Guideline

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Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting

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Summary This Guideline advises NSW Health non-admitted patient service providers and non-admitted patient activity source system support staff of the changes in requirements involved in the transition from reporting via WebNAP to reporting via the EDWARD. An understanding of these difference and implementation is required to reconfigure source system builds and patient level activity extracts and redesign non-admitted patient activity reporting business processes.

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Applies to Local Health Districts, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Public Health Units, Public Hospitals

Audience Chief Executives, all non-admitted patient administration staff, all IT support staff

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GUIDELINE SUMMARY

NON-ADMITTED PATIENT DATA COLLECTION TRANSITION FROM WEBNAP TO EDWARD REPORTING

PURPOSE

The purpose of this Guideline is to advise NSW Health non-admitted patient service providers and non-admitted patient activity source system support staff of the changes in requirements involved in the transition from reporting via WebNAP to reporting via the EDWARD.

An understanding of these differences, and the three phases of implementation, is required to reconfigure source system builds and patient level activity extracts, and redesign non-admitted patient activity reporting business processes.

KEY PRINCIPLES

In line with NSW Health's strategic direction and the significantly increased volumes of non-admitted patient services being reported at the patient level by NSW Health services the Non-Admitted Patient Data Collection will transition to be reported via EDWARD rather than the interim system WebNAP.

The migration of the data collection to EDWARD will have significant benefits for Local Health Districts (LHDs) / Specialist Health Networks (SHNs) and other NSW Health agencies. LHDs / SHNs should expect higher data availability, more efficient data loading and resubmission processes, significantly improved data error reporting functionality and appropriately secured access to activity data.

When reported via EDWARD the non-admitted patient, admitted patient and emergency department activity data will be automatically allocated the appropriate National Weighed Activity Unit (NWAU) and integrated into a single data mart that supports full patient journey analysis utilising the Enterprise Patient Registry unique identifier.

USE OF THE GUIDELINE

In order to minimise the transition burden, requirements have been prioritised across three phases:

- **Phase 1**: Report current scope via EDWARD and decommission WebNAP
- **Phase 2**: Convert source system extracts and classifications to the EDWARD format
- **Phase 3**: Integrate additional reporting requirements for specific clinical streams

The EDWARD Business Implementation (EBI) Program collaborating with the NSW Ministry of Health's Health Systems Information and Performance Reporting (HSIPR) Branch will establish a small project team to support transition, testing and address queries as they arise during the migration period.

Phase 1

Implementation of phase 1 requires LHDs/SHNs to load WebNAP patient level and summary level extracts into EDWARD and to cease reporting to WebNAP.

To support the transition to EDWARD reporting during Phases 1 and 2, a file upload, conversion and transfer tool, the EDWARD mLoad Tool, will be available for LHDs/SHNs to upload patient level and summary level data extracts from source systems in either the WebNAP extract format, or the EDWARD extract format.

The tool will apply the necessary file format conversions to WebNAP extracts compliant with the 2015/16 WebNAP reporting requirements and file format. It will also produce a container header file (based on user inputs) for both WebNAP and EDWARD flat file formats, and transfer files to the EDWARD drop zone where they will be automatically loaded into EDWARD.

During this phase LHDs / SHNs:

1. Must build EDWARD extracts for non-admitted patient source systems that are not yet reporting at the patient level
2. Must commence the reconfiguration of WebNAP extracts such that the source system can report activity directly in the EDWARD extract format
3. May cease reporting summary level data for services reporting at the patient level once reporting through the EDWARD mLoad Tool
4. May commence (or fully implement any) transition steps outlined in later phases.

Phase 1 must be completed by **30 June 2016**, to enable the decommissioning of WebNAP.

Phase 2

Implementation of Phase 2 requires LHDs / SHNs to complete the reconfiguration of WebNAP source system extracts into the EDWARD extract format and source systems to be fully aligned with the EDWARD classification standards.

During this phase any changes effective from 1 July 2016 will also need to be incorporated into the EDWARD extracts.

During this phase LHDs/SHNs may implement Phase 3 implementation steps.

Phase 2 must be completed **by 30 June 2017**, to enable the decommissioning of the WebNAP patient level file conversion functionality, compliance with 2016/17 reporting requirements and to establish the foundations required for implementation of Phase 3.

Phase 3

Phase 3 involves reporting the additional data elements set aside in the EDWARD extract file format for the integration of other non-admitted patient data collections for specific clinical streams. It will involve decommissioning the legacy extracts and legacy data repositories (such as HIE and other disparate databases).

This phase may only impact selected source systems. For example, radiotherapy sources system would add data elements required for the integration of radiotherapy waiting times and non-admitted patient cancer notifications, while source systems used by Hepatitis, HIV/AIDS and sexually transmissible diseases services would add data elements pertaining to communicable diseases.

Phase 3 is expected to be completed **by 30 June 2018**, to enable the decommissioning of the HIE and other legacy data repositories and to establish a single comprehensive non-admitted patient data collection.

FURTHER INFORMATION

The NSW Ministry of Health will provide advice and clarifications regarding the requirements for reporting non-admitted patient activity via EDWARD. Requests for advice should be directed to the Health System Information & Performance Reporting Branch, NSW Ministry of Health.

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ATTACHMENT

1. “Non-Admitted Patient Data Collection Migration Strategy and Transition Details” - Guideline.

Non-Admitted Patient Data Collection WebNAP to EDWARD Reporting Strategy and Transition Details

NSW GOVERNMENT Health

GUIDELINE

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Contents

1 METHOD OF REPORTING NON-ADMITTED PATIENT SERVICE VIA EDWARD

1.1 Units of measure that may be reported to EDWARD

When reporting non-admitted patient services to EDWARD the services may be reported via the following units of measure:

1. **Multiple Provider Service Record:** One service record for each client / patient interaction with one or more individual service providers seen within the same service unit on the same day. The details of each individual health care provider that interacted with the client / patient during the service, including each individual provider's discipline / specialty, must be reported on the one service record.
2. **Single Provider Occasion of Service Record:** One service record for each individual service provider that interacted with the client / patient and made a clinical note in the client / patient's health record. The discipline / specialty of all additional individual service providers that interacted with the patient but did not make a clinical note should be reported on the primary provider's record.

The two unit of measure options above are designed to cater for the main differences in source system design, functionality and business processes used to document clinical care services.

In practice a non-admitted patient service reported to EDWARD must equate to a source system concept that is associated with an immutable primary key for the service record. This will typically be the unique record identifier associated with a patient appointment, a service contact record, a clinic note or clinical form.

Reporting aligned to the Multiple Provider Service Record unit of measure (option 1) removes the requirement to report the same information on multiple records (one for each provider) and avoids the need to reconcile differences in conflicting versions of the characteristics of the service on multiple records. It therefore enables LHDs/SHNs to reduce the data entry burden on front line staff.

To accommodate national reporting requirements and allocate the multiple provider NWAU adjustments, this option allows for up to 10 providers on each service record when using the non-admitted patient flat file format, and unlimited providers using the non-admitted patient relational multiple file format.

Regardless of the unit of measure used to report non-admitted patient services to EDWARD, the flagging of services eligible for NWAU, and the NWAU allocation process (including the assessment of eligibility for the multiple provider specialty NWAU adjustment), will be applied programmatically in a post load process that aligns to the national counting rules for non-admitted patient service events and the NWAU assignment rules. This will ensure there will be no advantage or disadvantage associated with the choice of the unit of measure used for reporting activity.

1.2 Service coverage by EDWARD non-admitted patient extract formats

The following types of patient services are appropriate to report via EDWARD at the patient unit record level:

1. **Direct interactions** between one or more individual service provider(s) with one non-admitted client / patient (or his / her personal carer(s) acting as their proxy) that contains therapeutic/clinical content and results in a dated entry in the client / patient's health record. This may be for assessment, examination, consultation, treatment and / or education
2. **Indirect health support services** provided by one or more individual service provider(s) involving activities that supplement and/or support the health or health care of a non-admitted client / patient, contain clinical and / or therapeutic content, and result in a dated entry in the client / patient's health record. This includes case management, case planning and case conferencing services, communicable disease contact tracing (Service Type 251) and pathology specimen collection (Service Type 253)
3. **Direct or indirect service activities that assists a registered client / patient** (or his / her personal carer(s) acting as their proxy) to maintain their health status or ability to remain living at home and which is provided or managed by a NSW Health service, results in a dated entry in the client / patient's health care record, but does not contain clinical or therapeutic content. This includes home and community care services such as home meals (Service Type 265), home modification installation / maintenance (Service Type 264), and community transport services (Service Type 220)
4. **Self-administered home based non-admitted patient services** funded by, supervised by and coordinated by, a NSW Health service for renal dialysis, total parenteral nutrition, enteral nutrition, or invasive ventilation
5. **Consultation liaison service** between one or more individual service provider(s) with one admitted patient or emergency department patient that contains therapeutic/clinical content and results in a dated entry in the client / patient's health record. This includes Service Provided to Admitted Patient in Ward (Service Type 258) and Services Provided to Triaged ED Patient (Service Type 259).

The '*Non-Admitted Patient Activity Reporting Requirements*' Policy Directive (PD2013_10) describes the mandatory and optional services in scope of the Non-admitted Patient Data Collection. The Non-admitted Patient Activity Reporting policy directive will be updated from time to time to reflect any changes to mandatory or optional reporting requirements.

1.3 Summary level non-admitted patient activity reporting

Summary level activity reporting must be decommissioned for all service units reporting patient level activity data from the date which they transition to reporting through either the *EDWARD mLoad Tool* or directly to EDWARD (no later than by 30 June 2016).

The requirement to advise the Executive Director, Health Systems Information and Performance Reporting Branch of the LHDs / SHNs intention to decommission summary level reporting for those service units reporting at the patient level is not required from 1 July 2015.

Reporting of non-admitted patient activity at the summary level via WebNAP may continue prior to transition to EDWARD as provided below.

Clinical / Therapeutic Services exempt from client / patient registration

Non-admitted patient clinical / therapeutic services that are exempt from registering their client/patients in the patient administration system, as stated in the '*Client Registration Policy*' (PD2007_094; 19.12.2007) must continue to be reported at the summary level via WebNAP, pending the development of a summary level activity reporting mechanism via EDWARD. These services include:

1. Group immunisation services (Service Type 023 Immunisation – On Mass (no patient level data)
2. Group diagnostic screening services
3. Needle exchange services and supervised injecting room services (including service units classified to Service Unit Establishment Type 11.04 Needle Exchange Allied Health / CNS Unit (NHDD Code 40.30))
4. Crisis line counselling telephone services.

Health Support Services

The following services are not mandatory for reporting but may continue to be reported at the summary level via WebNAP, pending the development of a summary level activity reporting mechanism via EDWARD:

1 Health promotion services (including all services provided by units classified to Establishment Type 32.15 – Health Promotion Allied Health / CNS Unit)

2 Services provided to a family member, carer or support person related to a client/patient who is not a client / patient in his/her own right (including all services provided by units classified to Establishment Type 10.08 Aged Persons Carer Support Allied Health / CNS Unit; 11.09 Alcohol & Other Drugs Carer Support Allied Health / CNS Unit; 15.46 Cancer Patient Carer Support Allied Health / CNS Unit; 26.16 Mental Health Carer Support Service Allied Health / CNS Unit; 31.04 Palliative Care Carer Support Allied Health / CNS Unit; 32.44 Carer Support Allied Health / CNS Unit, Not Elsewhere Classified)

3 Case planning and review services where the client / patient did not participate (services classified to Modality of Care 7 No Client Contact – Case Planning & Review)

4 General enquiries of a health service, e.g. about a health condition or about the nature of services available (including Service Type 266 Intake - non-clinical and referral, 151 Poisons Information Centre)

5 Pharmacy dispensing services (including Service Type 110 Dispensing Pharmacy and service units classified to Establishment Type 13.02 - Pharmacy Dispensing Unit NHDD Code 99.96 – Excluded Non-Clinical Service))

6 Staff health services (including services provided by service units classified to Establishment Type 32.32 - Staff Health Unit(Excluded data – service not in scope)

7 Administrative Health Service Intake where no clinical assessment is involved (Service Unit Establishment Type 24.01 Health Service Intake Unit - Administrative)

8 Health Service Contact Centre Services (Service Unit Establishment Type 24.03 Health Service Contact Centre (w or w/o Intake service)

9 Aboriginal & Torres Strait Islander Liaison and Referral Support Services (Service Unit Establishment Type 24.05 Aboriginal & Torres Strait Islander Liaison and Referral Support Service)

10 Social / Support / Recreation / Neighbourhood Aid Services (Service Unit Establishment Type 32.43 Social / Support / Recreation / Neighbourhood Aid Service Unit)

11 Patient transport services (Service Unit Establishment Type 39.21 Health Transport Unit (Patient)

12 Pastoral care services (Service Unit Establishment Type 39.22 Pastoral Care Unit (NHDD Code 99.96 - Excluded Non Clinical Service)

13 Home modification installation and maintenance services (Service Type 264 Home modification installation / maintenance)

14 Home meal services (Service Type 265 Home meals)

15 Any other health support services that do not involve clinical and/or therapeutic content.

Diagnostic Services

Pathology and imaging diagnostic services (in scope of the national Service Type Tier 2 30 series) that have only reported summary level activity via WebNAP to date must continue to report at the summary level via WebNAP, pending development of a patient level data set specifications for ancillary services via EDWARD.

The pathology and imaging diagnostic services that are covered by this arrangement are classified to the following service unit establishment type categories:

13.01 Pathology (Microbiology, Haematology, Biochemistry) Diagnostic Unit (NHDD Code 30.05)

13.03 Radiology / General Imaging Diagnostic Unit (NHDD Code 30.01)

13.04 Sonography / Ultrasonography Diagnostic Unit (NHDD Code 30.01)

13.05 Computerised Tomography (CT) Diagnostic Unit (NHDD Code 30.03)

13.06 Magnetic Resonance Imaging (MRI) Diagnostic Unit (NHDD Code 30.02)

13.07 Nuclear Medicine Diagnostic Unit (NHDD Code 30.04)

13.08 Positron Emission Tomography [PET]) Diagnostic Unit (NHDD Code 30.06)

13.14 Public Health Laboratory Service Unit (NHDD Code 30.05)

Clinical measurement diagnostic services must transition to reporting at the patient level via EDWARD in line with the strategy and timeframes for all other clinical / therapeutic services. The clinical measurement diagnostic services that are covered by this arrangement are classified to the following service unit establishment type categories:

13.15 Clinical Measurement – Respiratory Diagnostic Unit (NHDD Tier 2 - 30.08)

13.16 Clinical Measurement – Cardiology Diagnostic Unit (NHDD Tier 2 - 30.08)

13.17 Clinical Measurement – Neurology Diagnostic Unit (NHDD Tier 2 - 30.08)

13.18 Clinical Measurement – Urology Diagnostic Unit (NHDD Tier 2 - 30.08)

13.19 Clinical Measurement – Renal Diagnostic Unit (NHDD Tier 2 - 30.08)

13.20 Clinical Measurement – Ophthalmology Diagnostic Unit (NHDD Tier 2 - 30.08)

13.21 Clinical Measurement – Vascular Diagnostic Unit (NHDD Tier 2 - 30.08)

13.22 Clinical Measurement – Bone Mineral Density Diagnostic Unit (NHDD Tier 2 - 30.08)

13.23 Clinical Measurement – Endocrine Diagnostic Unit (NHDD Tier 2 - 30.08)

13.24 Clinical Measurement – Gastroenterology Diagnostic Unit (NHDD Tier 2 - 30.08)

13.26 Clinical Measurement – Sleep Diagnostic Unit (NHDD Tier 2 - 30.08)

13.99 Clinical Measurement - Diagnostic Unit, not elsewhere classified (NHDD Tier 2 - 30.08)

Emergency Department Services

Emergency department services for emergency departments with an electronic information system supporting clinical services and patient management are to be reported to the Emergency Department Data Collection at the patient level.

Emergency Medical Units must report activity to the Admitted Patient Data Collection. The Emergency Medical Units that are covered by this arrangement are classified to the following service unit establishment type categories in HERO:

18.07 Emergency Medical Unit

18.08 Rural Emergency Medicine Unit

Consultation Liaison Services

Consultation liaison services are not mandatory for reporting and may continue to be reported at the summary level via WebNAP, or reported at the patient level via EDWARD.

The consultation liaison services covered by this arrangement are classified to the following Service Types:

258 Service Provided to Admitted Patient

259 Service Provided to Triaged ED Patient

Case conferences

Case conferences where the patient does not participate must be reported at the patient level via EDWARD (i.e. services with a Modality of Care Code 6 – No Client Contact – Case Conference).

1.4 File Format Options

EDWARD supports reporting of non-admitted patient activity via one of two file format options

1. EDWARD NAP Minimum (Flat File) Data Set – Version 2 format
2. EDWARD NAP Maximum (Multi-File) Data Set – Version 2 format.

Classifications standards and data element definitions are identical for those data elements that are in scope of both file formats.

1.4.1 Option 1: EDWARD NAP Minimum (Flat-File) Data Set – Version 2 format

EDWARD NAP Minimum (Flat File) – Version 2 format is an extract format for source systems other than iPM, Cerner and CHIME, or drug and alcohol and specialist mental health services.

Any new non-admitted patient source system implemented by LHD / SHNs after 1 July 2015, or any project to build a non-admitted patient extract from an existing source system that has not delivered a WebNAP patient level extract to user acceptance test stage by 30 June 2015 should use this file format for reporting.

All source systems used to record non-admitted patient services that are in scope of the mandatory reporting requirements for patient level data described in Policy Directive 2013_10 are expected to report data via this file format no later than 30 June 2017.

All source systems used to record non-admitted patient services that are requested to create new non-admitted patient activity extracts after 1 July 2015, for business units that require the reporting of additional data elements concepts that are accommodated within the scope of the full extended EDWARD NAP Minimum (Flat File) extract format (see Appendix D) should implement the EDWARD NAP Minimum (Flat File) extract format, rather than develop an additional non-admitted patient extract.

All existing source systems that are able to accommodate a conversion of the WebNAP patient level extract into the EDWARD NAP Minimum (Flat File) extract format earlier than the deadline, such as during a source system upgrade that would require alteration or remediation of the WebNAP patient extract, should proceed with this conversion.

The interface requirements specification for this file format is published at the following URL:

- http://internal4.health.nsw.gov.au/ask/view_interfaces_external_information.cfm?ItemID=18807

1.4.2 Option 2: EDWARD NAP Maximum (Multi-File) Data Set – Version 2 format

The EDWARD NAP Maximum Data Set must be used for reporting for all service units recording activity on Cerner, CHIME or iPM Patient Administration System (PAS).

Both CHIME and iPM have an established EDWARD NAP Maximum (Multi-File) Data Set – Version 2 format extract deployed to production and scheduled to report activity to EDWARD on a nightly basis using a "changed data capture" methodology. This methodology supports data correction in the source system record only.

It is expected that there will be instances of non-compliance with the build guide for EDWARD extracts and 1 July 2015 EDWARD non-admitted patient classification standards outlined in the 'EDWARD Non–Admitted Patient Classification Standards' information bulletin, and additional requirements for extract enhancements to utilise functionality available in higher versions of these source systems.

LHD/SHNs that use iPM or CHIME will need to make the relevant staff resources available to make State Base Build decisions and to specify and agree on any state extract enhancement requests required to comply with the mandatory reporting data elements. In addition, IT support resources will need to be allocated to make any local build configuration changes, train and communicate with staff, test and deploy build configuration and EDWARD extract enhancements. Implementation of changes and work practices necessary to comply with the mandatory data elements for reporting is required by 30 June 2017.

As Cerner extracts have not yet been delivered, reporting from Cerner PAS will require the use of WebNAP extracts with the use of the '*EDWARD mLoad Tool*' to convert the file to an EDWARD compliant format. eHealth NSW is expected to convert WebNAP extracts to EDWARD extracts in during 2016/17 in alignment with the 30, June 2017 decommissioning of the *EDWARD mLoad Tool*.

The interface requirements specification for this file format is published at the following URL:

- http://internal4.health.nsw.gov.au/ask/view_interfaces_external_information.cfm?ItemID=13095

1.5 Key technical differences between WebNAP and EDWARD extracts

1.5.1 Primary key fields

The primary key for a non-admitted service in WebNAP is based on numerous business data elements. This means that when a user changes a value in the source system and the data is re-extracted and reported to WebNAP, WebNAP may treat it as new service record rather than as an update of an existing service record. This can lead to duplicates unless all data is periodically deleted from WebNAP, re-extracted from the source system and reloaded into WebNAP.

EDWARD has an immutable set of 4 primary key fields which make each non-admitted patient service record unique across the state. The primary key fields are fields that are not intended to be entered by front line staff, but rather are unique record identifiers in the source system itself. This immutable primary key supports automated insert, update and delete processes.

1.5.2 Data Correction and replacement

With WebNAP, system administrators or data submitters may make manual correction to records after extraction from the source system and before loading to WebNAP.

With EDWARD reporting there is no data entry interface for data corrections or the manual addition of records. All additions, deletions and modifications to records must be done on the source system.

1.5.3 Container header file

WebNAP extracts have no container / batch header file. The files must be carefully managed to ensure they are loaded in the correct order. Staff must manually check that the file has not been corrupted during transfer and manually load the file and ensure it loads all the way through the WebNAP system without failures.

EDWARD requires a container header file and uses the information provided in the container header to automatically check the file content, process the file in the correct order and track it through to the core storage data base. The container header file provides EDWARD with the information required to automatically identify the type of data being provided and the actions it needs to take to process the file (such as whether it should process it as a changed data capture file, or a period replace file). It also includes information that verifies that the file has not been corrupted, such as a record count.

1.5.4 Container sequence number

When reporting patient level data to WebNAP extracts could be loaded in any order. There is nothing in a WebNAP file that indicates the order it was extracted from the source system, and files can be missed leaving considerable periods of unreported activity.

When reporting to EDWARD each container must be have a unique container sequence number and each extract must increment the container sequence number by one. If EDWARD receives a container and determines that a sequence number has been repeated or skipped the file loading will fail until the issue is resolved. An alert is sent to the EDWARD administration team who will contact the LHD / SHN nominated representatives.

1.5.5 Order and position of data elements within the extract

When reporting patient level data to WebNAP the file format had to contain every data element in the specified order or position within the file.

When reporting non-admitted patient data via EDWARD it is not necessary to order the fields in the recommended order of the interface requirements specification, or to include every data element in scope of the interface requirements specification (other than those flagged as mandatory).

When loading the non-admitted patient data reported via the EDWARD NAP Minimum Data Set extract or via the EDWARD NAP Maximum Data Set extract, EDWARD determines the order of data from the order presented in the Header row. If a data

element is not presented in the header row, EDWARD assumes there is no data in the data rows for that concept.

In the EDWARD extracts it is essential that the data element physical names in the header row are exactly as prescribed, and that the data row order matches the header row order. EDWARD uses the physical data element name, rather than field order, to determine the field within EDWARD that data needs to be loaded into.

1.5.6 Field delimiters

When reporting to WebNAP a comma (“,”) must be used as the field delimiter. This is a common character used in free text fields, such as street address and therefore, unless double quotes are reported around the text fields, data for records with a comma in free text fields would load into the wrong field and/or records would be rejected.

In EDWARD a tilda (“~”) must be used as the field delimiter. This character is rarely used by front line staff in free text fields. Double quotes around the text field may continue to protect against record format failures caused by front line staff entering a tilda into a free text field, however the use of tilda instead of a comma reduces the chances of load errors even when quotes are not used around free text fields.

1.5.7 EDWARD load type options

WebNAP only allows for data to be reloaded over the top of existing data, or to be first manually deleted then reloaded.
EDWARD extracts can be provided via one of two methods. The method used should be determined by the sophistication of the source system. The two methods of data supply are:

- Period replace method
- Changed data capture

It is recommended that either one or the other be used for each source system on a permanent basis.

1.5.7.1 Period replace method

The period replace method is closely aligned to the manual method used to supply data to WebNAP. It is suitable for basic source systems that are unable to track records that have been inserted, modified or deleted.

The EDWARD period replace method supports both the correction of data errors outside the source system after the data has been extracted and correction of data errors in the source system followed by re-extraction and resupply of the period of data to EDWARD.

In the period replace method the source system will send EDWARD all service events between a designated service event start date / time and designated service event end date / time. It is an administrator or data coordinator’s responsibility to determine the periods of data that need to be resupplied to EDWARD. This can be difficult to determine where there is a practice of retrospective data entry, particularly if it is well after the service event date.

When EDWARD receives a period replace extract, records with a service event start date/time between the container start and end date / time already in EDWARD will be aged and replaced by the records supplied in the new extract. If the records are being supplied via this method for the first time, all records in the file will simply be loaded into EDWARD.

The key differences between this method and the WebNAP method are:

- All service event records for all service units of all hospitals and community health organisations using that source system build must be provided in the same file for the reporting period specified in the container header record.
- In WebNAP an administrator has to manually delete a period of data before supplying the replacement data. In EDWARD all records with service event start dates between the container header record's period from date and period to dates will be aged automatically before the replacement data is reloaded.

1.5.7.2 Changed data capture method

To use the changed data capture method the source system must be capable of tracking the records that have been inserted, updated or deleted since the last extract was run. The source system must then extract all the records that have been inserted, updated or deleted since the last EDWARD extract was run and submit only those new, changed or deleted records to EDWARD. For deleted records, it must be capable of sending the primary key field and an action type of "D" for "delete".

WebNAP does not support changed data capture as it does not have an immutable primary key.

EDWARD supports changed data capture method of data supply and this is the usual method used for reporting to EDWARD.

The changed data capture method is typically set up to be an automated extract that runs in the background on a pre-set schedule with no user intervention. Therefore every record a user adds, updates or deletes in the source system since the previous extract will be sent to EDWARD in the next extract .

Due to the volume of data that is covered by the non-admitted patient data collection, and the aim to have source systems and EDWARD reconcile as soon as is practicable, the changed data capture method is the preferred method. While it may require more initial effort to specify, develop and test the change data capture method, it requires minimal intervention or manual file handling and monitoring once established.

1.5.8 Extract file service unit coverage

When reporting via WebNAP a single file could cover one or more service units and a single file could contain records from multiple source systems. Large files could be made smaller and more manageable by limiting the number of service units included in one file.

When reporting via EDWARD a single file / container should contain service records for all service units using a single source system. For a period replace extract the file must include all services with a service event start date between the reporting period start

and end date indicated in the container header record, for all service units using that source system. For a changed data capture extract the file must include all records that were added, updated or deleted since the last EDWARD extract, for all service units using that source system.

If file size becomes an issue for reporting via EDWARD it is best addressed by reducing the selected period of the file / container.

1.5.9 Transfer of Files

When reporting non-admitted activity to WebNAP staff must manually upload each file to WebNAP via a file upload screen within the WebNAP application. This has file size limits and has been found to fail frequently.

EDWARD requires extract files (consisting of both a container header file and a service event data file) to be transferred via File Transfer Protocol (FTP) to a designated EDWARD server drop zone folder. This file transfer can be automated by source systems and be implemented as a step that immediately follows the completion of an extract produced on regular pre-determined schedule. Alternatively the file can be manually transferred to the EDWARD drop zone.

Once a file lands in the EDWARD drop zone an automated process within the EDWARD framework will poll the drop zone folder looking for the next files to process for each data stream and from each source system. When it identifies a set of files consistent with the file name and container sequence number it expects to receive next, it will pick up the next file for processing and start the processing.

1.5.10 Monitoring of file loading

When loading files to WebNAP LHD/SHN staff must monitor the loading and frequently take action to resolve loading failures.

The processing of data reported to EDWARD is monitored by eHealth's EDWARD Application Support Team. It is the Support Team's responsibility to monitor the processing queues and take action and report back to the LHD/SHN about any load failures.

1.5.11 Support arrangements

When data is reported via WebNAP, application support services are provided by the HealthShare NSW Technical Services Centre (TSC) team located in Ministry of Health and the Ministry of Health's Health Systems Information and Performance Reporting Branch.

When data is reported via EDWARD, application support services are provided by eHealth's EDWARD Application Support Team. All EDWARD application support services are logged, tracked and managed through the State Wide Service Desk.

To log an issue with the application or data or to receive an EDWARD application support service, LHD / SHN staff should raise an issue / incident (service request ticket) via the HealthShare State-wide Service Desk (SWSD). It is recommended that LHD / SHN staff contact their EDWARD Coordinator about the issue before logging any tickets

on State Wide Service Desk. The EDWARD Coordinator has access to the State Wide Service Desk to log the ticket.

SWSD tickets can be logged by phoning the SWSD Team on 1300 28 55 33 or logging the ticket directly into the State Wide Service Desk and allocating it to the “HSS EDWARD” group.

All correspondence that needs to be referred back to the LHD / SHNs by the eHealth EDWARD Application Support Team will be via the local EDWARD Coordinator. It will be the EDWARD Coordinator’s responsibility to establish communication protocols with the local source system support teams and non-admitted patient data collection coordinators.

1.5.12 Differences pertaining to Individual Service Provider Discipline / Specialty

A number of non-admitted patient source systems have traditionally made front line staff record their provider type for every service provided. This is an unnecessary data entry burden on front line staff and has the potential to negatively impact data quality.

To reduce data entry burden on front line staff and support data quality individual service provider disciplines / specialties should be set up in source systems against each individual service provider rather than entered by front line staff or clinicians against each service provided. Where this is possible, the front line staff would record the individual provider providing the service (by name or failing this the generic role or position), and the EDWARD extract would be programmed to insert the individual service provider discipline / specialty at the time of data extraction.

Where the source system does not comply with the above methodology and requires the front line staff to enter their Individual Service Provider Discipline / Specialty for every service they provide, the Individual Service Provider Identifier field will need to be hard coded in the extract as a concatenation of the Service Unit HERO ID and the Individual Service Provider Discipline Specialty Code.

1.6 Data validation and error management improvements

There are a number of differences in the way data quality is managed in WebNAP compared with EDWARD.

1.6.1 WebNAP methodology

To be able to load data into WebNAP the local WebNAP System Administrator must anticipate, for each service unit, all possible combinations of business responses to a number of data elements in scope of the patient level data collection, including modality of care, provider type, service type, and funding source. These response combinations are set up by the system administrator as ‘Service Options’ against the Service Unit.

In theory WebNAP Service Options prevent reporting of invalid data by stopping it from being loaded if the responses do not match one of the service options set up for a service unit. The system administrator must then review the records and either add another service option and re load the data, or modify the service event such that it matches a service option already available for that service unit.

Typically data was changed after it had been extracted from the source system, in Excel spread sheets and other file editors.

1.6.2 EDWARD methodology

EDWARD will load all records with a valid primary key as they are presented to it (regardless of data quality), and will only reject records where the service event primary key is not provided. A request for service / referral record will also not be loaded if the request for service record primary key is not provided, however other service event related data elements on the same record will be loaded even if the request for service primary key is not provided.

At the time of loading the data EDWARD will apply a standard set of data validation rules. These check that all fields that have been documented as business or database mandatory are present, that data elements reported as codes are valid codes in the classification, and that the data type provided is compliant with the specified data type format.

As further state-wide business rules are defined and agreed (such as invalid combinations of data element codes) additional validation checks will be added and applied by EDWARD.

Each error will be stored in EDWARD, and remain associated with the non-admitted patient service record, until the record is resupplied with a valid response and the validation rule is satisfied. On receipt of a replacement record with the validation rule satisfied, the error log record will be aged and no longer appear on error reports.

If the changed data capture data supply method is used, correction of data errors must be made in the source system. An update to the record will trigger the resupply to EDWARD of the corrected record. This methodology mirrors that used in the Health Information Exchange(HIE) for the Admitted Patient Data Collection. In the case that the LHN/SHNs do not have the resources or ability to correct errors, the record will remain in EDWARD with the error and affect ongoing data analysis and reporting.

If the period replace data supply method is used, correction of data errors may either be made in the source system, or could be manually made in the extract file outside the source system. This methodology mirrors that used for submission of corrections or final data to WebNAP. The period replace method of supply to EDWARD requires the file to contain every service record for the reporting period, including both the original records and records that have been corrected.

All errors logged against non-admitted patient data submissions will be provisioned to EDWARD's data error data mart. The Ministry of Health will provide state standard error reports, and LHN / SHNs will be able to utilise these reports, or develop their own additional error reports against the same data error data mart. These reports will be partitioned and / or sorted by health organisation and service unit.

EDWARD will not be able to log any errors for individual service units in the same way service options could in WebNAP, but it can apply state wide equivalents based on a common field, such as the service unit level establishment type of the service unit or the national Tier 2 Service Type of the service unit. Such business rules will therefore need to be agreed by all LHN / SHNs.

The EDWARD methodology emphasises the need to change source systems to support front line staff and prohibit the entry of invalid values for a particular service unit, rather than making it a problem for data management staff who may not have access to the patient records or knowledge of the service to determine the correct response.

2 IMPLEMENTATION PHASE 1: REPORT CURRENT SCOPE VIA EDWARD AND DECOMMISSION WEBNAP

2.1 Phase 1 Implementation Overview

The transition of reporting from WebNAP format to the EDWARD format involves the following changes to the existing extract:

- Introduction of EDWARD control and audit fields – See Section 2.4.1
  Introduction of immutable primary key fields – See Section 2.4.2
  Introduction of client data stream linkage foreign key fields – See Section 2.4.4
  Translation of codes from the WebNAP to EDWARD classifications for selected data elements – See Section 2.6
- Translation of the header row field name (from the WebNAP physical name to EDWARD physical name) – See Appendix A.

A full list of EDWARD classification categories and codes is provided in the separate 'EDWARD Non–Admitted Patient Classification Standards' Information Bulletin, however implementation of all categories only needs to be completed in Implementation Phase 2.

2.2 Interim reporting arrangements for specific clinical streams

2.2.1 Specialist Mental Health Services

The non-admitted patient services provided by mental health services must continue to be reported to the Health Information Exchange (HIE) in the "CHAMB" and "MHOAT" extract formats.

From 1 July 2015, the non-admitted patient activity of specialist mental health service units are not required to be reported via WebNAP, at either the patient unit record level or summary level.

The mandate to report to the CHAMB and MHOAT data collections is long standing and outlined in the following policy directives:

- Mental Health Ambulatory (MH-AMB) Data Collection Reporting and Submission Requirements 1 July 2006 (PD2006_042; June, 2006)
- Mental Health Outcomes & Assessment Tools (MH-OAT) Data Collection Reporting Requirement 1 July 2006 (PD2006_041; June, 2006)

HSIPR will source the non-admitted patient activity data for the calculation of the Mental Health NWAU and monthly Service Agreement Performance Reports from activity reported via the HIE.

While LHD / SHNs already have well established access to these data in the HIE to meet their local reporting needs the calculations of mental health NWAU will be provided to LHD / SHNs under a separate process managed by InforMH (HSIPR) which includes the provision of patient level files including NWAUs and summary NWAU reports by LHD / SHN.

Full integration of the mental health collections into EDWARD, and decommissioning of reporting via HIE, is in scope of Implementation Phase 3. These services will need to be reported in the EDWARD Non-admitted Patient Maximum Data Set relational file format.

The specialist mental health services that are covered by this arrangement are provided by the service units that are classified to the following service unit establishment types in HERO.

26.01 Mental Health Acute Unit (NHDD Code 40.34)

26.02 Mental Health Consultation Liaison Unit (NHDD Code 40.34)

26.03 Mental Health Emergency Care Unit (NHDD Code 40.34)

26.04 Mental Health Early Intervention Unit (NHDD Code 40.34)

26.05 Mental Health Promotion / Illness Prevention Unit (NHDD Code 40.34)

26.06 Mental Health Research Unit (NHDD Code 40.34)

26.07 Mental Health General Service Unit (NHDD Code 40.34)

26.08 Mental Health Rehabilitation Unit (NHDD Code 40.34)

26.09 Mental Health Extended Care Unit (NHDD Code 40.34)

26.10 Mental Health Non-Acute Care Unit (NHDD Code 40.34)

26.15 Specialist Mental Health Allied Health / CNS Unit (NHDD Code 40.34)

2.2.2 Drug and alcohol health services

Drug and alcohol non-admitted patient services must continue to be reported to WebNAP (ongoing from 1 July, 2015) but transitioned to reporting via EDWARD by the end of Phase 1. This is required to enable the allocation of the appropriate non-admitted patient NWAU.

In addition, drug and alcohol treatment episodes must be reported to the HIE in line with the mandatory reporting requirements outlined in the '*Data Dictionary & Collection Requirements for the NSW MDS for Drug and Alcohol Treatment Services*' Policy Directive (PD2015_14; April, 2015).

In Implementation Phase 3 the reporting of both drug and alcohol non-admitted patient services and treatment episodes will be accommodated in the EDWARD Non-admitted Patient Maximum Data Set (Version 3) relational file format, and the reporting of drug and alcohol treatment episodes via HIE will crease.

2.2.3 Oral health services

From 1 July 2015, the non-admitted patient activity of specialist oral health service units are not required to be reported via WebNAP at either the patient unit record level or summary level.

HSIPR will source the non-admitted patient activity data for the calculation of the dental NWAU (also known as the DWAU) and monthly Service Agreement Performance Reports from activity reported via the HIE.

The reporting of oral health activity at the patient level via EDWARD will be aligned to the migration of oral health services from ISOH to the new strategic source system. The non-admitted patient data collection will be extended to include the full range of data elements for oral health services, in Implement Phase 3.

The oral health services that are covered by this arrangement are classified to the following service unit establishment type categories in HERO:

28.01 Oral Health / Dental, nfd Procedure Unit (NHDD Code 10.04)

28.02 Oral Health / Adult Dental Procedure Unit (NHDD Code 10.04)

28.03 Oral Health / Child Dental Procedure Unit (NHDD Code 10.04)

28.04 Oral Health / Combined Adult and Child Dental Procedure Unit (NHDD Code 10.04)

2.3 Extract reporting change - Implementation Phase 1

The table below shows the extent of the transition through a comparison of the WebNAP and EDWARD extract reporting requirements.

Comparison Item	EDWARD	WebNAP
File preparation and loading		
Requires container header file?	Yes	No
Manual or automated file transfer and loading?	Automated	Manual
Support / Maintenance		
Requires on-going manual maintenance of 'service options'	No	Yes
Number of fields to maintain in each 'Service Options'	N.A.	24
Supported by eHealth NSW (via State Wide Service Desk)	Yes	No
Supports correction of errors in source system	Yes	No
Fails data load if any data errors exist in data	No	Yes
Manual or automated resubmission and delete handling	Automated	Manual
Service Event file comparison WebNAP versus EDWARD Phase 1		
Number of control / audit fields	6	0
Number of primary key fields	6	0

Comparison Item	EDWARD	WebNAP
Number of service event fields	15	30
Minimum number of client details required on service event	3	15
Client details reported via nightly EDWARD Client Characteristics Data Stream		
Number of client detail fields	14	N.A.
Total fields to be reported across all files		
Including source system derived & 'service option' fields	44	69
Excluding 'service options' fields only	44	45
Excluding source system derived and 'service option' fields	31	32
Excluding source system derived and 'service option' and client details fields reported via EDWARD Client Data Stream	18	32

2.4 Minimum mandatory fields

The list of data elements in the sections below describe the minimum mandatory fields that must be reported to EDWARD.

Many of these data elements are currently being reported to WebNAP or are reported as mixed concepts in one field (separated in the list below and marked with a @ sign). Fields not currently reported via patient level WebNAP extracts but required by EDWARD are marked with a #.

2.4.1 EDWARD control and audit fields

The following control and audit fields must be reported for every record reported via an EDWARD extract:

Control and audit fields

- Record Source System Code #
- Container Sequence Number #
- Source Record Create Date/time #
- Source Record Modified Date/time #
- Action Type #

2.4.2 EDWARD primary key fields

The following fields form the primary key of each non-admitted patient service record. They are used to uniquely identify each service, and automate the insert, modify and delete processes previously managed manually in WebNAP.

Service Event Record Primary Key Identifier

- Service Event Type Code #
- Service Event Source Identifier #

- Service Encounter Record Identifier #
- Service Event Record Identifier

2.4.3 Request for service and non-admitted patient service detail fields

The following are the minimum fields required to describe the waiting times and service details:

Referral / Request for Service Details

- Request for Service Source Identifier #
- Request for Service Records Identifier #
- Request Source Type Code
- Request Correspondence Date
- Request Received Date

Non-Admitted Patient Service Details

- Responsible Service Unit HERO Identifier
- Responsible Service Unit's Record Flag #
- Client Identifier Type Code
- Client Identifier Issuing Authority #
- Client Identifier
- Service Event Start Date / time
- Service Event End Date / time
- Initial or Subsequent Service Code
- Service Contact Mode Code @
- Group Session Flag @
- Non-admitted Patient Service Type Code
- Primary Setting Type Code
- Individual Service Provider Identifier (at least 1 and up to 10)#
- Individual Service Provider Discipline Specialty Code (at least 1 and up to 10)
- Financial Class Code
- Medicare Benefit Scheme Item Numbers (up to 5)

2.4.4 Client Registration fields

Client characteristics data elements that are in scope of WebNAP do not need to be reported on the EDWARD NAP Minimum Data Set extract if:

- the LHD / SHN have ensured their staff maintain all non-admitted patient client registration details effective at the time of each service event in the iPM PAS or Cerner HNA Millennium PAS EDWARD patient register, in line with the Client Registration Policy Directive (PD2007_094; December, 2007) and Guidelines (GL2007_024; December, 2007); and
  the source system used to record the service event is integrated with in the iPM PAS or Cerner HNA Millennium PAS EDWARD patient register via HL7 client registration and update messaging, and
  the "Client Identifier Type Code", "Client Identifier Issuing Authority" and "Client Identifier" fields on the EDWARD NAP service event record match the client characteristics details reported to EDWARD via the iPM PAS or Cerner HNA Millennium PAS EDWARD Client Registration Data Stream, and
  the LHD / SHN has conducted user acceptance testing and reconciliation that verifies the reporting requirements have been met through the rationalised approach to reporting via EDWARD.

The following additional client registration data elements that are in scope of the WebNAP patient extract do not need to be included in scope of the EDWARD NAP Minimum Data Set extract if the criteria above is met:

Fixed demographics

- Client Department of Veterans' Affairs Cover Type Code
- Client Department of Veterans' Affairs File Number
- Client Date of Birth
- Client Sex Code
- Client Country of Birth Code

Variable demographics – updates must be recorded as they change

- Client Legal Given Name
- Client Legal Middle Names
- Client Legal Family Name
- Client Indigenous Status Code
- Client Usual Residential Street Address
- Client Usual Residential Suburb / Locality
- Client Usual Residential State / Territory Abbreviation #
- Client Usual Residential Postcode
- Client Usual Residential Address Country Code #

Where client registration fields are reported via the client characteristics data stream from iPM or Cerner HNA Millennium, the variable demographics must be updated in iPM or Cerner HNA Millennium as they change to maintain a record of the client's details at the time of the service.

As these data elements are currently mandated for reporting to WebNAP (unless marked with a #), this is a rationalisation of non-admitted patient activity reporting requirements.

2.4.5 Other WebNAP fields not required by EDWARD

In addition to client registration fields outlined above, the following fields that are in scope of WebNAP patient level extracts are not required by EDWARD:

- Service Unit Name
- Facility Name
- Service Type Name
- Provider Type Name
- Setting Type Name
- Modality of Care Name
- Funding Source Name
- Source of Referral Name
- Country of Birth Name
- Aboriginality Status
- Financial Group Name
- AUID (as a duplicated separate field)
- Facility MRN (as a duplicated separate field)
- Booking Date / Time
- Facility Code
- Service Unit Code (WebNAP Service Unit ID)

2.5 Streamline the reporting STI / HIV / HCV services

From 1 July 2015, the sexually transmissible infections, viral hepatitis, human immunodeficiency virus (STI / VH / HIV) data collection requirements will align to the non-admitted patient data collection classification standards for all data elements that are common to both collections.

In order to avoid the manual extraction, cleansing and validation processes currently in place for reporting sexually transmissible infections, viral hepatitis, human immunodeficiency virus (STI / VH / HIV) services Implementation Phase 1 will include the fields below to streamline reporting of STI / VH / HIV services:

- Client Anonymous Linkage Key
- Clinical Trial Service Flag
- Client Transgender Status Code

- Client Interpreter Required Flag
- Client Preferred Language Code
- Communicable Disease Service Value (01 to 09)

The following should be noted in relation to the reporting of data pertaining to these services:

"Age Range" is no longer required as it can be derived from the client's Date of Birth.

- "Session Type" is replaced by "Modality of Care Code" field.
- COMMUNICABLE_DISEASE_SERVICE_VALUE_01 to COMMUNICABLE_DISEASE_SERVICE_VALUE_09 fields cover the existing concepts reportable to the Human Immunodeficiency Virus, Viral Hepatitis, and Sexually Transmissible Infections Data Collection. Details about the concepts to be reported in these fields are not covered by this information bulletin and will be communicated separately.
- "Client Anonymous Linkage Key" has been added to allow these services to report such a key in a dedicated field rather than the WebNAP Client Identifier / Area Unique Identifier / Medical Record Number field which is reserved for identifiers issued or maintained in the LHD/SHN's PAS.

The EDWARD Community Health and Outpatient Care Minimum (Flat File) Data Set – Version 2 extract format has been designed to cater for additional data element concepts that are expected to be mandated for reporting from 1 July 2016 to enable the monitoring of population health and associated programs.

Selected services may elect to report the extended data concept set earlier than 1 July 2016 on an optional trial basis, via the EDWARD Community Health and Outpatient Care Minimum (Flat File) Data Set – Version 2 extract format, as agreed with the Centre for Population Health.

2.6 WebNAP to EDWARD classification conversion details

This section provides the WebNAP to EDWARD classification conversion details for the 7 data elements that must be reported to EDWARD using a different code or classification than when reported to WebNAP. The *EDWARD mLoad Tool* will alias the WebNAP classification to the EDWARD classification meaning the EDWARD classification will be utilised in EDWARD for storage and reporting but WebNAP classifications are to be used for reporting until an LHD / SHN has transition to EDWARD reporting (required by at least the end of Phase 2).

The requirements for reporting the Non-Admitted Patient Data Collection via EDWARD will change for the following seven data elements:

1 Client Sex Code (equivalent of WebNAP "Gender")

2 Client DVA Card Type Code (equivalent of WebNAP "DVA Card Type")

3 Client Identifier Type Code (equivalent of WebNAP "AUID/MRN Flag"

4 Service Contact Mode Code (equivalent of WebNAP "Modality of Care")

5 Group Session Flag (equivalent of WebNAP "Modality of Care")

6 Financial Class Code (equivalent of WebNAP "Financial Group" and "Funding Source")

7 Individual Service Provider Discipline / Specialty Code (equivalent of WebNAP "Provider Type")

The final classifications for reporting NAP service events to EDWARD for the data elements covered by this Guideline are outlined in the 'EDWARD Non–Admitted Patient Classification Standards' information bulletin.

2.6.1 Client Sex Code

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP - 'Gender' Codes / Descriptive Labels
1	Male	"Male", "2", "M"
2	Female	"Female", "1", "F"
3	Indeterminate	"Indeterminate", "3" or "I"
9	Unknown	"Not Stated", "NotStated", "9", "U".

2.6.2 Client DVA Cover Type Code

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP - 'DVA Card Type' Codes / Descriptive Labels
G	Gold	"Gold"
W	Female	"White"
O	Orange	"Orange"

2.6.3 Client Identifier Type Code

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP – 'Client / Patient Identifier Type' Codes / Descriptive Labels
004	Area Unique Person Identifier	"1" (Area Unique Person Identifier)
016	Medical Record Number (Local)	"2" (Facility Medical Record Number)

2.6.4 Service Contact Mode Code

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP – 'Modality of Care' Codes / Descriptive Labels
1	Face to Face / in person	"1" (Face to Face – Individual) or "2" (Face to Face – Group)
2	Telephone	"3" (Telephone – Individual) or "A" (Telephone – Group)
4	Email	"5" (Email – Individual)
5	No client contact - case conference	"6" (No Client Contact – Case Conference)
6	No client contact - case planning &	"7" (No Client Contact – Case Planning & Review)

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP – 'Modality of Care' Codes / Descriptive Labels
	review	
7	Postal / courier service	"C" (Post / Courier – Individual)
8	Other Technology, not elsewhere classified	"D" (Other technology – Individual)
P	Telehealth / Videoconference - Patient End #	"F" (Telehealth / Videoconference – Individual – Patient End) # or "H" (Telehealth / Videoconference – Group – Patient End) #
C	Telehealth / Videoconference - Consultant End #	"G" (Telehealth / Videoconference – Individual – Consultant End) #or "I" (Telehealth / Videoconference – Group – Consultant End) #
3	EXPIRED: Telehealth / Videoconference	"4" (EXPIRED: Telehealth / Videoconference – Individual) or "B" (EXPIRED: Telehealth / Videoconference – Group) Note: This category has been expired on 30 June 2015. This category is for historical data that may be loaded into EDWARD.

From 1 July 2015, the reporting of the national Tier 2 Telehealth / Videoconference has been split into a patient end and a consultant end services. NSW will collect and derive this from the EDWARD Service Contact Mode or WebNAP Modality of Care to calculate the Version 4 2015/16 NWAU.

Note: # above indicates a new value required from 1 July 2015 to support national changes to NWAU allocation in 2015/16.

The "Modality of Care" concept in WebNAP has mixed concepts and each concept will be reported in separate fields ("Service Contact Mode Code" and "Group Session Flag") when activity is reported to EDWARD. If the source system currently stores both concepts in one field as per the WebNAP requirement, steps should be taken to modify the source system to collect each concept in a separate field after reporting to WebNAP has ceased.

2.6.5 Group Session Flag

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP – 'Modality of Care' Codes / Descriptive Labels
N	Individual Session	"1" (Face to Face – Individual) or "3" (Telephone – Individual) or "5" (Email – Individual) or "6" (No Client Contact – Case Conference) or "7" (No Client Contact – Case Planning & Review) or "C" (Post / Courier – Individual) or

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP – 'Modality of Care' Codes / Descriptive Labels
		"D" (Other technology – Individual) or "F" (Telehealth / Videoconference – Individual – Patient End) or "G" (Telehealth / Videoconference – Individual – Consultant End) or "4" (Telehealth / Videoconference – Individual)
Y	Group Session	"2" (Face to Face – Group) or "B" (Telehealth / Videoconference – Group) or "H" (Telehealth / Videoconference – Group – Patient End) or "I" (Telehealth / Videoconference – Group – Consultant End) or "B" (Telehealth / Videoconference – Group)

Note that the "Modality of Care" concept in WebNAP has mixed concepts and each concept will be reported in separate fields ("Service Contact Mode Code" and "Group Session Flag") when activity is reported to EDWARD. If the source system currently stores both concepts in one field as per the WebNAP requirement, steps should be taken to modify the source system to collect each concept in a separate field after reporting to WebNAP has ceased.

2.6.6 Financial Class

The financial / funding concept was reported via two fields when reporting via WebNAP.

When reporting via EDWARD only the financial group concept will be reportable, and the funding source will not be captured at the patient activity record level.

The specific funding program(s) that cover the services provided by a service unit may be reported against the service unit registration in HERO if the information is required for local reporting purposes.

EDWARD Category Code	EDWARD Category Descriptive Label	WebNAP Financial Group Code
NAN.01	NAP No–charge	"39"
NAN.01	NAP No charge – Outsourced to Private Sector	"263'
NAC.01	NAP Privately Referred MBS Claim	"152"
NAC.05	NAP DVA Card – Privately Referred MBS Claim	"32"
NAC.07	NAP DVA – No Direct DVA Claim	"401"
NAC.08	NAP DVA – Direct DVA Claim	"262"
NAL	NAP Compensable – Lifetime Care and Support	"264"
NAM.01	NAP Compensable – Motor Accident Authority – Not at Fault driver	"266"
NAM.02	NAP Compensable – Motor Accident Authority – At fault driver	"267"
NAM	NAP Compensable – Motor Accident Authority – Not further defined	"41"

NAT	NAP Compensable – Transcover	"42"
NAW	NAP Compensable – Workcover	"40"
NAO	NAP Compensable – Other	"44"
NAI.01	NAP Self Funded – NFD	"43"

Note: The categories above are the minimum categories for migration to EDWARD. Additional categories are required for implementation in Phase 2. Additional categories for implementation are outlined for implementation in Phase 2. The full classification is outlined in Appendix B and may be implemented in Phase 1 or 2.

2.6.7 Individual Service Provider Discipline Specialty Code

From 1 July 2015, an NWAU adjustment will be applied to in scope activity based funded service events with 3 or more different clinical / therapeutic individual service provider discipline / specialties reported. The classification is fully aligned to the classification for Provider Type reported via WebNAP.

To support the new NWAU adjustment, from 1 July 2015 additional individual service provider discipline specialty categories have been added to both EDWARD and WebNAP classifications to align them to the national standard issued by the Australian Bureau of Statistics (ABS) and those issued by the National E-Health Transition Authority (NEHTA).

The additional categories may result in the identification of additional service events that qualify as a multiple provider service and therefore attract the NWAU adjustment than might be identified through the broader historical categorisations.

When reporting non-admitted patient activity via EDWARD the individual service provider discipline / specialty of each health care provider that participates in the service event must be reported. This may be achieved by reporting a non-admitted patient occasion of service record for each individual provider, or reporting a multiple provider non-admitted service record with the individual service provider discipline / specialty of the main health care provider reported in the "01" provider position and the specialty / discipline of each additional provider reported successively in provider positions "02" to "10".

When implementing this classification in source systems only those discipline / specialty categories relevant to the clinicians that report activity via the source system need to be made available in that source system. This means that the changes below will not impact every source system. For example, all dental / oral health specialties would need to be implemented in a specialist oral health source system but not necessarily in a radiotherapy source system.

The new, expired and modified category changes to the classification are outlined in the Information Bulletin titled: '*Non-Admitted Patient Data Collection: Changes for Reporting Via WebNAP from 1 July 2015*' (IB2005_028; July, 2015). The full classification is provided in the 'EDWARD Non–Admitted Patient Classification Standards' Information Bulletin.

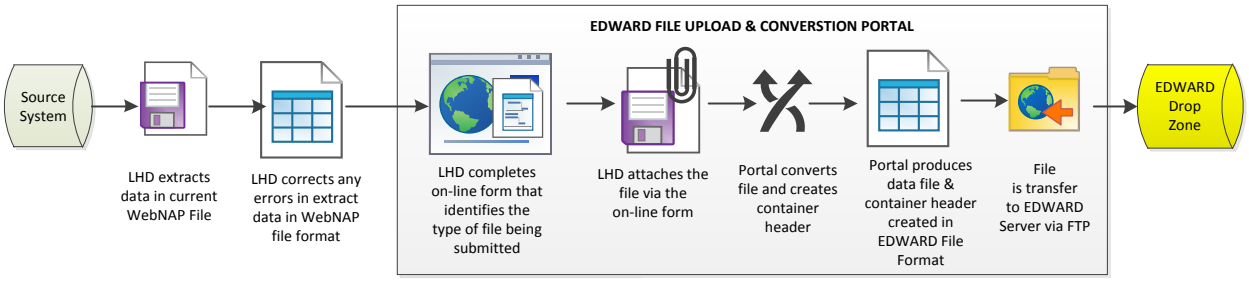
2.7 Implementation of Phase 1

2.7.1 EDWARD File Upload and Conversion Portal

The Ministry of Health will provide a file upload, conversion and transfer tool (the '*EDWARD mLoad Tool*') that will have functionality to convert WebNAP Patient Extract files into the EDWARD Extract file format. It will also create the container header files, and transfer the file to the EDWARD drop zones for extracts in either the WebNAP or the EDWARD format.

While this method will not require development of a container header, the user will need to manually enter the information required for the creation of a the container header through an on-line form.

The *EDWARD mLoad Tool* will contain no mechanism for correcting data errors or adding data values, but these may entered into the file before the data is first loaded, or resubmitted, via the tool.



2.7.2 Expiration date for interim option

Phase 2 of the implementation requires all source systems to transition to the EDWARD file format. The WebNAP file conversion component of the *EDWARD mLoad Tool* will therefore be decommissioned on 30 June 2017.

2.8 Decommissioning of WebNAP reporting

2.8.1 Decommissioning of WebNAP patient level reporting

LHD / SHNs can decide to report direct to EDWARD from a source system on an individual source system basis, as each source system's EDWARD extract is developed and the data in EDWARD is reconciled by the LHD / SHN.

LHD / SHNs will need to formally advise the Manager, Data Integrity and Governance, HSIPR of the LHDs / SHNs intention to report direct to EDWARD through an automated transfer. This will trigger the transition of performance reporting from WebNAP to EDWARD for service units using the designated source system.

3 IMPLEMENTATION PHASE 2: CONVERT SOURCE SYSTEM EXTRACTS AND CLASSIFICATIONS TO THE EDWARD FORMAT

3.1 Phase 2 Implementation Overview

Phase 2 of the implementation involves the alignment of classifications for existing data elements to full compliance with the EDWARD classification standards and introduces new classification categories to enable compliance with NSW Health onward reporting requirements, such as reporting to national minimum data sets.

Phase 2 also introduces some additional data elements that have been mandated for onward reporting but were not accommodated in WebNAP due to its pending decommissioning .

3.2 Extended minimum mandatory fields

During Phase 2 of the implementation, the following fields will become mandatory for reporting to the non-admitted patient data collection and must be reported by source systems:

- Client Participated Flag #
- Non-admitted Patient Care Type Code #
- Medicare Card Number
- Campus Service Location Identifier.

Note #: LHDs / SHNs were notified of the mandatory requirement to collect and report Client Participated Flag and Non-Admitted Patient Care Type Code in policy directive '*Non-Admitted Patient Reporting Requirements*' (PD2013_010; June 2013).

3.2.1 Client Participated Flag

Services where there is no client participation must be clearly identifiable because they are not eligible for NWAU payment. This rule is outlined in the IHPA NAP NWAU determination and Tier 2 Services Compendium.

As an interim measure an assumption about whether a client participated or not has been based on the values reported via the WebNAP '*Modality of Care*' field.

It has been assumed that only the two categories within this classification that represent activities rather than the modality by which the service was delivered (case conference and case management and planning) did not involve participation. In practice, patients are occasionally involved in case conferences and case management and planning activities.

The introduction of a separate "Client participated flag" field will enable well designed source systems to report this concept directly, and eliminate the need for assumptions to be made in the NAP NWAU calculation processes.

The introduction of this field also enables the removal of some of the multiple concepts collected in the mode of service delivery concept classification. This will enable source system builds to be simplified to capture the concept in the most appropriate way. It also enables the simplification of the Mode of Service Delivery classification.
Note: This field was mandated for reporting to EDWARD in 2013 via PD2013_10.

EDWARD extract physical field name: CLIENT_PARTICIPATED_FLAG

3.2.2 Non-Admitted Patient Care Type Code

The non-admitted patient care type is a field within the national data set specifications. It is currently derived from the service unit's establishment type. The concept identifies patients receiving palliative care services, rehabilitation services etc.

Mapping from the establishment type under-estimates the patients who are in sub-acute and non-acute care types. There are considerable number of rehabilitation and palliative care patients who would attend service units that are not being mapped to rehabilitation care type or palliative care type because the nature of the service unit does not indicate this (e.g. social work service unit does not map to palliative care even though they may provide considerable services to palliative care patients).

For these reasons, if this field remains a field of national importance, then it should be captured separately. At this point in time it is unlikely that any source system is capable of capturing this concept.

EDWARD extract physical field name: NAP_CARE_TYPE_NHDD_CODE

3.2.3 Medicare Card Number

The National Hospital Funding Pool Administrator requires the reporting of Medicare Card Number for data matching against MBS claims so that services are not funded both by Medicare and activity based funding arrangements outlined in the National Health Reform Agreement.

Medicare Card Number does not need to be reported via the EDWARD non-admitted patient extract if:

- The Client Identifier, Client Identifier Type Code and Client Identifier Issuing Authority have been reported on both the EDWARD non-admitted patient extract and the EDWARD Client Characteristics Data Stream, and
- The Medicare Card Number has been reported via the Client Characteristics Data Stream with effective dates covering the service event date.

EDWARD extract physical field name: CLIENT_MEDICARE_NUMBER

3.2.4 Campus Service Location Identifier

The Campus Service Location ID will allow LHDs / SHNs, Pillars and MOH to identify services delivered at a different health care campus than the service unit's / health organisation's base location.

The addition of the Campus Service Location Identifier will allow the minimum data set collection to support two different reporting needs – 1) costing and funding and 2) health service planning and population health monitoring.

The new fields will support the identification of outreach services. As such it will support the analysis and accountability of activity cost differentials, such as travel time overheads. It will also support analysis of the services available to population groups (e.g. rural towns).

As the base campus service location can be recorded in HERO, this field will also be able to be used with the HERO service unit base location to derive the national minimum data set item of "Service Delivery Setting". The two values are 1 (On the hospital campus of the healthcare provider) and 2 (Off the hospital campus of the healthcare provider).

The "Primary Service Delivery Setting", which is currently being used as a poor proxy for the national data element, will then continue to indicate the type of environment the service was delivered in (e.g. within the patient's home, within a hospital outpatient setting, or within a community health centre).

EDWARD extract physical field name: CAMPUS_SERVICE_LOCATION_ID

3.3 Classification extension and alignment

3.3.1 Financial Class classification extension

The following categories are new for reporting to EDWARD in order for NSW Health to fully comply with state and national reporting requirements. These were not separately identified in WebNAP but trigger different national reporting or local billing / funding arrangements. These categories should be introduced into source systems at the earliest opportunity and will be a mandatory requirement in the future.

EDWARD Category Code	EDWARD Category Descriptive Label
NAN.02	NAP Public Patient MBS Claim
NAN.09	NAP Service to Admitted Patient
NAN.12	NAP Service to Triaged Emergency Department Patient
NAN.03	NAP No Charge – Overseas Visitor Reciprocal Health Care Agreement
NAN.04	NAP No Charge – Medicare Ineligible Overseas Visitor Fees Waived
NAN.06	NAP No Charge – Prisoner / Detainee
NAI.01	NAP Charge Medicare Ineligible – Self Funded
NAI.02	NAP Charge Medicare Ineligible – Travel Insurance
NAC.03	NAP Charge – Medicare Eligible – Self Funded
NAC.09	NAP Charge – Medicare Eligible – Health Insurance Claim
NAC.06	NAP Charge – Department of Defence
NAN.08	NAP Charge – Recognised Health Care Scheme
NAC.02	NAP Charge – Overseas Student Health Insurance Claim
NAS	NAP Compensable – Interstate 3rd Party Motor Vehicle Accident

The following categories are reportable to EDWARD where the health service has provided services under a contract with a third party that has purchased the service from the LHD / SHN. These categories should be introduced into source systems at the earliest opportunity where the service units covered by the source system provide such services to a 3rd party. In WebNAP these services should have been reported under "43 - Self funded" to avoid double payment under Activity Based Funding purchasing arrangements.

EDWARD Financial Class Code	EDWARD Category Descriptive Label
NAX.01	NAP contract – Bill other NSW LHD / SHN
NAX.02	NAP contract – Bill public sector agency (other than NSW Health)
NAX.03	NAP contract – Bill interstate LHD
NAX.04	NAP contract – Bill private sector agency / organisation
NAX.05	NAP contract – Bill non–for profit agency / organisation (NGO)

3.3.2 Classification alignment for other data elements

Due to the number of source system and multiple data dictionaries for non-admitted patient activity reporting, source systems classification may not have been fully aligned Non-Admitted Patient Data Collection classification standards, even for reporting via WebNAP.

During Phase 2 of the implementation LHDs / SHNs should review current classifications in source system to ensure they are aligned to the EDWARD classification standards provided in the 'EDWARD Non–Admitted Patient Classification Standards' information bulletin.

This involves checking for missing or un-mappable categories and resolving any non-compliance so that local source system classification can map correctly to the EDWARD classification standards, and that users have the option to select all categories applicable to the services they provide.

4 IMPLEMENTATION PHASE 3: INTEGRATE ADDITIONAL REPORTING REQUIREMENTS FOR SPECIFIC CLINICAL STREAMS

4.1 Phase 3 Implementation Overview

Phase 3 of the implementation will involve integrating existing non-admitted patient data collections and retiring numerous data extracts, data repositories and non-standard reporting requirements.

During Phase 3 existing non-admitted patient data collections which have their own current extracts, data repositories, classifications and business rules will need to be incorporated into the EDWARD NAP Maximum (Multi File) extract file format or EDWARD NAP Minimum (Flat File) Extract file format.

Data elements covered by these data collections may be supplied to EDWARD during earlier implementation phases (Phase 1 or 2) to avoid overheads of engaging extract

developers multiple times. These data elements should only be incorporated during Phase 1 if it does not significantly delay the migration of WebNAP to EDWARD reporting or the source system is a dedicated source system for the clinical stream with the extended reporting requirements.

Full integration of all of these collections may commence any time from 1 July 2015 and must be completed no later than 30 June 2018 to enable decommissioning of the HIE.

4.2 Integrate collections via EDWARD NAP Minimum (Flat File) format

Candidate data collections that are covered by EDWARD NAP Minimum (Flat File) – Version 2 extract file format that will be integrated during this phase include:

- Communicable Disease (STI / HIV / AIDS / Hepatitis) Data Set Extension
- Radiotherapy Waiting Times
- Non-admitted Patient Cancer Notifications
- Specialist Outpatient Services Referrals and Waiting Times.

4.3 Integrate collections via EDWARD NAP Maximum (Multi File) format

Candidate data collections that are covered by EDWARD NAP Maximum (Multi File) – Version 2 extract file format that will be integrated during this phase include:

- Community Mental Health Ambulatory Data Set – also covered by Version 2 extract

Candidate data collections that are covered by EDWARD NAP Maximum (Multi File) – Version 3 extract file format that will be integrated during this phase include:

- Drug and Alcohol National Minimum Data Set
- Mental Health Outcomes and Assessments
- Centre for Oral Health Strategy reporting requirements

For those data collections covered by the EDWARD NAP Maximum (Multi File) – Version 3 extract file format the migration will be from the HIE to EDWARD and will align with HIE decommissioning timeframes.

The EDWARD NAP Maximum (Multi File) – Version 3 extract file format and specific mental health and drug and alcohol data collection migration information bulletins will be issued by the Ministry of Health during 2015/16, to describe this phase and the time frames.

5 NON-ADMITTED PATIENT TERMINOLOGY AND ACRONYMS

The table below provides a quick reference to terms and acronyms used in this Information Bulletin.

Term / Acronym	Description
ABF	Activity Based Funding
AUID	Area Unique Person Identifier
CHOC	Community Health and Outpatient Care
EDWARD	NSW Health's strategic Enterprise Data Warehouse
DVA	Department of Veterans' Affairs
HACC	Home and Community Care services
HIE	Health Information Exchange - the legacy data warehouse
HCV	Hepatitis Type C Virus
HIV	Human Immunodeficiency Virus
HSIPR	Health System Information and Performance Reporting Branch, MOH
ID	Identifier
LHD	Local Health District
MOH	Ministry of Health (NSW)
MRN	Medical Record Number
NAP	Non-admitted patient
NAPOOS	Non-admitted patient Occasion of Service
NSW	New South Wales
NWAU	National Weighted Activity Unit
OOS	Occasion of Service
SHN	Specialist Health Network
STI	Sexually Transmissible Infections
WebNAP	The legacy reporting system for reporting non-admitted patient activity

6 APPENDIX A: WEBNAP TO EDWARD NON-ADMITTED PATIENT MINIMUM EXTRACT FIELD NAME MAPPINGS

The table below provides the data elements that must be reported to EDWARD in the NAP Minimum Data Set extract, with mappings to the WebNAP Patient extract field name and start position.

There is no strict field order required for the EDWARD NAP extracts, however the order of presentation below is recommended to keep like data elements together.

Detailed requirements are provided in the "EDWARD NAP Minimum Data Set Interface Requirements Specification" available for download from the following URL:

- http://internal4.health.nsw.gov.au/ask/view_interfaces_external_information.cfm?ItemID=18807.

EDWARD CHOC Min Physical Data Element Name (Must be reported in the header row)	WebNAP Patient Extract Column Position	WebNAP Patient Extract Physical Data Element Name Reported in the WebNAP header row)
EDWARD Control and Audit Fields		
RECORD_SOURCE_SYSTEM_CODE	38	Source System
CONTAINER_SEQUENCE_NUMBER	n.a.	
SOURCE_CREATE_DATETIME	n.a.	
SOURCE_MODIFIED_DATETIME	n.a.	
ACTION_TYPE	n.a.	
Service Event Record Primary Key		
SERVICE_EVENT_TYPE_CODE	n.a.	
SERVICE_EVENT_SOURCE_ID	38	Source System
SERVICE_ENCOUNTER_RECORD_ID	n.a.	
SERVICE_EVENT_RECORD_ID	39	Service Event ID
Details of the organisation that provided the service		
RESP_SERVICE_UNIT_OSP_ID	2	Service Unit HERO Id
RESP_SERVICE_UNIT_WEBNAP_ID	1	Service Unit Code
RESP_SERVICE_UNITS_RECORD_FLAG	n.a.	
Unique client identifier & establish linkage to EDWARD Client Data Stream		
CLIENT_ID_TYPE_CODE	32	AUID/MRN Flag
CLIENT_ID_ISSUING_AUTHORITY	n.a.	
CLIENT_ID	33	AUID/MRN
Request for Service / Referral Details (for Specialist Outpatient Service Waiting Times)		
REQUEST_FOR_SERVICE_SOURCE_ID	n.a.	
REQUEST_FOR_SERVICE_RECORD_ID	n.a.	
REQUEST_SOURCE_TYPE_CODE	18	Source of Referral Code
REQUEST_CORRESPONDENCE_DATE	17	Referral Date
REQUEST_RECEIVED_DATE	20	Referral Receipt Date
Service Event Details		
SERVICE_EVENT_START_DATETIME	16	Service Date/Time
SERVICE_EVENT_END_DATETIME	42	Service End Date/Time
INITIAL_OR_SUBSEQUENT_SERVICE_CODE	41	Initial / Subsequent Indicator
SERVICE_CONTACT_MODE_CODE	12	Modality Of Care Code
NAP_SERVICE_TYPE_CODE	6	Service Type Code

EDWARD CHOC Min Physical Data Element Name (Must be reported in the header row)	WebNAP Patient Extract Column Position	WebNAP Patient Extract Physical Data Element Name Reported in the WebNAP header row)
GROUP_SESSION_FLAG	12	Modality Of Care Code
FINANCIAL_CLASS_CODE	34 14	Financial Group Code Funding Source Code
MBS_ITEM_01	43	MBS Item Number
MBS_ITEM_02	43	MBS Item Number
MBS_ITEM_03	43	MBS Item Number
MBS_ITEM_04	43	MBS Item Number
MBS_ITEM_05	43	MBS Item Number
PRIMARY_SETTING_TYPE_CODE	10	Setting Type Code
Service Event individual Service Provider Details		
ISP_DISC_SPEC_CODE_01	8	Provider Type Code
ISP_DISC_SPEC_CODE_02	8	Provider Type Code”
ISP_DISC_SPEC_CODE_03	8	Provider Type Code
ISP_DISC_SPEC_CODE_04	8	Provider Type Code
ISP_DISC_SPEC_CODE_05	8	Provider Type Code
ISP_DISC_SPEC_CODE_06	8	Provider Type Code
ISP_DISC_SPEC_CODE_07	8	Provider Type Code
ISP_DISC_SPEC_CODE_08	8	Provider Type Code
ISP_DISC_SPEC_CODE_09	8	Provider Type Code
ISP_DISC_SPEC_CODE_10	8	Provider Type Code
Client characteristics (Reportable when not reported by Client Characteristics Data Stream)		
CLIENT_LEGAL_GIVEN_NAME	21	First Name
CLIENT_LEGAL_MIDDLE_NAMES	n.a.	
CLIENT_LEGAL_FAMILY_NAME	22	Last Name
CLIENT_DVA_COVER_TYPE_CODE	36	DVA Card Type
CLIENT_DVA_FILE_NUMBER	37	DVA Card Number
CLIENT_DATE_OF_BIRTH	24	Date Of Birth
CLIENT_SEX_CODE	23	Gender
CLIENT_COUNTRY_OF_BIRTH_CODE	25	Country of Birth Code
CLIENT_INDIGENOUS_STATUS_CODE	27	Aboriginality Code
CLIENT_RES_ORIGINAL_STREET_ADDRESS	29	Street
CLIENT_RES_ORIGINAL_SUBURB_LOCALITY	30	Suburb
CLIENT_RES_ORIGINAL_STATE_TERR_ABBREV	n.a.	
CLIENT_RES_ORIGINAL_POSTCODE	31	Post Code
CLIENT_RES_ORIGINAL_ADDRESS_COUNTRY_CODE	n.a.	