Government of Western Australia
Department of Health

Patient Activity Data Policy

Information Compendium

July 2026

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Abbreviations

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

PSOLIS	Psychiatric Services On-line Information System
SANADC	Subacute and Non-acute Data Collection
SSCD	State-wide Standardised Clinical Documentation
VCC	Virtual Care Connect
WA	Western Australia
WACCA	WA Clinical Coding Authority
webPAS	Web-based Patient Administration System

1. Purpose

The Patient Activity Data Policy Information Compendium is a supporting document in MP 0164/21 *Patient Activity Data Policy*. The purpose of the compendium is to provide context, background information and resources to assist stakeholders comply with the mandated requirements in the Patient Activity Data Policy. The compendium is not mandatory unless the requirement is mandated in the policy.

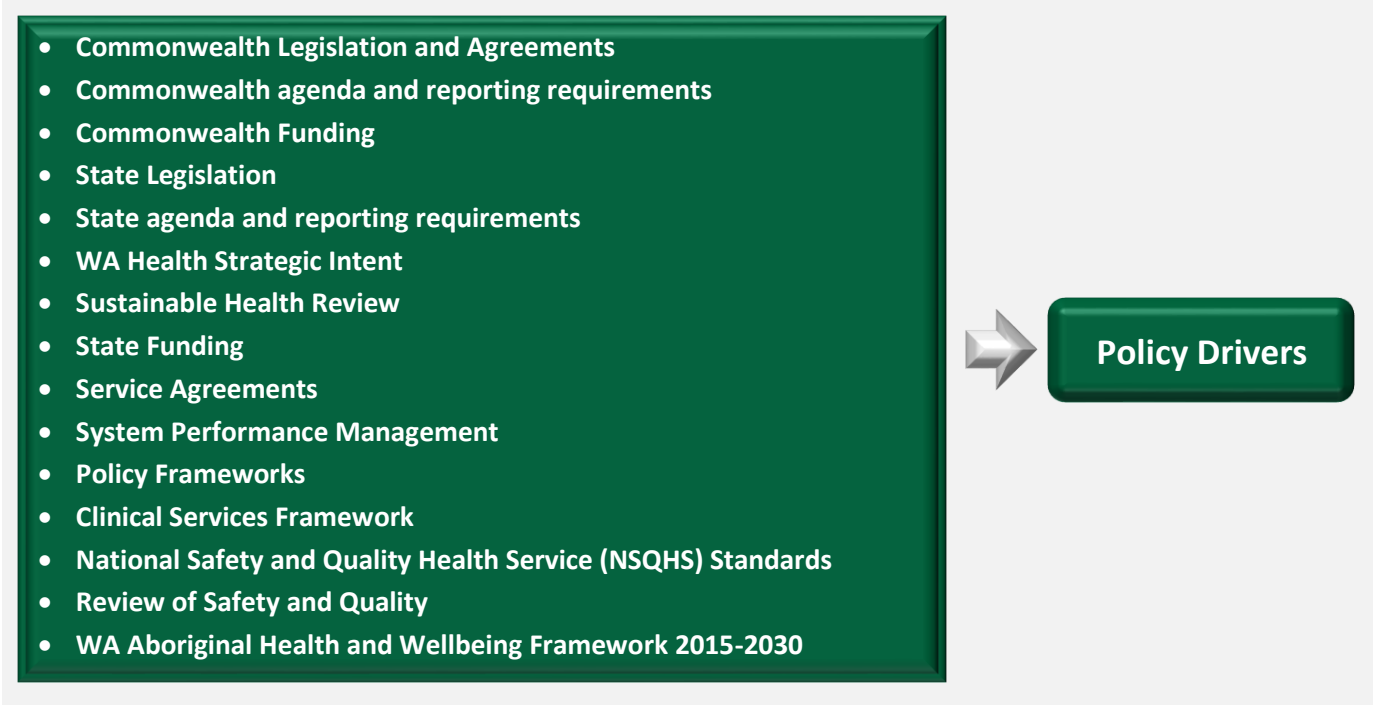
2. Introduction

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

3. Policy Drivers

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

Figure 1: Key Policy drivers



3.1 Legislative Framework

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

- *Children and Community Services Act 2004*
- *Commonwealth Privacy Act 1988 (Australian Privacy Principles)*
- *Coroners Act 1996*
- *Corruption, Crime and Misconduct Act 2003*
- *Criminal Code Act Compilation Act 1913*
- *Data Availability and Transparency Act 2022*
- *Electronic Transactions Act 2011*
- *Evidence Act 1906, Acts Amendment (Evidence) Act 2000*
- *Freedom of Information Act 1992*
- *Freedom of Information Regulations 1993*
- *Health (Miscellaneous Provisions) Act 1911*
- *Health and Disability Services (Complaints) Act 1995*
- *Health Services Act 2016* and *Health Services (Information) Regulations 2017*
- *Human Reproductive Technology Act 1991*
- *Medicines and Poisons Act 2014*
- *Mental Health Act 2014*
- *National Health and Medical Research Council Act 1992*
- *Privacy and Responsible Information Sharing Act 2024*
- *Private Hospital and Health Services Act 1927*
- *Public Health Act 2016*
- *State Records Act 2000*

3.2 WA Health Strategic Intent

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

3.3 Sustainable Health Review

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

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

- Recommendation 6(b) - Immediate transparent public reporting of patient outcomes and experience.

- Recommendation 11 (a),(b) - Improve timely access to outpatient services through: a) Moving routine, non-urgent and less complex specialist outpatient services out of hospital settings in partnership with primary care; b) Requiring all metropolitan Health Service Providers to progressively provide telehealth consultations for 65 per cent of outpatient services for country patients by July 2022.
- Recommendation 15 - Improve the interface between health, aged care and disability services to enable care in the most appropriate setting and to ensure people do not fall between the gaps.
- Recommendation 16 - Establish a systemwide high value health care partnership with consumers, clinicians and researchers to reduce clinical variation and ensure only treatments with a strong evidence base and value are funded.
- Recommendation 17 - Implement a new funding and commissioning model for the WA health system from July 2021 focused on quality and value for the patient and community, supporting new models of care and joint commissioning.
- Recommendation 21 - Invest in analytical capability and transparent, real-time reporting across the system to ensure timely and targeted information to drive safety and quality, to support decision making for high value healthcare and innovation, and to support patient choice.

3.4 State government priorities and desired outcomes

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

The OBM Framework describes how outcomes, services and Key Performance Indicators (KPIs) are used to measure WA health system performance. The OBM KPIs measure the effectiveness and efficiency of the services delivered against agreed State Government priorities and desired outcomes. Treasurer's Instruction 3 (Financial Sustainability – Key Performance Indicators) requires Under Treasurer mandated OBM KPIs to be reported in the annual reports.

A full list of OBM KPIs for the WA health system are listed in the System Performance Policy Framework. Patient activity data is a key element in a large number of OBM KPIs.

3.5 Public health and pandemic response strategy

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

3.6 Commonwealth Funding

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

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

funding to the State.

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

3.7 State Funding

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

3.8 Service Agreements

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

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

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

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

3.9 System Performance Management

The MP 0111/19 *Performance Management Policy* in the System Performance Policy Framework is the system performance management component of the Service Agreements.

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

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

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

3.10 Clinical Services Framework

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

3.11 Review of Safety and Quality

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

3.12 Aboriginal Health and Wellbeing

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

3.13 Other Policy Drivers

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

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

4. Patient Activity Data Policy

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

4.1 Business Rules

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

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

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

4.1.1 Scope of Business Rules

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

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

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

4.2 Data Collection Data Specifications

Data Collection Data Specifications are related documents in the Patient Activity Data Policy and must be complied with as part of the requirements of the mandatory policy. The data specifications mandate the reporting requirements for WA health entities.

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

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

4.3 Data Collection Data Dictionaries

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

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

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

5. Data Collections

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

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

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

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

5.1 Hospital Morbidity Data Collection

5.1.1 Overview

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

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

5.1.2 Governance

The HMDC is classified as a systemwide information asset.

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

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

5.1.3 Contact Information

Queries relating to the HMDC should be forwarded to:

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

For queries relating to clinical coding, please refer to Section 6.1.

5.1.4 Data Validations

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

For more information, refer to the Hospital Morbidity Data Collection Data Validation Manual.

5.2 Elective Services Wait List Data Collection

5.2.1 Overview

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

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

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

- all elective surgery procedures with a Commonwealth data reporting requirement, as defined by the AIHW.
- non-reportable (to the Commonwealth) procedure groups, which do not meet the above definition of elective surgery, include:
    - gastroscopy
    - colonoscopy
    - hepatobiliary endoscopy
    - endovascular procedures
    - interventional cardiac procedures
    - organ/tissue transplant
    - dental procedures requiring admission.
- all elective 'cosmetic' or 'excluded' procedures performed in the public system for approved medical reasons (see *MP 0169/21 Elective Services Access and Management Policy* for more information)

5.2.2 Governance

The ESWLDC is classified as a systemwide information asset.

The delegated governance roles for the ESWLDC are:

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

5.2.3 Contact Information

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

5.3 Subacute and Non-Acute Data Collection

5.3.1 Overview

The Subacute and Non-Acute Data Collection (SANADC) facilitates the collection of necessary publicly funded admitted subacute and non-acute care information for the purposes of planning, allocating, and evaluating health services within Western Australia.

The SANADC is a specialised repository that captures essential clinical and non-clinical information for patients receiving the following types of admitted care:

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

The repository was established to collect detailed information specific to subacute and non-acute care clinical assessment data. This information supports the measurement of the quality and effectiveness of inpatient subacute and non-acute programs, and plays an integral role in the allocation of an Australian National Subacute and Non-acute Patient (AN-SNAP) classification for each subacute and non-acute episode of care.

The SANADC receives data from multiple clinical information sources. Core demographic, admission, discharge and morbidity information are sourced from the Hospital Morbidity Data Collection (HMDC).

Additional subacute and non-acute specific information is sourced from specialised systems, including:

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

5.3.2 Governance

The SANADC is classified as a systemwide information asset.

The delegated governance roles for the SANADC are:

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

5.3.3 Contact Information

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

5.4 Emergency Department Data Collection

5.4.1 Overview

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

The following data sources contribute data to this collection:

- Emergency Department Information System (EDIS)
- Web-based Patient Administration System (webPAS)
- St John of God Midland (webPAS)
- WA Virtual Emergency Department – Virtual Care Connect (VCC)

5.4.2 Governance

The EDDC is classified as a systemwide information asset.

The delegated governance roles for the EDDC are:

EDDC Steward	Deputy Director General, Purchasing and System Performance
EDDC Custodian	Principal Data Management Officer, IPG
EDDC Administrator	Data and Information Systems, ISPD

5.4.3 Contact Information

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

5.4.4 Data Validations

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

For more information, refer to the Emergency Department Data Collection Data Validation Manual.

5.5 Mental Health Data Collection

5.5.1 Overview

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

Mental Health Information System (MHIS)

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

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

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

Mental Health Information Data Collection (MIND)

MIND replaced the MHIS from December 2017.

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

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

The initial development of MIND included:

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

Ongoing development work of the data collection will see the capture of additional data from PSOLIS into MIND, currently this includes more data relating to:

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

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

The following data sources contribute data to this collection:

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

5.5.2 Governance

The MHDC is classified as a systemwide information asset.

The delegated governance roles for the MHDC are:

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

5.5.3 Contact Information

Queries relating to the MHDC should be forwarded to mentalhealthdata@health.wa.gov.au.

5.5.4 Data validations

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

For more information, refer to the Mental Health Information Data Collection Data Validation Manual.

5.6 Non-Admitted Data Collection

5.6.1 Overview

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

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

The following data sources contribute data to this collection:

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

5.6.2 Governance

The NADC is classified as a systemwide information asset.

The delegated governance roles for the NADC are:

NADC Steward	Deputy Director General, Purchasing and System Performance
NADC Custodian	Principal Data Management Officer, IPG
NADC Administrator	Data and Information Systems, ISPD

5.6.3 Contact Information

Queries relating to the NADC should be forwarded to NADCData@health.wa.gov.au.

5.6.4 Data Validations

Data validations for NADC data are performed by the Quality and Assurance team within the Information and Performance Governance Unit at the Department of Health. For more information, refer to the Non-Admitted Data Collection Data Validation Manual.

5.7 Non-Admitted Dental Data Collection

5.7.1 Overview

The NADDC is a collection of patient level information of publicly funded outpatient and community dental services across Western Australia. It has been designed to enable ongoing monitoring and evaluation of dental services and to meet Activity-Based Funding reporting requirements. The collection includes a waitlist dataset and an activity dataset.

The NADDC has been created to meet the endorsed State action from the 2011 Clinical Senate, which reads:

> *WA Health must provide information systems to collect and analyse oral health service data such that the service data is included in the WA Health data collections and is used for oral health service improvement.*

5.7.2 Governance

The NADDC is classified as a systemwide information asset.

The delegated governance roles for the NADDC are:

NADDC Steward	Deputy Director General, Purchasing and System Performance
NADDC Custodian	Principal Data Management Officer, IPG
NADDC Administrator	Data and Information Systems, ISPD

5.7.3 Contact Information

Queries relating to the NADDC should be forwarded to NADCData@health.wa.gov.au.

6. Quality and Assurance

The Quality and Assurance Team oversee the quality and integrity of data that is managed within the WA Department of Health. It is comprised of the following three branches:

- Clinical Classification
- Data Quality
- Health Information Audit

6.1 Clinical Coding

The Western Australian Clinical Coding Authority (WACCA) sits within the Clinical Classification branch.

The Western Australian Clinical Coding Authority:

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

6.1.1 Contact Information

Refer to the WA Clinical Coding Authority website for more information.

6.2 Data Quality

The Data Quality Team (DQT) works closely with the Data Custodians and Health Service Providers to improve the quality of data housed within the ISPD.

The DQT, pursuant to the section 20(n) of the *Health Services Act 2016*, under the authority of the Director General, is authorised to validate data provided by health service providers.

The Data Quality Role Statement outlines the scope of the quality and assurance processes undertaken by DQT and the principles used when conducting data quality activities.

6.2.1 Contact Information

Queries relating to the DQT should be forwarded to Royalst.DataQuality@health.wa.gov.au

6.3 Health Information Audit

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

The HIAT oversees the Health Information Audit Program which verifies the quality of patient activity data reported to the Department of Health through objective assurance. Additionally, the HIAT is tasked with developing and maintaining an audit framework and assessing the compliance of WA health entities with information management policies and relevant statutory requirements.

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

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

6.3.1 Contact information

The HIAT can be contacted via HealthInformationAudit@health.wa.gov.au.

7. Reference Documents

7.1 Reference Code Lists

The reference code lists below outline valid codes accepted for reporting data:

- WA Health Establishment List
- WA Health Clinician Specialty List
- WA Health State and Country List
- WA Health Language List

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

Same-day ACHI procedure codes are available from the WA Clinical Coding Authority website.

7.3 Supplementary Information

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

- Palliative Care: Supplementary Care Type Information
- Contracted Care Supplementary Information

8. Annual Changes

MP 0164/21 *Patient Activity Data Policy* is reviewed each year, to ensure that patient activity data:

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

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

9. Definitions

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

Term	Definition
Audit	The independent examination of source data against reported patient activity to assess compliance with mandatory policies in the Information Management Framework.
Contracted Health Entity	A non-government entity that provides health services to the State under a contract or other agreement entered into with – (a) a Health Service Provider; or (b) the Department CEO, the Minister or the Premier on behalf of the State.
Custodian	A custodian manages the day-to-day operations of the information asset(s), and implements policy on behalf of the Steward and Sponsor.
Data Collection	Refer to Information Asset
Data Dictionary	A Data Dictionary provides detailed metadata for the data elements included in the Data Specifications, including definition, field name, format and data type and links to national standards for each data element.
Data Specifications	Data Specifications mandate the list of data elements, format and submission schedule for each data collection.
Health Service Provider	A Health Service Provider established by an order made under section 32(1)(b) of the Health Services Act 2016 and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest, Quadriplegic Centre and Health Support Services (HSS).
Information asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Information Management Policy Framework	The Information Management Policy Framework specifies the information management requirements that all Health Service Providers must comply with in order to ensure effective and consistent management of health, personal and business information across the WA health system.
Patient Activity Data Business Rules	Patient Activity Data Business Rules mandate the rules, scope and criteria to be used when recording health service patient activity data and reporting to the Department of Health, as the System Manager.
Sponsor	A Sponsor's role is to execute leadership over allocated information asset(s) functions on behalf of the Steward.

Term	Definition
Steward	A Steward's role is to implement the strategic direction of information management governance as recommended by the Information Management Governance Advisory Group, and manage the information asset(s) under their control to ensure compliance in line with legislation, policies and standards.
System Manager	The term used to describe the Department CEO's role in managing the WA health system to the extent necessary to provide stewardship, strategic leadership and direction and to allocate resources for the provision of public health services in the State under section 19 of the Health Services Act 2016.
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers; and (iii) Contracted health entities, to the extent they provide health services to the State.

Appendix A – Summary of revisions

Date Released	Author	Approval	Amendment
1 July 2021	Jessica George	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created.
1 July 2022	Jessica George	Rob Anderson, Assistant Director General, Purchasing and System Performance	Amendments as listed below.
• Updated dates, references and contact information. • Added policy driver information relating to Sustainable Health Review and pandemic response. • Added Section 9 – details regarding annual updates to the Patient Activity Data Policy.			
1 July 2023	Jessica George	Rob Anderson, Assistant Director General, Purchasing and System Performance	Amendments as listed below.
• Updated dates, references and contact information. • Addition of the Non-Admitted Dental Data Collection • Added reference to EDDC Data Validation Manual			
1 July 2024	Jessica George	Rob Anderson, Assistant Director General, Purchasing and System Performance	Amendments as listed below.
• Updated dates • Minor amendments to correct errors, amend Non-Admitted Data Collection details.			
30 June 2025	Jessica George	Rob Anderson, Assistant Director General, Purchasing and System Performance	Amendments as listed below.
• Updated dates • Revised scope table • Added Data Validation section to NADC. • Revision of Quality and Assurance section. • Removed COVID-19 section			
30 June 2026	Jessica George	Jordan Kelly, A/Deputy Director General, Purchasing and System Performance	Amendments as listed below.
• Updates to EDDC and NADC data sources. • Added link to PADP internet page.			

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Information and System Performance Directorate
Purchasing and System Performance Division
The Department of Health Western Australia

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