

Inpatient Statistics Collection (ISC) - Public Facilities Separations Dated from 1 July 2001

Document Number PD2005_210

Publication date 27-Jan-2005

Functional Sub group Clinical/ Patient Services - Information and data

Summary Requirement that hospitals submit details of inpatients.

Author Branch Health System Information & Performance Reporting

Branch contact HSIPR 9391 9689

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Ambulance Service, Ministry of Health, Public Hospitals

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

Review date 30-Jul-2017

Policy Manual Not applicable

File No. 99/11012

Previous reference 2001/73

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Status Active

Director-General

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CIRCULAR

File No	99/11012
Circular No	2001/73
Issued	7 August 2001
Contact	Mrs N Etmekdjian (02) 9391 9097 Information Management and Clinical Systems Branch

**INPATIENT STATISTICS COLLECTION (ISC) - PUBLIC FACILITIES
- SEPARATIONS DATED FROM 1 JULY 2001**

This circular supersedes Circular 00/40

1. Introduction

1.1 This circular details the following issues in relation to the Inpatient Statistics Collection (ISC) from 1 July 2001:

1. Introduction
2. Scope and Coverage
3. Data Items to be Reported
4. Methods of Reporting
5. Data Resubmission
6. Data Quality
7. Reporting Requirements
8. Fines
9. Access to Penalty Payment Revenue
10. Compliance Monitoring
11. Roles and Responsibilities
12. Security of Data
13. Collection Resources
14. Tools and Access Required
15. Contact Information

1.2 It is essential that this circular be distributed to all staff involved in collecting and supplying data for the ISC. This includes ISC coordinators, medical record staff, admissions staff and Emergency Department staff who admit patients.

Distributed in accordance with circular list(s):

A 72	B	C 64	D	E	73 Miller Street North Sydney NSW 2060
F	G	H 59	I	J 46	Locked Mail Bag 961 North Sydney NSW 2059
K	L	M	N	P	Telephone (02) 9391 9000 Facsimile (02) 9391 9101

In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

2. Scope and Coverage

2.1 The Inpatient Statistics Collection covers all patients admitted to public hospitals, public psychiatric hospitals, public multi purpose services, private hospitals, private day procedure centres, and sleep disorder centres. The collection excludes private residential aged care facilities, Commonwealth funded residential aged care facilities and beds, and hospital boarders.

2.2 An “admitted patient” is defined as a person who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care can occur in hospital and/or in the person's home (for hospital-in-the-home patients). The patient may be admitted if one or more of the following apply:

- the patient's condition requires clinical management and/or facilities not available in their usual residential environment;
- the patient requires observation in order to be assessed or diagnosed;
- the patient requires at least daily assessment of their medication needs;
- the patient requires a procedure, or number of procedures, that cannot be performed in a stand-alone facility, such as a doctor's room without specialised support facilities and/or expertise available (eg cardiac catheterisation);
- there is a legal requirement for admission (eg under child protection legislation);
- the patient is aged nine days or less.

2.3 Persons seeking aged care respite at facilities with Commonwealth funded residential aged care beds should be registered as aged care residents at the facility, rather than admitted as patients, and are excluded from the collection – this activity is reported instead to the Residential Aged Care Collection. When respite is provided to a person for reasons other than he/she is requiring aged care (e.g. because the person requires respite care because he/she is intellectually impaired) the person should be admitted as a patient and reported to the Inpatient Statistics Collection.

2.4 The following facilities are in scope of the collection and must report inpatient activity to the Area Health Service and Department to the specifications in this circular.

Central Sydney Area Health Service (X100)

Facility Name	Code	Type
Balmain Hospital	A201	Public
Canterbury Hospital	A202	Public
Concord Hospital	A237	Public
Royal Prince Alfred Hospital	A208	Public
Rozelle Hospital	A101	Dental
RPAH Institute of Rheumatology & Orthopaedics	A239	Public
Thomas Walker Hospital	A236	Public
Tresillian Hospital Petersham	A230	Public
Tresillian Hospital Willoughby	B230	Public
United Dental Hospital	C153	Dental

Northern Sydney Area Health Service (X105)

Facility Name	Code	Type
Gladesville Macquarie Hospital	B101	Psyc
Greenwich Home of Peace Hospital	B208	Public
Hornsby and Ku-ring-gai Hospital	B210	Public
Manly District Hospital	B212	Public
Mona Vale District Hospital	B214	Public
Neringah Hospital	B209	Public
Royal North Shore Hospital	B218	Public
Royal Rehabilitation Centre	B221	Public
Ryde Hospital	B224	Public
Sydney Dialysis Centre	B219	Public

Western Sydney Area Health Service (X120)

Facility Name	Code	Type
Auburn Hospital	D201	Public
Blacktown Hospital	D203	Public
Cumberland Hospital	D102	Psyc
Lottie Stewart Hospital	D217	Public
Mount Druitt Hospital	D218	Public
St Joseph's Hospital	D213	Public
Westmead Hospital	D224	Public

Wentworth Area Health Service (X125)

Facility Name	Code	Type
Blue Mountains District Anzac Memorial Hospital	D204	MPS
Nepean District Hospital, Penrith	D210	Public
Springwood Hospital	D214	MPS
Tresillian Hospital Wentworth	D230	Public

South Western Area Health Service (X130)

Facility Name	Code	Type
Bankstown-Lidcombe Hospital	D227	Public
Bowral and District Hospital	N219	Public
Braeside Hospital	D228	Public
Camden Hospital	D205	Public
Campbelltown Hospital	D215	Public
Fairfield Hospital	D206	Public
Karitane Child & Family Health Services	C203	Public
Liverpool Hospital	D209	Public

Central Coast Area Health Service (X135)

Facility Name	Code	Type
Gosford Hospital	B202	Public
Long Jetty Hospital	B204	Public
Woy Woy Hospital	B203	Public
Wyong Hospital	B206	Public

Hunter Area Health Service (X140)

Facility Name	Code	Type
Belmont District Hospital	Q214	Public
Cessnock District Hospital	Q202	Public
Denman Hospital	Q210	Public
Dungog and District Hospital	Q203	Public
James Fletcher Hospital - Hunter Hospital Site	Q102	Psyc
James Fletcher Hospital - Morisset Hospital Site	Q101	Psyc
John Hunter Hospital	Q230	Public
Kurri Kurri District Hospital	Q205	Public
Maitland Hospital	Q206	Public
Merriwa District Hospital	Q208	Public
Muswellbrook District Hospital	Q209	Public
Nelson Bay & District Polyclinic	Q225	Public
Newcastle Mater Misericordiae Hospital	Q211	Public
Royal Newcastle Hospital	Q213	Public
Scott Memorial Hospital	Q216	Public
Singleton District Hospital	Q217	Public
Wilson Memorial Hospital	Q219	Public

Illawarra Area Health Service (X145)

Facility Name	Code	Type
Bulli Hospital	P202	Public
Coledale Hospital	P203	Public
David Berry Hospital	P291	Public
Milton-Ulladulla Hospital	P205	Public
Port Kembla District Hospital	P206	Public
Shellharbour Hospital	P211	Public
Shoalhaven District Memorial Hospital	P207	Public
Wollongong Hospital	P208	Public

South Eastern Sydney Area Health Service (X155)

Facility Name	Code	Type
Calvary Hospital Kogarah	C202	Public
Gower Wilson Memorial Hospital	C205	Public
Prince Henry Hospital	C207	Public
Prince of Wales Hospital	C208	Public
Royal Hospital for Women	C201	Public
Sacred Heart Hospice	A209	Public
St George Hospital	C213	Public
St Vincent's Hospital	A212	Public
Sutherland Hospital	C214	Public
Sydney Children's Hospital	C238	Public
Sydney-Sydney Eye Hospital	A233	Public
War Memorial Hospital	C206	Public

The Children's Hospital at Westmead (X160)

Facility Name	Code	Type
Bear Cottage	B239	Public
The Children's Hospital at Westmead	A207	Public

Corrections Health Service (X170)

Facility Name	Code	Type
Corrections Health – Long Bay	C121	Prison
Corrections Health – Mulawa	D122	Prison

Northern Rivers Area Health Service (X400)

Facility Name	Code	Type
Aruma Home, Grafton	H151	Psyc
Ballina Hospital	H201	Public
Bonalbo Hospital	H207	Public
Byron District Hospital	H204	Public
Campbell Hospital	H205	Public
Casino & District Memorial Hospital	H206	Public
Grafton Base Hospital	H210	Public
Kyogle Memorial Hospital	H213	Public
Lismore Base Hospital	H214	Public
Macleay District Hospital	H217	Public
Mullumbimby District Hospital	H220	Public
Murwillumbah District Hospital	H221	Public
Nimbin Hospital	H215	Public
Tweed Heads District Hospital	H223	Public
Urbenville and District Multi-Purpose Centre	H224	MPS

Mid North Coast Area Health Service (X410)

Facility Name	Code	Type
Bellinger River District Hospital	H203	Public
Bulahdelah District Hospital	J223	Public
Coffs Harbour and District Hospital	H208	Public
Dorrigo Multi-Purpose Centre	H209	MPS
Gloucester Soldier's Memorial Hospital	J224	Public
Kempsey District Hospital	H212	Public
Macksville & District Hospital	H216	Public
Manning River Base Hospital	J225	Public
Wauchope District Memorial Hospital	H225	Public
Wingham & District War Memorial Hospital	J226	Public

New England Area Health Service (X420)

Facility Name	Code	Type
Armidale and New England Hospital	J201	Public
Ashford Hospital	J209	Public
Barraba and District Hospital	J202	Public
Bingara District Hospital	J203	Public
Boggabri District Hospital	J204	Public
Bundarra Hospital	J210	Public
Glen Innes District Hospital	J205	Public
Gunnedah District Hospital	J206	Public
Guyra District War Memorial Hospital	J207	Public
Inverell District Hospital	J208	Public
Manilla District Hospital	J211	Public
Moree Hospital	J212	Public
Narrabri District Hospital	J213	Public
Prince Albert Memorial Hospital	J214	Public
Quirindi District Hospital	J215	Public

Tamworth Base Hospital	J216	Public
Tingha Hospital	J217	Public
Vegetable Creek Hospital	J218	Public
Walcha District Hospital	J219	Public
Warialda District Hospital	J220	Public
Wee Waa District Hospital	J221	Public
Werris Creek District Hospital	J222	Public

Macquarie Area Health Service (X430)

Facility Name	Code	Type
Baradine Multi-Purpose Centre	K207	MPS
Binnaway Hospital	K208	Public
Cobar District Hospital	K203	Public
Coolah District Hospital	K205	Public
Coonabarabran District Hospital	K206	Public
Coonamble District Hospital	K209	Public
Dubbo Base Hospital	K211	Public
Dunedoo War Memorial Hospital	K212	Public
Gilgandra District Hospital	K213	Public
Gulargambone Hospital	K210	Public
Gulgong District Hospital	K215	Public
Mudgee District Hospital	K216	Public
Narromine District Hospital	K217	Public
Nyngan District Hospital	K218	Public
Trangie Multi-Purpose Centre	K219	MPS
Warren Multi-Purpose Centre	K221	MPS
Wellington District Hospital	K222	Public

Mid Western Area Health Service (X440)

Facility Name	Code	Type
Bathurst Base Hospital	L201	Public
Blayney District Hospital	L202	Public
Bloomfield Hospital	L101	Psyc
Canowindra Soldier's Memorial Hospital	L203	Public
Condobolin District Hospital	L205	Public
Cowra District Hospital	L206	Public
Cudal War Memorial Hospital	L207	Public
Eugowra Memorial Hospital	L208	Public
Forbes District Hospital	L209	Public
Grenfell Multi-purpose Centre	L210	MPS
Lake Cargelligo Multi-Purpose Centre	L212	MPS
Lithgow District Hospital	L213	Public
Molong District Hospital	L214	Public
Oberon Multi-Purpose Centre	L215	MPS
Orange Base Hospital	L216	Public
Parkes District Hospital	L217	Public
Peak Hill District Hospital	L218	Public
Portland District Hospital	L220	Public
Rylstone District Hospital	L221	Public
St Vincent's Community Hospital	L222	Public
Tottenham Hospital	L223	Public
Trundle Multi-Purpose Centre	L219	MPS
Tullamore District Hospital	L224	Public

Far West Area Health Service (X450)

Facility Name	Code	Type
Balranald District Hospital	M202	Public
Bourke District Hospital	K201	Public
Brewarrina District Hospital	K202	Public
Broken Hill Base Hospital	S201	Public
Collarenebri District Hospital	K204	Public
Goodooga District Hospital	K214	Public
Ivanhoe District Hospital	S202	Public
Tibooburra District Hospital	S203	Public
Walgett District Hospital	K220	Public
Wentworth District Hospital	M216	Public
Wilcannia Multi-Purpose Centre	S204	MPS

Greater Murray Area Health Service (X460)

Facility Name	Code	Type
Albury Base Hospital	M201	Public
Barellan Hospital	R212	Public
Barham and Koondrook Soldiers' Memorial Hospital	M203	Public
Batlow District Hospital	R202	Public
Berrigan War Memorial Hospital	M204	Public
Coolamon-Ganmain Hospital	R210	Public
Cootamundra Hospital	R221	Public
Corowa Hospital	M206	Public
Culcairn Multi-Purpose Centre	M205	MPS
Deniliquin Hospital	M207	Public
Finley Hospital	M208	Public
Griffith Base Hospital	R205	Public
Gundagai District Hospital	R206	Public
Hay Hospital	R207	Public
Henty District Hospital	M209	Public
Hillston District Hospital	R208	Public
Holbrook District Hospital	M210	MPS
Jerilderie District Hospital	M211	Public
Junee District Hospital	R209	Public
Leeton District Hospital	R211	Public
Lockhart and District Hospital	R213	Public
Mercy Hospital, Albury	M212	Public
Narrandera District Hospital	R215	Public
Temora and District Hospital	R216	Public
Tocumwal Hospital	M214	Public
Tumbarumba Multi-Purpose Centre	M215	MPS
Tumut and District Hospital	R218	Public
Urana Multi-Purpose Centre	M213	MPS
Wagga Wagga Base Hospital	R219	Public
Wyalong and District Hospital	L226	Public

Southern Area Health Service (X470)

Facility Name	Code	Type
Bateman's Bay Hospital	N201	Public
Bega District Hospital	N202	Public
Bombala District Hospital	N203	Public
Boorowa District Hospital	N204	Public
Braidwood Multi-Purpose Centre	N205	MPS
Cooma Hospital	N206	Public
Crookwell District Hospital	N207	Public
Delegate Multi-Purpose Centre	N208	MPS
Goulburn Base Hospital	N209	Public
Kenmore Hospital	N101	Psyc
Mercy Care Centre	N210	Public
Moruya District Hospital	N211	Public
Murrumburrah-Harden District Hospital	N213	Public
Pambula District Hospital	N214	Public
Queanbeyan District Hospital	N215	Public
St John of God Hospital	N216	Public
Yass District Hospital	N217	Public
Young District Hospital	N218	Public

3. Data Items to be Reported

- 3.1 From 1 July 2001 the Inpatient Statistics Collection covers all data items reported to the HIE for admitted patients. Some data items are mandatory for every patient while other data items are mandatory for some patient groups only. Some data items are optional and only reported where collected as a matter of course.
- 3.2 In the table of data items below "Mandatory" indicates a valid value must be reported for every admitted patient. Where the value is unknown or unable to be determined, the code for "unknown" must be reported. "Conditional" indicates a valid value must be reported where the information is required for a particular type of patient (defined in the associated instruction), or only where the data is collected for a local requirement and thus available to report.
- 3.3 The data items listed for the collection include those required to derive a State standard data item, or comply with a Statewide policy, but not required for any other purpose by the Department. These data items, while included in the scope of the collection, may only need to be stored on the Area's Patient Administration System or the Area's Health Information Exchange (HIE). In the table of data items to follow (see section 3.5) data items that must be stored on the Area's Patient Administration System only are flagged with "PAS", data items that must be stored on the Area Area's HIE are flagged with "Area" and data items that must be submission to the Department's HIE are flagged with "DOH".

3.4 The table below shows the codes used to describe the nature of any change to a data item since the previous collection year in the table of data items presented in section 3.5.

Code	Indicates ...
L	<p>Data Item Label Change – The data item has had a label (i.e. name) change. Label changes may occur to align with national standards, improve user understanding or respond to recommendations from specialist groups.</p> <p>Example: “Indigenous Origin” has changed to “Aboriginal and Torres Strait Islander Origin”</p>
B	<p>Business Rule Changes – The data item instructions contain a business rule related to this data item that has changed. This change is usually required to align with national reporting requirements or standardise business practice.</p> <p>Example: Business rules for “Urgency of Admission” have changed to reflect national reporting requirements for obstetric admissions.</p>
A	<p>Annual Update – The data item has new or retired codes and this occurs each collection year.</p> <p>Example: “Reporting Facility” code set has new codes for private facilities that have opened in previous year, facility name changes, and closures.</p>
U	<p>Updated Classification – The data items that have a classification that differs from the previous year. Such a change occurs to standardise information across collections and align with national reporting requirements.</p> <p>Example: “Country of Birth” will change to align with national standards, which are used in NSW Health community data collections.</p>
O	<p>Other Change – The data item instruction has changed in another way, such as a change in the recommended local code/display values, or the data item should be reported using a different field length or set of fields.</p> <p>Example: “Client’s Name” has increased in length and must be reported in 3 separate fields.</p>

- 3.5 The list below identifies the data items covered by the Inpatient Statistics Collection from 1 July 2001.

Data Item Label	Status	New Item	Change Type	HIE
Record Identifiers				
Reporting Facility	Mandatory	No	A, L	DOH
Admitted Patient Stay Identifier	Mandatory	Yes	Nil	DOH
Admitted Patient Episode Identifier	Mandatory	Yes	Nil	DOH
Admitted Patient Record Update Date	Mandatory	Yes	Nil	DOH
Stay Record Dates and Times				
Formal Admission Date and Time	Mandatory	No	L	DOH
Formal Discharge Date and Time	Mandatory	No	L, B	DOH
Patient Identifiers				
Client's Name	Mandatory	No	L, O	DOH
Client's Alias Names	Conditional	Yes	n.a.	DOH
Medical Record Number	Mandatory	No	Nil	DOH
State Unique Identifier	Conditional	Yes	n.a.	DOH
Medicare Card Number	Conditional	No	Nil	DOH
Department of Veterans' Affairs Card Colour	Conditional	No	L, B	DOH
Department of Veterans' Affairs Card Number	Conditional	No	B	DOH
Health Fund	Conditional	No	O	DOH
Health Fund Membership Number	Conditional	No	Nil	DOH
Ambulance Client Number	Conditional	No	B	DOH
Client's Address of Usual Residence	Mandatory	No	A, O	DOH
Centrelink Client Number	Conditional	Yes	n.a.	Area
Client's Telephone Number Home/Work	Conditional	Yes	n.a.	Area
Name of Client's Next of Kin	Conditional	Yes	n.a.	Area
Name of Client's Mother and Father	Conditional	Yes	n.a.	Area
Maiden Name of Client's Mother	Conditional	Yes	n.a.	Area
Patient's Fixed Demographics				
Date of Birth	Mandatory	No	Nil	DOH
Estimated Date of Birth Flag	Conditional	Yes	n.a.	DOH
Sex	Mandatory	No	Nil	DOH
Country of Birth	Mandatory	No	U	DOH
Patient's Variable Demographics, Status and Elections				
Aboriginal and Torres Strait Islander Origin	Mandatory	No	L	DOH
Medicare Eligibility Status	Mandatory	Yes	n.a.	DOH
Marital Status	Mandatory	No	U	DOH
Preferred Language	Mandatory	No	L	DOH
Hospital Insurance Status on Admission	Mandatory	No	U	DOH
Private Health Insurance Claim	Mandatory	No	Nil	DOH
Consent for General Practitioner	Mandatory	Yes	n.a.	PAS

Data Item Label	Status	New Item	Change Type	HIE
Formal Admission Items				
Urgency of Admission	Mandatory	No	L, U	DOH
Intended Length of Stay	Mandatory	No	L	DOH
Readmission within 28 Days	Mandatory	No	n.a.	DOH
Contract Status	Mandatory	No	B, U	DOH
Source of Referral	Mandatory	No	n.a.	DOH
Facility Referred From	Mandatory	No	A	DOH
Previous Specialised Treatment	Conditional	Yes	n.a.	DOH
Year Last Admitted to Designated Psychiatric Unit	Conditional	No	B	DOH
Type of Accommodation	Conditional	No	n.a.	DOH
Formal Discharge Items				
Mode of Separation	Mandatory	No	n.a.	DOH
Facility Transferred To	Conditional	No	A	DOH
Referred to on Separation	Mandatory	No	n.a.	DOH
Event History Items				
Event Start/End Date and Time	Conditional	Yes	n.a.	DOH
Financial Class – Master	Mandatory	No	Nil	DOH
Financial Class – Local	Mandatory	No	Nil	DOH
Bed Type – Master	Mandatory	No	L	DOH
Mental Health Financial Sub-Program	Conditional	No	Nil	DOH
Attending Medical Officer – Local	Mandatory	Yes	n.a.	DOH
Ward – Local	Mandatory	Yes	n.a.	DOH
Legal Status	Mandatory	No	L, B, U	DOH
Patient Location	Conditional	Yes	n.a.	DOH
Facility Contracted To/From	Conditional	Yes	n.a.	DOH
Leave Period Start/End Date and Time	Conditional	No	L	DOH
General Episode Items				
Episode Start Date and Time	Mandatory	No	L	DOH
Episode End Date and Time	Mandatory	No	L	DOH
Service Category – Master	Mandatory	No	Nil	DOH
Service Category – Local	Conditional	Yes	n.a.	DOH
Mode of Separation for Episode	Mandatory	No	L	DOH
Palliative Care Status	Mandatory	No	Nil	DOH
Total Hours on Mechanical Ventilation	Mandatory	No	Nil	DOH
Unplanned Visit to Theatre	Mandatory	No	Nil	DOH
Neonate Admission Weight	Conditional	No	Nil	DOH
Source of Referral to Episode	Mandatory	No	Nil	DOH

Data Item Label	Status	New Item	Change Type	HIE
Clinical Episode Items				
Principal Diagnosis	Mandatory	No	Nil	DOH
Additional Diagnosis	Conditional	No	Nil	DOH
Procedures	Conditional	No	Nil	DOH
Date of First Listed Procedure	Conditional	No	Nil	DOH
Procedure Locations	Conditional	No	L, B	DOH
External Causes of Injury or Poisoning	Conditional	No	Nil	DOH
Place of Occurrence of External Cause of Injury	Conditional	No	Nil	DOH
Activity When Injured	Conditional	No	Nil	DOH
Clinical Coding Audit Flag	Conditional	Yes	Nil	DOH
Cancer Notification Items				
Primary Site of Cancer	Conditional	Yes	n.a.	DOH
Morphology of Primary Site of Cancer	Conditional	Yes	n.a.	DOH
Date of Diagnosis of Primary Cancer	Conditional	Yes	n.a.	DOH
State of Residence at Time of Diagnosis of Primary Cancer	Conditional	Yes	n.a.	DOH
Name of General Practitioner	Conditional	Yes	n.a.	DOH
Mailing Address of General Practitioner	Conditional	Yes	n.a.	DOH
AMO Registration Number of Treating Doctor	Conditional	Yes	n.a.	DOH
Laterality of this Primary Cancer	Conditional	Yes	n.a.	DOH
Pathology Laboratory	Conditional	Yes	n.a.	DOH
Best Basis for Primary Cancer Diagnosis at this Episode	Conditional	Yes	n.a.	DOH
Degree of Spread of Cancer at this Episode	Conditional	Yes	n.a.	DOH
Attending Medical Officer Items				
Local Code of Attending Medical Officer	Mandatory	Yes	n.a.	DOH
Local Name of Attending Medical Officer	Conditional	Yes	n.a.	DOH
Local Address of Attending Medical Officer	Conditional	Yes	n.a.	DOH
NSW AMO Registration Number	Mandatory	No	Nil	DOH
Medicare Provider Number	Mandatory	No	Nil	DOH
Local Specialty	Mandatory	No	Nil	DOH
Master Specialty	Mandatory	No	Nil	DOH
Ward Items				
Local Code of Ward	Mandatory	Yes	n.a.	DOH
Local Name of Ward	Conditional	Yes	n.a.	DOH
Master Bed Type Default	Conditional	Yes	n.a.	DOH
Institution Type Default	Conditional	Yes	n.a.	DOH

- 3.6 The data items listed below are covered by the collection but are data items that will be derived from the collected data items listed above.

PAS/HIE Derived Event History Data Items

- Payment Status
- Election Status
- Financial Program
- Unqualified Baby Bed Days during Episode of Care
- Hours in Intensive Care Unit during Episode of Care
- Total Involuntary Days Under Mental Health Act during Episode of Care
- Days in Designated Psychiatric Unit during Episode of Care
- Total Leave Days for Episode of Care

HIE Derived Age Data Items

- Age at Time of Formal Admission (Days, Months, Years)
- Age at Time of Formal Discharge (Days, Months, Years)
- Age at Start of Episode (Days, Months, Years)
- Age at End of Episode (Days, Months, Years)

HIE Derived Data Items for National Reporting

- NHDD: Area of Usual Residence – Version 3 (Statistical Local Area)
- NHDD: Health Insurance Status – Version 3
- NHDD: Department of Veterans’ Affairs Patient – Version 1
- NHDD: Compensable Status – Version 3
- NHDD: Hospital Insurance Status – Version 3
- NHDD: Inter-Hospital Contracted Patient – Version 2
- NHDD: Mode of Admission – Version 4
- NHDD: Mode of Separation – Version 3 #
- NHDD: Number of Qualified Days for Newborns – Version 2
- NHDD: Source of Referral to Public Psychiatric Hospital – Version 3
- NHDD: Mental Health Legal Status – Version 5 #
- NHDD: Funding Source for Hospital Patient – Version 1
- NHDD: Number of Leave Periods – Version 3
- NHDD: Care Type – Version 4
- NHDD: Establishment Identifier – Version 3
- NHDD: Establishment Type – Version 1
- NHDD: Medicare Eligibility Status – Version 1
- NHDD: Person Identifier – 1

Note: “NHDD” means “National Health Data Dictionary”, # Indicates item is required for AR-DRG V4.1 derivation.

HIE Derived Episode Funding Data Items

- Service Related Group – Version 4.1
- Emergency Department Status
- Intensive Care Unit Status
- Enhanced Service Related Group 2000
- High Costs Complexity Case
- Surgery/Medical/Procedure Indicator
- Casemix Policy Class
- Episode Type
- Length of Stay Trim Point
- Outlier Days 1 – Days above Trim Point to Step Down Point
- Outlier Days 2 – Day Step Down Point to 365 Days
- Cost Weight A1 – Cost Weight, All Costs – 2000 Policy
- Cost Weight D1 – Cost Weight, Excluding ED and ICU – 2000 Policy
- Cost Weight E1 – Cost Weight, All Costs, No Discount – 2000 Policy
- Cost Weight A2 – Cost Weight, All Costs – Original Policy
- Cost Weight D2 – Cost Weight, Excluding ED and ICU – Original Policy

DOHRS Admitted Patient Activity Measures – Monthly Totals

- Number of Formal Admissions
- Number of Formal Discharges
- Number of Admitted Patients at Start
- Number of Admitted Patients at End
- Number of Sameday Episodes
- Number of Transfers In from Another Financial Program
- Number of Transfers Out to Another Financial Program
- Number of Occupied Bed Days
- Number of Never Qualified Births
- Number of Live Births
- Number of Unqualified Baby Bed Days
- Number of Patients Reclassified as a Nursing Home Type Patient
- Number of Formal Admissions for Overnight Renal Dialysis Treatment
- Number of Formal Admission for Overnight Sleep Disorder Treatment

3.7 The reporting of these data items must comply with instructions provided in the ISC Instruction Manual and updates to the manual that may be made from time to time (available on-line on HealthNet and HealthWeb).

3.8 “First Admission to Designated Psychiatric Unit“ will cease to be included in the scope of the Inpatient Statistics Collection for separations dated from 1 July 2001. This concept will be captured by “Previous Specialised Treatment” for separation dated from 1 July 2001.

3.9 For separations dated from 1 July 2001, ICD10AM – Version 2 will continue to be the required classification for the reporting clinical codes and the Diagnosis Related Group (DRG) will be Version 4.1.

4. Methods of Reporting

- 4.1 All public sector facilities must use the HOSPAS, WinPAS, PiMS or Cerner patient administration system to report to the Inpatient Statistics Collection for formal discharges dated from 1 July 2001.
- 4.2 Facilities with low inpatient activity that do not have HOSPAS, WinPAS, PiMS or Cerner installed at the site may collect ISC data on paper forms for data entry and correction at another site within the Area Health Service that has one of these systems installed, provided due dates can be met.
- 4.3 Templates of the ISC forms developed by the NSW Health Department are available on Healthnet and HealthWeb. Carbon copy forms will no longer be supported by the Department for public sector sites as photocopies are more legible and last longer. Only forms for 2001/2002 may be used for reporting. Forms for prior years are not suitable as they do not capture the event history required for the 2001/2002 reporting requirements. Areas are responsible for designing and producing their own forms if they find the form supplied by the Department inadequate for their needs.
- 4.4 The NSW Health Department does not supply clinical coding, data entry, data correction or error report distribution services to public facilities.

5. Data Resubmission

- 5.1 It is an underlying principle of data warehousing that there should only be one version of information. For this reason, records that are updated in the source system (the patient administration system) must be resubmitted to both the Area HIE and the Department HIE. By default, HIE extracts will capture all new and updated records that occurred between the previous extract and the new extract date.
- 5.2 As standard practice, coded records may be submitted to the HIE, pass all data quality checks, then be updated and resubmitted at a later date when further relevant information become available (such as pathology reports and coroners reports). This practice allows due dates to be met without compromising data quality or integrity in the HIE.

6. Data Quality

- 6.1 The quality of data submitted to NSW Health for the Inpatient Statistics Collection will be determined using a standard suite of data quality (input edit) checks in the HIE. A list of the data quality checks is available in the ISC Instruction Manual and on-line through HealthNet at HealthWeb.
- 6.2 The Area Health Services will need to ensure that data is extract from the patient administration systems and loaded into the Area HIE well in advance of the due date so that error reports can be distributed, corrections can be made in the source system and the Area HIE can be updated with those corrections all before the due date. The Department recommends that data be first loaded in the Area HIE at least 8 to 15 days before the due date.

7. Reporting Requirements

- 7.1 The due dates for admitted patient data from 1 July 2001 have been brought forward due to the increased need for accurate data available close to the event to which the information relates. Timely supply of quality data is required to increase the efficiency and effectiveness of business processes throughout NSW Health, reduce costs, and improve patient care.

Reporting Requirement	Reason
<p>For all sites 100% admission, separation and administrative event data (excluding clinical coding and cancer notification items) must be loaded into the Department HIE, and pass all associated data quality checks by the 14th day of the month after the month of the admission, separation or administrative event.</p> <p>Note: To support this requirement, HIE extracts have been specified to include every new and updated record since the last HIE extract date.</p>	<p>DOHRS admitted patient activity will be automatically calculated by the HIE from July 2001.</p> <p>DOHRS figures must be reported monthly to the Performance and Finance Committee, and to NSW Treasury.</p> <p>Up-to-date records for currently admitted patients are required for “census” reporting (e.g. census of long stay mental health patients) to support different funding methods for long stay patients</p>
<p>For remote rural sites 100% of clinical coding and cancer notification items for DVA patients admitted patient must be loaded into the Department HIE, and pass all admitted patient data quality checks, by the 28th calendar day after the day of separation.</p>	<p>NSW Health Department reports to DVA on behalf of each Health Service.</p> <p>NSW Health has a contract with DVA and this contract requires data to be supplied by due dates.</p> <p>Casemix funding is used by DVA and failure to submit data on time results in lost casemix payments.</p>
<p>For remote rural sites 100% of clinical coding and cancer notification items for non-DVA admitted patient records must be loaded into the Department HIE, and pass all admitted patient data quality checks, by the 56th calendar day after the day of separation.</p>	<p>Timely casemix data is required by NSW Health in the Department and in the Health Service to support:</p> <ul style="list-style-type: none"> • episode funding • budget holdings • flow reversals • capped interstate flow services
<p>For all other sites 100% of clinical coding and cancer notification items for all admitted patient records must be loaded into the Department HIE, and pass all admitted patient data quality checks, by the 28th calendar day after the day of separation.</p>	<p>It is acknowledged that remote rural sites require additional time to submit coded data due to a limited coder workforce in remote rural areas.</p>

Note: “Administrative Events” are status changes that occur during the patient admission and recorded as transactions on a patient administration system. These events include changes in bed, ward, doctor, financial class, service category, legal status, and leave periods.

7.2 Where additional information relating to a record becomes available (such as additional diagnosis codes obtained from a coroners reports, or a morphology code obtained from a pathology report), or a change is made to a record after the due date, the record must be resubmitted to the HIE with the additional information added. This update may occur after the due date without incurring a fine however any errors associated with that update must be corrected before the next compliance measurement date to avoid a fine.

7.3 To support these due dates Area Health Services will need to:

- create extracts from the patient administration system and submit that extract to the Area HIE at least once per week

(**Note:** this will support regular and timely data correction processes and evenly distributed error correction work loads)

- supply data from the Area HIE to the Department HIE by 8pm every Friday, and by 8pm every 14th calendar day of the month

(**Note:** the method for supply data from the Area HIE to the Department HIE changes from file loading to table loading with Version 3.0 of the HIE).

Failure to follow these recommended procedures increases the risk of missed due dates.

8. Fines

8.1 Fines are applied for failure to comply with reporting requirements outlined in this policy. The fines are designed to reflect importance of timely supply of high quality data, and the high cost of non-quality/untimely information, to the NSW Health System.

8.2 An exemption from fines will apply until January 2002 because:

- the new reporting requirements listed in this document mean changes to current work practices and a temporarily increase in resources in medical record departments to clear information backlogs
- the HIE extracts from PiMS and Cerner supporting the full scope of data required to meet the requirements of the Inpatient Statistics Collection will not be delivered by I-soft and Cerner until October/November 2001
- the data warehouse functionality required to identify errors, and age errors when corrections are received, are unlikely to be delivered in a production version of the HIE until September 2001
- after the full HIE extract and error check functionality has been delivered there may be a backlog of errors that needs to be cleared by sites – the extent this backlog will vary by Area Health Service because the investment in staff to monitor data quality and ensure standard correct work practices varies considerably.

8.3 The table below shows the proposed fines for failure to meet the reporting requirement to apply from January 2002.

Reporting Requirement	Penalty
<p>For all sites <u>100% admission, separation and administrative event data</u> (excluding clinical coding and cancer notification items) must be loaded into to the Department HIE, and pass all associated data quality checks by the 14th day of the month after the month of the admission, separation or administrative event.</p> <p>Note: To support this requirement, HIE extracts have been specified to include every new and updated record since the last HIE extract date.</p>	\$2 per record per day
<p>For remote rural sites <u>100% of clinical coding and cancer notification items</u> for DVA patients admitted patient must be loaded into the Department HIE, <u>and pass all admitted patient data quality checks</u>, by the 28th calendar day after the day of separation.</p>	\$2 per record per week
<p>For remote rural sites <u>100% of clinical coding and cancer notification items</u> for non-DVA admitted patient records must be loaded into the Department HIE, <u>and pass all admitted patient data quality checks</u>, by the 56th calendar day after the day of separation.</p>	\$2 per record per week
<p>For all other sites <u>100% of clinical coding and cancer notification items</u> for all admitted patient records must be loaded into the Department HIE, <u>and pass all admitted patient data quality checks</u>, by the 28th calendar day after the day of separation.</p>	\$2 per record per week

- 8.4 It is proposed that from January 2002 there will be no exemptions from fines. This means there will be no exemptions when facilities migrate to new patient administration systems and that Health Services must manage their migrations in a manner that avoids delays to the data supply and any drop in data quality.
- 8.5 From January 2002, fine revenue will not be able to be accessed by sites that consistently fail to meet due dates – instead the fine revenue will be used to reward sites that meet due dates and to implement Statewide data quality and timeliness improvement initiatives determined by the Department.
- 8.6 While exemptions from penalties will not be available from January 2002, applications to exclude a data quality check from the list used to measure compliance with the requirement to “pass all admitted patient data quality checks” may be made where the data quality check is incorrect, is not applicable to admitted patients, or the data item is unable to be collected due to system limitations. System limitations exclude situations where functionality in the system is available and included in HIE extracts but the Area Health Service did not set-up the system in a manner that facilitates the collection of that data. Submissions of requests for data quality check exclusions must be directed to Manager, Patient Data Management Unit, NSW Health Department.
- 8.7 Area Health Services may review these fines and provide feedback or alternative recommendations to the Department by 31 October 2001. Correspondence should be directed to the Chief Information Officer, and copied to the Manager, Patient Data Management Unit.

8.8 Following review of the feedback and submissions, the proposed fines and exemption policies listed in this section will become policy from January 2002 unless this circular is superseded by another circular outlining alternative levels of fines and alternative exemption policies.

9. Access to Penalty Payment Revenue

9.1 The Department will use penalty payment revenue to reward sites that consistently meet due dates. This policy has been introduced because:

- sites that consistently meet due dates will be “best practice” sites and thus offer a good training environment for new staff, which may later flow to other sites in other Health Services – they should therefore have access to fine revenue to train more staff in that “best practice” environment
- sites that consistently meet due dates are likely to have more time to spend on training and coaching than sites that are consistently failing to meet due dates and are likely to share “best practice” procedures with other sites for their benefit
- there should be an incentive to invest additional resources to meet due dates before the due date, rather than an incentive to miss due dates and incur the fine so to retrospectively compensate for a lack of timely resourcing.

9.2 Sites eligible for the reward may submit fully costed projects proposals that have an outcome of improving data quality and timely reporting of admitted patient. Proposals should be submitted to the Manager, Patient Data Management Unit, Information Management and Support Branch. The Patient Data Supplier Advisory Committee will have an opportunity to advise the Department on the merit of proposals and the Department will ultimately decide how fine revenue will be distributed.

10. Compliance Monitoring

10.1 The NSW Health Department will monitor compliance with the reporting requirements set in this circular. The compliance will be based on the data in the NSW Health Department’s HIE by the due date.

10.2 The Data Management Unit will distribute compliance reports to Area Health Service Chief Executive Officers at least once a month, and to the Department’s Performance Monitoring Branch at least once a quarter. Between July and December 2001 the compliance reports will show the Health Service’s progress towards meeting the new due dates and the associated fine that would have been incurred had fines been applied in that period.

11. Roles and Responsibilities

11.1 It is the responsibility of the Health Service to assign a staff member as the Health Service's ISC Coordinator. This position is key person for ensuring timely accurate data for the Health Service and it needs to be adequately resource. The role of the ISC Coordinator is to:

- contact sites in advance of each due date to remind them about the reporting requirements (if this is required)
- monitor each facility's progress towards meeting the reporting requirements in the days leading up to the due date and contact sites who do not appear to be on target
- monitor data quality including the coordination of output editing of data
- coordinate the correction of errors that may be identified by knowledge workers
- coordinate the extraction of data from patient administration systems and coordinate the uploading into the Area HIE in collaboration with the HIE Coordinator
- continue to pursue hospitals who failed to meet a reporting requirements until such time that the reporting requirements is met.
- coordinate the distribution of information from the Department to the sites, and coordinate the reply return of information to the Department by the due date set
- implement work practice changes to eliminate errors at point of first entry and consistently correct work practices at all sites.
- coordinate the migration of paper sites reporting via ISCOS to reporting via a patient administration system, including the coordination of any support that those staff involved in the migration may require
- coordinate the updates to mapping tables in patient administration systems and check that mappings are correct
- coordinate distribution of error reports, error correction and data resubmission.

11.2 It is the responsibility of the Health Service to assign a staff member as the Health Service's HIE Coordinator. In relation to the Inpatient Statistics Collection this person's role is to:

- Ensure admitted patient data is sent to the Department HIE from the Area HIE by the due dates given in this circular.
- Ensure all extract files from patient administration systems sent for loading into the Area HIE have loaded successfully by the due data
- Ensure the ISC Coordinator or site is aware of any late,

missing or failed extracts.

- Establish processes (automated where possible) and timetables for submissions from the patient administration system to the Area HIE
- Ensure access to the HIE is available at each site in the medical records department, and that any site without access has an alternative method for accessing HIE error reports in a timely and convenient manner.
- Ensure test environments are available for HIE extract testing where the Area is participating in testing of patient administration system functionality.

11.3 It is the role of the Data Management Unit, NSW Health Department, to provide Statewide management and support for the collection. It is this unit's role to:

- publish and maintain information about the collection on-line
- provide advice to Area ISC Coordinators about coding rules, classification definitions, and business rules relating to ISC data items where published information does not adequately address the issue being raised
- ensure a full range of input data quality checks are available in the HIE and the HIE data quality check functionality meets the business requirements
- coordinate changes in patient administration systems and the HIE to support Statewide/national reporting requirements and accurate/timely reporting of data at the time of entry.
- issue collection policy, including due dates and penalties, and ensure these policies are appropriate for the business
- ensure reference tables on the HIE are maintained and distributed in a timely manner to support accurate data quality checks.
- audit patient administration system setups, including mappings from local/display values to Statewide master values
- ensure data received from Area Health Services has successfully loaded into the Department's HIE and liaise with the Area HIE and ISC coordinators if a failure has occurred.
- report on data collection compliance to the Executive of the Area and Department, and to the Performance Management Branch

12. Security of Data

12.1 The Information Privacy Code of Practice (Second Edition – December 1998, Circular No. CPR 99/18) must be observed for all data relating to the Inpatient Statistics Collection. Any other related security policy issued by the Department must also be observed.

- 12.2 Data sent between sites via electronic mail over an open network such as the Internet, or on media such as a diskette between hospitals (or between hospitals and Health Services) must be encrypted and password protected using a self-extracting encryption and compression package. The password must be provided separately. Commercial encryption programs are available from sellers of PC software.
- 12.3 Data sent in a hard copy (paper) format must be kept secure at all times. This means records must be transported in securely locked cases or be sent by secure post (or courier) using a service that records the name of persons handling the data.

13. Collection Resources

- 13.1 The NSW Health Department maintains the most up-to-date information about the Inpatient Statistics Collection, and other data collections, on-line on HealthNet and HealthWeb (the NSW Health Intranet and Internet sites). At least one staff member of each hospital's medical record department should have access to either HealthNet or HealthWeb. The sites are located at the URLs below:

- HealthNet: "http://internal.health.nsw.gov.au/iasd/dm/isc/"
- HealthWeb: "http://www.health.nsw.gov.au/iasd/dm/isc/"

14. Tools and Access Required

- 14.1 To meet due dates medical record department staff must have at least one e-mail account and access to the HIE. This is required for the efficient and direct distribution of information relating to the Inpatient Statistics Collection, including compliance reports and data quality reports.
- 14.2 Medical records department staff will also require business objects for standard reports, and a tool to perform adhoc queries on the HIE.

15. Contact Information

- 15.1 For further information about this circular or the Inpatient Statistics Collection, contact:

- **Nora Etmekdjian**
Phone: (02) 9391 9097; E-mail: netme@doh.health.nsw.gov.au
- **Roman Leszczynski**
Phone (02) 9391 9995; E-mail: rlesz@doh.health.nsw.gov.au

- 16.2 Requests for further information about this circular may also be faxed to the Patient Data Management Unit on (02) 9391 9070.

Michael Reid
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