Non-admitted patient DSS 2013-14

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Non-admitted patient DSS 2013-14

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 509071

Registration status: Health, Superseded 07/03/2014

DSS type: Data Set Specification (DSS)

Scope: The scope of the Non-admitted patient 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 of the DSS 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 the scope of the DSS are:

All services covered by:

- the Admitted patient care NMDS,
- the Admitted patient mental health care NMDS,
- the Non-admitted patient emergency department care NMDS, e.g. all non-admitted services provided to admitted patients are excluded; and
- Service events which deliver non-clinical care, e.g. activities such as home cleaning, meals on wheels or 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 health care 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 terms that are relevant to this data set specification are listed below.

Activity based funding

Outpatient clinic service

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Steward: Independent Hospital Pricing Authority

Reference documents: Independent Hospital Pricing Authority 2012. Tier 2 Non-Admitted Services Compendium. Independent Hospital Pricing Authority, Sydney.

Independent Hospital Pricing Authority 2012. Tier 2 Non-Admitted Services Definitions Manual. Independent Hospital Pricing Authority, Sydney.

Relational attributes

Related metadata references:

Supersedes Activity based funding: Non-admitted patient care DSS 2013-2014
Independent Hospital Pricing Authority, Superseded 01/03/2013

Supersedes Non-admitted patient DSS 2012-13
Health, Superseded 02/05/2013

Has been superseded by Non-admitted patient DSS 2014-15
Health, Superseded 13/11/2014

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Non-admitted patient service event—care type, subacute (derived) code N	Mandatory	1
-	Non-admitted patient service event—group session indicator, yes/no code N	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—outpatient clinic type, code N[N]	Mandatory	1
-	Non-admitted patient service event—service date, DDMMYYYY	Mandatory	1
-	Non-admitted patient service event—service delivery mode, code N	Mandatory	1
-	Non-admitted patient service event—service delivery setting, code N	Mandatory	1
-	Non-admitted patient service request—service request received date, DDMMYYYY	Mandatory	1
-	Non-admitted patient service request—service request source, code N.N	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1