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

Non-Admitted Patient Data Collection
Data Dictionary

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Contents

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
CEO	Chief Executive Officer
DOH	Department of Health
DVA	Department of Veterans Affairs
HACC	Home and Community Care
ID	Identifier
MCC	Multidisciplinary Case Conference
NAPDC	Non-Admitted Patient 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

1. 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 (NAPDC).

The *Non-Admitted Patient Data Collection Data Dictionary* is a Related Document under the *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*.

2. 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.

3. Recording of data

Data that are submitted to the NAPDC must be recorded in accordance with the Data Definitions (Section 4).

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.

4. Data definitions

The following section provides specific information about data elements captured in the NAPDC, 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 NAPDC 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.

Aboriginal Status

Field name:	aboriginal_status
Source Data Element(s):	N/A
Definition:	The patient's Aboriginal Status, as represented by a code
Requirement status:	Mandatory
Data type:	String
Format:	X
Permitted values:	1 - Aboriginal but not Torres Strait Islander origin 2 - Torres Strait Islander but not Aboriginal origin 3 - Both Aboriginal and Torres Strait Islander origin 4 - Neither Aboriginal nor Torres Strait Islander origin 9 – Not stated/inadequately described

Guide for use

Aboriginal but not Torres Strait Islander – refers to patients who are of Aboriginal descent and who identify as Australian Aboriginal.

Torres Strait Islander but not Aboriginal – refers to patients who are of Torres Strait Island descent and who identify as Torres Strait Islander.

Both Aboriginal and Torres Strait Islander - refers to patients who descend from and identify as both Australian Aboriginal and Torres Strait Islander.

Neither Aboriginal nor Torres Strait Islander - refers to patients who identify as neither Australian Aboriginal nor Torres Strait Islander.

Aboriginal and Torres Strait Islander may be referred to in the national context and 'Indigenous' may be referred to in the international context.

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia.

No disrespect is intended to our Torres Strait Islander colleagues and community.

This data element is required for national reporting against the data element: Person - Indigenous Status, code N.

Local codes are mapped to national codes for reporting purposes.

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(11)]
Permitted values:	N/A

Guide for use

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

This appointment account 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 outpatient activity to be linked to the Department of Health WA costing system.

Appointment Cancellation Code

Field name:	appointment_cancellation_code
Source Data Element(s):	N/A
Definition:	The reason the scheduled appointment was cancelled as represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	XXX
Permitted values.	BET - States better CCA - Clinic cancelled CLU - Clinician unavailable COH - Crisis - Hospital COP - Crisis - Patient COQ - Crisis – Pt in QUAR CUR - Current IP any site DEC - Deceased DNN - No notification received DRN - Did not receive notification EIA - External Industrial Action ERR - User error EXE - Executive decision HNR - Hospital not ready IIA - Internal Industrial Action INP - Current IP any site INU - Interpreter unavailable ISF - Illness self family MAV - Moved away NCO - Non contactable NSP - Not specified OTH - Other OTH - Treated other public hospital PCO - Patient convenience PNA - Patient not available PNR - Patient not ready PRI - Treated privately PTC - Patient convenience RES - Test results unavailable RFC - Referral closed RUN - Rooms unavailable SLC - Slot change STE - Student exams TIA - Treatment no longer appropriate TRA - Transport unavailable TRU - Test results unavailable TUN - Transport unavailable UNK - Unknown URG - Urgent patient

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

This field is mandatory if a scheduled appointment is cancelled.

Appointment Care Type Code

Field name:	appointment_care_type_code
Source Data Element(s):	N/A
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 GER - Geriatric Evaluation and Management MEN - Specialist Mental Health OTH - Other PAL - Palliative PSY - Psychogeriatric REH - Rehabilitation UNK - Unknown

Guide for use

This data element is required for national reporting against the data element: Non-admitted patient service event - care type, code N.

Local codes are mapped to national codes for reporting purposes.

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 on the basis of the clinic category code, NMDS Tier 1 code or Tier 2 classification code.

Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/679528

Appointment Client Type Code

Field name:	appointment_client_type_code
Source Data Element(s):	N/A
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 ED - Emergency Department EX - External IP – Inpatient NS - Not specified OP - Outpatient 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

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 i.e. the date before midnight for the first appointment and the date after midnight for the second appointment: and for patient safety, the Appointment Outcome Code for the appointment after midnight must be recorded as Chart Only / non-client event. This data element is required for national reporting against: Non-admitted patient service event - service date, DDMMYYYY.

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):	N/A
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 ELE - Electronic (e.g. email) GCP - Group Client Present HOM - Home Visit MCC - Multidisciplinary case conference where the patient is not present OTH - Other POS - Postal service SLF - Self-administered Treatment TEL - Telephone THC - Telehealth support clinician THH - Telehealth at non-WA Health site THS - Telehealth at WA Health site UNK - Unknown VID - Video Conference

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.

Telephone

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

Videoconference and 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).

THS (Telehealth at WA Health site) is used when a patient will be attending their telehealth appointment and needs to present to a WA Health site. A support clinician may or may not

be required to accompany the patient in this scenario. The patient simply may not have technical expertise and therefore needs to use WA health equipment to have their appointment or they may also need the support of a clinician.

THH (Telehealth at Non-WA Health site) is used when the clinician at the provider end will be delivering the telehealth appointment to a patient but the patient does not need to be or will not be attending a WA Health facility for their appointment. This category also applies to appointments that are delivered directly to a patient while they are in their home. In these instances, a clinician is not required at the receiving end to enable the appointment to occur.

For Telehealth activity the appointment can be recorded at both the clinic where the consultation service is being provided and at the patient's location if the patient is accompanied by a clinician.

Electronic mail/ messaging

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

Postal/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/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 speciality 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.

This data item is mandatory for national reporting against the data element: Non-admitted patient service event—service delivery mode, code N.

Local codes are mapped to national codes for reporting purposes.

Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/732562

Appointment Delivery Setting Code

Field name:	appointment_delivery_setting_code
Source Data Element(s):	Appointment Delivery Mode Code
Definition:	The setting in which a service is provided to a patient during the appointment, as represented by a code.
Requirement status:	Derived
Data type:	String
Format:	X
Permitted values:	Y - On the hospital campus of the healthcare provider N - Off the hospital campus of the healthcare provider

Guide for use

Local codes are mapped from Appointment Delivery Mode Code (HOM = N - Off campus) to national codes for reporting purposes:

This data element is required for national reporting against the data element: Non-admitted patient service event - service delivery setting code N.

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[X(9)]
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 Funding Source Code

Field name:	appointment_funding_source_code
Source Data Element(s):	N/A
Definition:	Patient's principal funding or payment source for the service event, as represented by a code
Requirement status:	Conditional
Data type:	String
Format:	XXX
Permitted values:	AHA - Australian HCA (Health Care Agreement) COR - Correctional Fac(ility) REC - Reciprocal Overseas DET - Detainee

Guide for use

Australian Health Care Agreements – refers to Medicare eligible patients who are non-admitted patient, emergency department patients, admitted public patients presenting to a public hospital outpatient department for whom there is no third-party arrangement or public patients admitted to 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. It also excludes public admitted patients and Medicare eligible patients who choose not to register with Medicare and self-fund the admission episode.

Correctional Facility - refers to prisoners, non-admitted patients and other patients admitted to a hospital where the Department of Justice is responsible for the payment of the admission 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 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/index.phtml/itemId/679815

Appointment Healthcare Provider Code

Field name:	appointment_healthcare_provider_code
Source Data Element(s):	N/A
Definition:	An identifier assigned to the clinician who delivered the service event.
Requirement status:	Conditional
Data type:	String
Format:	X[X(12)]
Permitted values:	N/A

Guide for use

The identifier is allocated to the health professional by the profession's registration body.

Condition: If the identifier is available, then is data element is mandatory.

Appointment Healthcare Provider Name

Field name:	appointment_healthcare_provider_name
Source Data Element(s):	N/A
Definition:	An individual health professional who provided health care to the patient.
Requirement status:	Conditional
Data type:	String
Format:	X[X(49)]
Permitted values:	N/A

Guide for use

The name of the health professional that provided healthcare to the patient.

Condition: If the name of the healthcare professional is available, then this data element is mandatory.

Appointment Level Tier 2 Classification Code

Field name:	appointment_level_tier2
Source Data Element(s):	N/A
Definition:	Appointment level Tier 2 classification code is carried over from the clinic tier 2 classification code which is to be selected from the IHPA Tier 2 classification code list.
Requirement status:	Mandatory
Data type:	String
Format:	NN.NN
Permitted values:	Refer to the Independent Hospital Pricing Authority (IHPA)

Guide for use

For the complete list of permitted values, refer to the Tier 2 Non-Admitted Services 2021–22 | IHPA

Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/733027

Appointment Non-Attendance Reason Code

Field name:	appointment_nonattendance_reason_code
Source Data Element(s):	N/A
Definition:	The reason the patient did not attend appointment as represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	XXX
Permitted values:	APE - Inpatient and Outpatient Appointment Elsewhere COH - Crisis - Hospital COP - Crisis - Patient COQ - Crisis – Pt in QUAR DEC - Deceased DRN - Pt Did not Receive Notice FGT - Forget GNR - Gives No Reason ISF - Illness Self and Family PDA - Pt Did Not Attend SBE - States Better TPR - Treated Privately TRU - Transport Unavailable

Guide for use

Condition: If the appointment was cancelled then this data element is mandatory, otherwise leave blank.

Appointment Outcome Code

Field name:	appointment_outcome_code
Source Data Element(s):	N/A
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 CAN - Cancelled COU - Counselling of relatives DEC - Deceased in Clinic DIE - Deceased DIS - Discharge Fm Clinic PRI - Private Referral RAS - Ref Other Specialty REA - Reappoint RED - Refer to ED REV - Further Review RGP - Referred back to GP ROH - Refer Other Hospital RTW - Return to Ward RWL - Refer IP Waitlist

Guide for use

The appointment outcome code is used to derive the appointment attendance code and to determine a non-admitted patient service event.

All codes in the value domain are in the scope of a non-admitted patient service event, with the exception of NSP (Not specified) and UNK (Outcome/Attendance unknown). Appointment records with these codes will be excluded from reports of non-admitted activity.

Appointment Patient Arrival Time

Field name:	appointment_patient_arrival_time
Source Data Element(s):	N/A
Definition:	The time when the patient arrived for the appointment.
Requirement status:	Conditional
Data type:	Datetime
Format:	HH:MM:SS
Permitted values:	N/A

Guide for use

Condition: If the patient arrived for their appointment then this data element must be provided, otherwise it will be blank if the patient did not arrive or did not wait

Appointment Patient Seen Time

Field name:	appointment_patient_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:	Datetime
Format:	HH:MM:SS
Permitted values:	N/A

Guide for use

Condition: If the patient has been seen for their appointment then this data element must be provided, otherwise it will be blank if the patient did not arrive or did not wait.

Appointment Payment Classification Code

Field name:	appointment_payment_classification_code
Source Data Element(s):	N/A
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 AHA - Australian Health Care Agreement COM - Compensable Other COR - Correctional Facility DET - Detainee EMV - Other States Motor Vehicle Insurance Trust FOD - Foreign Defence INE - Ineligible MBS - Medicare Benefits Scheme (Privately Referred Non-Inpatient Initiative) OTH - Other (incl. direct Commonwealth or State Government sourced funds) OVS - Overseas Student OVV - Overseas Visitor PVI - Private Insured REC - Reciprocal Health Care Agreement SHI - Shipping UNI - Private Uninsured UNK - Unknown VET - Veterans' Affairs, Department of WAM - Western Australian Motor Vehicle Insurance Trust WCC - Workers Compensation

Guide for use

This is a mandatory item for national reporting against the data element: Episode of care—source of funding, patient funding source code NN.

Local codes are mapped to national codes for reporting purposes.

Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/679815

Appointment Preferred Date

Field name:	appointment_preferred_date
Source Data Element(s):	N/A
Definition:	The date preferred by the patient for appointment to an outpatient clinic.
Requirement status:	Optional
Data type:	String
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:	CHD - Child Development CPH - Community Physio Service CRE - Community Rehabilitation DIS - Disability DTU - Day Therapy Unit EME - Emergency Department HNV - Health Navigator MED - Medical NSP - Not specified SCL - Stroke Clinic SCC - Stroke Community SUR - Surgical TRC - True Care True Culture VGE - Visiting geriatrician VGS - Visiting geriatrician support service

Guide for use

Condition: If the source system collects this data element, then it is mandatory otherwise leave blank.

Appointment Reason for Reschedule Code

Field name:	appointment_reschedule_reason_code
Source Data Element(s):	N/A
Definition:	The reason the scheduled appointment was rescheduled.
Requirement status:	Conditional
Data type:	String
Format:	XXX
Permitted values:	CLU Clinician Unavail COH Crisis - Hospital COP Crisis - Patient COQ Crisis – Pt in QUAR INP Current IP Any Site DRN Did Not Recv Notif EXE Executive Decision EIA Extern Indust Action ISF Illness Self Family IIA Intern Indust Action INU Interpreter Unavail PTC Patient Convenience RUN Rooms Unavailable SLC Slot Change STE Student Exams TRU Test Results Unavail TUN Transport Unavail URG Urgent Patient 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 available, then this data element is mandatory otherwise leave blank.

Appointment Session Type Code

Field name:	appointment_session_type_code
Source Data Element(s):	Appointment Delivery Mode Code
Definition:	Whether the appointment was provided to an individual or a group or was non-client related. From 1 July 2018, if appointment delivery mode code is MCC then Appointment Session Type Code is set to code MCC
Requirement status:	Mandatory
Data type:	String
Format:	XXX
Permitted values:	GRP - Group IND - Individual MCC - Multiple Case Conference NCE - Non-client event 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.

Appointment Status Code

Field name:	appointment_status_code
Source Data Element(s):	N/A
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 PP - Part processed UN - Unprocessed / Unknown FU - Future appointment RS - To be rescheduled CA - Cancelled appointment

Appointment Status Description

Field name:	appointment_status_description
Source Data Element(s):	N/A
Definition:	The description of the status of the scheduled appointment record.
Requirement status:	Optional
Data type:	String
Format:	[X(50)]
Permitted values:	Processed Part processed Unprocessed / Unknown Future appointment To be rescheduled Cancelled appointment

Appointment Time

Field name:	appointment_time
Source Data Element(s):	N/A
Definition:	The time of the scheduled appointment.
Requirement status:	Mandatory
Data type:	Datetime
Format:	HH:MM:SS
Permitted values:	N/A

No Longer Applicable. Superseded on 1 July 2022.

Appointment Type Code

Field name:	appointment_type_code
Source Data Element(s):	N/A
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 FOL - Follow-up NCE - Non-Client Event / Chart Only OTH - Other 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 / 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/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

If an appointment is updated/amended from the point of the original appointment being entered to the appointment attended date, the date/time on which the appointment record is updated must be captured.

Australian Postcode

Field name:	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:	Mandatory
Data type:	String
Format:	NNNN
Permitted values:	Valid Australian Postcode
	N/A

Guide for use

See the Australia Post website for current listings.

This data element is required for national reporting against the data element: Address - Australian postcode, code NNNN.

Related national definition

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

Australian State or Country of Birth

Field name:	State_country_of_birth
Source Data Element(s):	N/A
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:	0908 Australian Capital Territory 0901 New South Wales 0907 Northern Territory 0903 Queensland 0904 South Australia 0906 Tasmania 0902 Victoria 0905 Western Australia Or for country of birth, as per the Standard Australian Classification of Countries 2016 (SACC).

Guide for use

For patient's born outside of Australia, refer to the Standard Australian Classification of Countries 2016 (SACC) .

This data element is required for national reporting against the data element: Person - country of birth, code (SACC 2016) NNNN.

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):	N/A
Definition:	Clinic category, as represented by a code and based on the webPAS three-character category codes.
Requirement status:	Mandatory
Data type:	String
Format:	XXXX
Permitted values:	ABH - Aboriginal Health ACA - Aged Care Assessment ADO - Adolescent AMA - Acute Med 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 CME - Cardiometabolic CMN - Community nursing COL - Colo Rectal Surgery COM - Communicable Disease CON - Continence Enuresis COT - Continence CPY - Child Psychology CRE - Cardiac Rehab CTE - Cardio Tech 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 Psych

GNU - General Nursing

GPM - General Medicine

GYN - Gynaecology

HAE - Haematology

HAN - Hand Surgery

HEP - Hepatobiliary

HIT - HITH

HLK - Home Link

HYP - Hyperbaric Medicine

ICS - Cancer Service

IMM - Immunology

INF - Infectious Medicine

LIV - Liver Service

LYM - Lymphoedema Service

MET - Metabolic Medicine

MFC - Multidis 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 - Neuro Tec 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 & Pre-Anaesthetic
	PSG - Psychogeriatrics
	PSY - Adult Psychiatry
	PUP - Pulmonary
	PYO - Psychiatry Youth
	RAD - Radiology
	RAO - Radiation Oncology
	REH - Rehab Medicine
	REM - Renal Medicine
	RES - Respiratory Medicine
	RET - Rehabilitation Engineering
	RHE - Rheumatology
	RIT - Rehabilitation in the Home
	RSH - Research
	SAM - State-wide Aboriginal MH
	SLP - Sleep
	SOW - Social Work
	SPP - Speech Pathology
	SPS - Spinal Injury
	STM - Stomal Therapy
	URO - Urology
	VAS - Vascular
	VTE - Vasc Tech Service
	WOU - Wounds Dressings Mgt
	YCS - Youth Cancer Service

Guide for use

This data element is the fundamental grouping structure under which all clinics are organised within webPAS. 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.

Clinic Identifier

Field name:	clinic_identifier
Source Data Element(s):	N/A
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 in which health information system the clinic is created.

Clinic Multidisciplinary Flag

Field name:	clinic_multidisciplinary_flag
Source Data Element(s):	N/A
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 Y - Yes

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 speciality, or

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

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.

This data element is used to derive the multiple health care provider indictor for national reporting. If the clinic multidisciplinary indicator is set to Y (Yes) then the multiple health care provider indicator is set to 1 (Yes).

Appointments at MCC clinics are set to 7 (Not applicable) for the multiple health care provider indicator for national reporting because, despite the presence of three or more health care providers at the appointment, there was no direct interaction between the patient and the health care providers.

Home-delivered services (Tier 2 codes: 10.15, 10.16, 10.17, 10.18, 10.19) where the patient performs the procedure and no health care provider is present are also set to 7 (Not applicable) for the multiple health care provider indicator.

All remaining appointments are set to 2 (No) for the multiple health care provider indicator.

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):	N/A
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[X(6)]
Permitted values:	For the complete list of permitted values, refer to the METeOR data item: Clinic - outpatient clinic Tier 1 type code NNNN.NNN. https://meteor.aihw.gov.au/content/index.phtml/itemId/564885

Guide for use

This data element is used to determine a non-admitted patient service event. Services that are out of the scope of a non-admitted patient service event include non-clinical care, ancillary services, services provided in community health settings (e.g. community and child health centres) and specialised mental health services.

For this reason, the following local codes are excluded from reports of non-admitted activity: 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 080.000 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, Tier 2 classification code or care type 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[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):	N/A
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 IHPA Tier 2 clinic list.
Requirement status:	Mandatory
Data type:	String
Format:	NN.NN
Permitted values:	Refer to the Independent Hospital Pricing Authority (IHPA)

Guide for use

Refer to the IHPA website for Tier 2 Non-Admitted Care Classification

This data element is required for national reporting against the data element: Non-admitted patient service event - non-admitted service type (Tier 2), code NN.NN

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

- 20.56 Multidisciplinary Case Conference (MDCC) – patient not present
- 40.62 Multidisciplinary Case Conference (MDCC) – 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/index.phtml/itemId/733027

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:	Mandatory
Data type:	Date
Format:	DDMMYYYY
Permitted values:	N/A

No Longer Applicable. Superseded on 1 July 2022.

Clinic Title

Field name:	clinic_title
Source Data Element(s):	N/A
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.

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[X(5)]
Permitted values:	N/A

Condition: If the code of the health professional is available, then this data element 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.
Requirement status:	Conditional
Data type:	String
Format:	X[X(49)]
Permitted values:	N/A

Condition: If the name of the healthcare provider is available, then this data element is mandatory.

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 collects this data element, then this is mandatory otherwise leave blank.

Community Desired Place of Death 1st Assessment Code

Field name:	comm_1st_ass_desired_place_of_death
Source Data Element(s):	N/A
Definition:	The desired place of death nominated by the patient at their first assessment, represented by a code
Requirement status:	Conditional
Data type:	String
Format:	X(4)
Permitted values:	HM - Home HOS - Hospital HOSP - Hospice OTHR - Other

Guide for use

Condition: if the source system collects this data element, 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, represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	X(4)
Permitted values:	HM - Home HOS - Hospital HOSP - Hospice OTHR - Other

Guide for use

Condition: if the source system collects this data element, then this 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:	X(8)
Permitted values:	N/A

Guide for use

Condition: if the source system collects this data element, then this 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, represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	X(5)
Permitted values:	ACT - Active INACT - Inactive BV - Bereavement

Guide for use

Condition: if the source system collects this data element, then this 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, represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	X(4)
Permitted values:	COMM - Community RACF - Residential Aged Care Facility

Guide for use

Condition: if the source system collects this data element, then this 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:	X(4)
Permitted values:	HM - Home HOS - Hospital HOSP - Hospice OTHR - Other

Guide for use

Condition: if the source system collects this data element, then this 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:	X(4)
Permitted values:	CNU - Community Nursing HATH - Hospital At the Home PRA - Priority Response Assessment HC - Hospice Care PA - Post Acute Care BC - Bereavement HNAV - Health Navigator O2 Respiratory PAR - Palliative Respite

Guide for use

Condition: if the source system collects this data element, then this 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:	X(4)
Permitted values:	AHF - Allied Health face-to-face AHS - Allied Health support CA – Care Aide CDR – Coordinator CM - Clinical meetings CNF - Counselling face-to-face CNS - Counselling support CON – Coordinator – Nurse DE – Diabetes Educator DR - Doctor HNAV - Health Navigator IHN - In-home Nursing NCC - Nurse client coordination NP – Nurse Practitioner NS - Nursing support OT - Occupational Therapist PC - Personal Care RN – Registered Nurse SOC – Social Worker

Guide for use

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

Community Travel Time

Field name:	community_travel_time
Source Data Element(s):	N/A
Definition:	The travel time, in minutes, associated with the appointment. The time taken to travel from previous client's location to current client's location.
Requirement status:	Conditional
Data type:	String
Format:	X(8)
Permitted values:	N/A

Guide for use

Condition: if the source system collects this data element, then this 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
Requirement status:	Optional
Data type:	String
Format:	[X(21)]
Permitted values:	CCC - Current Concession DVA - Dept of Veteran Affairs HCC - Health Care Card NDI - NDIS PCC - Pension Concession Card SAF - Safety Net Number SHC - Seniors Health Card

Guide for use

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):	N/A
Definition:	Date on which patient's was born (DDMMYYYY).
Requirement status:	Mandatory
Data type:	Date
Format:	DDMMYYYY
Permitted values:	N/A

Guide for use

This data element is required for national reporting against the data element: Person - date of birth, DDMMYYYY.

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.

Recorded for patients who have died.

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 - In Hospital NOT - No Notification OTH – Other RAC – Residential Aged Care REL - Relative RGO - Death Register

Guide for use

Condition: If patient has died 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 ORN - Orange UNK - Unknown WHT - White

Guide for use

This field is mandatory for DVA patients, leave blank otherwise.

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[X(13)]
Permitted values:	N/A

Guide for use

This field is mandatory for DVA patients, otherwise leave blank.

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:	String
Format:	X[X(3)]
Permitted values:	Refer to the Establishment Code List

Guide for use

As per the list of numeric codes allocated to hospitals and other health related locations or establishments by the Department of Health WA (e.g. 0101 Royal Perth Hospital)

This data element is used to derive the data element required for national reporting: Establishment - organisation identifier, NNX[X]NNNNN.

Related national definition

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

Event Type

Field name:	event_type
Source Data Element(s):	N/A
Definition:	Further description of appointment type.
Requirement status:	Conditional
Data type:	String
Format:	X[X(49)]
Permitted values:	Admitted Patient Chart Review Continuing Care MPS Outpatient Primary Health

Guide for use

This is required in webPAS load processing to identify and keep only 1 record (the Outpatient, if it exists) of multiple contact records that otherwise appear on the extract for the same appointment whenever multiple contacts are recorded in the Contacts screen.

Only provided by WA Country Health Services (WACHS) sites.

Family Name

Field name:	Family_name
Source Data Element(s):	N/A
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

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

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

Where the Family Name is unknown or there is no Family Name, the name the person is identified by must be recorded in the Family Name field and the First Given Name field left blank.

Numeric values are not permitted.

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

First Given Name

Field name:	first_given_name
Source Data Element(s):	N/A
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

A person's given name can be:

- Assigned by a person's parents shortly after birth or adoption or other cultural ceremony.

- Acquired by a person in accordance with a due process defined in a State or Territory Act relating to the registration of births, deaths, marriages and changes of name and sex, and for related purposes, such as the WA *Births, Deaths and Marriages Registration Act 1998*.

- Attained by a person within the family group or by which that person is socially identified.

The agency or establishment must record the person's full given name(s) on their patient administration systems.

Interpreter Required

Field name:	interpreter_required
Source Data Element(s):	N/A
Definition:	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 - Unknown/ not stated 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.

Marital Status

Field name:	marital_status
Source Data Element(s):	N/A
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 - Defacto DIV - Divorced MAR - Married NMA - Never Married SEP - Separated UNK - Unknown WID - Widowed

Guide for use

The category 'MAR - Married' applies to registered unions and de facto relationships, 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 "NMA-Never Married" as a default.

Medicare Card Number

Field name:	medicare_card_number
Source Data Element(s):	N/A
Definition:	Identifying number that appears on a Medicare card.
Requirement status:	Mandatory
Data type:	Numeric
Format:	N(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.

Patient Secondary Identifier

Field name:	Patient_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 does not collect this then 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 OTH - Other RFC - Ready for care STG - Staged UNK - Unknown

Guide for use

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

Patient With Cancer Clinical Emergency Indicator

Field name:	cancer_clinical_emergency_flag
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 Y - Yes – the treating clinician has assessed the waiting time for treatment cannot exceed 24 hours U - Unknown

Guide for use

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

Patient With Cancer Intention of Treatment

Field name:	cancer_treatment_intention
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 OTH - Other PAL - Palliative PRO - Prophylactic UNK - Unknown

Guide for use

CUR   Curative

This code is used when treatment is given for control of the disease.

PAL   Palliative

This code is used when treatment is given primarily for the purpose of pain control. Other benefits of the treatment are considered secondary contributions to quality of life.

PRO   Prophylactic

This code is used for treatment to prevent the occurrence or spread of disease.

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

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[X(14)]
Permitted values:	N/A

Guide for use

Condition: if the source system collects this data element, then this 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 source system collects this data element, then this 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:	Mandatory
Data type:	String
Format:	[X(20)]
Permitted values:	N/A

No Longer Applicable. Superseded on 1 July 2022.

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

No Longer Applicable. Superseded on 1 July 2022.

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[X(70)]
Permitted values:	N/A

Postal Address 1

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[X(70)]
Permitted values:	N/A

No Longer Applicable. Superseded on 1 July 2022.

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
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 VIC - Victoria QLD - Queensland SA - South Australia WA - Western Australia TAS - Tasmania NT - Northern Territory ACT - Australian Capital Territory OTH - Other Territories UNK - Unknown

Postal Suburb

Field name:	postal_suburb
Source Data Element(s):	N/A
Definition:	The name of the locality/suburb of the postal address, as represented by text.
Requirement status:	Optional
Data type:	String
Format:	[X[X(49)]]
Permitted values:	N/A

No Longer Applicable.
Superseded on 1 July 2022.

Record Change Type

Field name:	record_change_type
Source Data Element(s):	N/A
Definition:	The type of change made to the record
Requirement status:	Mandatory
Data type:	String
Format:	[X]
Permitted values:	I – Insert U – Update

Guide for use

The Record Change Type is used during load process.

Record Type

Field name:	Nap_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 APP – Appointment RES – Reschedule 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(11)]
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

No Longer Applicable. Superseded on 1 July 2022.

Referral Category Code

Field name:	referral_category_code
Source Data Element(s):	N/A
Definition:	Referral category, as represented by a code and based on the webPAS three-character category codes.
Requirement status:	Mandatory
Data type:	String
Format:	XXXX
Permitted values:	ABH - Aboriginal Health ACA - Aged Care Assessment ADO - Adolescent AMA - Acute Med 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 CMB - Cardiometabolic CMN - Community nursing COL - Colo Rectal Surgery COM - Communicable Disease CON - Continence Enuresis COT - Continence CPY - Child Psychology CRE - Cardiac Rehab CTE - Cardio Tech 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 Psych
GNU - General Nursing
GPM - General Medicine
GYN - Gynaecology
HAE - Haematology
HAN - Hand Surgery
HEP - Hepatobiliary
HIT - HITH
HLK - Home Link
HYP - Hyperbaric Medicine
ICS - Cancer Service
IMM - Immunology
INF - Infectious Medicine
LIV - Liver Service
LYM - Lymphoedema Service
MET - Metabolic Medicine
MFC - Multidis 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 - Neuro Tec 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 & Pre-Anaesthetic
	PSG - Psychogeriatrics
	PSY - Adult Psychiatry
	PUP - Pulmonary
	PYO - Psychiatry Youth
	RAD - Radiology
	RAO - Radiation Oncology
	REH - Rehab Medicine
	REM - Renal Medicine
	RES - Respiratory Medicine
	RET - Rehabilitation Engineering
	RHE - Rheumatology
	RIT - Rehabilitation in the Home
	RSH - Research
	SAM - State-wide Aboriginal MH
	SLE - Sleep
	SOW - Social Work
	SPP - Speech Pathology
	SPS - Spinal Injury
	STM - Stomal Therapy
	URO - Urology
	VAS - Vascular
	VTE - Vasc Tech Service
	WOU - Wounds Dressings Mgt
	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):	N/A
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.

This data element is required for national reporting against the data element: Non-admitted patient service event - service request issue date, DDMMYYYY.

Local codes are mapped to national codes for reporting purposes.

Metadata reference

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:	The 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

No Longer Applicable. Superseded on 1 July 2022.

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

No Longer Applicable. Superseded on 1 July 2022.

Referral Priority Code

Field name:	referral_priority_code
Source Data Element(s):	N/A
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 NUR - Not Urgent SEM - Semi-urgent UNK - Unknown URG - Urgent

Guide for use

Only NUR, SEM and URG have benchmark wait times to first appointment: respectively – 365 days, 90 days and 30 days.

Referral Reason Code

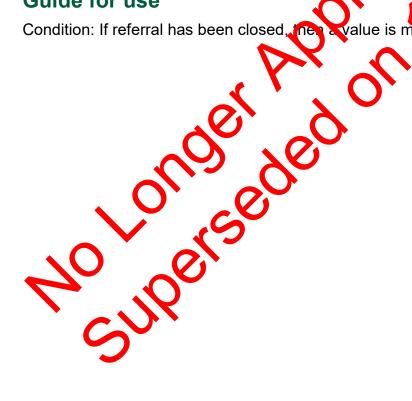| Field name:	referral_reason_code
Source Data Element(s):	N/A
Definition:	The reason the referral is issued, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	XXX
Permitted values:	ASS - Assessment CHR - Chart Review EDU - Education OPM - Ongoing Patient Management OTH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

Guide for use

Ongoing patient management code 'OPM' can only be assigned to referrals created in webPAS. The 'OPM' code can be used when a referral is received by a Health Service for ongoing management of the same condition. 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. Although the Chart review code (CHR) may have a clinical review component, there is no patient present. For this reason, any appointment for the purpose of chart review that is attached to this referral will not meet the criteria for a non-admitted patient service event.

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:	XXXX
Permitted values:	AUD - Audit DEC - Deceased DIP - Discharge Policy PDT - Declined treatment TFC - Transfer and close TRE - Treatment completed

Guide for use

Condition: If referral has been closed, then a value is mandatory, otherwise leave blank.

Referral Received Date

Field name:	referral_received_date
Source Data Element(s):	N/A
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 is required for national reporting against the data element: Non-admitted patient service event - service request received date, DDMMYYYY.

Local codes are mapped to national codes for reporting purposes.

Metadata reference

https://meteor.aihw.gov.au/content/index.phtml/itemId/400713

Referral Source Code

Field name:	referral_source_code
Source Data Element(s):	N/A
Definition:	The source of the referral, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	XXX
Permitted values:	AHP - Allied Health Prof ANI - Another Institution CLN - Clinician COM - Community CON - Same Consultant EDU - Education Department EMD - Emergency Department FAF - Family or Friend GEP - General Practitioner GOV - Government Agency INW - Inpatient Ward MCE - Mental Health Emergency Response Line (MHERL) or Community Emergency Response Team (CERT) MEP - Medical Practitioner MHC - Mental Health Clinic or Team NGO - Non-government Organisation NPR - Nurse Practitioner NUR - Nurse OMH - Other OPH - Outpatient Department this Hospital OPR - Other Professional OTH - Other Hospital OTS - Other Service POL - Police PPS - Private Psychiatrist PRI - Private Referral PRN - Private refer by GP RCF – Residential Care Facility SLF - Self SPR - Specialist Rooms UNK - Unknown

Guide for use

This data element is required for national reporting against the data element: Non-admitted patient service request—service request source.

Local codes are mapped to national codes for reporting purposes.

Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/679552

Referral Status Code

Field name:	referral_status_code
Source Data Element(s):	N/A
Definition:	The status of the referral, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	XX
Permitted values:	CA - Cancelled CL - Closed IN - Inactive OP - Open RE - Rejected UN - Unknown WL - On Waiting List

Referral Update Date

Field name:	referral_updated
Source Data Element(s):	N/A
Definition:	The system date on which the referral is updated by the site.
Requirement status:	Mandatory
Data type:	Date
Format:	DDMMYYYY
Permitted values:	N/A

No Longer Applicable. Superseded on 1 July 2022.

Referring Healthcare provider

Field name:	referring_hcp
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[X(49)]]
Permitted values:	N/A

Residential Address 1

Field name:	residential_address1
Source Data Element(s):	N/A
Definition:	First line of the patient's residential street address at the time of the scheduled appointment.
Requirement status:	Optional
Data type:	String
Format:	[X(70)]
Permitted values:	N/A

No Longer Applicable. Superseded on 1 July 2022.

Residential Address 2

Field name:	residential_address2
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

No Longer Applicable. Superseded on 1 July 2022.

Residential Status Code

Field name:	residential_status_code
Source Data Element(s):	N/A
Definition:	Patient's residential status for billing purposes, as represented by a code.
Requirement status:	Optional
Data type:	String
Format:	[XXX]
Permitted values:	ASY - Asylum Visa BUS - Business Visa DET - Detainee EME - Emergency Visa EMR - Emergency Rescue Visa HUM - Humanitarian MED - Medical Treatment OTE - Overseas Foreign Def OVS - Overseas Shipping OVE - Overseas Visitor PRO - Temp Protection REC - Reciprocal Overseas REF - Refugee Visa RES - Resident RET - Retirement Visa SAC - Sp Activities STU - Student Visa TEM - Temporary Res TOU - Tourist Visa UNK - Unknown WHO - Working Holiday Visa WOR - Working Visa

Guide for use

See also Appointment Payment Classification Code as this is used with Appointment Funding Source Code to refine the funding source for webPAS only.

Second Given Name

Field name:	second_given_name
Source Data Element(s):	N/A
Definition:	The second given name of the patient.
Requirement status:	Conditional
Data type:	String
Format:	X[X(49)]
Permitted values:	N/A

Guide for use

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

Sex

Field name:	sex
Source Data Element(s):	N/A
Definition:	The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	X
Permitted values:	M - Male F - Female X - Other, Indeterminate U - Unknown N - Not specified

Guide for use

This data element is required for national reporting against the data element: Person - sex, code X.

Local codes are mapped to national codes for reporting purposes.

Metadata reference

https://meteor.aihw.gov.au/content/index.phtml/itemId/635126

State or Territory

Field name:	state
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 VIC - Victoria QLD - Queensland SA - South Australia WA - Western Australia TAS - Tasmania NT - Northern Territory ACT - Australian Capital Territory OTH - Other Territories UNK - Unknown

Guide for use

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

Suburb

Field name:	suburb
Source Data Element(s):	N/A
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).

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

System Loaded Date

Field name:	system_loaded_datetime
Source Data Element(s):	N/A
Definition:	The system date on which the patient record was loaded into the data collection.
Requirement status:	Mandatory
Data type:	Datetime
Format:	YYYY-MM-DD HH:MM:SS
Permitted values:	N/A

No Longer Applicable.
Superseded on 1 July 2022.

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(49)]
Permitted values:	N/A

No Longer Applicable. Superseded on 1 July 2022.

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:	Mandatory
Data type:	Datetime
Format:	YYYY-MM-DD HH:MM:SS
Permitted values:	N/A

Unit Medical Record Number

Field name:	umrn_identifier
Source Data Element(s):	N/A
Definition:	Unit Medical Record Number, also referred to as Unique Medical Record Number. The same unique identifier is retained by the hospital for the patient for all events within that particular hospital.
Requirement status:	Mandatory
Data type:	String
Format:	X[X(19)]
Permitted values:	N/A

Guide for use

Alternate names for Unit Medical Record Number (UMRN) include Unique Medical Record Number, Patient Primary Identifier or Client Identifier.

This data element is required for national reporting against the data element: Person - person Identifier, code XXXXXX[X(14)].

Related national definition

https://meteor.aihw.gov.au/content/index.phtml/itemId/290046

Appendix A – Summary of revisions

Version	Date Released	Author	Approval	Amendment
1.0	1 July 2021	Lorinda Bailey	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created.

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