

Activity based funding: Non-admitted patient care aggregate DSS 2013-2014

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Activity based funding: Non-admitted patient care aggregate DSS 2013-2014

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 497537

Registration status: [Independent Hospital Pricing Authority](#), Superseded 01/03/2013

DSS type: Data Set Specification (DSS)

Scope: The scope of this DSS is non-admitted patient service events involving non-admitted patients in [activity based funded](#) hospitals.

The DSS is intended to capture instances of service provision from the point of view of the patient.

For the purpose of this DSS, a non-admitted service is a specialty unit or organisational arrangement under which a hospital provides non-admitted services.

The scope includes:

- All arrangements made to deliver non-admitted patient service events (not covered by the national minimum data sets listed below) to non-admitted patients:
 - irrespective of location (includes on-campus and off-campus)
 - whose treatment has been funded through the hospital, regardless of the source from which the hospital derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included; and
 - regardless of setting or mode

Excluded from scope are:

- All services covered by :
 - [Admitted patient care NMDS](#),
 - [Admitted patient mental health care NMDS](#),
 - [Non-admitted patient emergency department care](#), e.g. all non-admitted services provided to admitted patients are excluded.
- Service events which deliver non-clinical care (activities such as home cleaning, meals on wheels, home maintenance).

Collection and usage attributes

Statistical unit: Non-admitted patient service event

Guide for use:

A non-admitted patient service event is defined as an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.

Counting rules:

1. All non-admitted services that meet the criteria of a non-admitted patient service event should be counted, and be counted only once regardless of the number of health care providers present.
2. Patients can be counted as having multiple non-admitted patient service events in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.
3. Patient education services can be counted as non-admitted patient service events, provided that they meet the criteria included in the definition of a non-admitted patient service event.
4. Non-admitted services involving multiple health professionals are counted as one non-admitted patient service event.
5. Each patient attending a group session is counted as a non-admitted patient service event, providing that the session included the provision of therapeutic/clinical advice for each patient and that this was recorded using dated entry in each patient's medical record. A group flag is included in the DSS to record this type of service event.
6. Telephone and other telehealth consultations can be counted as service events if they substitute for a face to face consultation, provided that they meet all the criteria included in the definition of non-admitted patient service event. A telephone/telehealth consultation is only counted as one non-admitted patient service event, irrespective of the number of health professionals/locations participating in the consultation.
7. Services provided to inpatients (including services provided by staff working in non-admitted services who visit admitted patients in wards, or other types of consultation and liaison services involving inpatients) are not counted as non-admitted patient service events.
8. Travel by a health professional is not counted as a non-admitted patient service event.
9. All non-admitted services that meet the criteria in the definition of non-admitted patient service events must be counted, irrespective of funding source (including Medicare Benefits Schedule) for the non-admitted service. A funding source flag is included in the DSS.
10. For activity based funding purposes, services from stand-alone diagnostic services are not counted as non-admitted patient service events; these are an integral part of the requesting clinic's non-admitted patient service event.
11. Renal dialysis, total parenteral nutrition and home enteral nutrition performed by the patient in their own home without the presence of a health care provider may be counted as a non-admitted patient service event, provided there is documentation of the procedures in the patient's medical record.

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

Comments: *Glossary items*

Glossary terms that are relevant to this Data set specification are included here.

[Activity based funding](#)

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Reference documents: Independent Hospital Pricing Authority 2012. Tier 2 Non-Admitted Services Compendium. Independent Hospital Pricing Authority, Sydney. Viewed 8 March 2013, <http://www.ihoa.gov.au/internet/ihoa/publishing.nsf/Content/non-admitted-care>

Independent Hospital Pricing Authority 2012. Tier 2 Non-Admitted Services Definitions Manual. Independent Hospital Pricing Authority, Sydney. Viewed 8 March 2013, <http://www.ihoa.gov.au/internet/ihoa/publishing.nsf/Content/non-admitted-care>

Relational attributes

Related metadata references: Supersedes [Non-admitted patient aggregate activity based funding DSS 2012-2013](#)
[Independent Hospital Pricing Authority](#), Superseded 31/10/2012

Supersedes [Outpatient care NMDS 2007-13 Health](#), Superseded 07/02/2013

Has been superseded by [Non-admitted patient care aggregate NMDS 2013-14 Health](#), Superseded 11/04/2014

Has been superseded by [Non-admitted patient care hospital aggregate NMDS 2014-15 Health](#), Superseded 13/11/2014

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Establishment—number of group session non-admitted patient service events, total service events N[NNNNNN]	Mandatory	1
-	Establishment—number of group sessions, total N[NNNNN]	Mandatory	1
-	Establishment—number of individual session non-admitted patient service events, total service events N[NNNNNN]	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Non-admitted patient service event—non-admitted service type, code (Tier 2 v2.0) NN.NN	Mandatory	1
-	Non-admitted patient service event—principal source of funding, code NN	Mandatory	1

DSS specific information:

Only required to report Establishment—number of group sessions, total N[NNNNN], Establishment—number of group session non-admitted patient service events, total service events N[NNNNNN] and Establishment—number of individual session non-admitted patient service events, total service events N[NNNNNN] using the following two funding source categories:

- Medicare Benefits Scheme (07)
- All other funding sources (01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 13, 14 and 99)