



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

Non-Admitted Patient Data Collection

Data Specifications

July 2021

**No Longer Applicable.
Superseded on 1 July 2022.**

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Owner:	Department of Health, Western Australia
Contact:	Information and Performance Governance
Approved by:	Rob Anderson, Assistant Director General, Purchasing and System Performance
Original Approval date:	2 June 2021
Current version:	1.0
Links to:	Information Management Policy Framework https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management

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Abbreviations

FTP	File Transfer Protocol
ICT	Information and Communications Technology
IHPA	Independent Hospital Pricing Authority
NAPDC	Non-Admitted Patient Data Collection
NMDS	National Minimum Data Set
PAS	Patient Administration System
WA	Western Australia
WACHS	Western Australian Country Health Service

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1. Purpose

The purpose of the *Non-Admitted Patient Data Collection Data Specifications* is to outline the requirements for Health Service Providers and Contracted Health Entities to report non-admitted patient activity to the Department of Health.

The *Non-Admitted Patient Data Collection Data Specifications* is a Related Document mandated under the MP 0164/21 [Patient Activity Data Policy](#).

These data specifications are 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 Dictionary](#)
- [Patient Activity Data Policy Information Compendium](#).

2. Background

Non-admitted patient activity must be recorded in an approved Patient Administration Systems (PAS) in an accurate and timely manner so that the data is available and can be accessed for inclusion into the Non-Admitted Patient Data Collection (NAPDC).

3. Contact details requirements

Data providers must complete the contact details form (Appendix A) and provide contact details for two people who can be contacted in the event of data submission queries or issues:

- ICT technical contact – for data load/extract issues
- Information management contact – for data queries.

4. Submission of data

Data must be submitted to the NAPDC in accordance with the data submission schedule (Section 5) and Data Element Listing (Section 6) outlined below, unless otherwise agreed with the NAPDC Data Custodian.

4.1 File naming standards

The file name format of data submitted must conform to the following standard:

NAP_DATAPROVIDER_PASSYSTEM_YYYYMMDD_YYYYMMDD.csv

Where

- **NAP** is a fixed value meaning Non-Admitted Patient
- **DATAPROVIDER** is the abbreviated name of the data provider/hospital providing the non-admitted patient activity data (assigned by the Department)
- **PASSYSTEM** is the name of the PAS system from where the data is extracted (assigned by the Department)
- **YYYYMMDD_YYYYMMDD**, is the period of data being submitted which must include data from the previous financial year to year to date of the current financial year:
 - **YYYY** is the year, including century, of the date of the data submitted

- **MM** is the month, as two digits, of the date of the data submitted
- **DD** is the day of the month, as two digits, of the date of the data submitted - if submitting data on a daily basis
- **csv** a comma separated values file format

For example, NAP_SJGMI_WPAS_201907_202010.csv → Non-Admitted Patient data provided monthly by St John of God Hospital Midland from their PAS system with data from 01-07-2019 to 31-10-2020, submitted in November 2020

4.2 Data file submission

Data files must be submitted automatically via secure File Transfer Protocol (FTP) to a server nominated by the Department of Health.

5. Data submission schedule

Data providers that use a patient administration system other than WA health system's web-based Patient Administration System (webPAS), are required to submit data at a frequency as requested by the Department of Health in an electronic format that is compliant with these specifications and the [Non-Admitted Patient Data Collection Data Dictionary](#).

Data must be made available for the relevant reporting reference period as per the schedule set below.

5.1 Daily extracts

Daily data must be provided before 2am the next day for data from the preceding day to midnight of the preceding day e.g. data for 1 July 2020 (0:00 to 23:59) must be submitted by 2am on 2 July 2020.

5.2 Monthly extracts

Monthly data submission must include previous financial year's data and year-to-date financial year data i.e. each submission will include data from the beginning of the financial year to the end of the reference month in addition to previous year financial data e.g. data due in April 2021 will contain complete 2019-2020 financial year data plus data from 1st July 2020 to the end of March 2021.

This allows for changes in previous months of a financial year to be updated throughout the financial year with the latest record being provided to NAPDC.

Data is due by 3pm on the 3rd working day of the due month.

6. Data element listing

Data providers must ensure that data is made available as per the specifications below.

- Appendix B – Non-Admitted Patient Data Element Listing

7. Data quality and validation correction process

Data providers are responsible for the quality of data provided. Data quality validations are undertaken by the Quality and Assurance Team to ensure that data is compliant with reporting specifications and the five data quality principles:

- Relevance
- Accuracy
- Timeliness
- Coherence
- Interpretability.

Data validation and errors will be distributed to the reporting hospital via dashboards, spreadsheets or ad hoc communication. It is the responsibility of clinicians, administrative staff, clinical coding staff and clerical staff to complete and correct data validations within required timeframes as communicated by the Department.

Some examples of data quality validations may include:

- Patient demographics
- Reporting of blank or incorrect values
- Availability of sufficient information to enable reporting to IHPA

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8. Glossary

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

Term	Definition
Contracted Health Entity	As per section 6 of the <i>Health Services Act 2016</i> , a non-government entity that provides health services under a contract or other agreement entered into with the Department Chief Executive Officer on behalf of the State, a Health Service Provider or the Minister
Custodian	A custodian manages the day-to-day operations of the information asset(s) and implements policy on behalf of the Steward and Sponsor.
Data Collection	Refer to Information Asset
Data Specifications	Data Specifications mandate the list of data elements, format and submission schedule for each information asset.
Health Service Provider	As per section 6 of the <i>Health Services Act 2016</i> , a Health Service Provider established by an order made under section 32(1)(b)
Information asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Information Management Policy Framework	The Information Management Policy Framework specifies the information management requirements that all Health Service Providers must comply with in order to ensure effective and consistent management of health, personal and business information across the WA health system.
Patient Activity Data Business Rules	Patient Activity Data Business Rules mandate the rules, scope and criteria to be used when recording health service patient activity data and reporting to the Department of Health.
WA health system	Pursuant to section 19(1) of the <i>Health Services Act 2016</i> , means the Department of Health, Health Service Providers, and to the extent that Contracted Health Entities provide health services to the State, the Contracted Health Entities.
WA health system entities	<ul style="list-style-type: none"> All Health Service Providers as established by an order made under section 32(1)(b) of the <i>Health Services Act 2016</i> The Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the <i>Public Sector Management Act 1994</i>.

	Note: Contracted health entities are not considered WA health system entities.
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9. References

[Specialist Outpatient Services Access Policy – Metropolitan Health Services \(OD 0530/14\)](#)

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Appendix A – Contact Details Form



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

Non-Admitted Patient Data Collection Data Provider Contact Details Form

The purpose of this form is to collect contact information for persons providing data to the Non-Admitted Patient Data Collection.

Name of Data Provider or Feeder System Click or tap here to enter text.

Date Click or tap here to enter text.

ICT Technical Contact

Please provide details for the person to contact regarding technical queries (e.g. data loading, extract issues)

Name Click or tap here to enter text.

Position Click or tap here to enter text.

Organisation Click or tap here to enter text.

Email Click or tap here to enter text.

Phone Click or tap here to enter text.

Information Management Contact

Please provide contact details for the person to contact regarding data queries (e.g. queries relating to data interpretation)

Name Click or tap here to enter text.

Position Click or tap here to enter text.

Organisation Click or tap here to enter text.

Email Click or tap here to enter text.

Phone Click or tap here to enter text.

Please submit this form to NADCDData@health.wa.gov.au

Appendix B – Non-Admitted Patient Data Element Listing

	Data Element	Type	Requirement	Comments
1	Establishment Code	XXXX	Mandatory	A unique four-digit number that is assigned by Department of Health (WA) to hospitals and other health related locations or establishments.
2	Establishment Site Code	XX	Optional	Any other code that identifies a site, if available. Condition: this data element should be provided if available in the source system, otherwise leave blank.
3	Unit Medical Record Number	X[(19)]	Mandatory	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.
4	Patient Secondary Identifier	[X(10)]	Conditional	A secondary unique number that identifies a patient. Condition: If the source system does not collect this then leave blank.
5	Family Name	X[(49)]	Mandatory	The part of a name a patient usually has in common with other members of their family, as distinguished from their given names.
6	First Given Name	X[(49)]	Mandatory	The first given name of the patient.
7	Second Given Name	X[X(49)]	Conditional	The second given name of the patient. Condition: if the patient has a middle name then this field is mandatory, otherwise leave blank.
8	Date of Birth	DDMMYYYY	Mandatory	Date on which the patient was born.
9	Date of Death	DDMMYYYY	Conditional	Patient's date of death Condition: if patient has died, otherwise leave blank.
10	Death Notification Code	XXXX	Conditional	The code that identifies how the notification of a patient's death was received, if available. HOS - In Hospital NOT - No Notification OTH – Other RAC – Residential Aged Care REL - Relative RGO - Death Register Condition: If patient has died, otherwise leave blank.

	Data Element	Type	Requirement	Comments
11	Sex	X	Mandatory	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. M - Male F - Female X - Other, Indeterminate U - Unknown N - Not specified
12	Australian State or Country of Birth	NNNN	Mandatory	The Australian state or country in which the patient was born, as represented by a code
13	Interpreter Required	X	Mandatory	Whether an interpreter service is required by or for the patient. N - Interpreter not required - Unknown/ not stated Y - Interpreter required
14	Aboriginal Status	X	Mandatory	The patient's Aboriginal status, as represented by a code. 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 - Unknown
15	Marital Status	XXX	Mandatory	The 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. DEF - Defacto DIV - Divorced MAR - Married NMA - Never Married SEP - Separated UNK - Unknown WID - Widowed
16	Residential Status Code	XXX	Mandatory	Patient's residential status for billing purposes, as represented by a code. ASY - Asylum Visa BUS - Business Visa DET - Detainee EME - Emergency Visa EMR - Emergency Rescue Visa

	Data Element	Type	Requirement	Comments
				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 WHV - Working Holiday Visa WVR - Working Visa
17	Residential Address 1	X[(69)]	Mandatory	First line of the patient's residential street address at the time of the scheduled appointment.
18	Residential Address 2	X[(69)]	Mandatory	Second line of the patient's residential street address at the time of the scheduled appointment.
19	Suburb	X[(49)]	Mandatory	The name of the locality/suburb of the address, as represented by text.
20	Australian Postcode	NNNN	Mandatory	The Australian numeric descriptor for a postal delivery area for an address. The postcode relates to the patient's area of usual residence. 0800–0998 - NT 0999 - Unknown NT 1000-1999 - Unknown 2000-2599 - NSW 2600-2620 - ACT 2621-2698 - NSW 2699 - Unknown ACT 2700-2899 - NSW 2900-2914 - ACT 2999 - Unknown NSW 3000-3998 - VIC 3999 - Unknown VIC 4000-4998 - QLD 4999 - Unknown QLD

	Data Element	Type	Requirement	Comments
				5000-5998 - SA 5999 - Unknown SA 6000-6770 - WA 6798-6799 - OT 6800-6998 - WA 6999 - Unknown WA 7000-7998 - TAS 7999 - Unknown TAS 8000-8012 - VIC 9990-9999 - Unknown
21	State or Territory	X[X(2)]	Mandatory	The state or territory of usual residence of the patient, as represented by a code. 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
22	Postal Address 1	[X(70)]	Optional	First line of the patient's postal address at the time of the scheduled appointment. Condition: this data element should be provided if available in the source system, otherwise leave blank.
23	Postal Address 2	[X(70)]	Optional	Second line of the patient's postal address at the time of the scheduled appointment. Condition: this data element should be provided if available in the source system, otherwise leave.
24	Postal Suburb	[X(50)]	Optional	The name of the locality/suburb of the postal address, as represented by text. Condition: this data element should be provided if available in the source system, otherwise leave.
25	Postal Postcode	[X(4)]	Optional	The Australian numeric descriptor for a postal delivery area for an address. The postcode relates to the patient's area of usual residence. Condition: this data element should be provided if available in the source system, otherwise leave.

	Data Element	Type	Requirement	Comments
26	Postal State or Territory	[X(3)]	Optional	<p>Patient's state of postal address, as represented by a code.</p> <p>Condition: this data element should be provided if available in the source system, otherwise leave.</p>
27	Phone Number 1	X[X(19)]	Mandatory	Patient's first contact telephone number at the time of the scheduled appointment.
28	Phone Number 2	[X(20)]	Optional	<p>Patient's second contact telephone number at the time of the scheduled appointment.</p> <p>Condition: this data element should be provided if available in the source system, otherwise leave.</p>
29	Medicare Card Number	N(13)	Mandatory	Identifying number that appears on a Medicare card.
30	Department of Veterans' Affairs File Number	AAXXNNNN[A]	Conditional	<p>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.</p> <p>Condition: If a patient has a DVA file number, then this field is mandatory.</p>
31	Department of Veterans' Affairs Card Colour Code	XXX	Conditional	<p>The Department of Veteran Affairs (DVA) card colour indicates the level of entitlement to additional health cover, as represented by a code.</p> <p>GOL - Gold ORN - Orange UNK - Unknown WHI - White</p> <p>Condition: If a patient has a DVA file number, then this field is mandatory.</p>
32	Concession Card Type Code	[X(21)]	Optional	<p>Concession card allowing recipients to access cheaper health services, medicines and other benefits. Patients may have more than one concession card type.</p> <p>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</p> <p>Condition: this data element should be provided if available in the source system, otherwise leave. If patient has more than one concession type, string all concession type codes into a single value.</p>

	Data Element	Type	Requirement	Comments
33	Referral Account Number	X[X(11)]	Mandatory	A unique identifier for the referral. This number would be against each appointment record for the same episode of care or referral events.
34	Referral Account Number 2	[X(30)]	Optional	A second unique identifier for a referral registered to a patient administration system. Condition: this data element should be provided if available in the source system, otherwise leave.
35	Referral Category Code	XXXX	Mandatory	Refer to Appendix C – Reference Codes and Description.
36	Referral Created Date	DDMMYYYY	Mandatory	The date on which the referral was created.
37	Referral Closed Date	DDMMYYYY	Conditional	Date on which the referral was closed. Condition: This will be blank until the referral is closed.
38	Referral Entered By	X[X(9)]	Mandatory	The identifier of the staff member who entered the referral details into the source patient administration system.
39	Referral Entered Date	DDMMYYYY	Mandatory	System generated date on which the referral was entered into the source patient administration system.
40	Referral Priority Code	XXXX	Mandatory	The priority/triage level of the referral, as represented by a code. AWT - Awaiting Triage NUR - Not Urgent SEM - Semi Urgent UNK - Unknown URG - Urgent
41	Referral Reason Code	XXX	Mandatory	The reason for the referral is issued, as represented by a code. ASS - Assessment CHR - Chart Review EDU - Education OPM - Ongoing Patient Management OTH - Other RET - Research Trial TRE - Treatment/ Intervention UNK - Unknown
42	Referral Reason for Closure Code	XXXX	Conditional	Reason for the referral being closed, represented by a code AUD - Audit DEC - Deceased DIP - Discharge Policy PDT - Declined treatment

	Data Element	Type	Requirement	Comments
				TFC - Transfer and close TRE - Treatment completed Condition: May be blank if referral has not been closed.
43	Referral Received Date	DDMMYYYY	Mandatory	The date on which a patient's referral is accepted for care or treatment This date marks the commencement of the referral wait time until a first appointment is attended
44	Referral Source Code	XXX	Mandatory	The source of the referral is represented by a code. AHP - Allied Health Prof ANI - Another Institution CLN - Clinician COM - Community CON - General Consultant EDU - Education Department EMER - Emergency Department FAM - 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

	Data Element	Type	Requirement	Comments
45	Referral Status Code	XX	Mandatory	The status of the referral, as represented by a code. CA - Cancelled CL - Closed IN - Inactive OP - Open RE - Rejected UN - Unknown WL - On Waiting List
46	Referral Update Date	DDMMYYYY	Mandatory	The system date on which the referral is updated by the site.
47	Referring Healthcare Provider	[X(70)]	Optional	The name of the referring healthcare provider that requested the non-admitted service. Condition: this data element should be provided if available in the source system, otherwise leave.
48	Appointment Account Number	X[X(11)]	Mandatory	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.
49	Appointment Cancellation Code	XXX	Conditional	The reason the scheduled appointment was cancelled as represented by a code. BET - States better CCA - Clinic cancelled CLU - Clinician unavailable CH - Crisis - Hospital CP - 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 MOV - Moved away

	Data Element	Type	Requirement	Comments
				<p>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 not needed 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 UTR - Urgent test results</p> <p>Condition: This data element is conditional on the appointment being cancelled otherwise leave blank.</p>
50	Appointment Cancellation Date	DDMMYYYY	Conditional	<p>The date on which the scheduled appointment was cancelled.</p> <p>Condition: This data element is conditional on the appointment being cancelled otherwise leave blank.</p>
51	Appointment Care Type Code	XXX	Mandatory	<p>The type of care provided to the patient at the appointment as represented by a code.</p> <p>ACU - Acute GER - Geriatric Evaluation and Management MEN - Specialist Mental Health OTH - Other PAL - Palliative PSY - Psychogeriatric REH - Rehabilitation UNK - Unknown</p>

	Data Element	Type	Requirement	Comments
52	Appointment Client Type Code	XX	Mandatory	The type of patient at the time of the appointment, as represented by a code. CC - Continuing Care ED - Emergency Department EX - External IP - Inpatient NS - Not specified OP - Outpatient PH - Primary Health
53	Appointment Date	DDMMYYYY	Mandatory	The date on which the appointment occurred.
54	Appointment Delivery Mode Code	XXX	Mandatory	The method of communication between a patient and a healthcare provider during the appointment, as represented by a code. CLP - Client Present GCP - Group Client Present HOM - Home Visit MCC - Multidisciplinary case conference where the patient is not present OTN - Other POS - Postar service SLF - Self-administered Treatment TEL - Telephone THC - Telehealth support clinician TWH - Telehealth at WA Health site TNS - Telehealth at non-WA Health site UNK - Unknown VID - Video Conference
55	Appointment Delivery Setting Code	X	Mandatory	The setting in which a service is provided to a patient during the appointment, as represented by a code. Y - On the hospital campus of the healthcare provider N - Off the hospital campus of the healthcare provider
56	Appointment Diagnosis Type 1	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, represented by a code. ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code

	Data Element	Type	Requirement	Comments
				Condition: this data element should be provided if available in the source system, otherwise leave.
57	Appointment Diagnosis Code 1	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code. Condition: this data element should be provided if available in the source system, otherwise leave.
58	Appointment Diagnosis Type 2	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, represented by a code. ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code Condition: this data element should be provided if available in the source system, otherwise leave.
59	Appointment Diagnosis Code 2	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code. Condition: this data element should be provided if available in the source system, otherwise leave.
60	Appointment Diagnosis Type 3	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, represented by a code. ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code Condition: this data element should be provided if available in the source system, otherwise leave.
61	Appointment Diagnosis Code 3	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code Condition: this data element should be provided if available in the source system, otherwise leave.
62	Appointment Diagnosis Type 4	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, represented by a code.

	Data Element	Type	Requirement	Comments
				ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code Condition: this data element should be provided if available in the source system, otherwise leave.
63	Appointment Diagnosis Code 4	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code Condition: this data element should be provided if available in the source system, otherwise leave.
64	Appointment Funding Source Code	XXX	Mandatory	Patient's principal funding or payment source for the service event, as represented by a code. AHA - Australian HCA (Health Care Agreement) COF - Correctional Facility REC - Reciprocal Overseas DET - Detainee
65	Appointment Healthcare provider Code	X[X(12)]	Conditional	An identifier assigned to the clinician who delivered the service event. Condition: If the identifier is available, then is data element is mandatory.
66	Appointment Healthcare provider Name	X[X(49)]	Conditional	The name of the clinician who delivered the service event. Condition: If a provider name is available, then is data element is mandatory.
67	Appointment Level Tier 2 Classification Code	9999	Mandatory	Appointment level Tier 2 classification code is to be selected from the IHPA Tier 2 classification code list. For the complete list of permitted values, refer to the IHPA Tier 2 Non-Admitted Services Definitions Manual 2021-22: https://www.ihipa.gov.au/publications/tier-2-non-admitted-services-2021-22
68	Appointment Non-Attendance Reason Code	XXX	Conditional	The reason the patient did not attend appointment as represented by a code. APE - Inpatient and Outpatient Appointment Elsewhere COH - Crisis - Hospital COP - Crisis - Patient COQ - Crisis - Pt in QUAR DEC - Deceased

	Data Element	Type	Requirement	Comments
				DRN - Pt Did not Receive Notice FGT - Forgot GNR - Gives No Reason ISF - Illness Self and Family PDA - Pt Did Not Attend SBE - States Better TPR - Treated Privately TRU - Transport Unavailable Condition: If the appointment was not attended then this data element is mandatory otherwise leave blank.
69	Appointment Outcome Code	XXX	Mandatory	The outcome of the appointment, as represented by a code. ADM - Admit to Ward CAN - Cancelled COU - Counselling of relatives DEC - Deceased in Clinic DIE - Deceased DIS - Discharge From Clinic PRI - Private Referral RAS - Ref Other Specialty REA - Reappoint REF - Refer to ED REV - Further Review RGP - Referred back to GP ROH - Refer Other Hospital RTW - Return to Ward RWL - Refer IP Waitlist
70	Appointment Patient Arrival Time	HH:MM:SS	Conditional	The time when the patient arrived for the appointment. Condition: If the patient arrived for their appointment, then this data element must be provided, otherwise leave blank if the patient did not arrive or did not wait.
71	Appointment Patient Seen Time	HH:MM:SS	Conditional	The actual time the patient was seen by a healthcare provider for their appointment. Condition: If the patient was seen for their appointment, then this data element must be provided, otherwise leave blank if the patient did not arrive or did not wait.
72	Appointment Payment Classification Code	XXX	Mandatory	The expected principal source of funds for payment of the account for an appointment, as represented by a code.

	Data Element	Type	Requirement	Comments
				ADF - Australian Defence 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 PVT - 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
73	Appointment Preferred Date	DDMMYYYY	Optional	The date preferred by the patient for appointment to an outpatient clinic. Condition: this data element must be provided if available in the source system, otherwise leave blank.
74	Appointment Program Code	XXX	Conditional	A code to identify the type of service or program that is being delivered. 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 SCO - Stroke Community SUR - Surgical TRC - True Care True Culture

	Data Element	Type	Requirement	Comments
				VGE - Visiting geriatrician VGS - Visiting geriatrician support service Condition: If the source system collects this data element then it is mandatory otherwise leave blank.
75	Appointment Reason for Reschedule Code	XXX	Conditional	The reason the scheduled appointment was rescheduled. CLU - Clinician Unavailable COH - Crisis - Hospital COP - Crisis - Patient COQ - Crisis - Patient in Quarantine INP - Current IP Only Site DRN - Did Not Receive Notification EXE - Executive Decision EIA - External Industrial Action ISF - Illness Self Family IIA - Internal Industrial Action IUI - Interpreter Unavailable PCS - Patient Convenience RUN - Rooms Unavailable SLC - Slot Change STE - Student Exams TRU - Test Results Unavailable THU - Transport Unavailable URG - Urgent Patient UTR - Urgent Test Results Condition: If the appointment was rescheduled then this data element is mandatory otherwise leave blank.
76	Appointment Reschedule Count	NNN	Conditional	The number of times an appointment has been rescheduled. Condition: If available, then this data element is mandatory otherwise leave blank.
77	Appointment Session Type Code	XXX	Mandatory	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. GRP - Group IND - Individual MCC - Multiple Case Conference

	Data Element	Type	Requirement	Comments
				NCE - Non-client event UNK - Unknown
78	Appointment Status Code	XX	Mandatory	The status of the scheduled appointment record, as represented by a code. PR - Processed PP - Part processed UN - Unprocessed / Unknown FU - Future appointment RS - To be rescheduled CA - Cancelled appointment
79	Appointment Status Description	[(X50)]	Optional	The description of the status of the scheduled appointment record. Condition: This data element should be provided if available in the source system, otherwise leave blank.
80	Appointment Time	HH:MM:SS	Mandatory	The time of the scheduled appointment.
81	Appointment Type Code	XXX	Mandatory	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. NEW - New FOL - Follow-up NCE - Non-Client Event / Chart Only OTH - Other UNK - Unknown
82	Appointment Update Date	DDMMYYYY HH:MM:SS	Conditional	Condition: This data element is mandatory if the appointment was subsequently updated from original appointment date, otherwise leave blank.
83	Clinic Category Code	Character	Mandatory	Appendix C – Reference Codes and Description.
84	Clinic Identifier	X[X(7)]	Mandatory	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.
85	Clinic Multidisciplinary Flag	X	Mandatory	A yes/no value indicating whether the appointment occurred in a multidisciplinary clinic. N - No Y - Yes
86	Clinic NMDS Tier 1 Code	X[X(6)]	Mandatory	The clinic type to be selected from the NMDS Tier 1 clinic list, as represented by a code.

	Data Element	Type	Requirement	Comments
				For the complete list of permitted values:- https://meteor.aihw.gov.au/content/index.phtml/itemId/531885
87	Clinic Tier 2 Classification Code	NN.NN	Mandatory	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. https://www.ihsa.gov.au/publications/tier-2-non-admitted-services-2021-22
88	Clinic Tier 2 Classification Code Opened Date	DDMMYYYY	Mandatory	The date on which the Tier 2 clinic type opened or updated for use.
89	Clinic Title	X[X(49)]	Mandatory	The descriptive title of the clinic as identified in the source information system.
90	Clinic Healthcare Provider Code	X[X(5)]	Conditional	The healthcare provider allocated to the clinic, represented by code.
91	Clinic Healthcare Provider Name	X[X(49)]	Conditional	The name of the healthcare provider allocated to the clinic.
92	Clinic Site Code	[X(6)]	Optional	The clinic sites allocated to hospitals and other health related locations or establishments by the Department of Health WA as represented by a code. Condition: this data element should be provided if available in the source system, otherwise leave blank.
93	Event Type	X[X(49)]	Conditional	Further description of appointment type. Admitted Patient Chart Review Continuing Care MPS Outpatient Primary Health Condition: Only provided by WA Country Health Service (WACHS).
94	Patient with Cancer - Ready for Care Date	DDMMYYYY	Conditional	The date, in the opinion of the treating clinician, on which a patient is ready to commence treatment. Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
95	Patient with Cancer - Ready for Care Code	XXX	Conditional	The ready for care status as represented by a code. DEF - Deferred OTH - Other RFC - Ready for care

	Data Element	Type	Requirement	Comments
				STG - Staged UNK – Unknown Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
96	Patient with Cancer— Clinical Emergency Indicator	X	Conditional	An indicator for whether the treatment required for the patient is clinically assessed as an emergency. 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 Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
97	Patient with Cancer— Intention of Treatment	XXX	Conditional	The reason why treatment is provided to a patient, as represented by a code. CUR - Curative – treatment is given for control of the disease OTH - Other PAL - Palliative – treatment is given primarily for the purpose of pain control. Other benefits of the treatment are considered secondary contributions to quality of life PRP - Prophylactic - treatment to prevent the occurrence or spread of disease UNK - Unknown Condition: if the source system collects this data element, then this is mandatory.
98	Patient with Cancer— Radiotherapy Start Date	DDMMYY	Conditional	The date on which radiotherapy treatment started. Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
99	Patient with Cancer— Primary Site of Cancer	X[X(14)]	Conditional	The site of origin of the tumour, as opposed to the secondary or metastatic sites, as represented by an ICD-10-AM code. Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
100	Community Client SLK	Character	Conditional	Link identifier Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.

	Data Element	Type	Requirement	Comments
101	Community Service Code	X(4)	Conditional	<p>The type of service provided as represented by a code.</p> <p>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 Response</p> <p>Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
102	Community Place of Care Code	X(4)	Conditional	<p>The place where palliative care was provided, as represented by a code.</p> <p>COMM - Community HACF - Residential Aged Care Facility</p> <p>Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
103	Community Phase of Care Code	X(4)	Conditional	<p>The phase of palliative care represented by a code.</p> <p>ACT - Active INACT - Inactive BV - Bereavement</p> <p>Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
104	Community Place of Death Code	X(4)	Conditional	<p>The place of death as represented by a code.</p> <p>HM - Home HOS - Hospital HOSP - Hospice OTHR - Other RCF - Residential Care Facility</p> <p>Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.</p>

	Data Element	Type	Requirement	Comments
105	Community Desired Place of Death Code	X(4)	Conditional	<p>The subsequent desired place of death nominated by the patient, represented by a code.</p> <p>HM - Home HOS - Hospital HOSP - Hospice OTHR – Other RCF – Residential Care Facility</p> <p>Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
106	Community Service Received Code	X(4)	Conditional	<p>The service received by the patient, represented by a code.</p> <p>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 CCN - 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</p>

	Data Element	Type	Requirement	Comments
				Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
107	Community Duration	X(8)	Conditional	Duration, in minutes, of service event. Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
108	Community Travel Time	X(8)	Conditional	The travel time, in minutes, healthcare provider associated with the appointment. The time taken to travel from previous client's location to current client's location. Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
109	Community Desired Place of Death 1st Assessment Code	X(4)	Conditional	The desired place of death nominated by the patient at their first assessment, represented by a code HM – Home HOS – Hospital HOSP – Hospice OTHR – Other RCF – Residential Care Facility Condition: if the source system collects this data element, then this is mandatory otherwise leave blank.
110	Record Change Type	X	Mandatory	The type of change made to the record. I – Insert U – Update
111	Record Type	XXX	Mandatory	The type of record. REF – Referral APP – Appointment RES – Reschedule CAN – Cancellation
112	System Extracted Date	YYYY-MM-DD HH:MM:SS	Mandatory	The system date on which the patient appointment information was extracted from the source patient administration system.
113	System Updated Date	YYYY-MM-DD HH:MM:SS	Mandatory	The system 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.
114	System Loaded Date	YYYY-MM-DD HH:MM:SS	Mandatory	The system date on which the patient record was loaded into the data collection.

	Data Element	Type	Requirement	Comments
115	System Record Identifier	X[X(49)]	Optional	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.

No Longer Applicable.
Superseded on 1 July 2022.

Appendix C – Reference Codes and Description

Data Element	Permitted Value	Description
Referral Category Codes	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	Multidisc Foot Ulcer
	MMH	Mind and Mental Health
	MPS	Midland Psychiatric Geriatric
	MTO	Major Trauma Outcome
	NEO	Neonatology
	NES	Neurosurgery
	NEU	Neurology
	NCE	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

Data Element	Permitted Value	Description
	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
	SPR	Speech Pathology
	SPJ	Spinal Injury
	STM	Stomal Therapy
	URO	Urology
	VAS	Vascular
	VTE	Vasc Tech Service
	WOU	Wounds Dressings Mgt
	YCS	Youth Cancer Service

Appendix D – Summary of revisions

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

No Longer Applicable.
Superseded on 1 July 2022.

No Longer Applicable.
Superseded on 1 July 2022.

Produced by:
Information and Performance Governance
Information and System Performance Directorate
Purchasing and System Performance Division
The Department of Health Western Australia

Ref: F-AA-74148
Mandatory Policy: MP 0164/21

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