:** | X |
| **Permitted values:** | N - No the treating clinician has assessed the waiting time for treatment can exceed 24 hours<br>Y - Yes the treating clinician has assessed the waiting time for treatment cannot exceed 24 hours<br>U - Unknown |

## Guide for use

Condition: if the patient has a diagnosis, then this field is mandatory otherwise leave blank.

# Patient With Cancer Intention of Treatment

| Field name: | cancer_treatment_intention_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The reason why treatment is provided to a patient, as represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | XXX |
| Permitted values: | CUR - Curative<br>OTH - Other<br>PAL - Palliative<br>PRO - Prophylactic<br>UNK - Unknown |

## Guide for use

Condition: if the patient has a diagnosis, then this field is mandatory otherwise leave blank.

**Curative**

Treatment is given for control of the disease.

**Other**

An alternate option is necessary.

**Palliative**

Treatment is given primarily for of pain control. Other benefits of the treatment are considered secondary contributions to quality of life.

**Prophylactic**

Treatment to prevent the occurrence or spread of disease.

## Patient With Cancer Primary Site of Cancer

| | |
|---|---|
| **Field name:** | cancer_primary_site_of_cancer |
| **Source data element(s):** | N/A |
| **Definition:** | The site of origin of the tumour, as opposed to the secondary or metastatic sites, as represented by an ICD-10-AM code. |
| **Requirement status:** | Conditional |
| **Data type:** | String |
| **Format:** | [X(15)] |
| **Permitted values:** | N/A |

## Guide for use

Condition: if the patient has a diagnosis, then this field is mandatory, otherwise leave blank.

## Patient With Cancer Radiotherapy Start Date

| | |
|---|---|
| **Field name:** | cancer_radiotherapy_start_date |
| **Source data element(s):** | N/A |
| **Definition:** | The date on which radiotherapy treatment started. |
| **Requirement status:** | Conditional |
| **Data type:** | Date |
| **Format:** | DDMMYYYY |
| **Permitted values:** | N/A |

## Guide for use

Condition: if the patient is attending Radiotherapy, then this field is mandatory otherwise leave blank.

## Phone Number 1

| | |
|---|---|
| **Field name:** | phone_number_1 |
| **Source data element(s):** | N/A |
| **Definition:** | Patient's first contact telephone number at the time of the scheduled appointment. |
| **Requirement status:** | Optional |
| **Data type:** | String |
| **Format:** | [X(20)] |
| **Permitted values:** | N/A |

## Phone Number 2

| Field name: | phone_number_2 |
|---|---|
| Source data element(s): | N/A |
| Definition: | Patient's second contact telephone number at the time of the scheduled appointment. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(20)] |
| Permitted values: | N/A |

## Postal Address 1

| Field name: | postal_address_1 |
|---|---|
| Source data element(s): | N/A |
| Definition: | First line of the patient's postal address at the time of the scheduled appointment. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(70)] |
| Permitted values: | N/A |

## Postal Address 2

| Field name: | postal_address_2 |
|---|---|
| Source data element(s): | N/A |
| Definition: | Second line of the patient's postal address (if required) at the time of the scheduled appointment. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(70)] |
| Permitted values: | N/A |

## Postal Postcode

| Field name: | postal_postcode |
|---|---|
| Source data element(s): | N/A |
| Definition: | The Australian numeric descriptor for a postal delivery area for an address. The postcode relates to the patient's area of usual residence. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [NNNN] |
| Permitted values: | N/A |

# Postal State or Territory

| Field name: | postal_state_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | Patient's state of postal address, as represented by a code. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | NSW - New South Wales<br>VIC - Victoria<br>QLD - Queensland<br>SA - South Australia<br>WA - Western Australia<br>TAS - Tasmania<br>NT - Northern Territory<br>ACT - Australian Capital Territory<br>OTH - Other Territories<br>UNK - Unknown |

# Postal Suburb

| Field name: | postal_suburb |
|---|---|
| Source data element(s): | N/A |
| Definition: | The name of the locality or suburb of the postal address, as represented by text. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(50)] |
| Permitted values: | N/A |

# Record Type

| Field name: | record_type |
|---|---|
| Source data element(s): | N/A |
| Definition: | The type of record. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | REF - Referral<br>APP - Appointment<br>RES - Reschedule<br>CAN - Cancellation |

## Guide for use

The Record Type is used during the load process.

# Referral Account Number

| Field name: | referral_account_number |
|---|---|
| Source data element(s): | N/A |
| Definition: | A unique identifier for the referral. This number would be against each appointment record for the same episode of care or referral events. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(29)] |
| Permitted values: | N/A |

## Guide for use

The referral account number is unique for each referral registered to a Patient Administration System (PAS). When appointments are made, they must be linked to a registered referral. Each referral can be attached to multiple appointments and hence attached to multiple appointment account numbers.

## Referral Account Number 2

| Field name: | referral_account_number_2 |
|---|---|
| Source data element(s): | N/A |
| Definition: | A second unique identifier for a referral registered to a patient administration system. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(30)] |
| Permitted values: | N/A |

# Referral Category Code

| Field name: | referral_category_code |
|---|---|
| Source data element(s): | Department Code (webPAS) |
| Definition: | Referral category, as represented by a code and based on the webPAS three-character category codes. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX[X] |
| Permitted values: | ABH - Aboriginal Health |
| | ACA - Aged Care Assessment |
| | ADO - Adolescent Medicine |
| | ALI - Allied Health |
| | AMA - Acute Medical Assessment |
| | AMP - Amputee |
| | ANA - Anaesthetics |
| | ANT - Antenatal |
| | APY - Adult Psychology |
| | AUD - Audiology |
| | BRE - Breast Service |
| | BUR - Burns |
| | CAR - Cardiology |
| | CHI - Child Psychiatry |
| | CHP - Child Protection Medicine |
| | CMB - Cardiometabolic |
| | CMN - Community nursing |
| | COL - Colorectal Surgery |
| | COM - Communicable Disease |
| | CON - Continence Enuresis |
| | COT - Continence |
| | CPY - Child Psychology |
| | CRE - Cardiac Rehabilitation |
| | CTE - Cardiology Technical Service |
| | CTS - Cardiothoracic Surgery |
| | DAA - Drug and Alcohol |
| | DAE - Diabetic Education |
| | DEN - Dental |
| | DER - Dermatology |
| | DIA - Diabetes |
| | DIE - Dietetics |
| | DIS - Dialysis |

EME - Emergency Medicine
END - Endocrinology
ENT - Ear, Nose, Throat
FRM - Forensic Medicine
GAS - Gastroenterology
GEN - Genetics
GER - Gerontology
GES - General Surgery
GHP - General Health Psychology
GNU - General Nursing
GPM - General Medicine
GYN - Gynaecology
HAE - Haematology
HAN - Hand Surgery
HEP - Hepatobiliary
HIT - Hospital In The Home
HLK - Home Link
HYP - Hyperbaric Medicine
ICS - Cancer Service
IMM - Immunology
INF - Infectious Medicine
LIV - Liver Service
LYM - Lymphoedema Service
MET - Metabolic Medicine
MFC - Multidisciplinary Foot Ulcer
MMH - Midland Mental Health
MPG - Midland Psychiatric Geriatric
MTO - Major Trauma Outcome
NEO - Neonatology
NES - Neurosurgery
NEU - Neurology
NGE - Neurogenetic
NIS - Neurological Intervention
NTE - Neurology Technical Service
NUC - Nuclear Medicine
OBS - Obstetrics
OCC - Occupational Therapy
ONC - Oncology
OPH - Ophthalmology
OPT - Optometry
ORA - Oral Surgery
ORP - Orthoptics
ORT - Orthopaedics

| | OTC - Orthotics |
| | OTT - Orthopaedic Trauma |
| | PAE - Paediatric Medicine |
| | PAI - Pain Management |
| | PAL - Palliative Medicine |
| | PAS - Paediatric Surgery |
| | PHA - Pharmacy |
| | PHY - Physiotherapy |
| | PIC - Peripherally Inserted Central Catheter Services |
| | PLA - Plastic Surgery |
| | POD - Podiatry |
| | PRE - Pre-Admission and Pre-Anaesthetic |
| | PSG - Psychogeriatrics |
| | PSY - Psychiatry Adult |
| | PUP - Pulmonary Physiology |
| | PYO - Psychiatry Youth |
| | RAD - Radiology |
| | RAO - Radiation Oncology |
| | REH - Rehabilitation Medicine |
| | REM - Renal Medicine |
| | RES - Respiratory Medicine |
| | RET - Rehabilitation Technology |
| | RHE - Rheumatology |
| | RIT - Rehabilitation In The Home |
| | RSH - Research |
| | SAM - Statewide Aboriginal Mental Health |
| | SLP - Sleep |
| | SOW - Social Work |
| | SPP - Speech Pathology |
| | SPS - Spinal and Scoliosis |
| | STM - Stomal Therapy |
| | URO - Urology |
| | VAS - Vascular Surgery |
| | VTE - Vascular Technical Service |
| | WOU - Wounds Dressings Management |
| | YCS - Youth Cancer Service |

## Guide for use

Refer to Appendix A – Current referral categories in the *Non-Admitted Patient Activity Business Rules* for the mapping of referral categories to reporting categories.

# Referral Created Date

| Field name: | referral_created_date |
|---|---|
| Source data element(s): | Referral Created Date (webPAS) |
| Definition: | Date on which the referral was created or issued. |
| Requirement status: | Mandatory |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

The referral created date refers to the date recorded on the service request.

At a non-admitted patient service, service requests include:

- formal referral from a health-care provider, such as a general practitioner or specialist, or from a hospital, such as an emergency department, and
- self-referral or attendance at a walk-in clinic.

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/596448

# Referral Closed Date

| Field name: | referral_closed_date |
|---|---|
| Source data element(s): | N/A |
| Definition: | Date on which the referral was closed.  This will be blank until the referral is closed. |
| Requirement status: | Conditional |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

Once closed, a referral is removed from the Outpatient Wait List but is not removed from the source health information system.

Condition: this will be blank until the referral is closed.

## Referral Entered By

| Field name: | referral_entered_by |
|---|---|
| Source data element(s): | N/A |
| Definition: | An identifier of the staff member who entered the referral details into the source patient administration system. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | [X(10)] |
| Permitted values: | N/A |

## Guide for use

This data element is used to identify the staff member who entered the referral into the PAS.

# Referral Entered Date

| Field name: | referral_entered_date |
|---|---|
| Source data element(s): | N/A |
| Definition: | The date on which the referral was entered into the source patient administration system. |
| Requirement status: | Mandatory |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

This data element is to capture the date in which the referral was entered into the PAS.

# Referral Priority Code

| Field name: | referral_priority_code |
|---|---|
| Source data element(s): | Referral Priority (webPAS) |
| Definition: | The priority/triage level of the referral, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | AWT - Awaiting Triage<br>NUR - Not Urgent<br>SEM - Semi-Urgent<br>UNK - Unknown<br>URG - Urgent |

## Guide for use

The referral priority determines the urgency of care required and provides a timeframe for when the patient is to attend an appointment:

- URG: priority 1 appointment within 30 days
- SEM: priority 2 appointment within 90 days
- NUR: priority 3 appointment within 365 days.

# Referral Reason Code

| Field name: | referral_reason_code |
|---|---|
| Source data element(s): | Reason for Referral (webPAS) |
| Definition: | The reason why the referral is issued, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | ASS - Assessment<br>CHR - Chart Review<br>EDU - Education<br>OPM - Ongoing Patient Management<br>OTH - Other<br>RET - Research Trial<br>TRE - Treatment/Intervention<br>UNK - Unknown |

## Guide for use

Although the Chart review code (CHR) may have a clinical review component, there is no patient present. For this reason, any appointment for chart review that is attached to this referral will not meet the criteria for a non-admitted patient service event.

The Ongoing patient management code (OPM) is only assigned to referrals created in webPAS. OPM is used when a referral is transferred from one hospital to another or when a referral is transferred to a new clinic category as part of a clinic reconfiguration. Using this code will indicate that this referral is not for a 'first' activity within that service and will enable that referral to be excluded from any data that is used in reporting outpatient waiting times for the first attended appointment. Refer to the Non-Admitted Patient Business Rules for more information.

# Referral Reason for Closure Code

| Field name: | referral_reason_closure_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | Reason for the referral being closed, represented by a code. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | AUD - Audit<br>DEC - Deceased<br>DIP - Discharge Policy<br>NSP - Not Specified<br>PDT - Patient Declined Treatment<br>TFC - Transfer and Close<br>TRE - Treatment Completed |

## Guide for use

Condition: if the referral has been closed, then this field is mandatory otherwise leave blank.

## Examples

| | Referral Reason for Closure Code |
|---|---|
| Patient is admitted to hospital and the Clinicians have been unable to contact the patient or Next of Kin | DIP - Discharge Policy |
| Patient declines service early-mid way into intervention or Clinician declines treatment as patient medically unfit | PDT – Patient Declined Treatment |
| Patient completes full intervention | TRE - Treatment Completed |

# Referral Received Date

| Field name: | referral_received_date |
|---|---|
| Source data element(s): | Referral Date (webPAS) |
| Definition: | The date on which a patient's referral is accepted onto a list for care or treatment. This date marks the commencement of the referral wait time until a first appointment is attended. |
| Requirement status: | Mandatory |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

This data element marks the referral acceptance date, this date is not to be changed.

Eg. when a referral is transferred to another site.

## Related national definition

https://meteor.aihw.gov.au/content/400713

# Referral Source Code

| Field name: | referral_source_code |
|---|---|
| Source data element(s): | Source of Referral (webPAS) |
| Definition: | The source of the referral, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | AHP - Allied Health Professional<br>ANI - Another Institution<br>CLN - Clinician<br>COM - Community<br>CON - Same Consultant<br>CTB - Community Treatment Order Breach<br>CTV - Community Treatment Order Variation<br>EDU - Education Department<br>EMD - Emergency Department<br>FAF - Family or Friend<br>GEP - General Practitioner<br>GOV - Government Agency<br>INW - Inpatient Ward<br>MCE - Mental Health Emergency Response Line (MHERL) or Community Emergency Response Team (CERT)<br>MEP - Medical Practitioner<br>MHC - Mental Health Clinic or Team<br>NGO - Non-Government Organisation<br>NPR - Nurse Practitioner<br>NSP - Not Specified<br>NUR - Nurse<br>OMH - Other<br>OPH - Outpatient Department this Hospital<br>OPR - Other Professional<br>OTH - Other Hospital<br>OTS - Other Service<br>POL - Police<br>PPS - Private Psychiatrist<br>PRI - Private Referral<br>PRN - Private Referral by General Practitioner<br>RCF - Residential Care Facility<br>SLF - Self<br>SPR - Specialist Rooms |

| | UNK - Unknown |
|---|---|

## Guide for use

The person or agency responsible for the referral of a person to a health care provider or other organisation, as represented by a code.

Local codes are mapped to national codes for reporting purposes.

| Local codes (NAPAAWL codes) | National codes |
|---|---|
| OPH Outpatient Department this hospital<br>CON Same consultant | 1.1 Other outpatient clinic (this hospital) |
| EMD Emergency Department | 1.2 Emergency Department (this hospital) |
| INW Inpatient ward | 1.3 Elsewhere in this hospital |
| OTH Other hospital | 2.0 Other hospital |
| GEP General Practitioner<br>PRN Private referral by General Practitioner | 3.1 General practice |
| PPS Private psychiatrist<br>SPR Specialist rooms | 3.2 Specialist practice |
| AHP Allied health professional<br>ANI Another institution<br>CLN Clinician<br>COM Community<br>EDU Education Department<br>FAF Family or friend<br>GOV Government agency<br>MCE Mental Health Emergency Response Line (MHERL) or Community Emergency Response Team (CERT)<br>MHC Mental health clinic or team<br>MEP Medical Practitioner<br>NGO Non-government organisation<br>NPR Nurse Practitioner<br>NUR Nurse<br>OMH Other<br>OPR Other professional<br>OTS Other service<br>POL Police<br>PRI Private referral | 3.3 Other non-hospital |
| SLF Self | 4.0 Self |
| UNK Unknown<br>NSP Not specified | 99 Unknown |

## Related national definition

https://meteor.aihw.gov.au/content/679552

# Referral Status Code

| Field name: | referral_status_code |
|---|---|
| Source data element(s): | Status (webPAS) |
| Definition: | The status of the referral, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XX |
| Permitted values: | CA - Cancelled<br>CL - Closed<br>IN - Inactive<br>OP - Open<br>RE - Rejected<br>UN - Unknown<br>WL - On Waiting List |

## Guide for Use

The data element is used to identify the progress of a referral.

## Referral Updated Date

| Field name: | referral_updated_date |
|---|---|
| Source data element(s): | N/A |
| Definition: | The system date on which the referral is updated by the site. |
| Requirement status: | Conditional |
| Data type: | Date |
| Format: | DDMMYYYY |
| Permitted values: | N/A |

## Guide for use

Condition: if the referral has been updated, then this field is mandatory otherwise leave blank.

## Referring Healthcare Provider Name

| | |
|---|---|
| **Field name:** | referring_hcp_name |
| **Source data element(s):** | N/A |
| **Definition:** | The name of the referring healthcare provider that requested the non-admitted service. |
| **Requirement status:** | Optional |
| **Data type:** | String |
| **Format:** | [X(100)] |
| **Permitted values:** | N/A |

## Guide for use

The name of the referring healthcare provider.

# Residential Address 1

| Field name: | residential_address_1 |
|---|---|
| Source data element(s): | Address (webPAS) |
| Definition: | First line of the patient's residential street address at the time of the scheduled appointment. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(69)] |
| Permitted values: | N/A |

## Guide for Use

The patient's home address at the time of their presentation to the Outpatient Clinic cannot be missing. The house number, street name and street type must be on the first of two address lines. Suburb is to be recorded separately.

Non-residential addresses for accounts or billing purposes (e.g. PO Boxes) are not acceptable as residential addresses. Every effort must be made to collect the patient's actual residential address. Under Activity Based Funding arrangements, the patient's physical address may play an important role in funding calculations.

If the patient is an overseas visitor, their permanent residential address overseas must be recorded, not their local temporary address. The country of residence must be entered into the suburb line for overseas residential addresses. In these cases, suburbs are not required. Please note overseas residential addresses must have the postcode of 8888.

If the patient is homeless or does not have a fixed permanent address, 'NFPA' – No Fixed Permanent Address must be entered.

If a patient does not know their address or refuses to provide an address then 'UNKNOWN' must be entered into the residential address.

If a patient is a current inmate of a prison, the residential address must contain the name of the correctional facility.

Patients whose usual place of residence is a Residential Aged Care Service (e.g. nursing home or aged care hostel) must have the nursing home or hostel's address as their residential address.

Where 'no fixed address' has been entered in line one of the address and the suburb has been entered as 'unknown' then postcode 6999 representing WA must be used.

## Examples

| | Residential Address |
|---|---|
| A patient refuses to provide an address. | UNKNOWN |
| A patient stays at the Richardson Aged Care the aged care address must recorded | 32 Richardson Street |
| A homeless patient with no fixed permanent address presented to the Outpatient Clinic. | NFPA |

## Residential Address 2

| Field name: | residential_address_2 |
|---|---|
| Source data element(s): | N/A |
| Definition: | Second line of the patient's residential street address (if required) at the time of the scheduled appointment. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | [X(70)] |
| Permitted values: | N/A |

## Guide for use

The collection of the second line of the address is optional. Please refer to the Residential Address for the guide for use.

## Residential Status Code

| Field name: | residential_status_code |
|---|---|
| Source data element(s): | Resident (webPAS) |
| Definition: | Patient's residential status for billing purposes, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | [XXX] |
| Permitted values: | ASY - Asylum Visa<br>BUS - Business Visa<br>DET - Detainee<br>EME - Emergency Visa<br>EMR - Emergency Rescue Visa<br>HUM - Humanitarian<br>MED - Medical Treatment<br>NSP - Not Specified<br>OMV - Overseas Motor Vehicle Insurance Trust<br>OTE - Overseas Foreign Defence<br>OVS - Overseas Shipping<br>OVE - Overseas Visitor<br>OWC - Overseas Worker Compensable<br>PRO - Temporary Protection<br>REC - Reciprocal Overseas<br>REF - Refugee Visa<br>RES - Resident<br>RET - Retirement Visa<br>SAC - Special Activities<br>STU - Student Visa<br>TEM - Temporary Resident<br>TOU - Tourist Visa<br>UNK - Unknown<br>WHO - Working Holiday Visa<br>WOR - Working Visa |

## Guide for use

Required if patient attends an Outpatient Clinic in a public hospital, blank otherwise.

Detainee – refers to a patient who is in Australia without a valid visa (unlawful non-citizen) or detained by warrant or court order/s (prisoner).

Unknown – refers to a patient whose Resident Status is unknown.

Overseas visitor – refers to a patient who is temporarily visiting Australia and not

undertaking more than three months study or any form of remunerated work.

Reciprocal overseas – refers to a patient from a country with which Australia has a Reciprocal Health Care Agreement. Refer to Services Australia's Reciprocal Health Care Agreements for more information.

Resident – refers to a patient who lives in Australia and is a permanent residence visa holder or a protected Special Category visa (SCV) holder or an Australian citizen.

Retiree visa – refers to a patient in Australia on an approved retiree visa.

Student visa – refers to a patient in Australia on an approved student visa.

Working visa – refers to a patient in Australia on an approved working visa.

## Second Given Name

| Field name: | second_given_name |
|---|---|
| Source data element(s): | Second Given Name (webPAS) |
| Definition: | The second given name of the patient. |
| Requirement status: | Conditional |
| Data type: | String |
| Format: | [X(50)] |
| Permitted values: | N/A |

## Guide for use

Condition: the collection of this field is conditional and should be recorded if the patient has a second given name

Alias names should be recorded in the Alias field in the hospital's Central Patient Index (CPI) or Patient Master Index (PMI). The use of brackets () for alias names is not accepted.

## Examples

| | First Given Name | Second Given Name |
|---|---|---|
| Than Phoon, who is also known as Tony, presented to an Outpatient Clinic. | THAN | TONY |
| Edwin James Roberts presented to an Outpatient Clinic. | EDWIN | JAMES |
| Christine Jones presented to Outpatient Clinic. | CHRISTINE | [Blank] |

# Sex recorded at birth

| Field name: | sex_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | A person's sex recorded at birth based upon their sex characteristics. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X |
| Permitted values: | M - Male<br>F - Female<br>X - Another term<br>U - Unknown<br>N - Not specified |

## Guide for use

The collection of Sex is mandatory.

Sex is often used interchangeably with gender, however they are distinct concepts and it is important to differentiate between them. When comparing the concepts of sex and gender:

- Sex is understood in relation to sex characteristics.

- Gender is about social and cultural differences in identity, expression and experience.

While they are related concepts, caution should be exercised when comparing counts for sex with those for gender.

Sex recorded at birth is important clinical information and must be collected for all patients. To ensure accuracy and consistency of data collection, gender diverse patients must still report their sex recorded at birth and their current gender in the gender field.

The use of Code 3 "Another term" replaces "Other" and "Indeterminate" in previous versions of this code list. This option recognises that there are a range of different terms used.

## Examples

|  | Sex |
|---|---|
| A patient presented to an Outpatient appointment and discloses their sex recorded at birth is male. | M – Male |
| A patient presented to an Outpatient appointment and discloses that their sex recorded at birth is male but they currently identify as a female. | M – Male |
| A patient presented to an Outpatient appointment and discloses that their sex recorded at birth is another term. | X – Another term |
| A patient presented to an Outpatient appointment and does not disclose their sex or inadequately describes their sex. | N – Not specified |

# Related national definition

https://meteor.aihw.gov.au/content/741686

# State or Territory

| Field name: | state_code |
|---|---|
| Source data element(s): | N/A |
| Definition: | The state or territory of usual residence of a patient, as represented by a code. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | XXX |
| Permitted values: | NSW - New South Wales<br>VIC - Victoria<br>QLD - Queensland<br>SA - South Australia<br>WA - Western Australia<br>TAS - Tasmania<br>NT - Northern Territory<br>ACT - Australian Capital Territory<br>OTH - Other Territories<br>UNK - Unknown |

## Guide for use

The order of permitted values is the standard for the Australian Bureau of Statistics (ABS).

## Related national definition

https://meteor.aihw.gov.au/content/722751

# Suburb

| Field name: | suburb |
|---|---|
| Source data element(s): | Suburb (webPAS) |
| Definition: | The name of the locality/suburb of the address, as represented by text. |
| Requirement status: | Mandatory |
| Data type: | String |
| Format: | X[X(49)] |
| Permitted values: | N/A |

## Guide for use

The suburb/town/locality name may be a town, city, suburb or commonly used location name such as a large agricultural property or Aboriginal community.

This metadata item may be used to describe the location of an organisation or person. It can be a component of a street or postal address.

If used for mailing purposes, the format of this data element should be upper case. Refer to Australia Post Address Presentation Standard. Any forced abbreviations shall be done by truncation from the right.

This data element is one of a number of items that can be used to create a primary address, as recommended by the AS 4590-2006 Interchange of client information standard. Components of the primary address are:

- Address site (or Primary complex) name
- Address number or number range
- Road name (name/type/suffix)
- Locality
- State/Territory
- Postcode (optional)
- Country (if applicable).

Patients with no fixed permanent address - these patients must have NFPA recorded as their residential suburb.
Unknown residential address - these patients must have 'unknown' recorded as their residential suburb.
Prisoners - these patients must have the prison suburb recorded as their residential suburb.
Residential Aged Care Patients - these patients must have the nursing home or hostel's suburb recorded as their residential suburb.
Overseas patients must have their Country recorded as their residential suburb and the postcode of 8888.

## Examples

|  | Suburb |
|---|---|
| A patient's address is 188 Fourth Avenue, Mount Lawley, WA 6050. | Mount Lawley |
| A homeless patient with no fixed address presented to an Outpatient Clinic | NFPA |
| An overseas patient residential address in Singapore. | Singapore |

## Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/429889

## System Extracted Date

| Field name: | system_extracted_datetime |
|---|---|
| Source data element(s): | N/A |
| Definition: | The system date on which the patient appointment information was extracted from the source patient administration system. |
| Requirement status: | Mandatory |
| Data type: | Datetime |
| Format: | YYYY-MM-DD HH:MM:SS |
| Permitted values: | N/A |

## Guide for use

This is a mandatory Data Element from the source system extraction date.

# System Record Identifier

| Field name: | system_record_identifier |
|---|---|
| Source data element(s): | N/A |
| Definition: | A unique information system generated record identifier or key.  This identifier will be used to ensure correct updates to existing records, identify duplicates and add unknown records from information system extracts. |
| Requirement status: | Optional |
| Data type: | String |
| Format: | X[X(21)] |
| Permitted values: | N/A |

## System Updated Date

| Field name: | system_updated_datetime |
|---|---|
| Source data element(s): | N/A |
| Definition: | The date on which the record was updated. If any data item relating to a patient's appointment or referral record is updated this field is expected to be updated. |
| Requirement status: | Conditional |
| Data type: | Datetime |
| Format: | YYYY-MM-DD HH:MM:SS |
| Permitted values: | N/A |

## Guide for use

Condition: if the record has been updated then this field is mandatory, otherwise leave blank.

# Unit Medical Record Number

| | |
|---|---|
| **Field name:** | client_identifier |
| **Source data element(s):** | U/R (webPAS) |
| **Definition:** | Unit Medical Record Number, also referred to as Unique Medical Record Number. The same unique identifier is retained by the establishment for the patient for all events within that particular establishment. |
| **Requirement status:** | Mandatory |
| **Data type:** | String |
| **Format:** | X(11) |
| **Permitted values:** | N/A |

## Guide for use

A person identifier unique within an establishment or agency, as represented by an alphanumeric identifier. Alternate names for Unit Medical Record Number (UMRN) include Unique Medical Record Number, Patient Primary Identifier or Client Identifier.

For confidentiality purposes, WA does not report this data item nationally.

## Related national definition

https://meteor.aihw.gov.au/content/290046

# Appendix A – Summary of revisions

| Date Released | Author | Approval | Amendment |
|---|---|---|---|
| 1 July 2021 | Lorinda Bailey | Rob Anderson, Assistant Director General, Purchasing and System Performance | Document created. |
| 1 July 2022 | Lorinda Bailey<br>Shani Shiham<br>Rachael McGuire<br>Clarecia Rose | Rob Anderson, Assistant Director General, Purchasing and System Performance | Changes have been made to Grammar and wording in the **Definition**, **Permitted value** and **Guide for use** of several data items for clarity purposes.<br>Some **Permitted values** have been removed and others have been added, in order to bring the data elements further in line with field allocations. The hyperlinks in the document have been verified. The **Requirement status** in some instances has been updated in line with the nature of the data item. Where applicable, the **Guide for use** has been elaborated on and any superseded information removed.<br><br>The **Permitted values** have been altered for:<br>-Sex<br>-Interpreter Required<br>-Residential Status Code<br>-Medicare Card Number<br>-Referral Reason for Closure Code<br>-Referral Source Code<br>-Appointment Cancellation Code<br>-Appointment Care Type Code<br>-Appointment Delivery Mode Code<br>-Appointment Outcome Code<br>-Appointment Reason for Reschedule Code<br>-Clinic Multidisciplinary Flag<br><br>The **Requirement status** has been updated for:<br>-Residential Address 2<br>-Phone Number 1<br>-Concession Card Type<br>-Referral Created Date<br>-Referral Entered By<br>-Referral Entered Date<br>-Referral Update Date<br>-Appointment Funding Source Code<br>-Appointment Level Tier 2 -Classification Code<br>-Appointment Preferred Date<br><br>**Deleted** Event Type as duplicate of Appointment Event Type. |

| 1 July 2023 | Daniel Bonner Rachael McGuire | Rob Anderson, Assistant Director General, Purchasing and System Performance | Changes have been made to Grammar and wording in the **Definition**, **Permitted value, Field name, Data type** and **Guide for use** of several data items for clarity purposes. |
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| | | | Some **Permitted values** have been removed and others have been added, in order to bring the data elements further in line with field allocations. The hyperlinks in the document have been verified. Where applicable, the **Guide for use** has been elaborated on and any superseded information removed. Input Source data element names have been added for some webPAS fields. |
| | | | The **Permitted values** have been altered for: |
| | | | -Appointment Delivery Mode Code |
| | | | -Appointment Outcome Code |
| | | | -Appointment Reason for Reschedule Code |
| | | | -Appointment Status Description |
| | | | -Clinic Category Code |
| | | | -Concession Card Type Code |
| | | | -Referral Category Code |
| | | | -Residential Status Code |
| | | | Data Elements that have been added to the collection are: |
| | | | -Gender Code |
| | | | Data Elements that have been removed are: |
| | | | -Appointment Level Tier 2 Classification Code |
| | | | -Record Change Type |
| | | | -System Loaded Date |
| | | | The **Requirement status** has been updated for: |
| | | | -Appointment Attendance Code |
| | | | -Appointment Status Description |
| | | | -Record Type |
| | | | -Referral Entered By |
| | | | -Referral Entered Date |
| | | | -Referral Created Date |
| | | | Data Elements added as missing: |
| | | | -Appointment First Offered Date |

**This document can be made available in alternative formats on request for a person with disability**