Non-admitted patient DSS 2015-16

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Non-admitted patient DSS 2015-16

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 584108

Registration status: Health, Superseded 19/11/2015

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 provided by:

- public hospitals
- **Local Hospital Networks**
- other public hospital services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011).

This also includes all in scope services contracted by a public hospital, Local Hospital Network or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network or jurisdiction, or the location where the services are delivered. The DSS is intended to capture instances of service provision from the point of view of the patient.

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 jurisdictional health authority, Local Hospital Network or hospital, regardless of the source from which the entity 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 or emergency department patients are excluded;
- The Community mental health care NMDS; and
- service events which deliver non-clinical care, e.g. activities such as home cleaning, meals on wheels or home maintenance.

For the purpose of this DSS, a non-admitted service is a specialty unit or organisational arrangement under which a jurisdictional health authority, Local Hospital Network or public hospital provides non-admitted services.

Local Hospital Networks are defined as those entities recognised as such by the relevant state or territory health authority.

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. The multiple health care provider indicator can be used to identify service events with three or more health care providers.

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. 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 a dated entry in each patient's medical record. A data element identifying a group session is included in the NMDS to record this type of service event.

5. 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 a non-admitted patient service event. A telephone consultation is only counted as one non-admitted patient service event, irrespective of the number of health professionals or locations participating in the consultation. A telehealth consulation has service events counted at the location of the healthcare provider and the location of the patient.

6. 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.

7. Travel by a health professional is not counted as a non-admitted patient service event.

8. 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.

9. For activity based funding purposes, 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.

10. Renal dialysis, total parenteral nutrition, home enteral nutrition and home ventilation 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: 01/07/2015

Implementation end date: 30/06/2016

Comments: *Glossary items*

Glossary terms that are relevant to this data set specification are listed below.

Activity based funding

Local Hospital Network

Outpatient clinic service

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Steward: Independent Hospital Pricing Authority

Reference documents: Independent Hospital Pricing Authority 2014. Tier 2 Non-Admitted Services Compendium, Version 4.0. Independent Hospital Pricing Authority, Sydney. Viewed dd mmmm yyyy, (web link to be added)

Independent Hospital Pricing Authority 2014. Tier 2 Non-Admitted Services Definitions Manual 2015-16. Independent Hospital Pricing Authority, Sydney. Viewed dd mmmm yyyy, (web link to be added)

Relational attributes

Related metadata references:

Supersedes Non-admitted patient DSS 2014-15
Health, Superseded 13/11/2014

Has been superseded by Non-admitted patient NBEDS 2016-17
Health, Superseded 05/10/2016

See also Activity based funding: Mental health care DSS 2015-16
Independent Hospital Pricing Authority, Superseded 16/03/2016

Implementation in Data Set Specifications:

Ambulatory patient mental health care cluster
Independent Hospital Pricing Authority, Standard 15/10/2014
Conditional obligation: Reporting of these data elements is mandatory for service events provided by non-specialised mental health services. Reporting is not required for service contacts provided by specialised mental health services or service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding.

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—Local Hospital Network identifier, code NNN	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Non-admitted patient service event—care type, (derived) code N	Mandatory	1
-	Non-admitted patient service event—group session indicator, yes/no code N	Mandatory	1
-	Non-admitted patient service event—multiple health care provider indicator, yes/no/not stated/inadequately described code N	Mandatory	1

DSS specific information:

For the purposes of reporting non-admitted activity data for activity based funding, 'multiple health care providers' is defined as three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event.

-	Non-admitted patient service event—non-admitted service type, code (Tier 2 v4.0) NN.NN	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
-	Record—identifier, X[X(79)]	Mandatory	1

DSS specific information:

In the context of the Non-admitted patient DSS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose.

When stipulated in a data specification, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database.

Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.

This field cannot be left blank.