Policy Directive

Non-Admitted Patient Activity Reporting Requirements

Document Number	PD2013_010
Publication date	04-Jun-2013
Functional Sub group	Corporate Administration - Information and data Clinical/ Patient Services - Information and data
Summary	This policy outlines the mandatory requirement to report a minimum data set describing each non-admitted patient service at both the patient unit record level and summary count level each month. This reporting requirement underpins the introduction of Activity Based Funding which is a key feature of the National Health Reform.
Replaces Doc. No.	Non-Admitted Patient Activity [PD2012_037] Oral Health Services - Activity Reporting [PD2005_291]
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Applies to	Local Health Districts, Board Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Public Health Units, Public Hospitals
Audience	Chief Executives, Administration, All Staff, Clinical, Allied Health, Non-Admitted Patient Services.
Distributed to	Public Health System, Ministry of Health
Review date	04-Jun-2018
Policy Manual	Patient Matters
File No.	13/758
Status	Active

Director-General

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NON-ADMITTED PATIENT ACTIVITY REPORTING REQUIREMENTS

PURPOSE

The purpose of this policy is to mandate the requirement for NSW health services to report non-admitted patient activity to the Ministry of Health. This reporting requirement under pins the activity based funding model that is being implemented at the state and national level. The document outlines the requirements for reporting both summary level and patient unit record level non-admitted patient data. The activity covered by this policy includes hospital emergency department services, hospital outpatient care services and non-residential community health services.

MANDATORY REQUIREMENTS

All non-admitted patient service units providing services from 1 July 2013 must be registered and aligned with recognised clinical teams in both HERO and WebNAP. Service units must be appropriately classified to the revised HERO establishment type classification applicable to the 2013/14 financial year.

All pathology testing services, radiology imaging services, and pharmacy dispensing services pertaining to non-admitted patients must be reported at the summary level to WebNAP. Any requirement to report patient level data for these services will be issued in a separate policy.

All Emergency Department (ED) services provided to patients on a non-admitted patient basis that are not reported to the Emergency Department Data Collection at the patient level must be reported at the summary level via WebNAP. ED patient level data is not in scope of the reporting requirements to WebNAP.

All other non-admitted patient services containing clinical and/or therapeutic content that warrant a note being made in the patient's medical record that are delivered on or after 1 July 2013 must be reported:

- as a monthly occasion of service summary count until 30 June 2014, or the date patient level data is reported and reconciles with summary counts for all non-admitted patient service units using the same source system build and extract for a period of 6 months, and

- as an occasion of service patient level record via WebNAP until 30 June 2014, and

- as a patient level service record via EDWARD from 1 July 2014, and

- at the patient level to any other data repository as required by other policies until such time that they are rescinded. See Section 6.4 to 6.8 of the Non-admitted Patient Policy and Procedures (Attachment 1) for further details.

All data elements in the minimum data set prescribed in Section 2 of the Non-admitted Patient Policy and Procedures (Attachment 1) must be reported in compliance with the classification standards issued in the relevant data dictionary (EDWARD or WebNAP) and the "Non-admitted Patient Activity Reporting Business Rules" guidelines.

POLICY STATEMENT

Data reported via WebNAP or EDWARD must be submitted, and be of acceptable quality, by the 15th working day of the month following the delivery of the service.

When reporting to EDWARD Local Health Districts (LHDs) and Specialist Health Networks (SHNs) must report client /patient characteristics via the client / patient registration data extract (from iPM or Cerner PAS), and patient level service details via one of the two community heath and outpatient care service event data extract formats. A period of parallel reporting of patient level data to both WebNAP and EDWARD is expected prior to 30 June 2014.

LHDs / SHNs must reconcile both the summary and patient level data reported to WebNAP and EDWARD against the source system, ensure the mandatory reporting requirements have been met, ensure all in-scope activity has been reported, and ensure that the data quality is fit for purpose (which includes activity based funding).

Where the patient level data from a source system build is reported to EDWARD, HIE or other Ministry of Health data repository, and the data has been determined by the LHDs / SHNs to be of equal or superior quality to WebNAP, the LHDs / SHNs using that source system build may, as a group, apply to the Health System Information and Performance Reporting Branch for an early exemption from reporting to patient level and/or summary level data to WebNAP.

IMPLEMENTATION

It is the responsibility of LHDs / SHNs to fund, specify, develop, test and implement:

1. WebNAP summary level and patient unit record level extracts from all non-admitted patient source systems by 1 July 2013

2. EDWARD patient level extracts (either minimum or maximum format) from all non-admitted patient source systems by 1 July 2014.

3. Modifications to source systems, such that they fully comply with the minimum data set requirements for reporting to WebNAP and EDWARD.

LHDs / SHNs must ensure that all non-admitted services provided from 1 July 2013:

- are either recorded on a source system with a fully functional non-admitted patient level extract OR manually entered into WebNAP; and

- the patient unit record level data occasions of service reconciles with summary level occasions of service counts, and

- are reported under service units registered in HERO and WebNAP that align with recognised clinical teams, and are correct classified to the most appropriate 2013/14 'establishment type' in HERO.

See Section 11 of the Non-admitted Patient Policy and Procedures (Attachment 1) for the roles and responsibilities of the LHD / SHN Chief Executive and Non-Admitted Patient Data Steward / Coordinator, and the Health System Information and Performance Reporting Branch.

REVISION HISTORY

Version	Approved by	Amendment notes
June 2013 (PD2013_010)	Director General	Revision outlining reporting requirements and reporting strategy for non-admitted patient services provided from 1 July 2013. Replaces PD2012_037 and PD2005_291.
July 2012 (PD2012_037)	Deputy Director General System Purchasing and Performance	Revision of WebNAP Data Collection. Incorporating Commonwealth wording and definitions. Replaces PD2011_067
October 2011 (PD2011_067)	Deputy Director General Health System Performance Improvement	Updated policy implementing WebNAP Data Collection information system. Replaces PD2006_062
August 2006 (PD2006_062)	Director General	Specified admitted patient & non-admitted patient activity reporting for 2005/2006. Replaced PD2005_410
December 2004 (PD2005_410)	Director General	DOHRS Requirements Activity Performance Returns 2004/2005. Original issued as Circular 2004/88

ATTACHMENTS

1. Non-Admitted Patient Activity Reporting Requirements - Procedures

ASSOCIATED DOUMENTATION

All associated documentation is available via the NSW Health Intranet from the following URL:

- http://internal.health.nsw.gov.au/data/collections/nap/index.html

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PD2013_010

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Non-admitted patient activity reporting requirements

1   Background

1.1   About this document

The purpose of this policy and procedure document is to:

- Prescribe the minimum data set to be reported for all non-admitted patient services at both the summary and patient level,

- Prescribe the data repositories to which data must be reported, and the formats it must comply with,

- Prescribe the due dates for reporting,

- Prescribe the roles and responsibilities for implementation and on-going management of the policy and reporting procedures.

The activity covered by this policy includes hospital emergency department services, hospital outpatient care services, outreach services and non-residential community health services provided by NSW Health Services.

This document is relevant to NSW Health and affiliated health organisation:

- LHD / SHN / SVHN chief executives

- LHD / SHN / SVHN non-admitted patient data collection stewards / coordinators

- Hospital general managers and community health service managers

- Managers of NSW Health non-admitted patient service units

- Non-Admitted patient source system administrators

- Chief Information Officers

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1.2 Key definitions

1.2.1 Definition: Non-admitted patient service

A *non-admitted patient service* is an interaction between a healthcare provider and a person who is not formally admitted to a hospital or multi-purpose service, that contains clinical and/or therapeutic content that results in a dated entry being made the person's physical or electronic medical record. The interaction may be for an assessment, examination, consultation, treatment and/or education.

1.2.2 Definition: Non-admitted patient support activity

A *non-admitted patient support activity* is an activity or interaction that supplements and/or supports the health or health care of a non-admitted person, personal carers or the community generally, but does not contain clinical and / or therapeutic content that results in a dated entry being made in the person's physical or electronic medical record.

1.2.3 Definition: Non-admitted patient appointment

A *non-admitted patient appointment* is a planned or walk-in visit time slot allocated for one person to receive a *non-admitted patient service* through an interaction with one or more healthcare provider at the same time or in succession on the same calendar day. One non-admitted patient appointment may consist of one or many non-admitted patient occasions of service. A non-admitted patient appointment may or may not result in a non-admitted patient service being provided.

1.2.4 Definition: Non-admitted patient occasion of service

A *non-admitted patient occasion of service* is a *non-admitted patient service* or a *non-admitted patient support activity* reported for each provider type and service type combination on each occasion a service is provided to the patient within one non-admitted patient appointment on one calendar day.

1.2.5 Definition: Non-admitted patient (national) service event

A *non-admitted patient (national) service event* is an interaction between one non-admitted patient and one or more healthcare provider(s) who are working within the context of one service unit on one calendar day. The interaction must contain clinical and/or therapeutic content (i.e. an assessment, examination, consultation, treatment and/or education), that results in a dated entry being made in the patient's medical record. Non-admitted patient (national) service events exclude services provided by stand-alone diagnostic service units, travel by the healthcare provider or patient, services where the patient is not present, or services provided to persons who are admitted patients at the time of service provision.

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Note: One *non-admitted patient (national) service event* may consist of one or more *non-admitted patient occasion of service* records, and one or more *non-admitted patient appointments*. *Non-admitted patient support activity* does not meet the definition of a *non-admitted patient (national) service event*, and is therefore excluded.

Source: Compiled from the Tier 2 Non-Admitted Services Compendium 2013-2014, Independent Hospital Pricing Authority.

1.2.6 Definition: Emergency Department non-admitted patient service

An *Emergency Department non-admitted patient service* is a *non-admitted patient service* provided by a hospital's Emergency Department team.

1.2.7 Definition: Ancillary occasion of service

An ancillary occasion of service is a service provided to one patient who is the subject of:

- one pathology diagnostic test, or a simultaneous set of related pathology tests, provided by a hospital's pathology service unit.

- one radiology / imaging diagnostic test, or a simultaneous set of related radiology / imaging services, provided by a hospital's radiology and organ imaging service unit.

- the filling of one order / script of pharmaceuticals, regardless of the number of items dispensed per script, provided by a hospital's pharmaceutical dispensing service unit.

1.2.8 Definition: Non-admitted patient service unit

A *non-admitted patient service unit* is a recognised clinical team of one or more healthcare providers within a hospital, multi-purpose service or community health service that provides *non-admitted patient services* and/or *non-admitted patient support activities* in defined locations, at regular or irregular times. A non-admitted patient service unit generally consists of multiple healthcare providers, who may be practicing the same or different disciplines or specialties. In some health services a service unit may consist of only one individual healthcare provider.

1.2.9 Definition: Service unit level 'establishment type'

The service unit level 'establishment type' is NSW Health's classification of service units that aligns to the National Tier 2 Clinic Type classification.

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1.2.10 Definition: National Weighted Activity Unit (NWAU)

The National Weighted Activity Unit (NWAU) is a measure of Health Service activity expressed as a common unit, against which the National Efficient Price (NEP) is paid. It provides a way of comparing and valuing each public hospital service (whether they be admissions, emergency department presentations or outpatient episodes), by weighting for its clinical complexity. The average hospital service is worth one NWAU – the most intensive and expensive activities are worth multiple NWAUs, the simplest and least expensive are worth fractions of an NWAU.

Source: http://www.publichospitalfunding.gov.au/glossary

1.2.11 Definition: Local Health Districts (LHDs)

Local Health Districts (LHDs) means the following local health districts constituted under Section 17 and specified from time to time in Schedule 1 of the Health Services Act 1997:

- Central Coast Local Health District
- Illawarra Shoalhaven Local Health District
- Nepean Blue Mountains Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- South Western Sydney Local Health District
- Sydney Local Health District
- Western Sydney Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Northern NSW Local Health District
- Southern NSW Local Health District
- Western NSW Local Health District

Note: For the purpose of this policy and procedures, with the exception of organisations prescribed for reporting under the "St Vincent's Health Network", affiliated health organisations prescribed under Schedule 3 of the Health Services Act 1997 that are located within the boundaries of a Local Health District are in scope of the Local Health District's reporting requirements.

1.2.12 Definition: Specialty Health Networks (SHNs)

Specialty Health Networks mean the following statutory health corporations prescribed under Schedule 2 of the Health Services Act 1997:

- The Sydney Children's Hospital Network (Randwick and Westmead)
- Justice Health and Forensic Mental Health Network

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1.2.13 Definition: St Vincent's Health Network (SVHN)

The St Vincent's Health Network means the following affiliated health organisations prescribed under Schedule 3 of the Health Services Act 1997:

- St Vincent's Hospital, Darlinghurst
- Sacred Heart Hospice, Darlinghurst
- St Joseph's Hospital, Auburn

1.3 Diagram of conceptual relationships

The diagram below shows the conceptual relationships between service units, patients, appointments, occasion of service, service type, provider type, national service event and the National Weighted Activity Unit (NWAU) for funding.
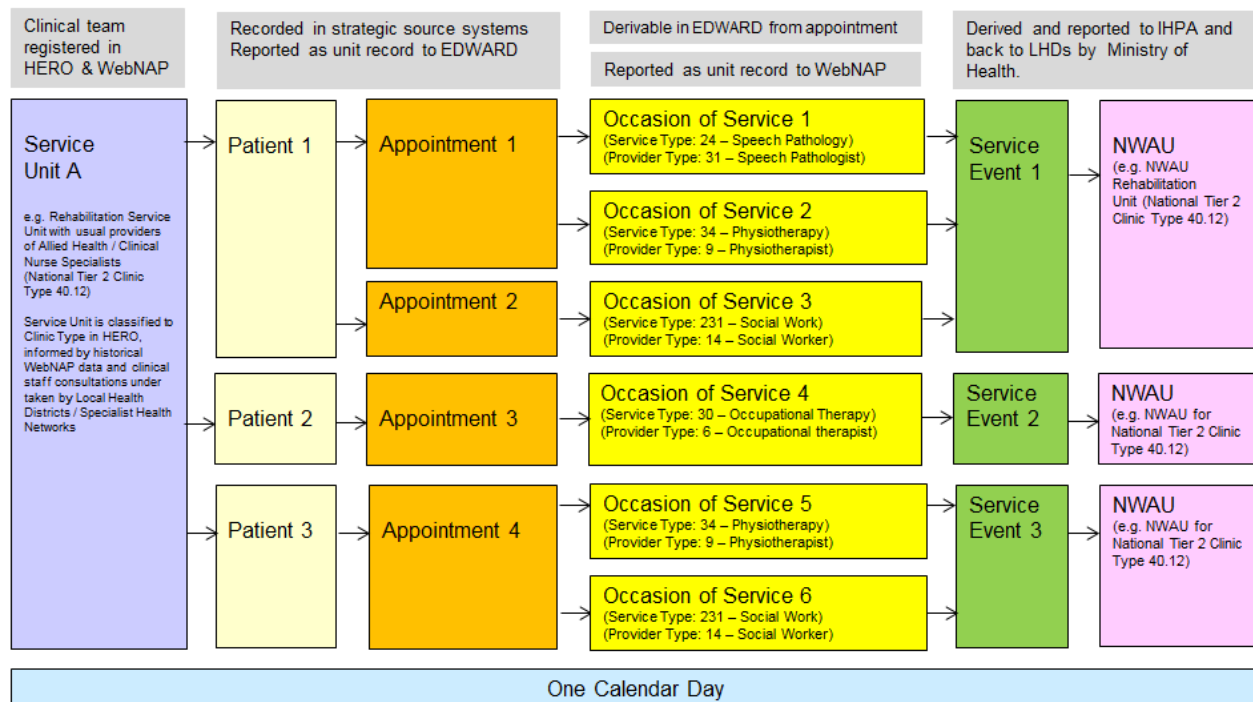
1.4 Statutory reporting obligations

This policy supports onward reporting to a number of non-admitted patient activity related national data sets:

- Establishments National Minimum Data Set, Australian Institute of Health and Welfare, Australia Department of Health and Ageing.

- Outpatients National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.

- Non-admitted Patient Activity Based Funding Data Set, Independent Hospital Pricing Authority.

- Non-admitted Patient Activity Costs Data Collection, Independent Hospital Pricing Authority.

The policy makes reference to the additional requirements for onward reporting to the following non-admitted patient activity national data sets:

- Alcohol and other drugs National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.

- Community Mental Health National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.

- Mental Health Establishments National Minimum Data Set, Australian Institute of Health and Welfare, Australian Department of Health and Ageing.

- Home and Community Care National Minimum Data Set, Australian Institute of Health and Welfare.

- Aged Care Assessment Program National Minimum Data Set, Australian Department of Health and Ageing.

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2   Non-admitted Patient Data Collection Coverage

2.1   Coverage statement

The policy and procedures covered by this document apply to all activity that meets the definition of a *non-admitted patient service* provided by, or contracted out by, any of the following:

- Local Health District
- Specialty Health Network
- An affiliated health organisation, prescribed under the Health Services Act, 1997.

All *non-admitted patient services* provided by the above organisations are in scope of the reporting requirements regardless of the patient service billing arrangement (i.e. non-charge, privately referred, compensable, Medicare ineligible, patient fee co-contribution etc.) and funding program or funding source.

All *non-admitted patient support activities* are non-mandatory reporting requirements, which may be reported at the discretion of the LHD / SNH.

2.2   Coverage Clarification: Services provided by external parties under a contract with a NSW Health organisation

Non-admitted patient services that are contracted out to any private sector organisation, not for profit organisation, or Visiting Medical Officer that are paid for by a NSW Health organisation under a fee for service or sessional service contract <u>are in scope</u> of the reporting requirements of the non-admitted patient activity reporting requirements prescribed by this policy and procedures document.

Privately referred activity provided under these contractual arrangements where a NSW Health organisation bills the patient, or a 3rd party organisation, <u>are in scope</u> of the reporting requirements.

Note: Contracts need to include a clause that requires the contracted service provider to make available to the purchasing organisation the data / information required to fully comply with the minimum data set and reporting requirements outlined in this document. The activity is to be reported against a 'virtual' service unit that is to have the purchasing hospital or community health services as the parent organisation.

2.3 Coverage Clarification: Services provided by a private practice, hospital or day procedure centre

Non-admitted patient services that are provided by a private practice, private hospital or private day procedure centre that rents space to operate on NSW Health property under a commercial contract and directly bills the patient or a 3rd party organisation (other than a NSW Health organisation) under their own Australian Business Number are not in scope of the non-admitted patient activity reporting requirements prescribed by this policy and procedures document.

2.4 Coverage Clarification: Services provided to a patient of a private practice, hospital or day procedure centre

Non-admitted patient services that are provided by a NSW Health organisation to a patient of a private practice, private hospital or private day procedure centre under a fee for service or sessional service contract basis, or where the NSW Health organisation directly bills a 3rd party insurer, Medicare or the patient to recover full cost of providing the service (such as pathology services), are not in scope of the non-admitted patient activity reporting requirements prescribed in this document.

3   Minimum data set for all non-admitted patient services

3.1   Overview

This section prescribes the minimum data set that must be reported for all non-admitted patient services, regardless of their clinical specialty.

The following standards have been used in the tables to indicate the requirements:

- "#" Indicates a field that is in scope of national reporting requirements to the Independent Hospital Pricing Authority, or used to derive or map to a data element in scope of those requirements.

- Where the WebNAP and EDWARD data repositories have a different concept name, both descriptions have been provided.

- In terms of mandatory status:

  - "Yes" means the data element is available and must be reported.

  - "Conditional" means that the data element is mandatory for reporting under particular conditions. These conditions are clarified below each table.

  - "No" means the data element is available in the system, but optional for reporting. Such data element may support local reporting.

  - "n.a." means 'not applicable', that is, the data element is not in scope of the data repository.

There are additional requirements to report non-admitted patients services to other data collections where they are of the following type:

- alcohol and other drug services (PD2006_015),
- mental health services (PD2006_041 & PD2006_042),
- emergency department services (PD2005_198),
- home and community care services (PD2008_050), and
- aged care assessment program services (PD2007_080).

The additional requirements for reporting to these data collections are prescribed in separate policies shown above. The requirement for NSW Health Services to report to those separate data collections will continue until such time that those policies are rescinded and/or all non-admitted patient data collections have been migrated to EDWARD.

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3.2 Non-admitted patient service unit characteristics

3.2.1 Mandatory data elements - service unit

The table below shows the business mandatory status of characteristics about non-admitted patient service units that must be reported to the Ministry of Health.

Data Element	Mandatory for WebNAP	Mandatory for HERO / EDWARD
Service Unit HERO Identifier #	Yes	Yes
Service Unit WebNAP Code	Yes	No
Service Unit Name	Yes	Yes
Service Unit Establishment Type Code #	n.a.	Yes
Service Unit First Open Date	Yes	Yes
Service Unit Permanent Closure Date	Yes	Yes
Service Unit Address - Physical	n.a.	Yes
Administrative Parent Facility HIE Facility ID	Yes	No
Administrative Parent Facility HERO ID #	No	Yes
Local Health District / Specialty Health Network HIE Facility ID	Yes	No
Local Health District / Specialty Health Network HERO ID #	n.a.	Yes
Local Health District Physical Location Boundary	n.a.	Yes
Service Unit Source System	n.a.	No

3.2.2 Optional data elements - service unit

The table below shows the optional characteristics about non-admitted patient service units that may be recorded (for example, to support local reporting requirements).

Data Element	Available in WebNAP	Available in EDWARD
Service Unit Division Name	Yes	No
Service Unit Division Code	Yes	No
Service Unit Cost Centre	Yes	Yes
Service Unit Community Health Service Flag	No	Yes

3.2.3 Mandatory data elements - service option

The registration of "service options" is only relevant to services reported using WebNAP and is a requirement that enables loading and data entry of summary level data.

Note: The Service Option is reported on the same file as the Service Unit. Therefore the mandatory fields for both Service Unit (above) and Service Option (below) must be reported in the extract file submitted to WebNAP.

Data Element	Mandatory for WebNAP
Service Unit WebNAP Code	Yes
Service Option – Effective From Date	Yes
Service Option – Effective To Date	No
Service Option – Provider Type Code	Yes
Service Option – Service Type Code	Yes
Service Option – Setting Code	Yes
Service Option – Modality Code	Yes
Service Option – Funding Source Code	Yes

3.3   Non-admitted patient level data

3.3.1 Overview

Non-admitted patient level data consists of patient characteristics, and service characteristics. When reporting activity to WebNAP the unit record level data is an occasion of services. When reporting non-admitted patient activity to EDWARD or HIE, the unit record level data reported varies according to the source system and data collection data is reported to, and includes appointments, encounters, service episodes or service contacts.

Note: The concept that must be reported to the Independent Hospital Pricing Authority for activity based funding - a nationally defined 'service event' - will be derived by the Ministry of Health when preparing the data for national reporting, based on the national business rules.

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3.3.2 Mandatory data elements - patient characteristics

The table below shows the patient characteristics that are in scope of reporting and their mandatory status for reporting via WebNAP and EDWARD for services provided on or after 1 July 2013.

For variable patient characteristics, such as address of usual residence, the characteristics at the time the service was provided must be reported.

Note: Patient characteristics must be recorded in either the iPM or Cerner HNA Millennium patient registration module, and should be transferred to other non-admitted patient source systems as HL7 messages. Updates and corrections must always be made in iPM and Cerner HNA Millennium. See the Client Registration Policy and Client Registration Guidelines for further details on these requirements.

Data Element	Mandatory for WebNAP	Mandatory for EDWARD
Patient – Identifier Type Flag #	Yes	Yes
Patient – Identifier Issuing Authority	N.a.	Yes
Patient – Identifier #	Yes	Yes
Patient – Area Unique Person Identifier	No	n.a.
Patient – Facility Medical Record Number	No	n.a.
Patient – First Name (WebNAP) [1] Patient – Given Name (EDWARD) [1]	Yes	Yes
Patient – Last Name (WebNAP) [1] Patient – Family Name (EDWARD) [1]	Yes	Yes
Patient – Gender (WebNAP) Patient – Sex Code (EDWARD) #	Yes	Yes
Patient – Date of Birth #	Yes	Yes
Patient – Country of Birth Code #	Yes	Yes
Patient – Aboriginality Code (WebNAP) Patient – Indigenous Status Code (EDWARD)	Yes	Yes
Patient – Street Address of Usual Residence #	Yes	Yes
Patient – Suburb / Locality of Usual Residence #	Yes	Yes
Patient – Postcode of Usual Residence #	Yes	Yes
Patient – State of Usual Residence #	N.a.	Yes
Patient – Country of Usual Residence #	N.a.	Yes
Patient – DVA Card Type [2]	Conditional	Conditional
Patient – DVA File Number [2]	Conditional	Conditional

[1] – See Client Registration Policy and Client Registration Guidelines for standards for registering clients as anonymous patients.

[2] – DVA Card Type and File Number is required when the Financial Group / Financial Class / Billing Category indicates the service costs are the responsibility of the Department of Veterans' Affairs.

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3.3.3 Mandatory data elements - service characteristics

The table below shows the service characteristics that are in scope of reporting and their mandatory status for reporting via WebNAP and EDWARD for services provided on or after 1 July 2013.

Data Element	Mandatory for WebNAP	Mandatory for EDWARD
Service Event Source System Identifier	Yes	Yes
Service Encounter Record Identifier	N.a.	Yes
Service Event Record Identifier	Yes	Yes
Source of Referral Code (WebNAP) # Request Source Type Code (EDWARD) #	Yes	Yes
WebNAP Source of Referral Name	Yes	No
Referral Issue Date/Time (WebNAP) Request Correspondence Date / Time (EDWARD)	No	No
Referral Receipt Date (WebNAP) Request Received Date (EDWARD)	Yes	Yes
Booking Create Date/Time (WebNAP) Offer Issue Datetime (EDWARD)	Yes [*1]	Yes [*1]
Service Event Start Date/Time #	Yes	Yes
Provider Type Code (WebNAP) Individual Provider Speciality / Discipline Code (EDWARD)	Yes	Yes
Setting Type Code (WebNAP) # Primary Setting Type Code (EDWARD) #	Yes	Yes
Modality of Care Code (WebNAP) # Service Contact Mode Code (EDWARD) #	Yes	Yes
Initial or Subsequent Service Code	Yes	Yes
Group Session Flag #	N.a.	Yes
Group Session Identifier #	N.a.	Yes
Client Participated Flag	N.a.	Yes
Financial Group Code (WebNAP) # Billing Category Code (EDWARD) #	Yes	Yes
Funding Source Code (WebNAP) Primary Program Funding Source Code (EDWARD)	Yes	Yes
Service Type Code (WebNAP) NAP Service Type Code (EDWARD)	Yes	Yes
Care Type NHDD Code #	N.a.	Yes
Medicare Benefit Scheme Item Number(s) (WebNAP) Service Activity Reference Source Identifier (EDWARD) Service Activity Reference Domain Identifier (EDWARD) Service Activity Code (EDWARD)	Conditional [*1]	Conditional [*1]
Service Event End Date/Time	Yes [*1]	Yes [*1]
Direct Contact Time Band	N.a.	No

Note: (*1) These data elements become mandatory for reporting from 1 July <u>2014</u>.

3.4 Non-admitted patient summary level data

3.4.1 Mandatory data elements

The table below shows the data elements that are mandatory for reporting summary level occasion of service counts to WebNAP.

Data Element
Service Unit WebNAP Code
Service Unit HERO Identifier
Service Unit Name
Administrative Parent Facility HIE Facility ID
Service Type Code
Setting Type Code
Provider Type Code
Modality of Care Code
Funding Source Code
Reporting Month
Reporting Year
Occasion of Service Count – Department of Veterans' Affairs Financial Group
Occasion of Service Count – Department of Veterans' Affairs (Contracted) Financial Group
Occasion of Service Count – Department of Veterans' Affairs (Privately Referred) Financial Group
Occasion of Service Count – Ineligible Financial Group
Occasion of Service Count – Lifetime Care and Support Financial Group
Occasion of Service Count – Motor Accident Authority Financial Group
Occasion of Service Count – Motor Accident Authority (Driver at Fault) Financial Group
Occasion of Service Count – Motor Accident Authority (Not Driver at Fault) Financial Group
Occasion of Service Count – Workcover Compensable Financial Group
Occasion of Service Count – Transcover Compensable Financial Group
Occasion of Service Count – Other Compensable Financial Group
Occasion of Service Count – Non-Chargeable Financial Group
Occasion of Service Count – Private Contract Financial Group
Occasion of Service Count – Private Referred Financial Group
Occasion of Service Count – Special Purposes Trust Financial Group
Occasion of Service Count – Total Group Sessions
Occasion of Service Count – Total Group Patients

4   Requirement to register and classify service units

4.1   Requirement to register non-admitted patient service units

All non-admitted patient service units must be registered in HERO.
Where activity is reported via WebNAP, an equivalent service unit must also be setup in WebNAP.

4.2   Requirement to ensure registered non-admitted patient service units align with clinical service teams and structures

Historically some health services created non-admitted patient service units in WebNAP that do not align with recognised clinical service teams and structures. These historical service units may have been established to simplify summary level statistical reporting.

To support the activity based funding model from 1 July 2013, and support reporting at the patient level, registered non-admitted patient service units must be a reflection of the recognised clinical teams within a single hospital or community health service.

Any service unit that has does not reflect a recognised clinical team within a single hospital or community health service must be closed by 30 June 2013 and replaced by service units that are recognised clinical service teams within a single hospital or community health service.

4.3   Requirement to classify non-admitted patient service units

Each service unit must be appropriately classified to an 'establishment type'.

The 'establishment type' classification (categories and definitions) has changed to align with the 2013/14 IHPA Tier 2 Clinic Type classifications. This classification is expected to change each year as non-admitted patient activity based funding matures. A review of the assigned 'establishment type' must therefore be undertaken in June every year.

Where the service unit registered in HERO and WebNAP meets the definition of multiple 'establishment type' categories it should be flagged for a more detailed review. If the service unit aligns with only one recognised clinical team within a single hospital, multi-purpose service or community health service, the service unit must be allocated to the category that represents the majority of services provided (i.e. 50% or more of the services provided).

If a service unit registered in HERO and WebNAP aligns with two or more recognised clinical teams within a single hospital, multi-purpose service or community health service the service unit registration should be end dated as a reporting entity, and new service units should be registered for reporting that align with the recognised clinical teams.

Each new service unit should be assigned the appropriate establishment type. Activity should thereafter be reported under those replacement service units.

Historical data may be used to assist in the allocation of the service unit's 'establishment type' in HERO. However, as historical data may be unreliable, an independent review of the provider type / discipline / speciality of the individual healthcare providers and clinical services provided should be conducted to identify the correction service unit level 'establishment type'.

Note: The classification of a service unit to the most appropriate service unit level 'establishment type' category is essential because it is a key factor in determining the levels of Activity Based Funding.

4.4 Requirement to report summary level and patient level data under the same service unit

From 1 July 2013, it is a mandatory requirement to report the summary level total occasion of service counts to WebNAP under the same service unit as used for reporting the patient level data that make up that total.

4.5 Requirement to automate calculation of summary level occasions of services based on patient level data

The summary counts reported to WebNAP must be based on automated aggregation of the patient level data to ensure front line staff do not have to separately record data at both the patient level and summary level.

4.6 Requirement to align service units in source systems, HERO and WebNAP

From 1 July 2013, it is a requirement for service units to align in source systems, HERO and WebNAP.

There must be a one to one relationship between the service units registered in HERO and WebNAP.

Service units registered in HERO must align with the service units (clinics) as created in source systems. There should generally be a one to one relationship between the service unit created in a source system and the service unit registered in HERO and WebNAP.

When activity is reported to EDWARD the source system service unit must be aliased with the HERO Identifier assigned to the service unit by HERO during the registration process. This ensures data quality issues can be communicated to the clinical team that provided the services.

One service unit in a source system may not be created as two or more service units in HERO or WebNAP.

Note: If reporting activity via EDWARD any activity reported for a service unit that is not aliased with the HERO Identifier will be excluded from reporting – these records are hidden from end users by the EDWARD security framework as the source of the data cannot be determined.

4.7 Requirement to record the HERO Identifier against the service unit in WebNAP

The HERO Identifier must be reported against every WebNAP service unit. This is required to support the linkage of WebNAP service units to the HERO service unit where the service unit level 'establishment type' will be maintained.

4.8 Data quality audits

The Ministry of Health will undertake data quality audits. These may focus on the following:

- the structure of service units, to ensure against the splitting of service unit structures merely to increase the number of national service event records per patient per calendar day,

- the 'establishment type' that service units have been assigned in HERO, to assure against the assignment of an establishment type that attract a higher NWAU and does not accurately reflect the majority of services provided by the service unit,

- the quality and completeness of data reported for specific data elements (e.g. the Service Type is appropriate for the Provider Type reported), and

- source system functionality and build compliance with the mandatory reporting requirements, including the availability of all mandatory fields, availability of all categories within a standard classification and mappings to the State level standard classification code set.

To support the data quality audits, where a service unit can be classified to more than one establishment type or the service unit name does not clearly match one establishment type, LHDs / SHNs / SVHN must document the justification for the final classification decision in HERO in the entity registration "Comments" or "Services Provided" field.

5   Requirement to report summary occasion of service counts

From 1 July 2013, all non-admitted patient services provided within each calendar month must continue to be reported via WebNAP at the summary level as a monthly total occasion of service count for each unique combination of the following attributes:

- Service unit
- Service option, that is a combination of:
    - Provider Type Code
    - Service Type Code
    - Service Setting Code
    - Modality of Care Code
    - Funding Source Code
- Financial Group Code

Summary counts may either be reported via the WebNAP Version 2.0 data extract summary file format or directly entered into WebNAP.

Monthly occasion of service summary counts must be reported to WebNAP until 30 June 2014, or the date approved by the Director, Health System Information & Performance Reporting Branch. Prior to 30 June 2014, summary counts must reconcile with the patient level data reported via WebNAP for at least 6 months.

LHDs/SHNs may apply to the Director, Health System Information & Performance Reporting Branch for an early exemption from summary level reporting for all non-admitted patient service units using the same source system build and extract where they can demonstrate that the equivalent patient level data has reconciled with summary counts for a period of 6 months.

Note: There is no requirement or facility to report summary level non-admitted patient data to EDWARD.

6   Requirement to report patient level data

6.1   Requirement to report non-admitted patient occasion of service unit record level data to WebNAP

WebNAP has been established as an interim patient level reporting system.

The following non-admitted patient services are not required to be reported to WebNAP at the patient level under this policy:

- Emergency Department services,
- Pathology testing services,

- Radiology imaging services, and
- Pharmacy dispensing services.

Any requirement to report pathology testing, radiology imaging and pharmacy dispensing services at the patient level will be prescribed in a separate policy.

All other services that meet the definition of a non-admitted patient service that are provided up to and including 30 June 2014 must be reported via WebNAP at the patient level.

Where a source system is used to record non-admitted patient services via WebNAP the activity must be reported via the WebNAP Version 2.0 patient level extract format. See the "WebNAP Version 2.0 extract requirement specification" guideline document for detailed requirements.

Where a source system is not used, each patient level occasion of service record must be entered into WebNAP via direct data entry screens, or otherwise prepared in the WebNAP Version 2.0 patient level extract format and uploaded.
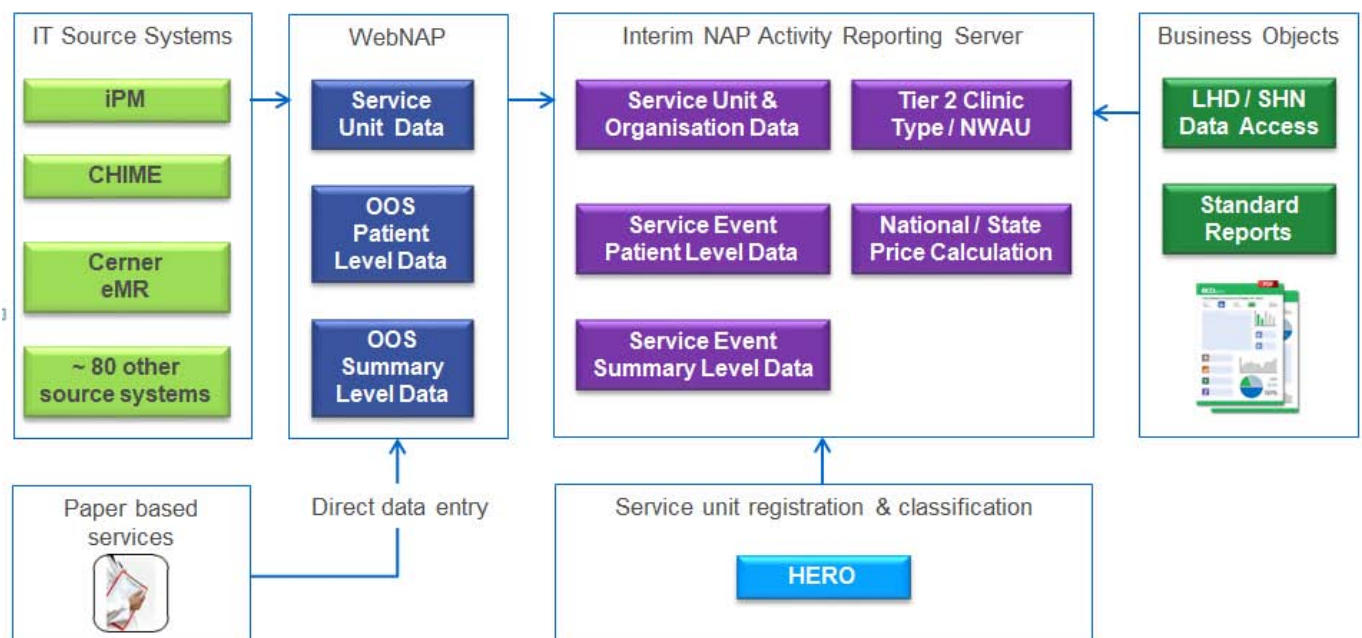
6.2 Reporting patient level data via EDWARD

It is NSW Health's strategic direction to move to non-admitted patient level reporting via EDWARD from 1 July 2014. LHDs / SHNs / SVHN must take the necessary steps to move to reporting via EDWARD by this date.

To report data to EDWARD the following must be in place by 1 July 2014:

- All patient / clients must be registered in either the iPM or Cerner HNA Millennium patient registration module, in line with the Client Registration Policy Directive; and

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- All patient / client identifiers must be recorded the iPM or Cerner HNA Millennium patient registration module, in line with the Client Registration Policy Directive; and

- The EDWARD Client Characteristics Interface from the iPM or Cerner HNA Millennium patient registration module must be in production and report data daily to EDWARD; and

- Either:

  o the EDWARD Community Health and Outpatient Care Maximum Data Set Interface must be in production and report data daily (or at least monthly) to EDWARD from the relevant non-admitted patient source system build OR

  o the EDWARD Community Health and Outpatient Care Minimum Data Set Interface must be in production and report data daily (or at least monthly) to EDWARD from the relevant non-admitted patient source system build.
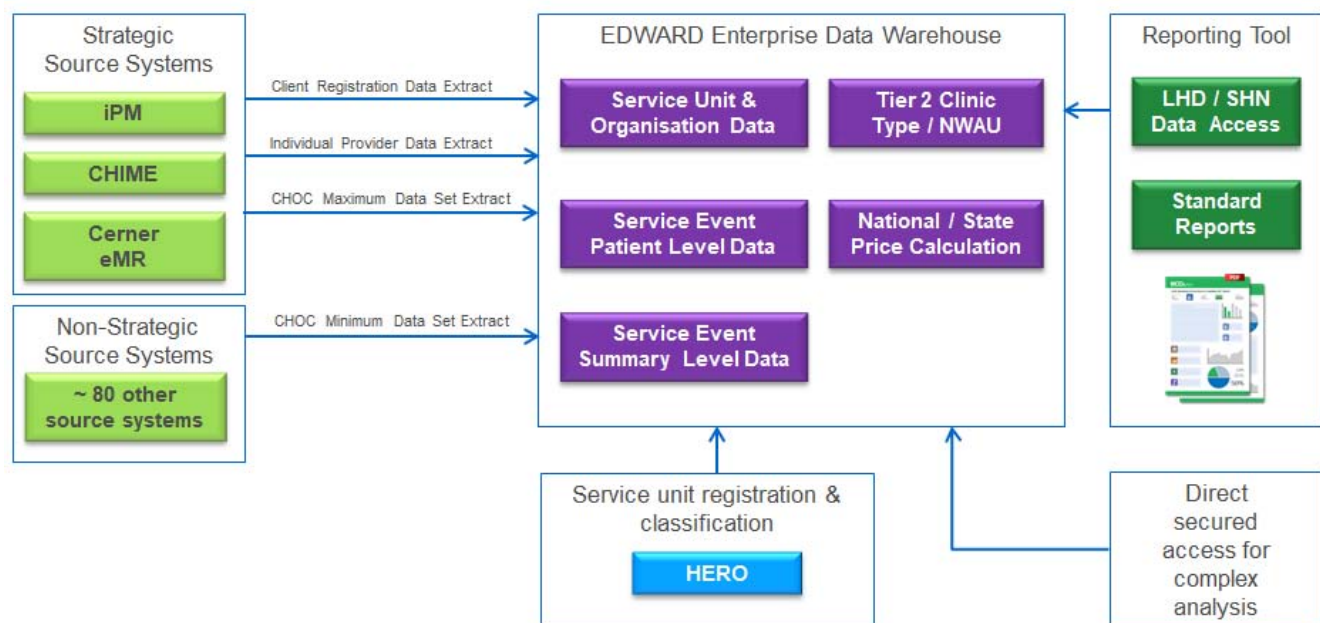
The Ministry of Health will consider requests from Local Health Districts and Specialty Health Networks to report patient level data via EDWARD instead of WebNAP prior to 1 July 2014 if the all of the above is in place and the LHD / SHN / SVHN has:

- Resolved any source system build non-compliance with the EDWARD data dictionary and interface requirement specifications for data elements within scope of the non-admitted patient minimum data set prescribed in this policy, and

- Reconciled the data in EDWARD against source systems, and

- Provided written confirmation to the Health System Information and Performance Reporting Branch that the data reported via EDWARD is reconciled with the source and meets the minimum data set requirements, and

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- Formally requested an exemption from reporting patient level data to WebNAP via written correspondence from the Chief Executive to the Director, Health System Information and Performance Reporting Branch.

Parallel reporting to WebNAP is expected until such time that the Local Health District or Speciality Health Network has fully complied with the above.

Note: There are a number of advantages of EDWARD over WebNAP, including more streamlined data submission, safeguards against duplicate records, a dedicated reporting area, and server capacity.

6.3 Reporting of Emergency Department services

Summary level counts of non-admitted patient occasion of service delivered on or after 1 July 2013 must be reported to WebNAP for all emergency department services where:

- the patient is not formally admitted to the hospital, and

- the service is not reported at the patient level to the Emergency Department Data Collection.

Non-admitted patient services that are delivered in Emergency Departments must be reported at the patient level to HIE (Health Information Exchange) / EDWARD in compliance with the reporting requirements of the Emergency Department Data Collection policy.

Emergency Department presentations delivered on or after 1 July 2013 that are in scope of patient level reporting to the Emergency Department Data Collection must not be reported to WebNAP at either the summary level or patient level.

Note: The total number of services provided by Emergency Departments provided on or after 1 July 2013 will be the sum of the summary level occasions of service reported to WebNAP and the total presentations (admitted and non-admitted) reported at the patient level to the Emergency Department Data Collection.

6.4 Reporting of mental health services

Non-admitted patient mental health services must be reported as follows:

- At the summary level occasion of service counts to WebNAP, AND

- At the occasion of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014, AND

- At the patient level to EDWARD from 1 July 2014, AND

- At the service event patient level to HIE in accordance with the Community Mental Health Ambulatory (CHAMB) Data Collection and Mental Health Assessment and Outcomes Team (MHOAT) Data Collection requirements.

Note: Mental health services recorded on CHIME are also in scope of reporting of service events to EDWARD.

6.5 Reporting of alcohol and other drug services

Non-admitted patient alcohol and other drug services must be reported as follows:

- At the summary level occasion of service counts to WebNAP, AND

- At the occasion of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014, AND

- At the patient level to EDWARD from 1 July 2014, AND

- At the service episode level to HIE in accordance with the requirements of the Alcohol and Other Drugs Data Collection.

6.6 Reporting of home and community care services

All non-admitted patient home and community care (HACC) program services, including services delivered under the program that contain no clinical or therapeutic content, must be reported at the service event patient level to HACCIRS data repository.

Non-admitted patient service units that deliver services that contain clinical and/or therapeutic content to HACC program eligible clients / patients only, or to a mix of HACC eligible and HACC ineligible clients / patients, must also report the services:

- At the occasion of service summary level to WebNAP, AND

- At the occasions of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014 AND

- At the patient level to EDWARD from 1 July 2014.

Note: HACC eligible patients need to be reported to WebNAP with a Funding Source Code of '5; (Federal) and to EDWARD with a Primary Program Funding Source Code of '01' (Home and Community Care Program).

6.7 Reporting of oral health services

Non-admitted patient oral health services must be reported as follows:

- At the occasion of service summary level to WebNAP, AND

- At the occasions of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014, AND

- At the patient level to EDWARD from 1 July 2014 AND

- At the visit level to the NSW Oral Health Data Collection via the ISOH extract files set.

6.8 Reporting of aged care assessment program services

Non-admitted patient aged care assessment program services must be reported as follows:

- At the occasion of service summary level to WebNAP, AND

- At the occasions of service patient level to WebNAP (or EDWARD if exemption to report to WebNAP has been requested and granted) to 30 June 2014, AND

- At the patient level to EDWARD from 1 July 2014 AND

- At the assessment process and care /plan outcome level to the Aged Care Assessment Program Minimum Data Set.

6.9   Reporting of ancillary services

Pathology testing services, radiology imaging services, and pharmacy dispensing services pertaining to non-admitted patients must be reported as summary level occasion of service counts to WebNAP.

Medical consultation services provided by ancillary services are in scope of the reporting requirements described in this policy and procedures document and must be reported at both the summary and patient level.

Note: Any requirement to report Pathology testing services, radiology imaging services, and pharmacy dispensing services at the patient level will be issued in a separate policy.

6.10 Reporting of transport services

Community transport services provided to clients / patients should be reported to the NSW Health Integrated Community Transport Data Set (ICTDS).

6.11 Reporting of services to clients / patients who are not registered

Non-admitted patient services that are provided to clients / patients in the community who are not registered because they are receiving a community group immunisation / screening service, health promotion service, needle exchange service, or services where registration may inhibit their participation in the service (such as supervised injecting room services) must be reported at the summary level but patient level reporting is optional.

Where such activity is reported at the summary level only they must be reported under a service unit setup for the reporting of this summary level activity only – no patient level activity should be reported under these service units.

6.12 Requirement to comply with business rule guidelines

All non-admitted patient activity data reported to EDWARD or WebNAP must be reported in compliance with the non-admitted patient activity reporting business rules guidelines.

The guidelines provide detailed level information about the data collection's scope (inclusion and exclusions). In addition, the reporting requirements for specific scenarios are provided.

Access to the business rules is provided via the following URL:

- http://internal.health.nsw.gov.au/data/collections/index.html

6.13 Requirement to comply with data dictionary classifications

Data reported via WebNAP must comply with the WebNAP Data Dictionary for 2013/14 published on the NSW Health Intranet.

Data reported via EDWARD must comply with the Client Characteristics, Individual Service Provider Characteristics, Community Health and Outpatient Care Service Event Maximum Data Set and Community Health and Outpatient Care Minimum Data Set EDWARD Data Dictionaries published in HIRD (Health Information Resources Directory).

Access to these data dictionaries are provided via the following URL:

- http://internal.health.nsw.gov.au/data/collections/index.html

Compliance means all the relevant classification categories (or local equivalents) must be available in source systems and be mapped to the appropriate state code.

Note: The classification standards between WebNAP and EDWARD differ. This can be handled in source systems by using the more detailed classification (usually EDWARD) and mapping the classification to the relevant WebNAP or EDWARD code as an outbound alias / alternative identifier code.

7   Requirement to register source system build used for recording non-admitted patient services

It is a mandatory requirement for Local Health Districts and Specialty Health Networks to identify and register each build / instance of each source system used for recording non-admitted patient services with the Ministry of Health.

Note: The register of the source system builds will be maintained by the Health System Information and Performance Reporting Branch. A unique source system build identifier will be assigned and this unique source system build identifier must be reported on each patient unit record submitted to WebNAP and EDWARD. This information will be used to monitor completeness of the data collection across the relevant data repositories, and identify data quality or non-compliance issues relating to a specific build of a source system.

8   Requirement to provide status report of source system extract implementation

A monthly status report of the progress of modifications to each source system build to comply with the minimum data set and the classifications prescribed in the data dictionaries, and the development of the source system's WebNAP and EDWARD extracts, must be provided to the Health System Information and Performance Reporting

Branch by the Local Health District / Specialty Health Network until such time that both the WebNAP Version 2.0 extracts and, following this, the EDWARD extracts, are delivered and installed in production environments.

9 Due dates for reporting

Non-admitted patient activity data at both the summary level and patient level must be submitted, and be of acceptable quality, by the 15th working day of the month after the month the service was delivered.

Data reported via EDWARD from strategic source systems, such as iPM, CHIME and the Cerner HNA Millennium Electronic Medical Record, is expected to be transferred automatically on a daily basis.

10 Quality and completeness of data

The quality of non-admitted patient activity data will be assessed through a set of data validation rules.

Data must be reported in a form compliant with the codes published in the WebNAP data dictionary (where activity is reported to WebNAP) or EDWARD data dictionaries (where activity is reported to EDWARD.

It is the source system administrator's responsibility, and the LHD / SHN non-admitted patient data steward / coordinator's responsibility, to ensure the local categories displayed to source systems users align with state standard categories and map to the appropriate state code. There must be at least one local classification category for each state classification category. Local categories that do not map to one state category in the WebNAP or EDWARD classification (that is they map to two or more categories), should be end dated so that they can no longer be selected by source system users from 1 July 2013.

For all data elements reported as a code, the local classification to state standard classification mappings must be submitted to the Data Quality Unit of the Health System Information and Performance Reporting Branch for a quality review prior to the production implementation of each extract and following any major change to local classifications.

11   Implementation

11.1 Source system and extract development

It is the responsibility of Local Health Districts and Specialty Health Networks to fund, specify, develop, test and implement:

- WebNAP Version 2.0 summary level and patient level extracts from all source systems

- EDWARD extracts from source systems (other than iPM and CHIME which have been delivered).

- Changes to existing EDWARD iPM, CHIME and Cerner source system extracts to accommodate local variations of source system builds.

- The addition of all data elements in scope of the minimum data set into their source systems if they currently do not exist.

- The alignment of classifications and code mappings in source systems for all in scope data elements in compliance with the WebNAP, HIE and EDWARD data dictionaries.

- The creation of business rules, such as mandatory status on fields, within source systems to ensure completeness and accuracy of data.

Local Health Districts and Specialty Health Networks should liaise with the HealthShare Community Health and Outpatient Care Program regarding any shared services and IT capital program funding that may provide to assist health services comply with the statutory reporting requirements outlined in this policy.

11.2 Non-Admitted Patient Data Set Sponsor Responsibilities

By default, the Chief Executive of each LHD / SHN / SVHN is the Non-Admitted Patient Data Set Sponsor for the data pertaining to services provided by hospitals, multi-purpose services and community health services of the LHD / SHN / SVHN. The data sponsor role is responsible for:

- directing the resources required to comply with the reporting obligations prescribed by this policy,

- reporting on progress and issues relating to the reporting requirements at the executive level, and

- authorising access to data relating to services provided by their Local Health District / Specialty Health Network within the constraints of NSW Health Privacy Policy and legislation.

The Chief Executive may formally delegate the responsibilities of this role within the Local Health District or Specialty Health Network.

11.3 Non-Admitted Patient Data Steward / Coordinator Responsibilities

The Chief Executives of Local Health Districts and Specialty Health Networks must nominate a position for the role of Non-Admitted Patient Data Steward / Coordinator, and advise the Health System Information & Performance Reporting Branch of the incumbent's details.

The Non-Admitted Patient Data Steward / Coordinator role is responsible for:

- Ensuring all non-admitted patient service units are registered in HERO and WebNAP and that they align,

- Ensuring all non-admitted patient service units are correctly classified in HERO to the service unit level 'establishment type', which will be a key factor in cost weight assignment under the activity based funding model,

- Ensuring all service units have reported both summary level and patient level data to the Ministry of Health each month,

- Ensuring all source system builds used by service units within their Local Health District have classifications that comply with the relevant data dictionary and are correctly mapped to the relevant state categories and codes,

- Ensuring data reported to WebNAP and/or EDWARD is reconciled against source systems,

- Ensuring all service units are reporting all in scope services,

- Ensuring that non-admitted patient reporting business rules are being complied with by all services,

- Ensuring there are procedures in place for all new non-admitted patient services to be registered in HERO and WebNAP, and that they are informed of their reporting obligation,

- Ensuring there are procedures in place for all closed service units to be registered as closed in HERO and WebNAP,

- Ensuring that the summary level occasion of service count reported match the number of patient level data records reported each month,

- Ensuring data has been uploaded into WebNAP by the due date and that there a mitigation procedures in place to avoid the risk of creating duplicate records in data resubmissions.

- Reporting on progress made towards the establishment of production quality extracts of both summary level and patient level data to WebNAP and EDWARD.

11.4 Health System Information and Performance Reporting Branch Responsibilities

The Health System Information and Performance Reporting Branch is responsible for:

- Compiling the data from EDWARD, HIE and WebNAP into a single standardised data set and making it available in a secure way to Local Health Districts and Specialty Health Networks for their local analysis and reporting purposes.

- Transforming occasion of service records into service events that comply with the Independent Hospital Pricing Authority unit record counting rules.

- Providing end user orientation / training for WebNAP, HIE and EDWARD.

- Providing clarifications or reporting rules for particular scenarios in response to requests from Local Health Districts / Specialty Health Networks.

- Reviewing, and authorising, requests to migrate from reporting occasions of service via WebNAP to service events via EDWARD.

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12 List of attachments

1. Implementation Checklist

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Attachment 1: Implementation checklist

LHD / SHN / SVHN / Facility:			
Assessed by:		**Date of Assessment:**	
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**
1. Register all non-admitted patient service units in HERO and WebNAP	❑	❑	❑
	Notes:		
2. Align source system, HERO and WebNAP Service Units.	❑	❑	❑
	Notes:		
3. Record HERO Identifier of Service Unit against Service Unit registration in WebNAP	❑	❑	❑
	Notes:		
4. Review establishment type classification of Service Unit registrations in HERO against new definitions and classification changes implemented to align with Independent Hospital Pricing Authority requirements.	❑	❑	❑
	Notes:		
5. Conduct survey of source systems used to record non-admitted patient services, and obtain unique identifier for each source system build from Ministry of Health.	❑	❑	❑
	Notes:		
6. Modify source systems to comply with non-admitted patient minimum data set requirements.	❑	❑	❑
	Notes:		
7. Modify source systems to comply with non-admitted patient minimum data set requirements.	❑	❑	❑
	Notes:		

Non-admitted patient activity reporting requirements

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IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
8. Modify existing WebNAP extracts to comply with the Version 2.0 interface format at both summary level and patient level.	❑ Notes:	❑	❑
9. Create new WebNAP extracts to comply with the Version 2.0 interface format at both summary level and patient level for source systems that don't yet have an extract by 30 June 2013	❑ Notes:	❑	❑
10. Establish policy and process to register all new service units prior to service commencement.	❑ Notes:	❑	❑
11. Establish processes to train all service units, including new service units prior to service commencement, on the mandatory minimum data set reporting requirements.	❑ Notes:	❑	❑
12. Identify all users that requried WebNAP accounts (e.g. for file upload or direct data entry for reporting of patient level data, complete application form and establish access.	❑ Notes:	❑	❑
13. Train service units without source systems on unit record level data entry directly into WebNAP.	❑ Notes:	❑	❑
14. Establish policy and process to register all new service units prior to service commencement.	❑ Notes:	❑	❑
15. Identify all users that requried EDWARD accounts (e.g. for reconciling iPM / CHIME data or statistical reporting), complete application form and establish access.	❑ Notes:	❑	❑

Non-admitted patient activity reporting requirements

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IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
16. Review / reconcile non-admitted patient service event data in EDWARD for iPM and CHIME. Resolve data quality issues and compliance gaps.	❑	❑	❑
	Notes:		
17. Establish processes for approval of access to non-admitted patient (de-identified) data.	❑	❑	❑
	Notes:		
18. Review resourcing for the collection – consider establishment of hospital level data stewards to support Local Health District data steward.	❑	❑	❑
	Notes:		