

Non-admitted Patient Reporting Rules

Summary Business rules for reporting non-admitted patient activity.

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LHD/SHNs

NON-ADMITTED PATIENT REPORTING RULES

PURPOSE

The purpose of the Non-Admitted Patient (NAP) Reporting Rules is to provide exhaustive guidance on the reporting of NAP activity.

KEY PRINCIPLES

Every non-admitted patient service must be reported against a non-admitted patient service unit, which must be classified to a single Establishment Type class.

Every non-admitted patient service must be reported with a modality of care reflecting the service provided.

USE OF THE GUIDELINE

This Guideline supplements existing NAP resources and should be read in conjunction with the:

- Non-Admitted Patient Establishment Type Definitions Manual
- Non-Admitted Patient Classification Principles
- Non-Admitted Patient Care Data Set Specifications.

The intended audience for this document includes:

- NSW Health and affiliated health organisations;
- LHD/SHN chief executives;
- LHD/SHN Non-admitted Patient data collection co-ordinators;
- Hospital general managers and community health service managers;
- Managers of NSW Health non-admitted patient service units;
- Non-Admitted patient source system administrators; and
- Chief Information Officers.

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Non-Admitted Patient Reporting Rules



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1 BACKGROUND

1.1 About this document

The purpose of this policy and procedure document is to:

- Prescribe the Rules for reporting data for all Non-Admitted Patient (NAP) services at both the summary and patient level, including providing illustrative examples; and
- Define the services that are within the scope of NAP reporting.

In addition to non-admitted patient services, this policy also covers 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 organisations;
- LHD/SHN chief executives;
- LHD/SHN Non-admitted Patient data collection co-ordinators;
- Hospital general managers and community health service managers;
- Managers of NSW Health non-admitted patient service units;
- Non-Admitted patient source system administrators; and
- Chief Information Officers

1.2 Key definitions

1.2.1 Consultation

An interaction between clinician (medical, nursing, allied health) and patient which may include but is not limited to:

- Assessment of the patient's current health status and problems (e.g. general examination, blood pressure monitoring, range of motion testing)
- Diagnosis of conditions (e.g. using patient history and test results to determine diagnoses/issues)
- Treatment or management of conditions (e.g. hydrotherapy to treat chronic pain, speech pathology for language disorder, maintenance of chemotherapy access devices, management of changes to drug therapy for patients with Parkinson's Disease)
- Education pertaining to the condition (e.g. diabetes education, provision of breathing advice to COPD patients)
- Support services

1.2.2 Health Organisation

- A hospital;
- Community health service;
- Multipurpose service; or
- Integrated health service

1.2.3 Individual Health care provider

A person who delivers a health service to a patient of an Health Organisation.

Includes but is not limited to:

- Doctor;
- Nurse;
- Midwife;
- Nurse practitioner; and
- Allied health practitioner

For the purposes of the classification, any references to health care providers should be understood as a reference to the role being fulfilled, not the individual in the position. For example, if a health care provider is qualified both as a nurse and an occupational therapist, but is employed exclusively as a nurse, the health care provider to be reported is nurse.

1.2.4 Procedure

A clinical intervention that:

- Is surgical in nature, and/or
- Carries a procedural risk, and/or
- Carries an anaesthetic risk, and/or
- Requires specialised training, and/or
- Requires special facilities or equipment

1.2.5 Service Unit

A health professional or group of health professionals who work in co-operation and share common facilities or resources to provide services to clients/patients for the assessment, diagnosis and treatment of a specific set of health related problems/conditions in a hospital (outpatient, admitted or outreach) or in the community.

Service units may deliver their services at a variety of settings and via a variety of modalities (e.g. In Person, Telephone, Videoconference).

1.2.6 Session

A period of time within 24 hours, allocated for health care providers of a single service unit to see clients/patients.

Excludes time allotted for administrative tasks, training sessions, etc.

2 Reporting Rules

2.1 Introduction

Non-admitted patient services reported at the patient level may be reported as either of the following:

- **Multiple Provider Service Record:** Report one *non-admitted patient service* record for each client/patient to receive a service from a service unit on one calendar day, regardless of the number of individual service providers. The details of each individual service provider involved, including their discipline/specialty, must be reported on one record.
- **Single Provider Service Record:** Report one *non-admitted patient service* record for each individual service provider that provided a service to a client/patient on one calendar day.

The **Multiple Provider Service Record** unit of measure requires each provider to be covered by the same Financial Class. When one healthcare provider bills Medicare and supporting healthcare providers provide the service on a non-charge basis, one *non-admitted patient service* must be reported for each Financial Class.

a. Non-admitted patient service

A *non-admitted patient service* is defined as:

1. An interaction between one or more health care provider(s) and one or more non-admitted patient(s) that contains therapeutic/clinical content, and results in a dated entry in the patient's health record.
2. Any of the following patient self-administered home based therapeutic/clinical procedures involving no interaction with a health care provider:
 - Haemodialysis
 - Peritoneal dialysis
 - Total parenteral nutrition
 - Enteral nutrition
 - Ventilation

3. A multidisciplinary case conference between three or more individual health care providers without the patient present that contains therapeutic/clinical content and results in a dated entry in the patient's health record.
4. A diagnostic service ordered during a non-admitted patient service event.

b. Non-admitted patient health support service

A non-admitted patient support service is:

1. An activity or interaction that supplements and/or supports the health or health care of a non-admitted person or personal carers, but does not contain clinical or therapeutic content.
2. An activity or interaction that supplements and/or supports the health or health care of a non-admitted person or personal carers, but does not result in a dated entry in the patient's health record.
3. An activity or interaction that supports the health or health care of the community generally.

Health support services include services that contribute to the cost of the care of the patient; such as medical technician services.

2.2 Coverage and scope

The rules in this document apply to all *non-admitted patient service* and *non-admitted patient support service* activity provided or contracted by a Local Health District, Specialist Health Network or affiliated health organisation under the *Health Services Act 1997* (NSW). All such services are within the scope of the non-admitted patient reporting requirements, regardless of the patient service billing arrangements.

Non-admitted patient services that are contracted out to a private sector or non-profit organisation or a Visiting Medical Officer and are paid for by a NSW Health organisation are within the scope of the non-admitted patient activity reporting requirements.

Services provided under these contractual arrangements where a NSW Health organisation bills the patient or a 3rd party organisation, are within the scope of the reporting requirements.

Non-admitted patient service units within the scope of the reporting requirements include (but are not limited to):

- outpatient service clinics
- allied health services
- community health services

a. Minimum mandatory coverage

All *non-admitted patient services* provided by a NSW Health Local Health District, Specialty Health Network and Affiliated Health Organisations (prescribed under the *Health Services Act 1997*) are within the scope of the reporting requirements regardless of the patient service billing or funding arrangements.

b. Optional extended coverage

All *non-admitted patient support activities* are non-mandatory reporting requirements, which may be reported at the discretion of the LHD or SHN unless otherwise mandated via policy directive.

c. Out of scope

Non-admitted patient services operating as a private business on NSW Health property are outside the scope of the non-admitted patient activity reporting requirements.

Non-admitted patient services provided by NSW Health Staff in support of the above business are within the scope of the non-admitted patient activity reporting requirements.

2.3 Consultation Liaison Services

a. Admitted patients

Where a service is provided to an appropriately identified currently admitted patient by a *non-admitted patient service unit*, that service may be reported to the collection.

b. Emergency Department

Where a service is provided to an appropriately identified current emergency department patient by a *non-admitted patient service unit*, that service may be reported to the collection.

2.4 Services involving multiple health care providers

a. Multiple providers at the same time

Where multiple individual health care providers deliver care in one service unit at the same time, all providers must be reported.

b. Multiple providers in succession – not billed to Medicare

Where a client/patient sees multiple providers:

- separately in succession;
- in one service unit;
- on one day; and
- no services are billed to Medicare

The following options are available -

- › Either a single record is provided, with each individual health care provider and their discipline/specialty included on the record; or
- › One record is reported for each individual health care provider seen by the patient separately.

c. Multiple providers in succession – all billed to Medicare

Where a client/patient sees multiple providers:

- separately in succession;
- in one service unit;
- on one day; and
- each provider bills Medicare:

The following options are available-

- › Either a single record is provided, with each individual health care provider and their discipline/specialty included on the record; or
- › One record is reported for each individual health care provider seen by the patient separately.

d. Multiple providers in succession – mixed

Where a client/patient sees multiple providers:

- either simultaneously or in succession;
- in one service unit;
- on one day; and
- at least one provider bills Medicare and at least one provider does not bill Medicare:

The following options are available -

- › Two records are created, with providers billing Medicare on the Medicare record and others on a record with a non-charged financial class.
- › One record is created for each provider.

Example 2.4.1

A patient with breast cancer is referred to a Breast Medical Consultation Unit. The patient sees an oncologist and a nurse, and is treated as a public patient.

Possible outcomes:

- a. This is reported on a single *non-admitted patient service* record. Both healthcare providers seen by the patient are included on the record with a non-charged financial class.
- b. This is reported in separate *non-admitted patient service* records, one for each of the healthcare provider seen by the patient. Both records have a non-charged financial class.

Example 2.4.2

A patient is privately referred by a GP to see a cardiologist and a cardiothoracic surgeon in a cardiology service unit. The referral specifies both specialists by name. The cardiologist and the cardiothoracic surgeon both bill Medicare.

Possible outcomes:

- a. This is reported on a single *non-admitted patient service* record. Both health care providers seen by the patient are included on the record, with an MBS financial class.
- b. This is reported in separate *non-admitted patient service* records, one for each of the two healthcare providers seen by the patient. Both records have an MBS financial class.

Example 2.4.3

A pregnant patient is referred by her GP to an obstetrician by name. As part of the visit to the service unit:

- The obstetrician gives the patient a general review.
- A midwife provides a general wellbeing check and answers the patient's questions about some minor pregnancy-related issues.

The obstetrician bills Medicare, while the midwife does not.

Outcome: This is reported in separate *non-admitted patient service* records. The obstetrician is reported on one record with a 'MBS / PBS Claim –Privately Referred' financial class, while the midwife is reported on a record with a non-charged financial class.

2.5 Multiple services on the same day

On a single calendar day, at least one non-admitted patient service must be reported for each patient per service unit. If a patient attends multiple service units, a non-admitted patient service must be reported for that patient for each of the service units attended.

Example 2.5.1

A patient has an appointment at an orthopaedics service unit for review post-surgery and then later in the day attends a regular physiotherapy appointment at a respiratory service unit. Both visits constitute a *non-admitted patient service*.

Outcome: The orthopaedics service unit reports one *non-admitted patient service* and the respiratory service unit reports one *non-admitted patient service*.

Example 2.5.2

A patient has an appointment at an orthopaedics service unit during which the specialist refers the patient to imaging. After imaging the patient returns immediately to the specialist with the results.

Outcome: The orthopaedics service unit reports one *non-admitted patient service*, as both visits to the orthopaedics specialist occurred on the same day.

Example 2.5.3

A patient has an appointment at an orthopaedics service unit. During the appointment the specialist is called away to review a patient in the Emergency Department. When the specialist returns the appointment continues.

Outcome: The orthopaedics service unit reports one *non-admitted patient service* in the orthopaedic service unit, as this was a planned continuous non-admitted service.

Example 2.5.4

A patient visits an obstetrics service unit in the 35th week of pregnancy for a check-up. After the appointment, the patient leaves the hospital and returns home. Later in the day, the patient suffers a fall, resulting in abdominal trauma. Due to the unexpected injury, the patient then returns to the hospital and is taken directly to the obstetrics service unit.

Outcome: The obstetrics service unit reports two *non-admitted patient services*, as the second interaction was unplanned and not intended to be a component of the first interaction.

2.6 Modalities of Care

A modality of care must be reported for each non-admitted patient service provided.

The modalities of care are as follows:

- In Person
- Telephone – Consultant End
- Telephone – Patient End
- Videoconference – Consultant End
- Videoconference – Patient End
- Email
- Postal / courier service
- Other technology, not elsewhere classified
- No Client Contact – Case Conference
- No Client Contact – Case Planning and Review
- No Client Contact – Other

Full definitions of Modalities of Care can be found in the Health Information Resource Directory (HIRD).

a. In person

Denotes a *non-admitted patient service* that is delivered to the patient, or their proxy face to face.

b. Telephone

Denotes a *non-admitted patient service* that is delivered to a patient or their proxy via telephone. This contact mode is divided into Consultant End and Patient End.

The patient end is reported only when a patient receives a clinical/therapeutic service via telephone, and the patient is located on a NSW Health Service campus.

The consultant end is reported irrespective of the patient location.

c. Videoconference

Denotes a *non-admitted patient service* that is delivered to a patient or their proxy via real-time audio and visual information technology. This may include videophones, Skype, FaceTime, or other similar media. The *Videoconference – Patient End* modality of care is used if the patient receives a *non-admitted patient service*:

- a) On a NSW Health Service campus that is not his/her usual residential location; or
- b) In his/her usual residential location or any setting other than a NSW Health Service campus, and is supported in person by NSW Health staff who facilitate the videoconference.

The *Videoconference – Patient End* modality of care is *not* used if the patient receives a *non-admitted patient service* in his/her home or usual residence and is *not* supported in person in the videoconference by the NSW Health staff.

d. Email

Denotes a *non-admitted patient service* that is delivered to the patient via email. Services provided by email are not mandatory for reporting to the NSW Non-Admitted Patient Data Collection but if reported to the collection they must be categorised to this modality of care.

e. Postal/Courier service

Denotes a *non-admitted patient service* that is delivered to the patient via postal or courier service. Services provided by post or courier are not mandatory for reporting to the NSW Non-Admitted Patient Data Collection, but if reported to the collection they must be categorised to this modality of care.

f. Other technology, not elsewhere classified

Denotes a *non-admitted patient service* that is delivered to the patient via information technology not specified by the Telephone, Videoconference or Email modalities of care.

g. No Client Contact – Case Conference

Denotes a discussion between three or more NSW Health care providers, who discuss a patient's condition, history and treatment; identify the patient's multidisciplinary care needs; identify outcomes to be achieved by individual team members and tasks to achieve these outcomes; allocate tasks; and/or assess whether previously identified outcomes have been achieved. A case conference can be carried out in person, via telephone or videoconferencing.

h. No Client Contact – Case Planning and Review

Denotes a range of activities undertaken indirectly and separate from a service contact, and for which a health care provider has made a clinical note in the patient's health record that describes the case planning and/or review activity undertaken. A list of inclusions and exclusions can be found in the Health Information Resource Directory.

i. No Client Contact – Other

Denotes activities that constitute a *non-admitted patient service* where the client does not participate, but that do not fall within the scope of *Case Conferencing* or *Case Planning and Review*.

Example 2.6.1

An elderly patient attends a small regional hospital and is seen via videoconferencing, by a neurologist based in a large metropolitan hospital. The neurologist provides a consultation as part of a neurology service unit that assesses tremors and gait problems. The patient end is facilitated by a nurse at the small regional hospital. This consultation is a substitute for attending an appointment in person. A dated entry in the patient's health record is made for both the neurologist's and the nurse's input.

Outcome: Two *non-admitted patient services* are recorded; one at each location. A record with the *Videoconference – Patient End* modality of care is created for the *non-admitted patient service* at the patient end, and a record with the *Videoconference – Consultant End* modality of care is created for the *non-admitted patient service* at the consultant end.

Example 2.6.2

An occupational therapist sees a patient at an outpatient service unit in a specialist children's hospital. The occupational therapist provides a fine motor skills assessment following hand surgery, and a dated entry is made in the patient's health record. Following the appointment the occupational therapist telephones a specialist at a large teaching hospital for follow up advice. A note is made in the patient's health record. Later in the day, the occupational therapist speaks to another occupational therapist about the patient's care, but no note is made in the patient's health record.

Outcome: A *non-admitted patient service* is recorded for the first consultation with the occupational therapist, using the *In Person* modality of care. A *non-admitted patient service* is also recorded for the consultation with the specialist at the large teaching hospital, with the *No Client Contact – Case Planning & Review* modality of care. No *non-admitted patient service* is recorded for the discussion with the other occupational therapist, as no note was made in the patient's health record.

Example 2.6.3

The following day, the occupational therapist meets with the physiotherapist, hand surgeon and community nurse who have also been providing health care services to the patient. The discussion centres on the patient's multidisciplinary goals, and meeting attendees agree to a course of action. The hand surgeon attends via videoconference. A dated entry is made in the patient's health record.

Outcome: A *non-admitted patient service* is recorded for the conference, with the *No Client Contact – Case Conference* modality of care, because three or more health care providers discussed the patient's multidisciplinary care needs and discussed actions to be undertaken to achieve health outcomes for the patient. The hand surgeon's use of videoconferencing does not influence the modality.

Example 2.6.4

An endocrinologist recently saw a patient at an outpatient service unit in a metropolitan hospital. Two weeks later, the endocrinologist telephones the patient to check on her progress, asks questions about her condition, and provide follow up advice.

Outcome: One *non-admitted patient service* is recorded at the clinician with the *Telephone – Consultant End* modality of care. No *non-admitted patient service* is recorded at the patient end, as the patient is neither supported in person by NSW Health staff nor on a NSW Health Service campus.

Example 2.6.5

A community nurse visits a patient at home to provide wound care management. When inspecting the wound, the nurse contacts a specialist at a nearby regional hospital after becoming concerned by the condition of the wound. The specialist inspects the patient's wound via videoconference as part of a specialist wound management service unit.

Outcome: Three *non-admitted patient services* are recorded; two in the patient's home and one at the hospital where the specialist is based. The community nurse reports a *non-admitted patient service* with the *In Person* modality of care, reflecting the initial consultation, and a second *non-admitted patient service* with the *Videoconference – Patient End* modality of care to reflect the videoconference consultation. At the hospital, a *non-admitted patient service* is recorded with the *Videoconference – Consultant End* modality of care.

Example 2.6.6

The following week, the specialist at the nearby regional hospital provides a follow-up consultation to the patient to review the progress of the wound. The consultation is carried out over Skype, enabling the specialist to view the wound and provide a health care service to the patient. The specialist makes a dated entry in the patient's health record.

Outcome: One *non-admitted patient service* is recorded at the hospital where the specialist is based with the *Videoconference – Consultant End* modality of care. No *non-admitted patient service* is recorded at the patient end because the patient is not on a NSW Health campus and is not being supported by NSW Health staff.

2.7 Education services

Education services can be counted as a *non-admitted patient service* where they are provided to a registered patient. The following should be noted:

- a) The education service must contain therapeutic/clinical content and result in a dated entry in the patient's health record in order to be counted as a *non-admitted patient service*.
- b) Staff education and training do not meet the definition of a *non-admitted patient service*.

Example 2.7.1

A patient newly diagnosed with diabetes, attends an appointment for a group education session with a diabetes educator. The diabetes educator provides the patient with clinical advice relating to the management of the condition and records the interaction in the patient's health record.

Outcome: This service meets the definition and is reported as a *non-admitted patient service* as it includes clinical/therapeutic content and a dated entry is made in the patient's health record.

Example 2.7.2

A hospital offers group educational classes targeted at heart attack sufferers and their families. These classes provide general information on diet, exercise and self-management of risk factors. No entries are made in the patients' health records.

Outcome: These services do not meet the definition of a *non-admitted patient service*, as the patients are not registered and no dated entries are made in their health records.

Example 2.7.3

A service operates twice a year at a Men's Shed, providing education services on recognising depression and helping to manage its impacts and guide sufferers to seek help.

Outcome: This service does not meet the definition of a *non-admitted patient service*, as the patients are not registered and no dated entries are made in their health records. These services would be considered health promotion.

2.8 Group sessions

Care provided to two or more patients by the same service provider(s) at the same time is referred to as a group session. Group sessions may involve either unrelated patients, or related persons (e.g. family members).

A record must be reported for each patient who attends a group session and receives a service that meets the definition of a *non-admitted patient service*.

A *non-admitted patient service* record must not be reported for persons who attend a group session but who are not registered or for whom no dated entry in a health record is made.

If family members/friends/carers accompany a patient to an appointment, this does not constitute a group session unless they receive a service meeting the definition of a *non-admitted patient service*.

When supplying data via the EDWARD extract format, the "Group Session Flag" is reported as "Y" and the unique "Group Session Identifier" for the session is reported to enable counting of the number of group sessions and number of patients in each session as a derived measure.

Example 2.8.1

Four patients within their rehabilitation phase of care participate in a hydrotherapy session where a physiotherapist directs the patients through a range of exercises. Following some initial instruction to all members of the group, each member is assigned the task of doing their individualised exercises for the remainder of the session. Each group member is then seen individually for 10 minutes each. A dated entry is made in each patient's health record following the session.

Outcome: The session is counted as eight *non-admitted patient services*. For each patient, one *non-admitted patient service* is recorded for the group component, beginning when the session starts and ending when they finish their individual exercises.

A second *non-admitted patient service* is reported for each patient for the 10 minute individual session held after the group component. The service end date/time for the second *non-admitted patient service* is the time that each session ends for the patient against whom the activity is reported.

Example 2.8.2

A child attends an ear, nose and throat service unit at a children's hospital, accompanied by a parent and grandparent. Therapeutic/clinical advice concerning the child is provided to the parent and grandparent and a dated entry is made in the child's health record.

Outcome: The session is counted as a single *non-admitted patient service* as the accompanying family members did not receive a service that met the definition of a *non-admitted patient service*.