

## HERO Data Collection: Health Establishment Registration Online

**Summary** This Guideline assists users of the Health Establishment Registration Online (HERO) System to create entities in HERO and assign appropriate identifiers and attributes to support data collection in EDWARD.

**Document type** Guideline

**Document number** GL2023\_017

**Publication date** 12 May 2023

**Author branch** System Information and Analytics

**Branch contact** (02) 9461 7307

**Review date** 12 May 2026

**Policy manual** Not applicable

**File number** H23/19606

**Status** Active

**Functional group** Clinical/Patient Services - Governance and Service Delivery, Information and Data  
Corporate Administration - Governance

**Applies to** Local Health Districts, Specialty Network Governed Statutory Health Corporations

**Distributed to** Ministry of Health, Public Health System, NSW Ambulance Service

**Audience** Local Health Districts; Specialty Health Networks; HERO Coordinators; PAS Administrators; Data Warehouse Managers; Non-Admitted Patient Coordinators

## HERO Data Collection: Health Establishment Registration Online

### GUIDELINE SUMMARY

The Health Establishment Registration Online (HERO) System is NSW Health's system for the registration of health entities. The resulting identifier is then used by the entity in all its interactions with the health system.

### KEY PRINCIPLES

This Guideline provides NSW Health Local Health Districts, Specialty Health Networks, and their HERO co-ordinators, in the HERO activities they need to complete. It will assist them to register health facilities, services and locations in HERO and assign appropriate attributes, and identifiers, where required.

The mandatory attributes, and/or other data elements assigned, are those that all NSW Health services are required to report for each such entity. Additional items may be assigned to assist with other forms of internal and external reporting.

Local Health Districts and Specialty Health Networks must assign a staff member as the establishment registration manager. This staff member is the point of contact for the NSW Ministry of Health and National Health Service Directory regarding any matter related to the registration of health establishments within the Local Health District and Specialty Health Network catchment, or for the entities required by Shared Services.

The staff member will have the highest-level HERO registration approval rights within the Local Health District/ Specialty Health Network/ Shared Service entity, such as Jurisdiction Administrator.

Any changes to registration details of entities must be updated by the HERO co-ordinator and submitted to the Ministry of Health for final approval.

### REVISION HISTORY

Version	Approved By	Amendment Notes
GL2023_017 May-2023	Deputy Secretary, System Sustainability and Performance	New Guideline

**CONTENTS**

**1. BACKGROUND ..... 5**

    1.1. About this document ..... 5

    1.2. Key definitions ..... 5

**2. PURPOSE OF THE HERO REGISTRATION OF NSW HEALTH SERVICES ..... 7**

    2.1. National Health Services Directory ..... 8

        2.1.1. Activity Based Funding requirements ..... 9

        2.1.2. Aliasing the HERO Identifier to Patient Administrative Source Systems ..... 9

    2.2. Closure of WebNAP application ..... 10

    2.3. Ministry of Health approval for major changes ..... 10

        2.3.1. Change of health organisation establishment type ..... 10

        2.3.2. Change of HERO establishment type for services other than health organisations ..... 10

    2.4. HERO user accounts ..... 11

**3. REGISTRATION OF ENTITIES ..... 11**

    3.1. Registration of new HERO health organisations ..... 12

    3.2. Registration of new HERO service entities ..... 12

    3.3. Frequent review of service units ..... 12

    3.4. Registration of Source System Organisation Service Units ..... 13

    3.5. Health organisation’s assigned Health Sector Code ..... 13

    3.6. Paediatric services provided in specialist facilities ..... 14

    3.7. Public sector services contracted to private health providers ..... 14

    3.8. Registration of private health care facilities ..... 15

    3.9. Registration of Multi-Purpose Services and Residential Aged Care units ..... 16

        3.9.1. Updating registration of Multi-Purpose Service facilities ..... 16

        3.9.2. Registration of Multi-Purpose Residential Aged Care facilities ..... 16

        3.9.3. Registration of publicly managed Aged Care facilities ..... 16

    3.10. Registration of Emergency Department Service entities ..... 17

    3.11. Registration of Urgent Care Centre entities ..... 17

    3.12. Registration of Community Health Service ..... 17

    3.13. Registration of Hospital in the Home service ..... 18

    3.14. Registration of Diagnostic – Pathology services ..... 18

    3.15. Registration of Outreach services ..... 18

    3.16. Registration of HealthOne NSW Services ..... 19

    3.17. Registration of Client Identifier Issuing Authorities ..... 19

3.18. Registration of Oral Health Private Practice .....	19
3.19. HERO service entities not required to be registered .....	19
3.20. Registration of locations .....	20
3.20.1. Registration of locations for Health Service Delivery .....	20
3.20.2. Registration of buildings on Health Care Campus locations .....	20
3.20.3. Registration of Emergency Department locations .....	20
3.20.4. Registration of Theatre Suite/ Theatre Room Hierarchy locations.....	20
3.20.5. Registration of accommodation locations .....	21
3.20.6. Registration of Drug and Alcohol Units .....	21
3.21. Expiration of Establishment Types .....	21
3.22. Closure of a Health Organisation Entity .....	22
<b>4. ASSIGNMENT OF SERVICE ATTRIBUTES TO ENTITIES .....</b>	<b>22</b>
4.1. Services that require Sensitive Service Indicator .....	23
4.2. Mental Health Service Unit attributes (various).....	23
4.3. Mental Health Location (various).....	23
4.4. Cancer Service Unit (various) .....	23
4.5. Reports to Admitted Patient Waiting Times Collection Flag .....	24
4.6. Reports to Emergency Department Data Collection Flag.....	24
4.7. Emergency Department Role Delineation.....	24
4.8. Intensive Care Unit Role Delineation .....	25
4.9. Paediatric Service Indicator .....	25
4.10. Specialist Paediatric Service Unit Flag .....	25
4.11. Community Health Service Unit Flag .....	25
4.12. Service Unit Funding Source Agreements .....	26
4.13. Cost Centre.....	26
4.14. Privately Operated Public Contracted Service Provider Flag .....	26
<b>5. COVID-19 VACCINATION CENTRES .....</b>	<b>26</b>
5.1. Establishment Type .....	26
5.2. Attributes.....	27
5.3. Naming Conventions .....	27
5.4. Identifiers .....	27
5.5. Clinic Definitions .....	27
<b>6. COVID-19 TESTING – ASSESSMENT OR SCREENING CLINICS.....</b>	<b>28</b>
6.1. Establishment Type .....	28
6.2. Attributes.....	29

6.3. Naming Conventions .....	29
<b>7. RELEASE OF ENTITY DETAILS TO EXTERNAL USERS .....</b>	<b>29</b>
7.1. Display in National Health Service Directory Flag .....	29
7.2. Display in NSW Health Lookup Flag .....	30
7.3. Display in Internal Directory Flag .....	30
7.4. Display in Incident Management System Flag .....	30
7.5. Publish to External Services Directory (Physical and Postal Addresses) Flag .....	30
<b>8. HERO RELATIONSHIPS .....</b>	<b>31</b>
8.1. Standard Principle for Relationships .....	31
8.2. Service Location Relationship type .....	31
8.3. Has Client ID issuing Authority Relationship type .....	32
8.4. Has NAP Activity reported under an ABF funded Hospital type .....	32
8.5. Was merged into on closure Relationship type .....	32
8.6. Was split into on closure Relationship type .....	32
8.7. Is physically located at (operates from) Relationship type .....	33
8.8. Provides services at Relationship type .....	33
8.9. Provides services under contract for Relationship type .....	33
8.10. Purchases services under contract from Relationship type .....	33
8.11. Has its intake services provided by' Relationship Type .....	33
8.12. Has 'locally determined hierarchical parent of' Relationship Type .....	33
8.13. Middle Management Hierarchy Relationships .....	33
8.14. Parent – Child Relationships .....	34
<b>9. HERO IDENTIFIERS .....</b>	<b>39</b>
9.1. Local Service Unit Identifier (allocated by Source System) .....	39
9.2. HIE Facility Identifier .....	39
9.3. HIE Encrypted Facility Identifier .....	39
9.4. HIE Location Identifier .....	39
9.5. Local Health District/ Specialty Health Network Cost Centre Local Code Identifier .....	40
9.6. MH-SER Identifier .....	40
9.7. Drug and Alcohol NMDS Identifier .....	40
9.8. NSW Drug and Alcohol HIE Facility Identifier .....	40
<b>10. STANDARDS APPLICABLE TO HERO ENTITIES .....</b>	<b>40</b>
10.1. Naming Convention Format .....	40
10.2. Physical Address Details .....	41
10.3. Physical Address Changes .....	42

---

10.4. Mailing Address Format.....	42
10.5. Use of Punctuation .....	42
<b>11. CONTACT DETAILS, TEMPORARY CLOSURES and REPORTING DETAILS.....</b>	<b>42</b>
11.1. Contact Details .....	42
11.2. Temporary Closures .....	42
11.3. Reporting Details .....	43
<b>12. EXTRACTS/ REPORTS FROM HERO APPLICATIONS.....</b>	<b>43</b>
12.1. Audit Extract Report.....	43
12.2. Recent Changes Report .....	43
12.3. Service Directory Extract with Headers Report.....	44
12.4. Children Export Report .....	44
12.5. Core minimum data set for health establishments.....	44
<b>13. APPROVAL OF HERO ENTITIES .....</b>	<b>44</b>
<b>14. MECHANISM FOR REPORTING THE DATA SET EXTENSION.....</b>	<b>44</b>

## 1. BACKGROUND

The [Health Establishment Registration Online \(HERO\) System](#) is NSW Health’s system for the registration of health entities. The resulting identifier is then used by the entity in all its interactions with the health system.

This includes the collection of details necessary to allow any form of reporting that is required for the management or monitoring of the services the entity provides.

### 1.1. About this document

The purpose of this Guideline is to assist Local Health Districts/ Specialty Health Networks (LHD/ SHN) and their HERO co-ordinators to set up entities in HERO and assign appropriate attributes, identifiers, etc. These are the attributes, and/or other data elements that all NSW Health services are required to report for each entity assigned a HERO identifier.

Each jurisdiction, or entity, responsible for service entities, must assign a staffing resource to create and maintain the information for those entities in HERO.

Any changes to registration details of entities must be updated by the LHD/ SHN HERO co-ordinator and submitted to Ministry of Health (MOH) for final approval.

Significant changes to ‘organisation’ level entities must be formally endorsed by an LHD/ SHN Chief Executive. These include opening or closing, temporary closures of a service, or change of establishment type for ‘organisation’ level entities to maintain continuity of activity; reporting is essential for target setting and activity based funding (see section 2.4 for roles and responsibilities).

Formal approval from the LHD/ SHN Chief Executive is not required for changes to ‘organisation’ level entities that have a minimal impact, such as service directory detail updates.

### 1.2. Key definitions

<p><b>Alias or aliasing</b></p>	<p>In the context of HERO aliasing refers to the mapping of one identifier to another in the Local Health District/ Specialty Health Network local source system, for example where a health organisation uses a local facility or alternate patient pool then the HERO identifier for that patient pool will be aliased as the Client Identifier Issuing Authority.</p>
<p><b>Attribute</b></p>	<p>A characteristic associated with a registered entity in the Health Establishment Registration Online (HERO) System.</p> <p>Attributes are applied to health entities and are used as flags to identify specific data collections, funding arrangements, service types, clinical streams and other items.</p> <p>Entities can be filtered based on the attribute applied.</p> <p>Refer to the NSW Health Establishment Attribute Type <a href="#">Domain</a></p>

	<a href="#">Values List.</a>
<b>Department of Health (DOH)</b>	Now referred to as the Ministry of Health but the term DOH remains in some systems as a legacy item.
<b>DOH Administrator</b>	Approver for HERO registrations created by the Local Health Districts/ Specialty Health Networks.
<b>Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD)</b>	<p>Enterprise Data Warehouse for Analysis, Reporting and Decision support. EDWARD is NSW Health's Enterprise Data Warehouse.</p> <p>The Local Reporting System (LRS) is a dedicated database that hosts the data structures accessible by Local Health Districts, Specialty Health Networks, pillars and the Ministry of Health data analysts and business intelligence specialists.</p>
<b>Entity</b>	<p>For the purpose of this document an entity can be:</p> <ul style="list-style-type: none"> <li>• A location where health services are provided, such as clinical or support</li> <li>• A service unit</li> <li>• A hospital</li> <li>• A community health centre</li> <li>• A diagnostic service outlet, for example pathology collection.</li> </ul>
<b>Establishment</b>	Institutions, organisations or the community from which health services are provided. The term establishment covers conventional health establishments and also organisations which may provide services in the community.
<b>FaMER</b>	Facility Metadata Registry database to assign facility identifiers for Health Information Exchange.
<b>Health Information Resources Directory (HIRD)</b>	<p>The <a href="#">Health Information Resources Directory (HIRD)</a> is a fully functional and scalable web-enabled metadata repository and online database that can be used to view and maintain information about data resources (data collections, databases etc), data elements (or data items) and domains (Codesets).</p> <p>HIRD is used to maintain data standards for NSW Health applications, to register data collections, and to provide information to users that describe the information available in databases and datasets.</p> <p>Note: No actual patient data or any other data is stored within the HIRD.</p>



<b>Health Information Exchange (HIE)</b>	Data warehouse, legacy system.
<b>Identifier</b>	The type of identifier associated with a healthcare establishment.  Refer to the NSW Health Establishment Identifier Type <a href="#">Domain Values List</a> .
<b>Location</b>	The physical area where services are delivered, but not the organisations or service units that deliver the services at that location.
<b>Management Authority</b>	The management authority administrator is usually the Local Health District/ Specialty Health Network Jurisdiction or NSW Agency.  Refer to the NSW Health Establishment Relationship Type <a href="#">Domain Values List</a> .
<b>Multi-Purpose Service (MPS)</b>	A Multi-Purpose Service provides integrated health and aged care services to regional and remote communities in areas that can't support both a separate aged care service and health service.
<b>Non-Government Organisations (NGO)</b>	Non-Government Organisations are non-profit organisations that are set up and operated independently from local, state or international governments, but can receive government funding in some cases.
<b>Service Unit</b>	A team of people that come together to deliver health services to patients/ clients with a specific set of problems or issues.  Service units are part of an organisational structure.
<b>State Hierarchical Parent</b>	The State parent is usually the health organisation administrator of the service entity.  Refer to the NSW Health Establishment Relationship Type <a href="#">Domain Values List</a> .

## **2. PURPOSE OF THE HERO REGISTRATION OF NSW HEALTH SERVICES**

Health Establishment Registration Online (HERO) System stores specific information regarding registered service entities which enables them to report more simply to data collections, such as Admitted Patient, Emergency or Waiting Times. The use of HERO also assists the Ministry of Health shut down of the legacy data warehouse Health Information Exchange (HIE), and the full migration of Local Health Districts/ Specialty Health Networks to

the Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) data warehouse.

HERO supports the reporting of a core minimum data set sent to both the Commonwealth and state levels; allows the monitoring of service provision to priority populations as well as reporting against the targets outlined in the Ministry of Health's strategies.

Data governance within Local Health Districts/ Specialty Health Networks for creating, amending and closing HERO service entities must be governed by strict guidelines as set out in section 2.3.2 for change of HERO establishment type, section 3 for creating new HERO entities, and section 3.22 for closure of HERO entities.

The attributes within the scope of the HERO data set will be used in combination with other data elements to calculate performance measures and targets for services and monitor service provision.

In addition to its role in internal reporting HERO enables basic details of services to be made available through a directory. The Ministry of Health has engaged Healthdirect Australia (HDA) to include NSW Health services in the National Health Services Directory, replacing the agreement with the Department of Commerce to populate the HS-Net Service Link directory.

## 2.1. National Health Services Directory

The goal of the National Health Services Directory is to assist external users identify and access NSW Health services.

The following fields will be imported via Healthdirect Australia's Service Registry Assist, and provided to the National Health Services Directory:

- Entity Standardised Name
- Entity Physical Address
- Entity Establishment Identifier (HERO identifier)
- Entity Establishment Type Code and Description

HERO will not supply information from the following entities:

- Location entities
- Closed entities (close date NE 31/12/9999)
- Private entities (Health Sector code = 2 Private)
- Interstate entities, such as QLD, VIC etc.
- Entities labelled as "recycled" in the name field or with "rejected" registration status

Note: Service contact details and operational times can be maintained in HERO and there is a current proposal for the details to be obtained via a Service Directory extract from HERO and supplied to Healthdirect Australia.

### 2.1.1. Activity Based Funding requirements

NSW Health manages and allocates appropriate National Weighted Activity Units ([NWAU calculators](#)) in NSW using the Establishment Type classification assigned to Non-Admitted Patient (NAP) Service Units in HERO.

Note: NSW's Establishment Type classification is based on the Independent Hospital Pricing Authority (IHPA)'s Tier 2 NAP classification.

The attributes in HERO have many purposes, such as the derivation of inclusions, and exclusions, for national and state reporting requirements.

Other reasons for recording attributes include:

- Identifying health organisations recognised for Activity Based Funding (ABF).
- Identifying all services providing NAP Activity for the Non-Admitted Patient Data Collection via the following Establishment Types:
  - 10.xx to 43.xx, excluding 18.xx Emergency Department service
  - 35.xx Residential Services.
- The mapping of the NSW Establishment Type to a National Tier 2 Service Type, which determines the allocation of funding under the Activity Based Model.
- Determining the appropriate management or hierarchical parent of the HERO service entity for reporting purposes by attaching the relationship types to each HERO service entity.
- Application of adjusters, for example geographic remoteness.
- Allocation of identifiers to allow comparison analysis, for example peer groupings or role delineation levels.
- Indicating infrequent reporting by services, for example Infrequent NAP Clinical/Therapeutic Service Provider, or Service Directory Only attribute.

### 2.1.2. Aliasing the HERO Identifier to Patient Administrative Source Systems

Local Health Districts and Specialty Health Networks must enact an internal data governance process that ensures patient activity source systems store the HERO identifier as an alias. This identifies activity extracted to the EDWARD data warehouse, with no activity data 'orphaned', or mapped to an unknown source. The patient activity source systems should include:

- Ward locations in source systems must have a HERO identifier or Local Health Districts/ Specialty Health Networks will need to re-extract and re-load admitted patient activity from the source system into EDWARD until a HERO identifier is assigned and aliased in the source system.
- Ambulatory/ outpatient clinics for reporting of NAP activity.
- New source system applications, for example iPharmacy.

- Existing applications that are classified as Patient Administration Systems which are used to register patients who are admitted to a hospital or other health service that have extracts, for example iPM, CHIME (Community Health Information Management Enterprise) or Cerner CHOC (Community Health and Outpatient Care modules).

## 2.2. Closure of WebNAP application

To assist in the closure of the WebNAP application, NSW Health implemented the mLoad tool for the intake of patient level non-admitted activity data and to provide the functionality to accept summary level aggregate non-admitted activity. Validation rules within mLoad require the creation of the relationship type links, such as “has Client Identifier Issuing Authority of” and “is physically located at (operates from)”. See sections 8.3 and 8.7.

Refer to the NSW Health Guideline *Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting* ([GL2015\\_012](#)) for more information.

## 2.3. Ministry of Health approval for major changes

The maturity of data available in HERO means any closure of HERO entities with Establishment type 02.xx, or changes to establishment type, would have a significant impact on Activity Based Funding, target setting and trend analysis. NSW Health regards these as major changes and require formal notification from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information Analytics Branch, Ministry of Health before the changes can be made in HERO.

Note: Local Health District/ Specialty Health Network coordinators must not update changes required to 02.xx Health Organisations. Minor changes, such as contact details for a health facility, can be completed by the local HERO coordinator. For major changes to an establishment type or creation of any Establishment Group ‘Health Organisation’ refer to section 3.1.

### 2.3.1. Change of health organisation establishment type

Any changes to health organisations at the 02.xx establishment type level require a formal notification from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information Analytics Branch, Ministry of Health.

An example would be changing an Integrated Health Service hospital (F2 peer group) to a Multi-Purpose Service (F3 peer group).

### 2.3.2. Change of HERO establishment type for services other than health organisations

A change of establishment type against a HERO service unit significantly impacts historical activity in the EDWARD data warehouse by reassigning the information relating to previously reported activity to the revised establishment type. This affects Activity Based Funding, target setting and trend analysis. The Local Health District/ Specialty Health Network Chief Executive must endorse any change of establishment type required for service unit establishment type 10.xx -50.xx.

NSW Health considers these major changes and requires formal notification from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information Analytics Branch, Ministry of Health before the changes can be made in HERO.

If there is a significant change in the service delivery which results in the changing of establishment type from/ to a different grouping, for example a 20.xx series to a 40.xx series, a new HERO service unit entity with the revised establishment type is created. The old and new HERO service entities are then linked via relationship type of “merged into closure” setup against the old HERO service entity, before it is end-dated. Update of aliasing information, such as HERO identifier on the source systems is also required.

For more detailed information refer to the NSW Health Policy Directive *Registration of NSW Health Establishments* ([PD2017\\_038](#)).

## 2.4. HERO user accounts

User accounts are created for those staff who are required to modify HERO metadata. General view and search capabilities do not require a login for HERO and are available to all NSW Health staff.

Each Local Health District/ Specialty Health Network, and their personnel designated to register establishments, must apply for HERO user accounts and nominate the required user class. The [HERO Account Application Form](#) is available on the NSW Health Intranet.

The NSW MOH HERO coordinator will set up new users based on the formal approval by the HERO coordinator of each Local Health District/ Specialty Health Network or nominated Local Health District/ Specialty Health Network staff.

The following types of accounts will be available:

- Jurisdictional Administrator – view, create, modify, and approval and rejection rights at an Local Health District/ Specialty Health Network level after any lower level approvals obtained.
- Local Approver/ Administrator – view, create, modify and rejection and approval rights at any level below Local Health District/ Specialty Health Network.
- General User – additional users may be established with a general user account which gives rights to search and view and run reports and extracts.
- Service Directory User – view, update and approve services provided, accessibility, intake information, opening times and target populations groups.

Refer to the [HERO Technical Documentation](#) for further details.

## 3. REGISTRATION OF ENTITIES

Health Establishment Registration Online (HERO) data is extracted nightly and supplied to the NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) core storage. In EDWARD ‘Establishment’ entity details are referred to as Organisation Service Provider and Service Location concepts.

Details of the transformation is available on the NSW Health website [Data Resource Description](#).

It is recommended that Local Health Districts and Specialty Health Networks maintain the following service directory information in HERO:

- description of the service provided
- opening hours and charges
- maps and geographical coverage
- details access (for example, wheelchair and disabled parking facilities or interpreter services).

### 3.1. Registration of new HERO health organisations

Local Health Districts and Specialty Health Networks Chief Executives must provide formal advice to the Health Secretary, NSW Health, as per the *Health Services Act 1997* (NSW), of any new facilities, such as health organisations.

The Executive Director, System Information and Analytics Branch, Ministry of Health, is also to be notified so appropriate registrations and recognition within data warehouses are updated, for example in EDWARD.

### 3.2. Registration of new HERO service entities

Non-Admitted Patient (NAP) service unit entities must be registered and approved in HERO a minimum of 4 weeks prior to the service unit accepting referrals, scheduling appointments, raising a wait list booking or providing any services.

Registration of NAP service units must follow the NSW Health Guideline *Non-Admitted Patient Classification Principles* ([GL2017\\_14](#)). This allows the process of aliasing the HERO identifier for any source system extracts to EDWARD to be completed, which prevents orphan records appearing in EDWARD.

Note: The COVID-19 pandemic has meant that some service units are registered and operating within much shorter time frames. See sections 5 and 6 for further details.

HERO service location entities including new health organisation and ward location entities must be registered and approved in HERO a minimum of 4 weeks prior to the new location setup in source systems.

Note: The opening or start date of a child entity must be consistent with the 'parent' organisation facility or 'grandparent' jurisdiction. Otherwise, orphans are created in the EDWARD data warehouse.

### 3.3. Frequent review of service units

HERO service units should be reviewed on a 6 monthly basis as outlined in the NSW Health Policy Directive *Registration of NSW Health Establishments* ([PD2017\\_038](#)).

This frequency can be determined by the Local Health District/ Specialty Health Network as long as not more than 12 months lapses between reviews. A service unit that does not

provide any patient activity data for six months must be reviewed to determine whether it should remain open, or a temporary closure detail added (refer to section 11.2). Reviews can also occur in response to:

- changes mandated by the Ministry of Health
- to reflect changes in national or state reporting requirements or those of the Local Health District/ Specialty Health Network
- due to change of staffing and/or profile of the service unit.

Local Health Districts/ Specialty Health Networks are to run activity reports by provider types in their local systems, particularly for Non-Admitted Patient (NAP) services, to be reviewed in consultation with the clinical service. This ensures that lapses in activity reporting are identified, or changes of service delivery models are captured.

When reviewing services, a 1-2 year period are to be examined to identify any relevant changes in activity.

### **3.4. Registration of Source System Organisation Service Units**

For Local Health Districts/ Specialty Health Networks which have two source systems and register an identifier for each of their service units, only one of those is registered in HERO. Otherwise, duplicate service events will appear in the EDWARD data warehouse for patient level activity.

Note: This is only relevant in circumstances where two source systems exist, which is not the case for the majority of Local Health Districts/ Specialty Health Networks. For example, one might be used for registering clients and storing appointment, and/or booking details, and the other used for storing the clinical notes and documents scanned for that appointment. In this case Local Health Districts/ Specialty Health Networks register only one service unit, and ensure that only one source system is reporting to the relevant data collection against that HERO ID.

### **3.5. Health organisation's assigned Health Sector Code**

The code identifies the health sector which health organisations are classified, or mandated in legislation as. The sectors are:

- Public includes NSW Health public health facilities, such as hospitals and community health centres.
  - Additionally aged care facilities managed by NSW Health use the 'Public' Health sector classification.
  - Another use of the 'Public' Health Sector code is a facility whose classification must reflect the funding arrangement between Local Health Districts and a private health organisation. This includes situations where contracted services are provided by a private health organisation and are funded by Local Health Districts. Refer to section 3.7 for further detail.

- Private includes private health facilities, such as residential aged care, day procedure centres, private hospitals and contracted private health organisations, including not for profit.
- Affiliated health organisations as identified in [Schedule 3](#) of the *Health Services Act 1997* (NSW) [section 62].

Note: Includes services units under the affiliated health organisation.

- ‘Not Applicable’ health sector attribute, for example education facilities or local government operated services.

### 3.6. Paediatric services provided in specialist facilities

National guidelines state that specialist paediatric facilities providing paediatric services must report their activity to a specific Tier 2 type and not the 20.11 Paediatric Medical and 20.12 Paediatric Surgery.

The Independent Hospital Pricing Authority [Tier 2 Non-Admitted Services Definitions Manual](#) is available on their website.

Constraints for 20.11: Specialist paediatric operational clinics should be assigned to the relevant medical specialty, for example, paediatric respiratory is assigned to 20.19 Respiratory.

Constraints for 20.12: Specialist paediatric operational clinics should be assigned to the relevant surgical specialty, for example, paediatric orthopaedics is assigned to 20.29 Orthopaedics.

These constraints also apply to paediatric community health services that are managed by a specialist paediatric facility.

Refer to section 4.9 for Paediatric Service Indicator attribute.

### 3.7. Public sector services contracted to private health providers

There are services provided in private health organisations which have been contracted by Local Health Districts, for example Nepean Blue Mountains Local Health District (NBMLHD) and Hawkesbury District Health Service, Sydney Local Health District and Chris O’Brien Lifehouse Australia.

To identify these services, a HERO service entity is registered to reflect the activity reported, for example Lifehouse Australia – Sydney LHD Public Contract Services (3011753); and the contracted organisation is Chris O’Brien Lifehouse Australia (3018498).

The following relationship types, which link the public sector purchaser and the private health service provider, must be setup in the Relationships tab.

Relationship types of ‘purchases services under contract from’, also ‘provides services under contract for’ are to be created for the respective public health sector and private organisation.

If the contracted not-for-profit is privately operated but publicly funded, then the Management Authority must be the Local Health District as they are purchasing the services. Additionally, the Health Sector will be recorded as Public, not Private, as the Local Health District is funding the service.



Note: Not-for-profits were previously known as non-government organisations.

There is also a public contracted flag attribute to be assigned such as “Privately Operated Public Contracted Service Provider Flag” (refer to section 4.14).

Where a private health organisation has a contract specifically with the Ministry of Health and not the Local Health District/ Specialty Health Network then the HERO entities will be created by the Metadata Unit in conjunction with the Local Health District/ Specialty Health Network. For example, Tresillian and Ministry of Health contracts.

### **3.8. Registration of private health care facilities**

Privately operated aged care health facilities must be registered in HERO to formally recognise them on source systems. This requirement is due to a high number of inbound and or outbound referrals or transfers, such as admissions to, and discharges from, health facilities.

The exceptions are “Independent Living Units” which are not registered in either the Facility Metadata Registry (FaMER) or HERO, as they do not provide care or interact with the public health system.

New privately operated aged care facilities which are not registered in HERO require formal correspondence from the Local Health District/ Specialty Health Network Patient Administration System (PAS) administrator to the HERO DOH Administrator to register the new facility in HERO. The following details will assist in the registration process:

- Name of Aged Care Facility
- Address of Aged Care Facility
- Phone Contact details
- Open Date

Details of the new aged care facility identifier will be emailed to the original notifier and the PAS advisory groups. PAS/ Admitted Patient (AP) source system will need to alias the HERO code.

Private Aged Care Facilities are often created when the local PAS team in the Local Health District cannot locate the facility they require and contact the Metadata Unit for information or creation of same.

Where the HERO coordinator in Local Health Districts/ Specialty Health Networks requests the Metadata Unit to create the facility in HERO a local process must be in place to ensure the local PAS Administrator is notified.

Note: Any Residential Aged Care facilities which are part of a Multi-Purpose Service are registered as a 35.xx service unit and not as a 02.xx ‘health organisation’ (refer to section 3.9.2).

### **3.9. Registration of Multi-Purpose Services and Residential Aged Care units**

#### **3.9.1. Updating registration of Multi-Purpose Service facilities**

When an established health service is recognised by the Commonwealth as a Multi-Purpose Service (MPS), an establishment type re-classification has to be updated in HERO.

To achieve this a Health Organisation establishment type “Multi-Purpose Service” is created or amended. Amendment would occur when those rural facilities which were recognised previously as either “02.01 General Hospital” or “02.27 Integrated Health Service” are re-classified as 02.07 Multi-Purpose Service.

#### **3.9.2. Registration of Multi-Purpose Residential Aged Care facilities**

When a health service was recognised by the Commonwealth as a Multi-Purpose Service, a FaMER Health Information Exchange (HIE) facility code was assigned to identify the Hospital or Multi-Purpose Service facility, for example M2xx and a modified facility code, or M7xx, added to denote the Residential Aged Care unit portion of the Multi-Purpose Service. This was required for some iPM functionality.

However, in HERO, only the Health Organisation’s establishment type “Multi-Purpose Service” is created or amended. Amendment occurs for those rural facilities which were classified as either “General Hospital” or “Integrated Health Service”.

The Multi-Purpose Service residential aged care unit is registered with an Establishment Group “Service Unit – Residential Aged Care Services”, such as 35.xx Residential Aged Care. The 35.xx entity will store the HIE Facility identifier (such as M7xx). This is an exception where a NAP service unit classified entity can store/ report a HIE Facility identifier; similar to mental health services/ locations (refer to section 9.6), or drug and alcohol units (refer to section 9.7).

In addition, the Multi-Purpose Service campus location could have the following child entities:

- Location – residential aged care low (hostel)
- Location – residential aged care high (nursing home)
  - Location – Ward - xxx. Representing the general ward locations or non-residential aged care services.

#### **3.9.3. Registration of publicly managed Aged Care facilities**

There are a number of publicly managed Aged Care facilities. Ministry of Health Aged Care Units are the contract holders for these facilities and fund the appropriate Local Health Districts to manage them.

They will have the following attributes:

- Health Sector Code = Public
- Establishment Type = 02.08 Residential Aged Care Facility
- Facility Type (HIE) = Public Residential Aged Care Facility (Nursing Home)

### 3.10. Registration of Emergency Department Service entities

Emergency Department services located in health facilities are classified with an Establishment Group of “Service Unit – Emergency Services” and the appropriate Establishment Type of 18.xx Emergency Department Level is applied.

Closed Emergency Departments are to remain open for reporting of Emergency Department services in EDWARD data warehouse (refer to section 4.6 for reports to Emergency Department collection attribute flag).

If an Emergency Department service is to be closed in HERO, then a letter from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, Systems Information and Analytics Branch, Ministry of Health is required explaining the reason for the closure.

### 3.11. Registration of Urgent Care Centre entities

Urgent Care Centre services located in health facilities can be classified to one of the following:

- 22.01 General Practice and Primary Care Unit

Units providing primary health services by medical professionals with the care objective of maintaining optimum mental and physical health and preventing disease.

- 32.01 Primary Health Care Allied Health / Nursing Unit

Units providing primary health services by nurses and allied health professionals, with the care objective of maintaining optimum mental and physical health and preventing disease.

Both 22.01 and 32.01 report to the Non-Admitted Patient Data Collection. In the Reporting Details tab please add ‘EDWARD – Non-Admitted Patient Data Stream’ for these units.

### 3.12. Registration of Community Health Service

For the purpose of inclusion in the National Health Service Directory, a Community Health Centre (Organisation) is created in HERO to identify services provided by this health organisation. Local Health Districts/ Specialty Health Networks however may consider these exempt from reporting activity and report the NAP activity against a ‘district’ level organisation. The attribute “Service Directory Only – Virtual/Non-Reporting entity” must be assigned to the organisation in those cases.

Community Health Services Group (02.xx) has its own management structure which is separate to Community Health Services managed by a ‘Hospital’.

Registrations of entities for export to the National Health Services Directory, is determined by the ‘Display in National Health Service Directory’ check box in Core details.

It is the responsibility of the Local Health District and Specialty Health Network to decide which entities are appropriate to publish to a National Health Services Directory.

### 3.13. Registration of Hospital in the Home service

Health facilities with a Hospital in the Home (HITH) service are to register a ward location which will report those patients who are discharged from hospital to their residential homes to receive ongoing treatment under an admitted patient model. Once the patient is discharged from the HITH service, any NAP activity they receive is reported against the relevant NAP clinical service with a setting of home.

### 3.14. Registration of Diagnostic – Pathology services

Pathology service units located in health facilities are classified with an Establishment Group of “Service Unit – Ancillary Services” and the appropriate Establishment Type of:

- 13.01 Pathology (Microbiology, Haematology Biochemistry) unit for Pathology
- 13.03 for Radiology/General Imaging Diagnostic Unit
- 13.12 for Interventional Imaging Procedure units/ services.

Pathology services report to the Non-Admitted Patient Data Collection as mandated in the NSW Health Policy Directive *Non-Admitted Patient Activity Reporting Requirements* ([PD2013\\_010](#)) as summary level counts.

Most Pathology Labs are established and operated by NSW Health Pathology. NSW Pathology is a contracted service to each Local Health District. However, in some instances pathology labs are run by the hospital or Local Health District, for example by St Vincent’s Hospital.

The NSW Health Pathology team will work directly with the Metadata Unit to create the private pathology services in HERO that NSW Pathology require.

Local Health Districts are to set up (in HERO) the Pathology Labs that sit within the Local Health District and are used by public patients, even though technically they are run by NSW Health Pathology, as the pathology lab is situated within a NSW Health campus which is the Local Health Districts responsibility to maintain.

When they set up the location, they should also set up the service unit.

If a pathology service is to be closed in HERO a letter from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, Systems Information and Analytics Branch, Ministry of Health is required explaining the reason for the closure of the health facility diagnostic unit. Diagnostic services which are contracted to an external provider, such as NSW Health Pathology or a private pathology provider, are not exempt from this requirement.

### 3.15. Registration of Outreach services

An Outreach service is a health organisation that provides for outside of their campus to either another facility either within their Local Health District/ Specialty Health Network or, in some cases, outside the Local Health District/ Specialty Health Network.

For example:

- Within the LHD/SHN - 1700147 - John Hunter Hospital Gynaecology Outreach Clinic to Belmont Hospital.
- Outside of the LHD/SHN - 1401098 - The Sydney Children's Hospitals Network (Randwick) Haematology Oncology Armidale Outreach Clinic.

Outreach services are created as a single team in HERO, with only one registration.

The Standardised Name is to include both the parent provider organisation and the outreach location. Additionally, relationship types 'is physically located at (operates from)' and 'provides services at' should be added, to link both the provider and outreach HERO entities.

Due to past inconsistency in use across Local Health Districts, a preferred naming convention for outreach services has been established and is detailed in section 10.1.

It is recommended that the physical address details reflect the Outreach location and the mailing address reflect the base campus.

Where an Outreach service goes to 2 or more delivery locations it is suggested that the physical address be the main location address. Where service delivery is equally divided between locations then physical address can be the base campus and the relationship 'provides service at' can be added for the additional service delivery locations.

Where separate clinics are established due to PAS/ electronic Medical Record (eMR) setup restrictions, they should all alias to the one HERO service unit.

### **3.16. Registration of HealthOne NSW Services**

HealthOne NSW services are to be classified to the appropriate 'service unit' establishment type.

### **3.17. Registration of Client Identifier Issuing Authorities**

The Client Identifier Issuing Authority is registered in HERO to enable linkage of patient records in EDWARD. Usually, Local Health Districts and Specialty Health Networks will utilise an area wide patient identifier pool. However, where a health organisation uses a local facility or alternate patient pool then the HERO identifier for that patient pool will be aliased as the Client Identifier Issuing Authority.

HERO coordinators are to notify the Ministry HERO administrator when an alternate pool of patient identifiers is required.

### **3.18. Registration of Oral Health Private Practice**

Local Health Districts may be required to have a private practice for Oral Health providers registered in HERO. Establishment type 02.37 Oral Health Private practice is assigned for either a generic LHD HERO entity or individual private practice providers. The Metadata Unit would register new entities for this purpose.

### **3.19. HERO service entities not required to be registered**

Services that are provided by a private practice are not required to be registered in HERO where they are:

- renting space to operate on a NSW Health property under a commercial contract
- directly billing the patient or third party organisation (other than a NSW Health organisation) under their own Australian Business Number.

This includes Visiting Medical Officers exercising their Right of Private Practice.

### 3.20. Registration of locations

The rationale and rules for registering locations for entities is set out in the NSW Health Information Bulletin *HERO: NSW Health service location registration requirements* ([IB2017\\_044](#)).

#### 3.20.1. Registration of locations for Health Service Delivery

To assist with the Community Health Information Reporting Project (CHIRP), Local Health Districts and Specialty Health Networks must ensure that wherever non-admitted patient services are delivered, there is a 'location' entity classified to 04.11 Location – Health Care Campus / Centre. These locations are updated in HIRD domain Health Care Campus / Centre Service Location Identifier (EDW) by the Metadata Unit. Refer to the [NSW Health Health Service Campus / Centre Service Location Identifier Domain Values List](#).

#### 3.20.2. Registration of buildings on Health Care Campus locations

To enable their correct identification in the incident management system, Health Care Campus buildings are to be registered.

Where Health Care Campus buildings are registered, the HERO identifier must not be aliased in the PAS, particularly for Cerner CHIRP (refer to section 3.20.1).

#### 3.20.3. Registration of Emergency Department locations

For each 18.xx Emergency Department service unit created, a corresponding Location – ward – with the appropriately assigned emergency level, must be created to reflect the accommodation of emergency patients.

Refer to the NSW Health Policy Directive *Emergency Department Short Stay Units* ([PD2014\\_040](#)) on Emergency Department Short Stay Units (EDSSU), previously known as Emergency Medical Units, which identifies the use of EDSSU.

#### 3.20.4. Registration of Theatre Suite/ Theatre Room Hierarchy locations

In HERO, there is a standard hierarchical relationship structure for the setup of theatre suite/ theatre rooms. This allows for reporting of theatre activity.

The structure is:

Hospital Campus Location (Establishment Type: 04.11 Location – Health Care campus)

- Theatre Suite Location (Establishment Type: 04.44 Location – Health Care campus: Operating Theatre / Day Procedure suite)
- Theatre Room Location (Establishment Type: 04.45 Location – Health Care campus: Operating Theatre / Day Procedure suite: Operating / Procedure room)

Theatre recovery locations are not classified as a procedure suite or room; instead they are to be classified to Establishment Type 04.367 (Operating Theatre or Day Procedure Room Recovery).

An example of a hierarchy would be this structure for Concord Repatriation General Hospital:

3002304 - Concord Repatriation General Hospital Campus Location – Establishment Type - 04.11 Health Care Campus / Centre - this is the State Hierarchical Parent to

3006849 - Concord Repatriation General Hospital Operating Theatre Suite Location - Establishment Type - 04.44 Health Care Campus: Operating Theatre / Day Procedure Suite - this is the State Hierarchical Parent to

1301060 - Concord Repatriation General Hospital Operating Theatre Suite - Operating Room 1 Location - Establishment Type - 04.45 Health Care Campus: Operating Theatre / Day Procedure Suite: Operating / Procedure Room

Note: Parent and child relationships for theatres are critical for reporting purposes, therefore theatre suites are always the parent entity of theatre rooms, and the health care campus is the parent entity of the theatre suite.

### 3.20.5. Registration of accommodation locations

In HERO, there is a standard hierarchical relationship structure for the setup of accommodation locations for visitors, out of area patients awaiting treatment, and temporary accommodation of staff, if permitted.

The structure is:

Accommodation Campus Location (Establishment Type: Location 04.59– Health Care campus: Accommodation Area)

Management Authority: Local Health District

State Parent: 04.11 Location – Health Care campus

### 3.20.6. Registration of Drug and Alcohol Units

The Centre for Alcohol and Other Drugs has requested that HERO entities classified to 11.xx establishment types have the Drug and Alcohol Treatment Services National Minimum Data Set (NMDS) Reporting identifier assigned, as well as the NSW Drug and Alcohol HIE Facility Identifier (refer to section 9.7).

## 3.21. Expiration of Establishment Types

Changes of Commonwealth or State reporting requirements may impact on the currency of Establishment Types.

Information Bulletins will be published to advise of any changes to establishment types. The action required in those circumstances is to end-date the HERO entity with the expired establishment type and the creation of a new HERO entity with the new establishment type. Relationship type of 'was merged into on closure' will link the old entity and the new entity.

---

Note: Any HERO entity which was end-dated after the expiration of an establishment type, must be reviewed and re-classified to a CURRENT establishment type. This is the only option currently available within HERO to manage these circumstances.

### **3.22. Closure of a Health Organisation Entity**

The Local Health District/ Specialty Health Network must adhere to the following requirements to close a Health Organisation Entity.

If a health organisation, such as 02.xx or Emergency Care service unit 18.xx is to be closed, then a letter from the Local Health District/ Specialty Health Network Chief Executive to advise the Secretary, NSW Health of the closure is required, with details of the closure date and the reason for closure. The Metadata Unit will affect these changes once approved.

Any 'child' service entities attached to a 'closed' parent entity, must either be 'end-dated', that is closed or transferred to a current parent entity, by end-dating the relationship type to the 'closed' parent entity and creating a new relationship type to the new parent entity. If these steps are not completed any activity will be reported as errors which may have a negative impact on performance targets.

If a service unit entity, such as 10.xx – 43.xx excluding 18.xx is to be end-dated, prior advice as to an accurate end-date from the PAS administrator is required before updating and submitting to the DOH Administrator. A detailed comment in HERO is required, with relevant relationship type, if applicable, to be entered, before submission for approval to the DOH Administrator.

Relationship types 'was merged into on closure' (refer to section 8.5) or 'was split on closure' (refer to section 8.6) is to be setup to link both the current entity and the old entity, if relevant.

## **4. ASSIGNMENT OF SERVICE ATTRIBUTES TO ENTITIES**

Service Attributes assigned to health entities are in the main optional, but exceptions exist to enable external reporting to specific data collections. Where an attribute is mandatory to enable the inclusion of specific items, it will be detailed by the responsible data collection owner. An example would be specific data collection flags for the Admitted Patient Waitlist (refer to section 4.5).

Individual Service Provider Occupations are mandatory for Cancer entities. The Attribute "Service – Occupations working in this service", can be utilised by non-Cancer Service units to assist with regular reviews of services. Administrative or Support personnel should not be flagged and will be inactivated within Health Establishment Registration Online (HERO).

Assignment of attributes is completed through the Attribute tab where the relevant attribute can be selected from the Attribute Type drop-down list. Some attributes relevant to specific streams may be added through the Core Details tab, for example Mental Health (refer to section 4.2).



#### 4.1. Services that require Sensitive Service Indicator

The majority of patient level activity will be reported with a de-identified or masked client identifier in Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) data warehouse.

Use of this attribute is not mandated at state level but can be used at the discretion of Local Health Districts for local reporting.

#### 4.2. Mental Health Service Unit attributes (various)

The following attributes must be added for any Mental Health Service entity in HERO and the details of which attributes must be added are provided by the InforMH team, System Information and Analytics Branch, Ministry of Health:

- Mental Health Population Group attribute [100] (Core Details tab) – this determines the appropriate Mental Health sub program in the extract for the District Network Return report.
- Program and Product Data Collection (PPDC) Financial Program [102] (Core Details tab) – the appropriate Mental Health financial program.
- Mental Health Service Unit File Flag [105] (Core Details tab) – any service unit which is funded by Mental Health program (HIE Facility identifier is setup via the Identifier tab).
- National Reporting Cluster [106] – the reporting cluster identified by the LHD and used by Mental Health for National Minimum Data Set (NMDS) Reporting.
- National Reporting Organisation [107] – the reporting organisation identified by the LHD and used by Mental Health for National Minimum Data Set (NMDS) Reporting.
- Identifiers – the 4 digit identifier is added to MH-SER identifier, and the HIE Facility Identifier refer section 9 HERO Identifiers.

#### 4.3. Mental Health Location (various)

The following attribute should be applied to locations where mental health services are delivered:

- Mental Health Location File Flag [104] (Core Details tab) – any location where mental health services are provided.

Note: Does not have to be funded by Mental Health program to be identified. This is to enable reporting on the scope of where Mental Health services are delivered (“HIE Location identifier” is also setup via the Identifier tab).

- Identifiers – 4 digit identifier is added to MHSER identifier and Health Information Exchange (HIE) Location Identifier.

#### 4.4. Cancer Service Unit (various)

The following attributes must be setup for any Cancer Service unit (15.xx) entity in HERO, to enable Cancer Institute NSW to analyse activity for reporting purposes.

- Individual Service Provider Occupations (ISP) - Attribute “Service – Occupations working in this service” See HIRD for further detail [HIRD ISP Discipline / Specialty Codes](#).
- Participation in Multi-disciplinary Team meetings flag (226).

#### **4.5. Reports to Admitted Patient Waiting Times Collection Flag**

This is a mandatory attribute for those health organisations with wait lists, to enable the health facility to report their Wait Times via EDWARD reporting.

This flag is maintained by the MOH HERO Administrator and cannot be removed by Local Health District/ Specialty Health Network personnel, unless a letter is sent from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information and Analytics Branch, Ministry of Health to approve the removal of the admitted patient organisation from the Wait list collection.

The individual ward locations do not require this flag.

#### **4.6. Reports to Emergency Department Data Collection Flag**

This is a mandatory flag, to enable health organisations with Emergency Departments, to report their service entity activity, to the Emergency Department Data Collection in EDWARD. This flag is maintained by the MOH HERO Administrator and cannot be removed by Local Health District/ Specialty Health Network personnel, unless the Emergency service is no longer operating and requires a letter from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information and Analytics Branch, Ministry of Health to approve the removal of the Emergency service.

The flag can also be setup at the Emergency Department service unit level 18.xx, for those facilities which have two emergency departments.

#### **4.7. Emergency Department Role Delineation**

This is a mandatory flag against the health organisation, as this will allow other Ministry of Health branches to analyse data at appropriate role delineation level. This flag is maintained by the MOH HERO Administrator and cannot be removed by Local Health District/ Specialty Health Network personnel, unless the Emergency Department service is no longer operating and requires a letter from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information and Analytics Branch, Ministry of Health to approve the removal of the service.

As the role delineation level is self-determined, any changes must be formally communicated to the MOH HERO Administrator to amend this attribute, whereby the previous role delineation level will be end-dated and the new level assigned.

The appropriate 18.xx Emergency Department – Level service unit must be established to allow the Emergency Department activity to be reported in the data warehouse; along with the corresponding location type, such as 04.317 Location - ward – emergency department Level 3 and above, or 04.358 Location – ward – emergency department level 1 and 2.

#### 4.8. Intensive Care Unit Role Delineation

This is an optional flag, to enable health organisations to report their Intensive Care Unit service entity activity into the EDWARD data warehouse. This flag is maintained by the MOH HERO Administrator and cannot be removed by Local Health District/ Specialty Health Network personnel, unless the Intensive Care service is no longer operating, and requires a letter from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information and Analytics Branch, Ministry of Health to approve the removal of the intensive care service.

A corresponding service unit Establishment Type 25.01 Admitted Patient – Intensive Care Unit to the ward location can be established by the Local Health District, to allow the service to be listed in an external service directory.

The service unit is excluded from Non-Admitted Patient (NAP) Data Collections.

#### 4.9. Paediatric Service Indicator

For external reporting purposes, such as to the Cancer Institute, and to meet specific Ministry of Health and Social Policy branch needs, HERO requires the identification of specialty services providing paediatric services. This applies to a **specific** paediatric service, not a service which caters for both adults and children.

This requirement should not be confused with the Specialist Paediatric Service Unit flag attribute 152 (refer to section 4.10), which is required at health organisation level for the National reporting of Public Health Establishments.

#### 4.10. Specialist Paediatric Service Unit Flag

Commonwealth reporting requirement whether a facility dedicated to the care of children aged 14 or less is provided within an organisation to identify at a health organisation level for the National reporting of Public Health Establishments.

#### 4.11. Community Health Service Unit Flag

As some community health service units may have a state standard hierarchical parent of a hospital, and a management authority of a Local Health District, reporting of community health services would usually be listed under the hospital facility. However, if local reporting requires separate reporting of community health service entities, this can be achieved via the Community Health Service Unit attribute.

Note: The Independent Hospital Pricing Authority (IHPA) have introduced a Tier 2 clinic for telehealth services, for example 20.55 Telehealth – patient location and 40.61 Telehealth – patient location.

NSW Health will not create additional establishment types but use the attribute option of Telehealth / Videoconference to identify those service units which provide and receive activity by telehealth and for NAP Data Collection reporting of Modality of Care.

#### 4.12. Service Unit Funding Source Agreements

This attribute is optional in most cases but may be required where there are specific Ministry of Health units to identify funding programs. It allows the Local Health District/ Specialty Health Network to indicate the type of funding for HERO entities. It can be setup in the Attribute tab, by selecting “Service Unit Funding Source Agreements” from Attribute Type drop-down list.

#### 4.13. Cost Centre

This attribute is located in Core details and is no longer used.

Local Health Districts are advised to add Local Health District/Cost Centre information through the alternate Local Health District/ Specialty Health Network Cost Centre Local Code identifier (refer to section 9.5). This has been created to allow the Local Health District/ Specialty Health Network administrator to add/update the cost centre identifier/s.

#### 4.14. Privately Operated Public Contracted Service Provider Flag

This is optional and allows the Local Health Districts and Specialty Health Networks to indicate whether a HERO entity is reporting activity that is provided by a private organisation under a public contract arrangement (refer to section 8.9)

The setup in HERO is either through the Core Details tab – DOH Other Assigned Attributes – Public Contract Provider Flag, or through the Attribute tab. Select “Privately Operated Public Contracted Service Provider flag” from Attribute Type drop-down list, then select the appropriate radio button. The relationship types “10 – Provides services under contract for” or “11 – Purchases services under contract from” (refer to section 8.9 and section 8.10) should also be added for the entity.

### 5. COVID-19 VACCINATION CENTRES

The reporting of vaccination activity to the Non-Admitted Patient and Supplementary Services (NAPSS) Data Collection is in addition to other vaccination reporting requirements, including, but not limited to, immunisation registers and incident management systems.

Not all vaccinations within the NSW Health system will be through specific vaccination centres but where they are the Centres must be appropriately recorded in Health Establishment Registration Online (HERO) to allow timely and accurate extraction of data.

As the COVID-19 pandemic continues to evolve check for any changes in these rules, available on the NSW Health Intranet [COVID-19 Data Collection and Reporting Requirements Health Entity Registration Online \(HERO\) Contacts](#).

#### 5.1. Establishment Type

COVID-19 Vaccination clinics and COVID-19 Vaccination Screening/ Assessment units must be registered in HERO as a new service unit with the applicable Establishment Type of:

Code	Descriptive Label	Description
32.59	COVID-19 Response – Vaccination Unit	Designated COVID-19 vaccination clinics set up to deliver COVID-19 vaccinations
32.60	COVID-19 Response – Vaccination Screening/Assessment Unit	Service units established to provide pre and/or post vaccination screenings and assessments.

**5.2. Attributes**

A HERO Attribute Type of ‘Service – COVID19 Vaccination’ (Attribute Type Code 234) **must be applied to the clinic in HERO to identify it as a COVID19 Vaccination clinic.**

**5.3. Naming Conventions**

Note: Due to the way names are reported from HERO it is important that the dash (–) in COVID-19 is not included in the name applied to a clinic during data entry.

A Vaccination Clinic must have the Hospital Name/ Health Service Name and ‘COVID19’ and ‘Vaccination’ in the name for example:

<HospitalName> COVID19 Vaccination Clinic.

Or

<HealthServiceName> COVID19 Vaccination Clinic.

Note: Vaccination clinics must not contain vaccine names.

A Mobile Vaccination Clinic must have the Hospital Name/ Health Service Name and ‘COVID19’ and ‘Vaccination’ and Mobile Team in the name for example:

<HospitalName> COVID19 Vaccination Clinic Mobile Team.

Or

< HealthServiceName > COVID19 Vaccination Clinic Mobile Team.

**5.4. Identifiers**

At least 2 additional HERO Identifiers must be applied to each clinic:

- COVID-19 Reporting PRODA Identifier (HUB/Supply point)
- COVID-19 AIR PRODA Identifier (Spoke or Satellite)

In some instances, these two numbers will be the same and in others they will be different. This information will be sent to the Local Health District/ Specialty Health Network or to the Metadata Unit from the COVID-19 Immunisation Response Team.

**5.5. Clinic Definitions**

Regardless of the local naming convention of “sub-hubs”, “spokes”, “satellites”, “mobile clinics” the following structure must be followed:

- A Vaccination Clinic must be established for each team that will be delivering vaccinations.
- The Vaccination Clinic must be established against the Local Health District or Specialty Health Network that is providing the staff giving the vaccinations, regardless of the Local Health District or Specialty Health Network within which the vaccination is being delivered.
- A Vaccination Clinic in HERO should represent the supply point and the team dispensing the vaccination. The vaccine brands (such as Pfizer or Astra Zeneca), should not be the basis for creating separate HERO service units, unless the vaccines are from different HUBS (Supply point).

## **6. COVID-19 TESTING – ASSESSMENT OR SCREENING CLINICS**

COVID-19 Assessment Clinics refer to clinics which provide comprehensive clinical assessments and COVID-19 collection/ swab to patients that meet the COVID-19 screening criteria, with the aim of diverting mild to moderate cases of respiratory illness from the Emergency Department.

COVID-19 Screening Clinics refer to clinics which provide COVID-19 collection/ swab to patients that meet the COVID-19 screening criteria, with the aim of providing the community with fast and easy access.

All Assessment or Screening Clinics must be appropriately recorded in Health Establishment Registration Online (HERO) to allow timely and accurate extraction of data.

As the COVID-19 pandemic continues to evolve a check for any changes in these rules, is available on the NSW Health Intranet [COVID-19 Data Collection and Reporting Requirements Health Entity Registration Online \(HERO\) Contacts](#).

### **6.1. Establishment Type**

One of the following Establishment Types must be used for the clinic in HERO:

<b>Code</b>	<b>Descriptive Label</b>	<b>Description</b>
13.27	COVID-19 Response Diagnostics	Designated fast/ rapid testing sites for COVID19, such as drive thru, Mobile, Swab clinics
32.57	COVID-19 Response Medical Consultation Unit	Assessment, investigation, treatment and management of patients with confirmed, probable and suspected COVID19 – Medical led
32.58	COVID-19 Response Allied Health/ Nursing Unit	Assessment, investigation, treatment and management of patients with confirmed, probable and suspected COVID19 – Nurse/ Allied Health

## 6.2. Attributes

A HERO Attribute Type of 'Service - COVID19 Testing' (Attribute Type Code 232) must be selected to assist in identifying these services.

## 6.3. Naming Conventions

Note: Due to the way names are reported from HERO it is important that the dash (–) in COVID-19 is not included in the name applied to a clinic during data entry.

The following naming convention must be applied when registering the service unit in Health Establishment Registration Online (HERO) System:

- Clinic – those that are co-located on hospital grounds.  
Must have the Hospital Name and 'COVID19' in the name - for example:  
<HospitalName> COVID19 Clinic.
- Pop-up – those that are not on a hospital ground (but could be on other health land - for example, community health centre). Pop-ups are usually at a static location.  
Must have the Health Service Name, 'COVID19' and 'Pop-up' in the name - for example: <HealthServiceName> COVID19 Pop-up Clinic.
- Drive-through – where people are required to stay in their car (it is noted though that some people attend a drive through clinic on foot).  
Must have the Health Service Name, 'COVID19' and 'Drive-through' in the name - for example: <HealthServiceName> COVID19 Drive-through Clinic.
- Mobile – where a van drives to a particular location for a short time and then moves on to another location.  
Must have the Health Service Name, 'COVID19' and 'Mobile' in the name - for example: <HealthServiceName> COVID19 Mobile Clinic.

## 7. RELEASE OF ENTITY DETAILS TO EXTERNAL USERS

As stated in section 2.1, Health Establishment Registration Online (HERO) is utilised to publish details of HERO entities to external service directories whether within Health or for National Health Service Directory purposes.

The following flags within HERO are used to identify which services are to be included in external users.

### 7.1. Display in National Health Service Directory Flag

This flag supports the eHealth NSW's collaboration with Australian Digital Health Agency (ADHA) on the Service Registration Assistant (SRA) concept. This will provide the capability for Local Health Districts to publish their information about their healthcare services to directory services (if they choose to), such as the National Health Services Directory (NHSD) operated by Healthdirect Australia.

Note: Audit extract report displays the information in column AV.

## 7.2. Display in NSW Health Lookup Flag

Use of this flag enables the entity to be displayed in the eHealth Lookup application, for both services and location.

Historically, this flag was used to identify those service entities which were to be published to the HSNNet ServiceLink. This is now redundant following the agreement with Healthdirect Australia to populate relevant data from the National Health Service Directory.

Note: Audit extract report displays the information in column AW.

## 7.3. Display in Internal Directory Flag

Historically, this flag was to identify those service entities which were to be published to the HSNNet ServiceLink. This is now redundant following the agreement with Healthdirect Australia referred to above.

This flag was used previously for other purposes but is now used for jurisdiction's 'Internal Services Directory'.

Note: Audit extract report displays the information in column AX.

## 7.4. Display in Incident Management System Flag

A flag that was intended for use by the Incident Management System, but it is no longer assigned.

## 7.5. Publish to External Services Directory (Physical and Postal Addresses) Flag

Historically, this flag was utilised by Healthdirect Australia to populate the National Health Service Directory to identify service entities released for publication.

However, this is now redundant due to an agreement between eHealth, Ministry of Health and Healthdirect Australia.

Registrations of entities for export to the National Health Services Directory, is determined by the 'Display in National Health Service Directory' flag in the core details tab.

It is the responsibility of the Local Health District/ Specialty Health Network to decide which entities are appropriate to publish to a National Health Services Directory.

Note: Audit extract report displays the information in column AD (Physical Address) and AM (Postal Address).



## 8. HERO RELATIONSHIPS

### 8.1. Standard Principle for Relationships

When querying the HERO database for Relationship Type Values list refer to [HIRD](#).

*Table 1: HERO hierarchical structure to support data collection and reporting requirements*

Level	Organisational*	Level	Organisational*
Highest level	LHD/SHN 01.xx State Standard Parent / Management Authority relationship types Note: Determined by MOH	LHD Boundary Location 04.xx	LHD Sector 03.xx
Middle level	Health Organisation 02.xx General Hospital / Children's Hospital / Psychiatric Hospital etc Note: Determined by MOH in response to formal request	Locations 04.xx Health Campus Location 04.xx Health Building on a Health Campus Location	Division / Department 03.xx
Lowest Level	Service Units 10.xx – 50.xx Service Units	Locations 04.xx Other Locations/ Wards / Operating Suite	Service Units 10.xx – 50.xx Service Units

\* This structure is required as a state standard to assist with reporting in EDWARD data warehouse.

\*\* The middle management structure is not used in state reporting but can be used by Local Health Districts/ Specialty Health Networks for local reporting purposes.

**Note:**

Health Organisations 02.xx cannot be a parent of another Health Organisation 02.xx.

Locations 04.xx must have a higher level 04.xx location for the State Hierarchical Parent in HERO.

For example:

1001740 - Western Sydney Local Health District Boundary Location (04.16) is the State Hierarchical Parent to:

3001333 - Westmead Hospital Campus Location (04.11)

which is the State Hierarchical Parent to:

3073514 - Westmead Hospital Home Birth Mother Ward Location (04.325).

### 8.2. Service Location Relationship type

The relationship type “Is a location managed by the Health Organisation of ...” assists Local Health Districts/ Specialty Health Networks and external users to identify differing authorities responsible for locations, for example patient support areas managed by HealthShare NSW and not by the Hospital’s General Manager; or laboratory areas managed by NSW Health Pathology.

---

This must be added to all Health Establishment Registration Online (HERO) location establishment type 04.3XX.

### **8.3. Has Client ID issuing Authority Relationship type**

This identifies for those patient services, such as ‘child’ service entities, which do not use the Local Health District identifier pool, that the authority responsible for the allocation of the patient medical record number (MRN) is sourced from Client Identifier Type Code of MRN. The setup of the relationship type is by exception.

This is a reporting requirement for those source systems not providing a direct feed to Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD), but through the mLoad tool.

If there are instances of local source systems which are providing an extract that does not contain a client ID issuing field, they can be considered as ‘exceptions’ and HERO must be updated with the relationship type “has client identifier issuing authority” setup in HERO, identifying the ‘exception’ client identifier issuing authority pool.

### **8.4. Has NAP Activity reported under an ABF funded Hospital type**

This identifies which non-hospital health organisations (02.xx), for the purpose of target setting and activity-based modelling, report Non-Admitted Patient (NAP) activity via a Activity Based Funding (ABF funded Hospital).

Annually Local Health Districts and Specialty Health Networks are to formally advise both the Director, Performance Analysis and Reporting unit, and the Director, Service Utilisation and Activity Modelling, in the System Information and Analytics Branch, of any changes in the mapping of a health organisation.

In turn, those changes will be updated by the MOH HERO Administrator by exception, as the establishment group ‘health organisations’ cannot be updated by Local Health District/ Specialty Health Network HERO coordinators.

### **8.5. Was merged into on closure Relationship type**

This links the old and new entity in HERO.

This relationship type is set for the old entity before its end-date is recorded. The start date for the new entity must then be the same date as the end-date of old entity.

This relationship type must be added to entities with expired Establishment Types (refer to section 3.21).

### **8.6. Was split into on closure Relationship type**

This links an old entity and multiple new entities.

As with “Was merged into on closure” relationship type, the start dates for the new entities must be the same as the end-date of the old entity.

### **8.7. Is physically located at (operates from) Relationship type**

This relationship type assists in identifying the base unit locations of service units with multiple 'outreach' locations, for example hospitals or community health centres.

### **8.8. Provides services at Relationship type**

This relationship type recognises the various locations where service entities from a base location may provide their patient activity, for example Casino Community Health Centre (CHC) outreach to Kyogle.

### **8.9. Provides services under contract for Relationship type**

This relationship type recognises the external organisation, public or private, that is funded to provide activity on behalf of a public organisation. This complements the "Privately Operated Public Contracted Services" attribute (refer to section 4.14) where a private external organisation is funded by Local Health Districts/ Specialty Health Networks or public health organisation(s) to provide activity.

Purchases services under contract from relationship type.

### **8.10. Purchases services under contract from Relationship type**

This relationship type recognises the public health organisation funding/ purchasing activity or services provided by an external organisation, public or private.

### **8.11. Has its intake services provided by' Relationship Type**

When health entities have a central unit providing intake services, this relationship type is attached linking the intake service unit with the service provider unit. This is used for planning and accurate contact information in a Health Services directory.

Note: It is recommended that the Intake Service entity should have the 'Type of Referral required' attribute for service directory purposes.

### **8.12. Has 'locally determined hierarchical parent of' Relationship Type**

When Local Health Districts have internal reporting requirements that are different to the standard state hierarchical reporting, then the Local Health District can create an internal hierarchical entity. This relationship type is used for linking the service unit with this internal parent for reporting. This provides functional planning and reporting activity information in an internal report.

### **8.13. Middle Management Hierarchy Relationships**

A middle management organisation arrangement, such as a division of allied health, is neither a non-admitted service unit, nor a health organisation and is not accommodated in the state standard hierarchical reporting. It may be accommodated in a local hierarchy maintained separately in HERO by the Local Health District/ Specialty Health Network, purely for local reporting purposes. If this option is used then these relationships must be maintained

consistently at a Local Health District/ Specialty Health Network level throughout the organisation hierarchy.

**8.14. Parent – Child Relationships**

Relationship types are setup for each HERO service entity when registering via Quick Registration. The three relationships are mandatory in the quick registration process and should be determined before registering a new entity:

- Management Authority
- Jurisdiction Boundary Located within
- Hierarchical Parent (NSW Standard)

**Relationship Details:**

Management Authority:	Search:	Select... <span style="float: right;">▼ *</span>
Jurisdiction Boundary Located Within:	Search:	Select... <span style="float: right;">▼ *</span>
Hierarchical Parent (NSW Standard):	Search:	Select... <span style="float: right;">▼ *</span>

The table below outlines the most common relationships that will be created in HERO.

Refer to the [HIRD Domain](#), which outlines the Establishment Type Values, with a description of the value and in some instances the parent relationship to be used on registration. The Non-Admitted Patient Establishment Type Definitions Manual is located in [HIRD Domain](#).

**Table 2: HERO hierarchical structures showing parent and children entities and the relevant HIRD domains for classification to support data collection and reporting requirements**

HERO Establishment Group	HERO Establishment Type	Health Sector	State Standard Parent	Management Authority	Physical location boundary
Health Organisation	02.xx* *These entities are created by the Ministry.	Public	LHD/SHN Facility	LHD/SHN	LHD/SHN boundary
Health Organisation	02.xx* *These entities are created by the Ministry.	Private	LHD/SHN Facility	LHD/SHN	LHD/SHN boundary

**HERO Data Collection: Health Establishment Registration  
Online**

HERO Establishment Group	HERO Establishment Type	Health Sector	State Standard Parent	Management Authority	Physical location boundary
Locations	Location – 04.00 Universe peak hierarchical entity Location – 04.01 Overseas Location – 04.03 In the Community: NSW Health Corporate Office Buildings/Area Location – 04.05 In the Community: Child Care Centre Location – 04.06 In the Community: Health Research Building Area Location – 04.07 In the Community: Education Institution Area Location – 04.08 In the Community: Area Not Elsewhere Classified Location – 04.10 In the Community: Court House / Court Cell Area	Public	04.xx various Examples are LHD Boundary location 04.16/ or LHD Campus Location 04.11, or State boundary 04.27 or Police Cells location 04.20 etc depending on the location being created.	LHD/SHN	LHD/SHN boundary
Health care campus/centre: Wing/Floor of Building	Location – 04.12 Health Care Campus / Centre: Wing/Floor of building	Public	04.13 - Location - Health Care Campus: Other Building, not elsewhere classified or 04.14 - Location - Health Care Campus: Hospital Building or 04.15 - Location - Health Care Campus: Community Health Centre Building	LHD Private Sector	LHD/SHN boundary

**HERO Data Collection: Health Establishment Registration  
Online**

HERO Establishment Group	HERO Establishment Type	Health Sector	State Standard Parent	Management Authority	Physical location boundary
Health Care Campus – building	04.13 - Location - Health Care Campus: Other Building, not elsewhere classified 04.14 - Location - Health Care Campus: Hospital Building 04.15 - Location - Health Care Campus: Community Health Centre Building	Public	04.11 - Health Care Campus / Centre	LHD Private Sector	LHD/SHN boundary
Correctional Centres/ Detention Centres/ Forensic Hospital/ Justice Health Admin/ Ambulance NSW/ Business Support/ HealthShare NSW/ Pathology NSW /State Sub Division	04.2xx (refer to HIRD <a href="#">Domain 9061</a> )	Public	04.xx various Examples are LHD Boundary location 04.16/ or LHD Campus Location 04.11, or State boundary 04.27 or Police Cells location 04.20 etc depending on the location being created.	LHD/SHN	LHD/SHN boundary
Ward – hospital wards	04.3xx (refer to HIRD <a href="#">Domain 9061</a> )	Public	04.11* Health Care Campus / Centre *LHD can choose to have a parent of 04.12 Health care campus/centre: Wing/Floor of Building which then has a parent 04.11 HCC	LHD / SHN	LHD/SHN boundary

**HERO Data Collection: Health Establishment Registration  
Online**

HERO Establishment Group	HERO Establishment Type	Health Sector	State Standard Parent	Management Authority	Physical location boundary
Ward – Emergency Depts Note: Emergency wards will also have an appropriate entity registered Establishment Type 18.xx. refer section 2.10	04.317 - Location - Ward - emergency department - level 3 and above 04.358 - Location - Ward - Emergency Department Level 1 and 2 04.359 - Location - Ward - emergency medical unit	Public	04.11* Health Care Campus / Centre *LHD can choose to have a parent of 04.12 Health care campus/centre: Wing/Floor of Building which then has a parent 04.11 HCC	LHD / SHN	LHD/SHN boundary
Operating Theatre / Day Procedure Suite Theatre Suite Location	04.44 - Location - Health Care Campus: Operating Theatre / Day Procedure Suite	Public	04.11 Health Care Campus / Centre Health Care Campus / Centre or 04.14 - Location - Health Care Campus: Hospital Building	LHD / SHN Campus Location or Location Boundary	LHD/SHN boundary
Operating Theatre / Day Procedure Suite: Administration / Preparation	04.441 - Location - Health Care Campus: Operating Theatre / Day Procedure Suite: Administration / Preparation	Public	04.44 Health Care Campus; Operating Theatre/ Day Procedure Suite	LHD/SHN	LHD/SHN boundary
Theatre room	04.45 - Location - Health Care Campus: Operating Theatre / Day Procedure Suite: Operating / Procedure Room	Public	04.44 Health Care Campus; Operating Theatre/ Day Procedure Suite	LHD/SHN	LHD/SHN boundary
Includes Imaging /Pathology/Pharmacy/ Mortuary /Education/ Staff Amenities/ Business Support / Accommodation etc	04.46 to 04.62 (refer to HIRD <a href="#">Domain 9061</a> )	Public	04.11 Health Care Campus / Centre Health Care Campus / Centre	LHD/SHN	LHD/SHN boundary

**HERO Data Collection: Health Establishment Registration  
Online**

HERO Establishment Group	HERO Establishment Type	Health Sector	State Standard Parent	Management Authority	Physical location boundary
Area for Health Service Delivery	04.98 - Location - Area for Health Service Delivery Not Elsewhere Classified 04.99 - Location - Area for Other Purpose Not Elsewhere Classified	Public	04.16 Location - State Sub-Division: Local Health District / Network Boundary	LHD/SHN	LHD/SHN boundary
Locations	04.xx (refer to HIRD <a href="#">Domain 9061</a> )	Private	Private Organisation/ LHD/SHN Private Sector As per above in most cases	LHD/SHN	LHD/SHN boundary
Person/Organisation Identifier Issuing Authority.	05.xx (refer hird/view_domain_values)	Public	LHD/SHN	LHD/SHN	LHD/SHN boundary
Service Units	10.xx – 50. Xx (refer to HIRD <a href="#">Domain 9061</a> )	Public	LHD/SHN Facility Examples are Health Organisations Hospital/ Health Service /Community Organisation /Multi Purpose Service	LHD/SHN	LHD/SHN boundary
Service Units	10.xx – 50. Xx (refer to HIRD <a href="#">Domain 9061</a> )	Private	Private Organisation/ LHD/SHN Facility Examples are Health Organisations Hospital/ Health Service /Community Organisation /Multi Purpose Service	LHD/SHN	LHD/SHN boundary

There are also supplementary relationship types, which are created when HERO service entities are closed, for example was merged into on closure/ was split into on closure.



## 9. HERO IDENTIFIERS

The Health Establishment Registration Online (HERO) generates a unique HERO identifier. In HERO reports, this is also known as Establishment Identifier. In the Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) it is known as the Organisation Service Provider identifier (OSP ID) for health organisations and service unit entities. In EDWARD, HERO identifiers for locations are known as Service Location Identifier.

Note: Field lengths are critical and therefore coordinators should ensure that there are no leading or trailing spaces in a 4 character field such as the Health Information Exchange (HIE) Facility Identifier.

### 9.1. Local Service Unit Identifier (allocated by Source System)

This is an identifier allocated in a source system that reports patient activity for a particular entity. It can assist with reconciliation between EDWARD and the local source system. It can be a system generated identifier, code value, or, for wards, an abbreviated name, for example 4B Surg.

### 9.2. HIE Facility Identifier

This is used to link the FaMER assigned facility identifier in the HIE warehouse to the HERO identifier in the EDWARD warehouse. Historical reporting of health facilities utilised the HIE Facility identifier for identification of patient activity in the patient administration systems and for Commonwealth and State level reporting. It is also used to assist in validation of patient level Non-Admitted Patient (NAP) activity files into EDWARD via mLOAD.

The HIE Facility Identifier was scheduled to retire on 30 June 2022 in line with the decommissioning of the Health Information Exchange. Any new health services or entities created on or after that date will not be assigned a HIE Facility Identifier. Facilities will instead be assigned a HERO code.

Refer to the NSW Health Information Bulletin *Retirement of 4 - Digit Health Information Exchange Facility Identifiers* ([IB2022\\_003](#)) for more information.

### 9.3. HIE Encrypted Facility Identifier

This allows health organisations (i.e. 02.xx) to be grouped and reported against a particular health organisation as advised by Local Health District/ Specialty Health Network to the Ministry of Health for state or Commonwealth reporting; as well as to group private health facilities activity for display in FlowInfo.

FlowInfo is an inpatient service planning tool for NSW Health where inpatient activity can be analysed.

### 9.4. HIE Location Identifier

This is used to link the FaMER assigned location identifier in HIE warehouse to the HERO identifier in EDWARD warehouse. Primarily setup to identify Mental Health service locations in the MH-SER application.

---

### 9.5. Local Health District/ Specialty Health Network Cost Centre Local Code Identifier

This is an alternate option to the Cost Centre Attribute (refer to section 4.13) to attach a Cost Centre to a HERO service unit entity.

Note: There is no check to verify accuracy of this identifier and reports must be obtained from a database query created by the MOH HERO Administrator.

### 9.6. MH-SER Identifier

This is a FaMER assigned identifier for the MH-SER database maintained by InforMH to register both Mental Health Service Units and Mental Health Service Locations.

Note: As the MH-SER identifier is not displayed in the Audit Extract, the recommendation is to setup the HIE Facility identifier for service units with the same MH-SER identifier.

For Mental Health locations use HIE Location identifier and MHSER identifier.

### 9.7. Drug and Alcohol NMDS Identifier

This is a FaMER assigned identifier for the Drug and Alcohol National Minimum Dataset (NMDS) which is assigned by Drug and Alcohol Data Steward, currently the Senior Systems Development Officer, Clinical Quality & Safety, Centre for Alcohol and Other Drugs.

### 9.8. NSW Drug and Alcohol HIE Facility Identifier

This is a 4 digit code and is assigned by FaMER for the Drug and Alcohol National Minimum Dataset which is assigned by the Data Steward, currently the Senior Systems Development Officer, Clinical Quality & Safety, Centre for Alcohol and Other Drugs.

## 10. STANDARDS APPLICABLE TO HERO ENTITIES

Refer to the NSW Health Policy Directive *Hospital Naming Policy* ([PD2014\\_015](#)) for the standards applicable to the naming of Health facilities.

### 10.1. Naming Convention Format

Full Standardised Name is used by the Ministry of Health for reports and publications; therefore Local Health Districts and Specialty Health Networks must adhere to a standardised naming convention format.

- Refer to the NSW Health Policy Directive *Hospital Naming Policy* ([PD2014\\_015](#)) for where the term 'Hospital' must be in the name, not just 'Health Service'. If "xxx Health Service" is being considered, then "xxx Hospital & Health Services".
- Names of service entities in Health Establishment Registration Online (HERO) must have the health organisation at the front of the name, for example Blacktown Hospital xxx; not Drug and Alcohol Unit xxx Blacktown, as many hospitals have Drug and Alcohol units (refer to Note at end).
- Suggested naming convention for service units is:

- Health Organisation i.e., xxx Hospital or xxx Community Health Centre, where xxx represents the Official name
- Specialty / Clinical Focus i.e., Orthopaedics
- Provider i.e., nursing or medical or technical
- For District services, coordinating and funding patient services; suggested naming convention is:
  - LHD
  - Service name
- For Outreach services, such as where activity is provided by a provider/ team to a location which is administered by another organisation, either within the LHD or outside the LHD; the suggested naming convention is:
  - Organisation Base
  - Service Specialty
  - Outreach Location

For example, Port Macquarie Base Hospital Renal Supportive Care at Kempsey Hospital.

- HERO 'Location' entities, i.e., those with 'Location' establishment types, must include the word '- Location' or '- Loc' at the end of the name for all name types. This assists coordinators and administrators to select the correct parent or child when creating new Location entities or modifying existing Location entities.
- Location names for the purpose of 'Lookup' application will be taken from the Service Directory (aka Display Name in Audit extract) name field.

Note: If Local Health Districts and Specialty Health Networks wish to use a different naming convention, which reflects a source system or for another reason, then it is suggested the 'Locally used name' field is utilised. There is an 'Alternative Legal Name' option which can be used; however it is not displayed in HERO generated extracts.

## 10.2. Physical Address Details

The format of the physical address is important as this is used to determine geo-coordinates coding for planning as well as display in the Lookup application and the National Health Services Directory via Service Registry Assist. The National Location Index file was the initial source of truth for this information.

- All entities addresses must have street numbers or Lot numbers
- No abbreviations of roadways, for example Rd, St, Ave for Road, Street, Avenue
- No addresses to have "Corner of xxx and xxx Streets" or xxx Street, they must have a street number as per point 1.

Building/ Property Name is the Health Organisation Campus Name, details such as Building or Department are to be setup via the Complex/ Sub Unit name.

---

Any amendments to the address details are to be updated/ end-dated via the Edit function. The changes must not be made by using the Delete option and then re-adding the details, as this causes the contents of fields in the HERO Audit Extract to misalign.

### **10.3. Physical Address Changes**

If service entities re-locate from one building to another on the same health care campus due to re-developments of health facilities the 'old building' address, if different, should be end-dated in the service entity registration and not overwritten with the new address.

A new location entity must be created for the new building address. The new address should then be added to the service entity.

### **10.4. Mailing Address Format**

The mailing address can be the same as the physical address or it can be a post office box or a locked bag. Details of unit or floor levels are not required for mailing addresses.

Note: If using the same address, they are to be consistent with each other in format.

### **10.5. Use of Punctuation**

The use of some punctuation symbols, for example commas, colons and forward or backward slashes is not recommended as they are used as delimiters for import/ export files. Their use will cause output fields to misalign.

## **11. CONTACT DETAILS, TEMPORARY CLOSURES and REPORTING DETAILS**

### **11.1. Contact Details**

Core Details phone numbers are for internal use by NSW Health Staff.

The Service Directory information in the Health Establishment Registration Online (HERO), such as telephone number, facsimile number, email and URL addresses accessible by external users is no longer mandatory (located Service Directory sub menu - Intake Information).

Note: The number format for phone and facsimile is 02 XXXX XXXX.

A Service Directory User role, with restricted permissions, was introduced to modify only certain service directory attributes, and approve the modification, without requiring submission of updates for either Jurisdiction Administrator or DOH Administrator.

Note: Local Health Districts and Specialty Health Networks may choose to populate the information as part of their usual business process.

### **11.2. Temporary Closures**

Any HERO entity which is temporarily closed due to adverse events, for example severe weather, fire, temporary staffing shortages, seasonal fluctuations, pandemics or property

redevelopment must have temporary closures details applied to the HERO record. This requires the temporary closure date, and planned re-open date, to be set up in the temporary closures tab. Identifying a temporary closure in HERO will provide the Ministry of Health reporting units with an explanation from the Local Health District/ Specialty Health Network if activity data is not submitted, or is missing, for a particular reporting period.

If the dates of a temporary closure change, for example the planned re-open date is deferred, then the row should be edited, and the planned re-open date amended. Do not add an additional row with the revised planned re-open date, as this creates duplicate rows in the Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) data warehouse.

Note: If a service unit relocates to a different health organisation, it must be permanently closed by the originating health organisation and a new service unit registered by the destination health organisation.

If a HERO entity which has been closed, such as a Health Organisation (02.xx), and there is a requirement to re-open, a request from the Local Health District/ Specialty Health Network Chief Executive to the Executive Director, System Information and Analytics Branch, Ministry of Health is required as this will impact on reporting and target setting.

### 11.3. Reporting Details

Use of the Reporting Details attribute assigns a MOH Data Collection to a HERO service entity, as well as linking a source system profile to the entity using an assigned record source system code (derived from the [HIRD domain](#)) which may be used to assist in reconciling activity reported in EDWARD warehouse.

## 12. EXTRACTS/ REPORTS FROM HERO APPLICATIONS

There are extracts, also known as reports, available from Health Establishment Registration Online (HERO), but not all data fields can be included in the reports.

Once extracted, reports can be downloaded from the NSW Health [site](#) and saved to a local directory.

Note: Do not open the file from a local directory; open a new MS-Excel workbook, Data > From Text File, use pipe | delimiter.

### 12.1. Audit Extract Report

The Audit Extract report provides the details of entities registered, submitted and approved.

Note: It includes all entities including organisations, locations and closed entities and those in Draft mode, but not all fields are displayed in the report.

### 12.2. Recent Changes Report

This report allows the MOH Administrator and Local Health District/ Specialty Health Network HERO coordinators to identify changes made to an entity. A limitation of this report is that if a series of changes have been submitted individually, and approved in the requested date range, only the most recent change will be reflected in the report.

### 12.3. Service Directory Extract with Headers Report

For inclusion in this report entities require the completion of a flag in HERO, located in Core Details tab, Core Details section (refer to section 7.1). Currently only the DOH Administrator has the permission to run this extract.

### 12.4. Children Export Report

This option allows the MOH Administrator and Local Health District/ Specialty Health Network HERO coordinators to generate reports for the children of a health organisation or location.

It is submitted for extraction by selecting the Export button in the Children tab.

### 12.5. Core minimum data set for health establishments

In addition to the data fields of the quick registration, there are additional data elements in scope for the core minimum data set that need to be added in after the quick registration process is completed for all HERO services.

The data element values in scope for the core minimum data set for all HERO services are outlined in the NSW Health Policy Directive *Registration of NSW Health Establishments* ([PD2017\\_038](#)).

## 13. APPROVAL OF HERO ENTITIES

Creation, amendments and closures of Health Establishment Registration Online (HERO) entities requires final approval by the DOH Administrator and not a specific MOH staff member. This occurs via the Workflow tab, field 'Please select user to forward approval to:' where 'DOH Administrator' is selected. Comments explain the additions or changes made should be added before selecting Submit.

Local Health Districts and Specialty Health Networks may have an internal data governance process which requires a 'local approver' to submit a draft HERO entity to the Local Health District and Specialty Health Network 'Jurisdiction Admin' for local approval. This requires the Local Health District and Specialty Health Network 'Jurisdiction Admin' to submit the entity for final approval to DOH Administrator.

If more information is required by a reviewer at any user level, then the 'Return' option in the Workflow tab is used. Comments are added to explain the reason for the return.

## 14. MECHANISM FOR REPORTING THE DATA SET EXTENSION

New Health Establishment Registration Online (HERO) services submitted for approval are not populated in the Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) until approved by the DOH Administrator.

Note: It takes 24 hours for an approved HERO registration to appear in EDWARD, and be available for data submission, as the HERO EDWARD extracts run overnight. This could impact any urgent registrations in systems that run daily data submissions to EDWARD.



---

However, once approved by the MOH Administrator, an entity can be checked out for revision without compromising the EDWARD data warehouse to process file uploads etc.