

2023-2024 QHNAPDC Reference Guide

Queensland Health Non-Admitted Patient Data Collection (QHNAPDC) 2023-2024

2023-2024 QHNAPDC Reference Guide - Queensland Health Non-Admitted Patient Data Collection (QHNAPDC) 2023-2024

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An electronic version of this document is available at https://www.health.qld.gov.au/hsu/collections/qhnapdc

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1. Overview

The Queensland Health Non-Admitted Patient Data Collection (QHNAPDC) is a collection of patient-level non-admitted outpatient activity data (service events) reported by the various ‘reporting entities’[[1]](#footnote-2) of the three different levels of Queensland’s public hospital system. It is managed by the Statistical Services Branch (SSB), Healthcare Purchasing and System Performance Division of Queensland Health.

The QHNAPDC provides the infrastructure for the collection, validation and reporting of non-admitted outpatient activity, with coverage and data quality continually increasing. Data collected complies with State, and Commonwealth Government reporting requirements including those of the [Australian Institute of Health and Welfare (AIHW)](https://www.aihw.gov.au/about-us/what-we-do) and the [Independent Health and Aged Care Pricing Authority (IHACPA)](https://www.ihacpa.gov.au/health-care).

The requirement to provide non-admitted patient-level activity data is detailed each year in the [Three Year Data Plan](https://www.ihacpa.gov.au/), being the collaboration of the IHACPA, the National Health Performance Authority and the Administrator of the National Health Funding Pool.

The national data items for data collection are prescribed in the [Non-admitted patient NBEDS 2023-24](https://meteor.aihw.gov.au/content/764455) available from the AIHW’s Metadata Online Registry (see[3.2 Reporting Mandates](#Reporting_mandates)). As well as these data items, there are additional data items required by the State. Both national and State requirements are prescribed together in the [QHNAPDC file format](https://www.health.qld.gov.au/__data/assets/excel_doc/0023/1236623/2023-2024-QHNAPDC-file-format.xlsx).

The majority of non-admitted patient activity data in particular that provided via enterprise IT systems is refreshed each week on a financial year to date basis with data ultimately due to the Department monthly.

1. History of the QHNAPDC

The QHNAPDC was established in July 2016 to provide for patient-level non-admitted outpatient data collection and reporting and in time, replace the aggregate data collection of this activity reported through the Monthly Activity Collection (MAC). The MAC was for many years the departmental source of service event data for statistical reporting, purchasing, funding and monitoring performance.

The first step towards this replacement commenced in July 2019 where Hospital and Health Services (HHSs) could elect to transition the reporting entities of their HHS from aggregate-level reporting to patient-level reporting.

From July 2021, the Director-General mandated that all reporting entities must submit patient-level non-admitted outpatient activity data to QHNAPDC, with the exception of isolated clinics for which patient-level data could not be supplied. Reporting entities were permitted to continue to report only the activity of those clinics to the MAC.

From 1 July 2022, aggregate-level non-admitted outpatient service event reporting to the MAC was no longer accepted, with only patient-level reporting to QHNAPDC accepted.

1. Scope

Non-admitted patient activity to be reported to the QHNAPDC includes:

* **outpatient service events[[2]](#footnote-3) (OSEs)** provided by clinics deemed as ‘in scope’ for reporting as determined by the IHACPA’s General list of in-scope public hospital services. Whilst the ‘General list’ does not include Tier 2 clinic classes of ‘General Practice and Primary Care’ (20.06), ‘Aged Care Assessment’ (40.02), ‘Family Planning’ (40.27), ‘General Counselling’ (40.33), and ‘Primary Health Care’ (40.08) as in-scope public hospital services, these clinic types must be reported.

Classification of these clinic services will be to the appropriate Corporate Clinic Code (CCC)/Tier 2 clinic class for reporting at the jurisdictional health authority (Queensland Health), Hospital and Health Service (Local Hospital Network (LHN)) and hospital levels.

* **Primary and Community Health service events[[3]](#footnote-4) (PCHSEs)** provided by Primary and Community Health Services clinics that are not able to be classified to a CCC/ Tier 2 clinic class and for which funding corresponds with cost centres designated as ‘Non-ABF Service Categories’ in the general ledger ‘Funding Split Hierarchy’. Classification of these clinic services will be to a service type identified in the [Service type classifications and counting rules](#PCH_serv_type_class_counting_rules) for reporting at the HHS level and may include activity for services that are outsourced. This activity does not fit the criteria prescribed in General list of in-scope public hospital services i.e.: considered Activity Based Funded (ABF) in scope services, as these would be able to be reported against the appropriate Tier 2 clinic classification.

The scope also includes all ‘in scope’ services that are contracted by a public hospital, Local Hospital Network (HHS[[4]](#footnote-5)) or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network (HHS) or jurisdiction, or the location where the services are delivered. Instances of service provision are to be captured from the point of view of the patient.[[5]](#footnote-6)

Further, this activity must:

* be irrespective of location (includes on-campus and off-campus)
* be included regardless of setting or mode
* be inclusive of multiple non-admitted patient service events provided to a patient in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.

For IHACPA reporting, specific rules such as the exclusion of public service events for same patient, same day, same Tier 2 clinic class which are subsequent to the first service event on the day, are applied by the QHNAPDC system as part of the processing routine with records flagged as ‘not IHACPA reportable’. However, it should be noted that no ‘in scope’ activity should be excluded from QHNAPDC data submissions, i.e.:

* be inclusive of services provided to patients in the admitted, emergency department or emergency service care settings.See [*QHNAPDC Business Rules*](https://www.health.qld.gov.au/__data/assets/word_doc/0028/1236754/2023-2024-QHNAPDC-Business-Rules.docx) for details.

Service events which are provided during the time of a patient’s admitted patient episode or emergency department attendance are flagged by the QHNAPDC system as part of the processing routine accordingly. See [*QHNAPDC Business Rules*](https://www.health.qld.gov.au/__data/assets/word_doc/0028/1236754/2023-2024-QHNAPDC-Business-Rules.docx) for details.

Non-admitted patient activity to be reported to the QHNAPDC **excludes**:

* services for which activity is reported via service specific information systems such as mental health activity reported from Consumer Integrated Mental Health Application (CIMHA) (with the exception of Alcohol and Other Drug activity)
* oral health service activity reported from Information System Oral Health (ISOH).

**State reporting only**

Data for other services provided by Queensland Health, can be within the scope of QHNAPDC for state reporting purposes only, and therefore not be reported for IHACPA or for Commonwealth or any other reporting purposes unless specifically requested

These services include:

**BreastScreen Queensland**

BreastScreen Queensland provide an extract of patient-level activity directly to the QHNAPDC for costing and funding purposes only. This data is not provided in data requests or linked data requests provided by the Statistical Services Branch. Facilities/HHSs are not to report this activity.

**Rapid Access**

In addition to the in scope Rapid Access records that meet the definition of a service event being reported to QHNAPDC, records will also be reported where a patient will not be present, for example, a hospital clinician returning a phone call to a General Practitioner after the patient has left the General Practitioner. Consultations where a patient is not present (and are not Multidisciplinary Case Conferences) are usually out of the scope of QHNAPDC, however, to support the evaluation and monitoring of Rapid Access models of care these Rapid Access records can be reported to the QHNAPDC.

As these records do not meet the definition of a service event they are out of scope for national reporting; and therefore, will not be submitted to the AIHW, nor the IHACPA, and will not usually be provided in data requests or linked data requests provided by the Statistical Services Branch, unless specifically requested.

**eConsults**

eConsult records do not meet the definition of a service event, so they are out of the usual scope of QHNAPDC. The Telehealth Support Unit requested their inclusion in the QHNAPDC to obtain this activity data. This activity data will not be submitted to the AIHW, nor the IHACPA, and will not usually be provided in data requests or linked data requests provided by the Statistical Services Branch, unless specifically requested. Refer to [5.1 Reporting of eConsults](#eConsults) for more information or contact Telehealth Support Unit.

**Emergency Telehealth**

Emergency telehealth records do not meet the definition of a service event as they are primarily Emergency Department/ Services activity and therefore outside of the usual scope of QHNAPDC. Healthcare Purchasing and Funding Branch requested their inclusion in the QHNAPDC to obtain this activity data. This activity data will not be submitted to the AIHW, nor the IHACPA, and will not usually be provided in data requests or linked data requests provided by the Statistical Services Branch, unless specifically requested. Refer to [5.2 Reporting of Emergency Telehealth](#Emergency_Telehealth) for more information or contact Telehealth Support Unit.

* 1. Type of activity

The type of activity and the statistical unit of activity required to be collected by the type of reporting entity is as follows:

|  |  |  |
| --- | --- | --- |
| **Type of Activity** | **Statistical Unit of Activity** | **Type of Reporting Entity** |
| Non-admitted patient  – outpatient service events | [service event](http://meteor.aihw.gov.au/content/index.phtml/itemId/652089) | public acute hospitals  Hospital and Health Services (HHSs)  Jurisdictional Health Authority (State) |
| Non-admitted patient - Primary and Community Health service events | Primary and Community Health (PCH) service events | Hospital and Health Services (HHSs) |

* 1. Reporting mandates

### Commonwealth Government (national)

#### Australian Institute of Health and Welfare (AIHW) and the Independent Health and Aged Care Pricing authority (IHACPA)

The Department of Health must provide patient-level non-admitted patient service event activity data to both the AIHW for statistical reporting purposes and the IHACPA for funding purposes.

Data are collected as specified in the [Non-admitted patient NBEDS 2023-24](https://meteor.aihw.gov.au/content/764455).

### Queensland Health (State)

Hospital and Health Services are required to provide non-admitted patient service event activity data to the QHNAPDC to ensure that the Queensland Department of Health (DoH):

1. Fulfils legislative requirements
2. Delivers accountabilities to state and commonwealth governments, and
3. Monitors monthly performance and promotes improvements in the safety and quality of Health Services

These data are also used within Queensland Health for many purposes including service planning costing, funding, performance management and also to provide externally in data requests e.g., research.

1. Clinic Classification and Counting Rules
   1. Outpatient service event classification

#### Corporate Clinic Codes (CCCs)

Queensland Health’s Corporate Clinic Codes are the most granular level of classification of non-admitted patient service event activity aligning to the clinical services provided by the facility. Corporate Clinic Codes map to an IHACPA Tier 2 clinic classification. An index of this mapping can be found in the Clinic Mapping document, which can be obtained by contacting the SSB. See [below diagram](#Mapping_example) for an example of a CCC mapping to a Tier 2 class.

#### Tier 2 clinic classifications

The IHACPA’s [Tier 2 Non-Admitted Services Definitions Manual (Tier 2 Manual)](https://www.ihacpa.gov.au/sites/default/files/2023-03/tier_2_non-admitted_services_definition_manual_2023-24_0.pdf) defines the clinic classifications (classes) required for reporting non-admitted services.

In addition, IHACPA has published the following two documents and recommends that these, along with the Tier 2 Manual and the data set specifications, are used together.

* [Tier 2 Non-Admitted Services Compendium (Tier 2 Compendium)](https://www.ihacpa.gov.au/sites/default/files/2023-05/tier_2_non-admitted_services_compendium_2023-24.pdf) – this document provides details on the counting and classification rules associated with the Tier 2 non-admitted services classification as well as business rules and scenarios to assist users to consistently classify activity, and
* [Tier 2 Non-Admitted Services National Index (Tier 2 Index)](https://www.ihacpa.gov.au/sites/default/files/2023-05/tier_2_non-admitted_services_national_index_2023-24.xlsx) - this index assists users of the Tier 2 classification allocate local clinics to a Tier 2 class in a consistent manner.

***Note:*** *IHACPA publications must be referenced in conjunction with the Department of Health’s Healthcare Purchasing and Funding Branch (HPFB) resources and this document, as in some cases. local reporting rules and requirements take precedence over these national guidelines. Refer to* [*QHNAPDC Business Rules*](https://www.health.qld.gov.au/__data/assets/word_doc/0028/1236754/2023-2024-QHNAPDC-Business-Rules.docx) *for derivations applied for specific counting rules.*

**Tier 2 Clinic Classification**

**20.23**: Cardiothoracic

**CCC**

**186**: Cardiac Surgery – Cardiothoracic (Medical Officer)

*maps to*

**Tier 2 Clinic Classification**

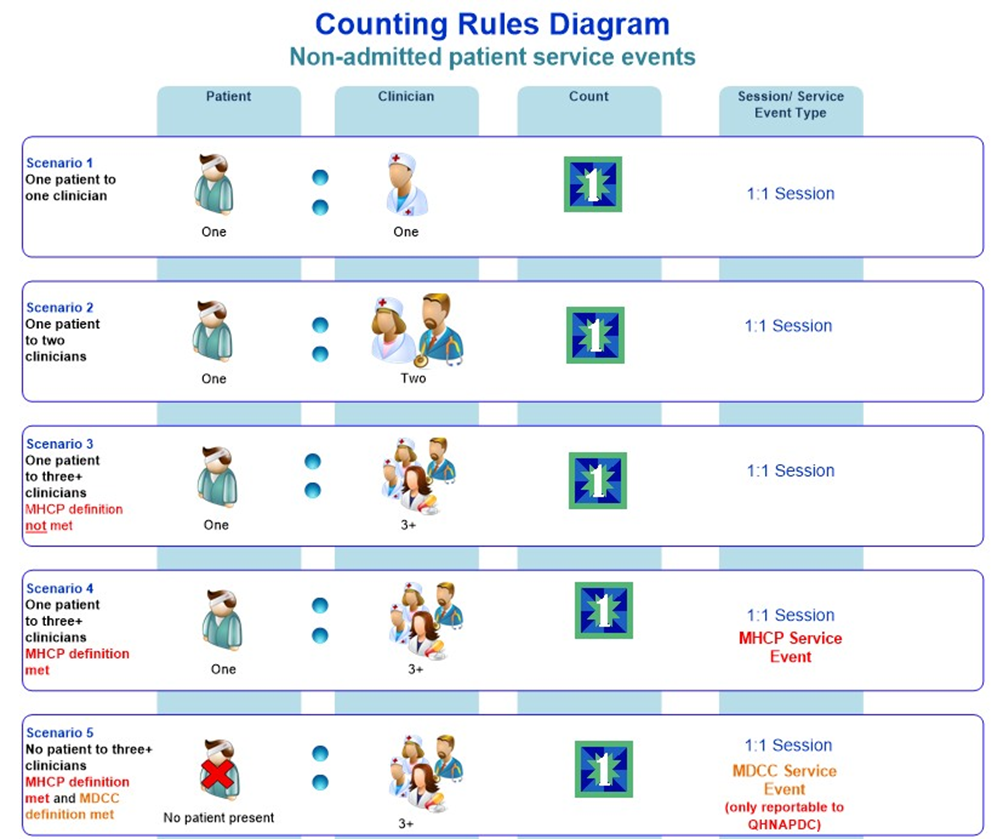
**40.42**: Circulatory

*maps to*

**CCC**

**186**: Cardiac Surgery – Cardiothoracic (Other Health Professional)

* + 1. Counting Rules



Refer to the [QHNAPDC Business Rules](https://www.health.qld.gov.au/__data/assets/word_doc/0028/1236754/2023-2024-QHNAPDC-Business-Rules.docx) **14** and **12** for further information on Scenarios 4 and 5.

* 1. Primary and Community Health (PCH) service type classification and counting rules

Primary and Community Health Service Events (PCHSEs) are classified according to the following service types:

| ***Primary and Community Health Service Catalogue*** | | |
| --- | --- | --- |
| **Service Type** | **Definition** | **Service** |
| Care Co-ordination | Community services that involve coordination of other services to achieve the optimal outcomes for a non-admitted client (where the PCHSE definition is met). | Community Hospital Interface Program (CHIP) or similar community based co-ordination services if not for an ABF service. If CHIP is used for hospital avoidance this should be reported in the valid Tier 2 clinic code 40.58 Hospital Avoidance Programs. |
| Liaison services including indigenous liaison officers |
| Child & Youth | Community services provided principally for an infant, child or a young person under 18 years of age. Whilst the service may be provided to a parent or guardian the focus is on supporting the health or development of the child or young person. Includes child protection services. Excludes oral health and community mental health services because activity for these services is collected in other systems (e.g., CIMHA). | Community Clinic Services |
| Child/Infant development assessment and treatment |
| Hearing Screening |
| Child Protection Services |
| Parenting support programs |
| School based health nurses |
| Chronic Disease | Community services provided to identify and manage an illness or medical condition that lasts over a long period (e.g. more than 12 months) and sometimes causes a long-term change in the body. | Type 2 diabetes services, pulmonary services, cardiac services, renal services |
| Communicable Diseases | Community based surveillance and treatment of communicable and infectious diseases, including immunisations. Excludes sexually transmitted diseases (see Sexual Health) and Staff vaccinations. | Includes immunisations relevant for this service as well as activity pertaining to general communicable or infectious disease prevention, detection and response. |
|
|
| Community Palliative Care | Community palliative care services provided in the community or a patient's home. Includes care services purchased through non-government providers and equipment hire. | Includes heart failure. |
|
|
| Community Rehabilitation | Community based rehabilitation services for children and/or adults provided in a community setting (i.e., patients home or community centre), usually, but not always, following a hospital event. Includes care services purchased through non-government providers and equipment hire. | Cardiac Rehabilitation |
| Pulmonary Rehabilitation |
| Acquired Brain Injury Rehabilitation |
| Spinal Injury Rehabilitation |
| Maternal Health | Community based pre-natal and post-natal services provided to women/parents. | Antenatal and Postnatal Care (including postnatal contact/visits delivered under specific initiatives and government commitments). Excludes parenting support programs (see Child and Youth community health service type). |
| Offender Health Services | Health services provided to offenders/prisoners under the supervision of Queensland Corrective Services. | All community health services provided to offenders/prisoners fall into this category. Activity recorded could pertain to a range of service types across the community health service catalogue, but the client/patient is an offender/prisoner. |
| Primary Health Care | GP type services provided in the community, including services to Medicare ineligible clients. (Includes services provided to indigenous persons/communities). | Refugee Health |
| Primary Care Clinics (out of scope Tier 2 clinics) |
| Sexual Health | Services provided in the community to provide testing, support, education and advice for sexual health including transmission of sexually transmitted diseases and management and referral for sexual assault. | Sexual Assault Services |
| Complex STIs |
| Post Exposure Prophylaxis for HIV |
| Testing, referral and counselling for sexual health |
| Women’s and Men’s Health | Community health services targeted to women or men for specific gender related health issues. | Family Planning |
|
| Advice concerning breast health, gynaecological care, female genital mutilation and gynaecological oncology. Specific services may include early pregnancy clinic, fertility and reproductive endocrinology, urogynaecology sexual health and menopausal health. Excludes diagnostic screening. |
| Advice concerning vasectomy, male infertility, penile and testicular problems, sexual function and dysfunction, sexual health and the prostate. Excludes diagnostic screening. |

* + 1. Counting Rules

The counting rules for PCHSEs are as follows:

* ‘client’ is defined as the principal individual to whom therapeutic/clinical content is directed by a healthcare provider(s). Where carers and/or family members are also present during the interaction, only one PCHSE per client may be counted.
* one PCHSE is recorded for each interaction with a client, regardless of the number of healthcare providers present. Note: The reporting of multiple health care provider type activity is not required for PCHSE activity.
* services delivered via telehealth or telephone are included if they meet the definition of a PCHSE. Telehealth PCHSEs are reported by both the provider and receiver.
* one PCHSE is recorded for each client who attends a group session, regardless of the number of healthcare providers present. There is no requirement to separate these session types nor report the number of group sessions. For example, if five clients attended a group session, this would be reported as five PCHSEs.

1. Recording telehealth service events

***Note****: The* ***Telehealth Support Unit*** *has provided the following information. For further information please contact* [*telehealth@health.qld.gov.au*](mailto:telehealth@health.qld.gov.au).

Service events delivered via videoconference (*non-admitted patient telehealth service event*) may be reported by both the recipient-end and provider-end, for clinic types: specialist; allied health/clinical nurse; primary and community health; procedure; and diagnostic.

Non-admitted patient telehealth service events may be reported for:

* one-to-one service events
* group sessions
* multiple healthcare providers, and
* multi-disciplinary case conferences

#### Scope

Non-admitted patient telehealth service events may be reported where:

* the service meets the definition of a [non-admitted patient service event](https://meteor.aihw.gov.au/content/652089).
* the service was a substitute for a face-to-face service event.
* the service was delivered via videoconference technology (synchronous audio and visual link).
* details of the service event were captured through an electronic or manual booking system.
* Telehealth service events may be reported by provider and recipient facilities.
* The Multiple Health-care Provider (MHCP) indicator may be applied where the service event meets the [MHCP definition](https://meteor.aihw.gov.au/content/index.phtml/itemId/727749).
* Multidisciplinary Case Conference (MDCC), provided by MHCP, where the patient is not present, may only be reported once, regardless of the number of sites involved. The most appropriate site to report the MDCC should be based on where the majority of providers and services are located.

However, if the number of healthcare providers are equal at each participating site, then the facility that initiated the MDCC, maintains the patient medical record and is responsible for actioning the outcomes of the service event should report.

#### Excluded from this scope are:

* Administrative videoconference such as booking or rescheduling appointments must not be counted as non-admitted patient telehealth service events.

### Reporting Scenarios

**Scenario 1**

|  |  |
| --- | --- |
| **Facility A: Receiver** | **Facility B: Provider** |
| A picture containing person  Description automatically generated | A picture containing text, clipart  Description automatically generated |
| **Scenario:** A non-admitted patient presents for a cardiac telehealth service event at Facility A.  A clinician is not present with the patient at Facility A during the telehealth service event. | **Scenario:** A Cardiologist at Facility B provides the service event via videoconference. |
| **Count:** N/A Out of scope | **Count:** One 1:1 telehealth service event |
| **Service provider:** N/A Out of scope.  A clinician is not present with the patient at Facility A during the telehealth service event. | **Service provider:** Medical Officer |

***Note:*** *From 1 July 2021, the scope requirement for recipient-end facilities to have a clinician present for the entire duration of a non-admitted patient telehealth service event has been removed.*

*This change does not enable the reporting of unassisted telehealth service events, or events where the recipient-end support is non-clinical (i.e., administrative). These events remain out of scope for reporting in the QHNAPDC.*

*The time period for which a clinician must be present in the videoconference at the recipient-end facility for in order to report a service event is not specified. Non-admitted patient telehealth service events may be reported by the recipient-end facility and/or provider-end facility where the service meets the definition of a* [*non-admitted patient service event*](https://meteor.aihw.gov.au/content/652089)*.*

**Scenario 2**

|  |  |
| --- | --- |
| **Facility A: Receiver** | **Facility B: Provider** |
| A picture containing person  Description automatically generated | A picture containing text, clipart  Description automatically generated |
| **Scenario:** A non-admitted patient newly diagnosed with diabetes has a consult with the Endocrinologist from Facility B.  A diabetes nurse provides patient support, clinical interaction and records the interaction in the patients’ medical record.  The nurse leaves the patient with the Endocrinologist to finish the consultation, exiting the consult room prior to the end of the videoconference. | **Scenario:** An Endocrinologist at Facility B provides the service event via videoconference. |
| **Count:** One 1:1 telehealth service event | **Count:** One 1:1 telehealth service event |
| **Service provider:** Other Health Professional. | **Service provider:** Medical Officer |

**Scenario 3**

|  |  |
| --- | --- |
| **Facility A: Receiver** | **Facility B: Provider** |
|  |  |
| **Scenario:** A group of six non-admitted patients present for their group diabetes education session at Facility A.  A Registered Nurse assists with the delivery of the service event. | **Scenario:** An Endocrinologist at Facility B provides the service event via videoconference. |
| **Count:**  Six telehealth service events. A service event is reported for each patient attending a group session. | **Count:** One group telehealth service event. |
| **Service provider:** Other Health Professional | **Service provider:** Medical Officer |

**Scenario 4**

|  |  |
| --- | --- |
| **Facility A: Receiver** | **Facility B: Provider** |
| A picture containing person  Description automatically generated | A picture containing clipart  Description automatically generated |
| **Scenario:** A non-admitted patient presents for a 1:1 post-surgical ENT telehealth service event at Facility A.  A Registered Nurse assists with the delivery of the service event. | **Scenario:** An ENT Specialist, Audiologist and Speech Pathologist at Facility B provide the service event via videoconference. |
| **Count:** One 1:1 telehealth service event | **Count:** One 1:1 telehealth service event |
| **Service provider:** Other Health Professional | **Service provider:** Multiple Healthcare Provider – Medical Officer |

**Scenario 5**

|  |  |  |
| --- | --- | --- |
| **Facility A: Receiver** | **Facility B: Provider** | **Facility C: Provider** |
|  |  |  |
| **Scenario:**  A non-admitted patient presents for a pre-admission clinic telehealth service event at Facility A.  A Registered Nurse assists with the delivery of the service event. | A picture containing text, clipart  Description automatically generated**Scenario:**  An Anaesthetist at Facility B provides the service event. | **Scenario:**  A Clinical Pharmacist at Facility C provides the service event concurrently. |
| **Count:** One 1:1 telehealth service event | **Count:** One 1:1 telehealth service event | Activity can only be reported once by a providing facility, and it is up to the providers to negotiate which facility will report the activity. |
| **Service provider:** Other Health Professional | **Service provider:** Multiple Health Care Provider - Medical Officer |

**Scenario 6**

|  |  |
| --- | --- |
| **Facility A: Receiver** | **Facility B: Provider** |
| A picture containing person  Description automatically generated | A picture containing text, clipart  Description automatically generated |
| **Scenario:**  A patient attends a falls and mobility clinic and is seen supported by a Clinical Nurse Specialist (CNS) at Facility A.  After the appointment, the CNS has a case conference via videoconference with a physiotherapist, and a geriatrician at Facility B to discuss the treatment plan. The patient is not present. | **Scenario:**  A physiotherapist and geriatrician at Facility B participate in the case conference to provide advice on the treatment plan for the patient. |
| **Count:** Not reportable only one facility may report the MDCC. | **Count:** One 1:1 telehealth service event, MHCP indicator and patient not present indicator. |
| **Service provider:** Not reportable. Only one facility may report the MDCC. | **Service provider:** Multiple Health Care Provider - Medical Officer |

**Scenario 7**

|  |  |
| --- | --- |
| **Facility A: Receiver** | **Facility A: Provider** |
| A picture containing person  Description automatically generated | A picture containing text, clipart  Description automatically generated |
| **Scenario:** A non-admitted patient newly diagnosed with diabetes has a video consult with the Endocrinologist employed by Facility A while the patient is in their own home.  A diabetes nurse attends to provide patient support, clinical interaction and records the interaction in the patients’ medical record. | **Scenario:** An Endocrinologist at Facility A provides the service event via videoconference. |
| **Count:** One 1:1 telehealth service event | **Count:** One 1:1 telehealth service event |
| **Service provider:** Other Health Professional | **Service provider:** Medical Officer |

**Scenario 8**

|  |  |
| --- | --- |
| **Facility A: Receiver** | **Facility A: Provider** |
| A picture containing person  Description automatically generated | A picture containing text, clipart  Description automatically generated |
| **Scenario:** A non-admitted patient newly diagnosed with diabetes has a video consult with the Endocrinologist employed by Facility A, while the patient attends Facility A.  A diabetes nurse attends to provide patient support, clinical interaction and records the interaction in the patients’ medical record. | **Scenario:** The Endocrinologist employed by Facility A provides the service event via videoconference, while not physically present at facility A (as they are travelling around the district to provide services). |
| **Count:** One 1:1 telehealth service event | **Count:** One 1:1 telehealth service event |
| **Service provider:** Other Health Professional. | **Service provider:** Medical Officer |

* 1. Reporting of eConsults

The Telehealth Support Unit requested the inclusion of eConsult records for reporting to the QHNAPDC from 01 July 2023.

An eConsult is *the asynchronous written provision and electronic transmission of clinical advice about a patient from a healthcare provider to a healthcare provider, based on assessment of digitised clinical data sent as a request, and results in a dated entry in the patient’s medical record.*

As eConsult records do not meet the definition of a service event, they are out of the usual scope of QHNAPDC, however the Telehealth Support Unit have requested their inclusion in the QHNAPDC in order to obtain this activity data.

eConsult records are to be reported with the value of ***QH-eConsult*** for the QHNAPDC data item of [[*Local Clinic Code*](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:46114&cs=1298022DFD22D33A28BF5874981561F88)](https://qhdd.health.qld.gov.au/apex/f?p=103:DE_DETAIL:::::P7_SEQ_ID:46114&cs=1298022DFD22D33A28BF5874981561F88)*,* and will not be validated when processed by the QHNAPDC as part of its initial inclusion within the data collection.

eConsults will be mapped to the Queensland Tier 2 Code of 76.48 for the activity of medical officers and 76.49 for the activity of nurses, allied health and other health professionals and will be excluded from national reporting to the AIHW and IHACPA, and SSB data requests including linked data requests unless specifically requested.

Further information on eConsults is available in the *eConsult Data Manual* available from the [eConsult webpage](https://qheps.health.qld.gov.au/caru/telehealth/what-is-telehealth/econsult) or by contacting the [Telehealth Support Unit](mailto:telehealth@health.qld.gov.au).

* 1. Reporting of Emergency Telehealth

Healthcare Purchasing and Funding Branch (HPFB) requested the inclusion of Emergency Telehealth records for reporting to the QHNAPDC from 01 July 2023.

*Emergency patient telehealth refers to the delivery of videoconference clinical consultations delivered during an emergency presentation, or delivery of videoconference clinical consultations by emergency department clinicians to patients prior to presentation at an emergency department.*

As Emergency Telehealth records do not meet the definition of a service event, they are out of the usual scope of QHNAPDC, however HPFB requested their inclusion in the QHNAPDC in order to obtain this activity data.

A new Corporate Clinic Code of *760 Emergency Telehealth* will be mapped to the Queensland Tier 2 Code of 77.60 for the activity of medical officers and 77.61 for the activity of nurses, allied health and other health professionals. These records will not be validated when processed by the QHNAPDC, will be excluded from national reporting to the AIHW and IHACPA, and SSB data requests including linked data requests unless specifically requested.

***Note****: The Telehealth Support Unit will be supplying this data to QHNAPDC.*

Should further information be required please contact the [Telehealth Support Unit](mailto:telehealth@health.qld.gov.au).

1. Data elements, file format and file submission

The data elements collected, including their definitions and the format of the file for submission to QHNAPDC is contained in the [QHNAPDC File Format](https://www.health.qld.gov.au/__data/assets/excel_doc/0023/1236623/2023-2024-QHNAPDC-file-format.xlsx). For details on submitting a file to QHNAPDC please email [napmail@health.qld.gov.au](mailto:napmail@health.qld.gov.au).

1. Changes for 2023-2024

Generally, changes to reporting requirements are mandated each collection year by Commonwealth and State governments, as well as by request from Department of Health business areas. There are a number of tasks undertaken to accommodate new reporting requirements such as creation of, or amendment to, data items, updates to source systems, changes to reference files, and updates to data collection documentation. Refer to [Queensland Health Non-Admitted Patient Data Collection Changes 2023-24](https://www.health.qld.gov.au/__data/assets/word_doc/0027/1238436/Queensland-Health-Non-Admitted-Patient-Data-Collection-Changes-23-24-v1.3.docx).

1. Data quality

Following a successful data load, the QHNAPDC system validates the information provided in the fields of each record against specific criteria. Records failing validation are notified to the reporting entity through the Electronic Validation Application (EVA).

In addition to the validating of data, spot checks, frequency checks and time series analysis of reported service events are also undertaken by SSB to identify unusual trends that require further explanation by reporting entities.

For more information, please refer to the [QHNAPDC Data Quality Statement](https://www.health.qld.gov.au/hsu/pdf/data-quality-statement/data-quality-statements).

1. Business rules and derivations

Business rules including deriving specific values are applied to the service events. Please refer to the document [QHNAPDC Business Rules](https://www.health.qld.gov.au/__data/assets/word_doc/0028/1236754/2023-2024-QHNAPDC-Business-Rules.docx).

1. The term ‘reporting entity’ used in this manual refers to one of the three hierarchical levels for reporting non-admitted outpatient activity data i.e., either the hospital, the HHS or the State. The term ‘reporting entities’ used in this manual refers collectively to the three hierarchical levels for monthly activity reporting being the hospital, the HHS and the State. [↑](#footnote-ref-2)
2. Outpatient service events must meet the definition of a service event being *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* Australian Government, Australian Institute of Health and Welfare. National Health Data Dictionary. <<http://meteor.aihw.gov.au/content/index.phtml/itemId/652089>> Retrieved 26/05/2022 [↑](#footnote-ref-3)
3. A PCHSE is defined as an interaction between a client and one or more healthcare provider(s) containing therapeutic/clinical content, resulting in a dated entry in the patient’s medical record, file or other client service record and occurring in a community setting, or under the auspices of a community health service. [↑](#footnote-ref-4)
4. In-scope HHS activity is that provided by the facilities of the HHS which are not ‘declared’ hospitals as well as the activity provided by the HHS directly. [↑](#footnote-ref-5)
5. Australian Government, Australian Institute of Health & Welfare. National Health Data Dictionary.

   <<https://meteor.aihw.gov.au/content/764455>> Retrieved 10/05/2023 [↑](#footnote-ref-6)