



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

Non-Admitted Patient Data Collection Data Dictionary

July 2023

No Longer Applicable.
Superseded 1 July 2024.

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

**No Longer Applicable.
Superseded 1 July 2024.**

Contents

Abbreviations	1
Purpose.....	2
Background	2
Recording of data.....	2
Data definitions	2
Aboriginal Status	3
Appointment Account Number	4
Appointment Attendance Code	5
Appointment Cancellation Code.....	7
Appointment Cancellation Date	8
Appointment Care Type Code.....	9
Appointment Client Type Code	10
Appointment Date	11
Appointment Delivery Mode Code.....	12
Appointment Delivery Setting Code	14
Appointment Diagnosis Code.....	15
Appointment Diagnosis Type	16
Appointment Event Type	17
Appointment First Offered Date.....	18
Appointment Funding Source Code	19
Appointment Healthcare Provider Code	20
Appointment Healthcare Provider Name	21
Appointment Non-Attendance Reason Code	22
Appointment Outcome Code	23
Appointment Patient Arrival Time.....	25
Appointment Patient Seen Time.....	26
Appointment Payment Classification Code	27
Appointment Preferred Date.....	30
Appointment Program Code.....	31
Appointment Reason for Reschedule Code	32
Appointment Reschedule Count.....	33
Appointment Session Type Code.....	34
Appointment Status Code	35
Appointment Status Description	36
Appointment Time	37
Appointment Type Code	38
Appointment Update Date	39
Australian Postcode	40
Australian State or Country of Birth	42
Clinic Category Code	43
Clinic Healthcare Provider Code	47
Clinic Healthcare Provider Name	48
Clinic Identifier.....	49
Clinic Multidisciplinary Flag	50
Clinic NMDS Tier 1 Code	52
Clinic Site Code.....	54
Clinic Tier 2 Classification Code.....	55
Clinic Tier 2 Classification Code Opened Date	56
Clinic Title.....	57
Community Client SLK	58

No Longer Applicable.
Superseded 1 July 2024.

Community Desired Place of Death 1st Assessment Code	59
Community Desired Place of Death Code.....	60
Community Duration	61
Community Phase of Care Code.....	62
Community Place of Care Code.....	63
Community Place of Death Code.....	64
Community Service Code.....	65
Community Service Received Code.....	66
Community Travel Time	67
Concession Card Type Code	68
Date of Birth	69
Date of Death	70
Death Notification Code	71
Department of Veterans' Affairs Card Colour Code	72
Department of Veterans' Affairs File Number.....	73
Establishment Code	74
Establishment Site Code.....	75
Family Name.....	76
First Given Name	77
Gender Code.....	78
Interpreter Required	80
Marital Status	81
Medicare Card Number	82
Patient Secondary Identifier	83
Patient With Cancer Ready For Care Code	84
Patient With Cancer Ready For Care Date	85
Patient With Cancer Clinical Emergency Indicator.....	86
Patient With Cancer Intention of Treatment	87
Patient With Cancer Primary Site of Cancer	88
Patient With Cancer Radiotherapy Start Date.....	89
Phone Number 1	90
Phone Number 2	91
Postal Address 1	92
Postal Address 2	93
Postal Postcode	94
Postal State or Territory	95
Postal Suburb.....	96
Record Type.....	97
Referral Account Number.....	98
Referral Account Number 2.....	99
Referral Category Code	100
Referral Created Date	103
Referral Closed Date.....	104
Referral Entered By.....	105
Referral Entered Date	106
Referral Priority Code.....	107
Referral Reason Code	108
Referral Reason for Closure Code	109
Referral Received Date	110
Referral Source Code	111
Referral Status Code.....	113
Referral Updated Date	114
Referring Healthcare Provider Name	115
Residential Address 1	116

**No Longer Applicable.
Superseded 1 July 2024.**

Residential Address 2 117

Residential Status Code..... 118

Second Given Name 120

Sex recorded at birth..... 121

State or Territory 123

Suburb 124

Related national definition..... 125

System Extracted Date 126

System Record Identifier 127

System Updated Date 128

Unit Medical Record Number 129

Appendix A – Summary of revisions 130

No Longer Applicable.
Superseded 1 July 2024.

Abbreviations

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

No Longer Applicable.
Superseded 1 July 2024.

Purpose

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

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

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

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

Background

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

Recording of data

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

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

Data definitions

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

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

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

Aboriginal Status

Field name:	aboriginal_status_code
Source data element(s):	Indigenous Status (webPAS)
Definition:	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.
Requirement status:	Mandatory
Data type:	String
Format:	N
Permitted values:	1 - Aboriginal but not Torres Strait Islander origin 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

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

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

Examples

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

Related national definition

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

Appointment Account Number

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

Guide for use

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

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

**No Longer Applicable -
Superseded 1 July 2024**

Appointment Attendance Code

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

Guide for use

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

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

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

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

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Cancellation Code

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

Guide for use

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

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

Appointment Cancellation Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Care Type Code

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

Guide for use

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

Related national definition

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

Appointment Client Type Code

Field name:	appointment_client_type_code
Source data element(s):	Patient Type (webPAS)
Definition:	The type of patient at the time of the appointment, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	XX
Permitted values:	CC - Continuing Care 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.

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Date

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

Guide for use

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

Related national definition

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Delivery Mode Code

Field name:	appointment_delivery_mode_code
Source data element(s):	Service Delivery Mode (webPAS)
Definition:	The method of communication between a patient and a healthcare provider during the appointment, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	XXX
Permitted values:	CLP - Client Present (face to face) ELE - Electronic (e.g. Email, SMS) GCP - Group Client Present (face to face) HOM - Home Visit MCC - Multidisciplinary Case Conference - patient 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

Guide for use

In person

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

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

Telephone

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

Telehealth

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

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

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

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

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

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

Electronic

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

Postal or courier service

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

Patient self-administered

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

Multidisciplinary case conference where the patient is not present

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

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

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

Other

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

Related national definition

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

Appointment Delivery Setting Code

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

Guide for use

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

This code includes:

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

Related national definition

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

No Longer Applicable.
Superseded 1 July 2024.

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).

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Diagnosis Type

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Event Type

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

Guide for use

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

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

**No Longer Applicable:
Superseded 1 July 2024.**

Appointment First Offered Date

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

Guide for use

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

Related national definition

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

No Longer Applicable.
Superseded 1 July 2024.

Appointment Funding Source Code

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

Guide for use

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

Australian Health Care Agreements –

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

Correctional Facility –

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

Reciprocal Health Care Agreement –

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

Detainee –

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

Related national definition

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

Appointment Healthcare Provider Code

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

Guide for use

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

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Healthcare Provider Name

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Non-Attendance Reason Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Outcome Code

Field name:	appointment_outcome_code
Source data element(s):	Outcome (webPAS)
Definition:	The outcome of the appointment, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	[XXX]
Permitted values:	ADM - Admit to Ward ARV - Arrived CAN - Cancelled CON - Chart Only COU - Counselling of relatives DEC - Deceased in Clinic DIE - Deceased DIS - Discharge from Clinic NSP - Not Specified PAE - Patient Arrived in Error PAL - Patient Late Not Seen PLN - Patient Left Not Seen PDA - Patient Did Not Attend PRI - Private Referral RAS - Refer 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 Inpatient Waitlist UNK - Unknown

Guide for use

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

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

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

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

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

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

Related national definition

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

Appointment Patient Arrival Time

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Patient Seen Time

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Payment Classification Code

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

Guide for use

This is a mandatory item for national reporting.

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

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

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

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

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

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

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

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

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

Further details on permitted values are below:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Examples

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

Related national definition

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

Appointment Preferred Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

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:	<p>BRE - Breast Services</p> <p>CHD - Child Development</p> <p>CPH - Community Physiotherapy Service</p> <p>CRE - Community Rehabilitation</p> <p>DAE - Diabetes Education</p> <p>DIS - Disability</p> <p>DTU - Day Therapy Unit</p> <p>EME - Emergency Department</p> <p>HAE - Haematology</p> <p>HNV - Health Navigator</p> <p>ICS – Integrated Cancer Service</p> <p>MED - Medical</p> <p>NAP - Not Applicable</p> <p>NDS - National Disability Insurance Scheme Registered</p> <p>NSP - Not specified</p> <p>ONC - Oncology</p> <p>PAL - Palliative Care</p> <p>PAR - Post-admission Rehabilitation</p> <p>REM - Renal Medicine</p> <p>SCL - Stroke Clinic</p> <p>SCC - Stroke Community</p> <p>SUR - Surgical</p> <p>TRC - True Care True Culture</p> <p>VGE - Visiting Geriatrician</p> <p>VGS - Visiting Geriatrician Support Service</p>

Guide for use

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

Appointment Reason for Reschedule Code

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Session Type Code

Field name:	appointment_session_type_code
Source data element(s):	N/A
Definition:	Whether the appointment was provided to an individual or a group or was non-client related.
Requirement status:	Mandatory
Data type:	String
Format:	XXX
Permitted values:	GRP - Group IND - Individual MCC - Multidisciplinary 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.

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

Related national definition

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

Appointment Status Code

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

Guide for use

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

Related national definition

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Status Description

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

Guide for use

The description of the status of the scheduled appointment record.

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Time

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Appointment Type Code

Field name:	appointment_type_code
Source data element(s):	Visit Type (webPAS)
Definition:	Whether the scheduled appointment is for a new problem not previously addressed at the same clinical service or for the follow-up of a problem that has been addressed at a previous appointment at the same clinical service, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	XXX
Permitted values:	NEW - New FOL - Follow-up NCE - Non-Client Event/Chart Only NSP - Not Specified 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 or Chart Only refers to an appointment time that a clinician has set aside to review a patient's chart, without the patient being present. This type of appointment does not meet the criteria for a non-admitted patient service event since there is no interaction between the clinician and the patient. Appointments with a Delivery Mode of MCC (Multidisciplinary case conference – patient not present) are the exception to this rule and are in the scope of a non-admitted patient service event.

No Longer Applicable.
Superseded 1 July 2024.

Appointment Update Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Australian Postcode

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

Guide for use

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

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

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

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

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

Do not submit Post Office box postcodes with residential addresses.

Examples

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

Related national definition

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

No Longer Applicable.
Superseded 1 July 2024.

Australian State or Country of Birth

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

Guide for use

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

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

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

Examples

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

Related national definition

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

Clinic Category Code

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

No Longer Applicable.
Superseded 1 July 2024.

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

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

Guide for use

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

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

clinic type and care type.

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

- PSG, PSY or PYO.

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

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

Related national definition

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

**No Longer Applicable.
Superseded 1 July 2024.**

Clinic Healthcare Provider Code

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

Guide for use

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

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

**No Longer Applicable.
Superseded 1 July 2024.**

Clinic Healthcare Provider Name

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Clinic Identifier

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Clinic Multidisciplinary Flag

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

Guide for use

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

1. There are three or more team members and the care provided by each healthcare provider is unique and is illustrated by:
 - a. all members being of the same profession (medical, nursing or allied health) but each having a different specialty, or
 - b. team members being of a different profession (medical, nursing or allied health) but may have the same or a different specialty.
2. Care is provided at the clinic on the same day, by multiple (three or more) healthcare providers, who collaborate to assess and make treatment recommendations that facilitate high quality patient care.
3. There is direct interaction between the patient and the healthcare providers.
4. The clinic has been set up using the single service event method.

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

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

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

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

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

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

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

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

Related national definition

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

No Longer Applicable.
Superseded 1 July 2024.

Clinic NMDS Tier 1 Code

Field name:	clinic_nmdds_tier1_code
Source data element(s):	NMDS Code (webPAS)
Definition:	The clinic type to be selected from the NMDS Tier 1 clinic list, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	X(7)
Permitted values:	For the complete list of permitted values, refer to the METeOR data item: Clinic - outpatient clinic Tier 1 type code

Guide for use

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

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

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

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

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

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

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

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

**No Longer Applicable.
Superseded 1 July 2024.**

Clinic Site Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Clinic Tier 2 Classification Code

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

Guide for use

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

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

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

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

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

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

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

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

Related national definition

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

Clinic Tier 2 Classification Code Opened Date

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

**No Longer Applicable.
Superseded 1 July 2024.**

Clinic Title

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Client SLK

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Desired Place of Death 1st Assessment Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Desired Place of Death Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Duration

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Phase of Care Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Place of Care Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Place of Death Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Community Service Code

Field name:	comm_service_code
Source data element(s):	N/A
Definition:	The type of service provided as represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	[XXXX]
Permitted values:	CNU - Community Nursing 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 is Silver Chain, then this data element is mandatory otherwise leave blank.

**No Longer Applicable.
Superseded 1 July 2024.**

Community Service Received Code

Field name:	comm_service_received_code
Source data element(s):	N/A
Definition:	The service received by the patient, represented by a code.
Requirement status:	Conditional
Data type:	String
Format:	[XXXX]
Permitted values:	AHF - Allied Health Face-to-face 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 is Silver Chain, then this is data element is mandatory otherwise leave blank.

Community Travel Time

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Concession Card Type Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Date of Birth

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

Guide for use

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

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

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/237007>

No Longer Applicable.
Superseded 1 July 2024.

Date of Death

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

Guide for use

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

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

**No Longer Applicable.
Superseded 1 July 2024.**

Death Notification Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

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

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

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

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

Examples

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

NO Longer Applicable
Superseded 1 July 2024

Department of Veterans' Affairs File Number

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

Guide for use

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

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

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

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

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

No Longer Applicable
Superseded 1 July 2024

Establishment Code

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

Guide for use

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

Establishment codes are assigned by the Department of Health and a list of valid establishments is provided in the [Establishment Code List](#)

Examples

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

Related national definition

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

No Longer Applicable
Superseded 1 July 2024

Establishment Site Code

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Family Name

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

Guide for use

The collection of Family Name is mandatory.

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

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

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

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

Numeric values are not permitted.

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

Examples

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

Related national definition

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

First Given Name

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

Guide for use

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

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

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

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

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

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

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

Examples

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

Related national definition

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

Gender Code

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

Guide for use

The collection of Gender is mandatory.

Gender includes the following concepts:

- Gender identity is about who a person feels themselves to be.
- Gender expression is the way a person expresses their gender. A person's gender expression may vary depending on the context, for instance, expressing different genders at work and at home.
- Gender experience describes a person's alignment with the sex recorded for them at birth i.e. a cis experience or a trans experience.

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

When comparing the concepts of sex and gender:

- Sex is understood in relation to sex characteristics.
- Gender is about social and cultural differences in identity, expression and experience.

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

Examples

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

Related national definition

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

**No Longer Applicable.
Superseded 1 July 2024.**

Interpreter Required

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

Examples

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

No Longer Applicable
Superseded 1 July 2024

Marital Status

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

Guide for use

Marital status is mandatory.

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

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

Examples

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

Related national definition

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

Medicare Card Number

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

Guide for use

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

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

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

Examples

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

Related national definition

<https://meteor.aihw.gov.au/content/index.php/itemId/270101>

Patient Secondary Identifier

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

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 patient has a diagnosis, then this field is mandatory otherwise leave blank.

**No Longer Applicable.
Superseded 1 July 2024.**

Patient With Cancer Ready For Care Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Patient With Cancer Clinical Emergency Indicator

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Patient With Cancer Intention of Treatment

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

Guide for use

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

Curative

Treatment is given for control of the disease.

Other

An alternate option is necessary.

Palliative

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

Prophylactic

Treatment to prevent the occurrence or spread of disease.

No Longer Applicable.
Superseded 1 July 2024.

Patient With Cancer Primary Site of Cancer

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Patient With Cancer Radiotherapy Start Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Phone Number 1

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

**No Longer Applicable.
Superseded 1 July 2024.**

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 1 July 2024.**

Postal Address 1

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

**No Longer Applicable.
Superseded 1 July 2024.**

Postal Address 2

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

**No Longer Applicable.
Superseded 1 July 2024.**

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

**No Longer Applicable.
Superseded 1 July 2024.**

Postal State or Territory

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

**No Longer Applicable.
Superseded 1 July 2024.**

Postal Suburb

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

No Longer Applicable.
Superseded 1 July 2024.

Record Type

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

Guide for use

The Record Type is used during the load process.

**No Longer Applicable.
Superseded 1 July 2024.**

Referral Account Number

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

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 1 July 2024.

Referral Category Code

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

No Longer Applicable.
Superseded 1 July 2024.

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

No Longer Applicable.
 Superseded 1 July 2024.

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

Guide for use

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

Referral Created Date

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

Guide for use

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

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

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

Related national definition

<https://meteor.aihw.gov.au/content/index.phtml/itemId/536448>

No Longer Applicable.
Superseded 1 July 2024.

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.

**No Longer Applicable.
Superseded 1 July 2024.**

Referral Entered By

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Referral Entered Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Referral Priority Code

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

Guide for use

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

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

**No Longer Applicable.
Superseded 1 July 2024.**

Referral Reason Code

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

Guide for use

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

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

No Longer Applicable.
Superseded 1 July 2024.

Referral Reason for Closure Code

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

Guide for use

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

Examples

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

No Longer Applicable
Superseded 1 July 2024

Referral Received Date

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

Guide for use

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

Eg. when a referral is transferred to another site.

Related national definition

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

**No Longer Applicable.
Superseded 1 July 2024.**

Referral Source Code

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

No Longer Applicable.
Superseded 1 July 2024.

Guide for use

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

Local codes are mapped to national codes for reporting purposes.

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

No Longer Applicable.
Superseded 1 July 2024.

Related national definition

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

Referral Status Code

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

Guide for Use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Referral Updated Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Referring Healthcare Provider Name

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

Guide for use

The name of the referring healthcare provider.

**No Longer Applicable.
Superseded 1 July 2024.**

Residential Address 1

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

Guide for Use

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

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

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

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

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

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

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

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

Examples

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

Residential Address 2

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Residential Status Code

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

Guide for use

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

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

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

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

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

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

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

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

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

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

**No Longer Applicable.
Superseded 1 July 2024.**

Second Given Name

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

Guide for use

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

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

Examples

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

No Longer Applicable.
Superseded 1 July 2024.

Sex recorded at birth

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

Guide for use

The collection of Sex is mandatory.

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

- Sex is understood in relation to sex characteristics.
- Gender is about social and cultural differences in identity, expression and experience.

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

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

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

Examples

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

Related national definition

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

No Longer Applicable.
Superseded 1 July 2024.

State or Territory

Field name:	state_code
Source data element(s):	N/A
Definition:	The state or territory of usual residence of a patient, as represented by a code.
Requirement status:	Mandatory
Data type:	String
Format:	XXX
Permitted values:	NSW - New South Wales 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).

Related national definition

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

No Longer Applicable.
Superseded 1 July 2024.

Suburb

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

Guide for use

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

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

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

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

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

Patients with no fixed permanent address - these patients must have NFPA recorded as their residential suburb.

Unknown residential address - these patients must have 'unknown' recorded as their residential suburb.

Prisoners - these patients must have the prison suburb recorded as their residential suburb.

Residential Aged Care Patients - these patients must have the nursing home or hostel's suburb recorded as their residential suburb.

Overseas patients must have their Country recorded as their residential suburb and the postcode of 8888.

Examples

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

Related national definition

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

No Longer Applicable.
Superseded 1 July 2024.

System Extracted Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

System Record Identifier

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

**No Longer Applicable.
Superseded 1 July 2024.**

System Updated Date

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

Guide for use

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

**No Longer Applicable.
Superseded 1 July 2024.**

Unit Medical Record Number

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

Guide for use

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

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

Related national definition

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

No Longer Applicable
Superseded 1 July 2024

Appendix A – Summary of revisions

Date Released	Author	Approval	Amendment
1 July 2021	Lorinda Bailey	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created.
1 July 2022	Lorinda Bailey Shani Shiham Rachael McGuire Clarecia Rose	Rob Anderson, Assistant Director General, Purchasing and System Performance	<p>Changes have been made to Grammar and wording in the Definition, Permitted value and Guide for use of several data items for clarity purposes.</p> <p>Some Permitted values have been removed and others have been added, in order to bring the data elements further in line with field allocations. The hyperlinks in the document have been verified. The Requirement status in some instances has been updated in line with the nature of the data item. Where applicable, the Guide for use has been elaborated on and any superseded information removed.</p> <p>The Permitted values have been altered for:</p> <ul style="list-style-type: none"> -Sex -Interpreter Required -Residential Status Code -Medicare Card Number -Referral Reason for Closure Code -Referral Source Code -Appointment Cancellation Code -Appointment Care Type Code -Appointment Delivery Mode Code -Appointment Outcome Code -Appointment Reason for Reschedule Code -Clinic Multidisciplinary Flag <p>The Requirement status has been updated for:</p> <ul style="list-style-type: none"> -Residential Address 2 -Phone Number 1 -Concession Card Type -Referral Created Date -Referral Entered By -Referral Entered Date -Referral Update Date -Appointment Funding Source Code -Appointment Level Tier 2 -Classification Code -Appointment Preferred Date <p>Deleted Event Type as duplicate of Appointment Event Type.</p>

No Longer Applicable
Superseded 1 July 2024

1 July 2023	Daniel Bonner Rachael McGuire	Rob Anderson, Assistant Director General, Purchasing and System Performance	<p>Changes have been made to Grammar and wording in the Definition, Permitted value, Field name, Data type and Guide for use of several data items for clarity purposes.</p> <p>Some Permitted values have been removed and others have been added, in order to bring the data elements further in line with field allocations. The hyperlinks in the document have been verified. Where applicable, the Guide for use has been elaborated on and any superseded information removed. Input Source data element names have been added for some webPAS fields.</p> <p>The Permitted values have been altered for:</p> <ul style="list-style-type: none"> -Appointment Delivery Mode Code -Appointment Outcome Code -Appointment Reason for Reschedule Code -Appointment Status Description -Clinic Category Code -Concession Card Type Code -Referral Category Code -Residential Status Code <p>Data Elements that have been added to the collection are:</p> <ul style="list-style-type: none"> -Gender Code <p>Data Elements that have been removed are:</p> <ul style="list-style-type: none"> -Appointment Level Tier 2 Classification Code -Record Change Type -System Loaded Date <p>The Requirement status has been updated for:</p> <ul style="list-style-type: none"> -Appointment Attendance Code -Appointment Status Description -Record Type -Referral Entered By -Referral Entered Date -Referral Created Date <p>Data Elements added as missing:</p> <ul style="list-style-type: none"> -Appointment First Offered Date
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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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