

## NSW Sub-Acute and Non-Acute Patient (SNAP) Data Collection - Reporting and Submission Requirements

**Summary** This Policy Document covers reporting and submission requirements for the sub-acute and non-acute patient (SNAP) data collection. This data is used to monitor delivery of sub-acute and non-acute admitted patient services by public hospitals. The data is also used for epidemiological studies and public health reporting at a state and national level and is a Commonwealth reporting requirement as part of the National Health Information Agreement.

**Document type** Policy Directive

**Document number** PD2018\_007

**Publication date** 21 February 2018

**Author branch** System Information and Analytics

**Branch contact** (02) 9461 7307

**Review date** 21 February 2023

**Policy manual** Not applicable

**File number** H17/42119

**Status** Active

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

**Applies to** Local Health Districts, Ministry of Health, NSW Health Pathology, Specialty Network Governed Statutory Health Corporations

**Distributed to** Ministry of Health, Public Health System

**Audience** Administration, Medical, Allied health, Nursing, All SNAP related staff

## **NSW SUB-ACUTE AND NON-ACUTE PATIENT (SNAP) DATA COLLECTION – REPORTING AND SUBMISSION REQUIREMENTS**

### **PURPOSE**

This Policy Directive covers reporting and submission requirements for the sub-acute and non-acute patient (SNAP) data collection.

SNAP data is primarily used by the NSW Ministry of Health and its administrative units to monitor delivery of sub-acute and non-acute admitted patient services by public hospitals and publically contracted care in other facilities in NSW. This enables a review of service utilisation, identification of health service trends, appropriate allocation of resources and monitoring of the performance of service delivery units against benchmarks. The data is also used for epidemiological studies and public health reporting at a state and national level and is a Commonwealth reporting requirement as part of the National Health Information Agreement.

### **MANDATORY REQUIREMENTS**

Reporting of all admitted sub-acute and non-acute episodes of care in-scope of the NSW SNAP data collection (public hospitals) is a mandatory requirement, enabling NSW to comply with the Public Health Act 1991 and to meet its state and national reporting commitments and its obligations under the National Health Reform Agreement.

### **IMPLEMENTATION**

Chief Executives of Local Health Districts and Specialty Health Networks are to ensure:

- This Policy Directive is distributed to all staff involved in collecting and supplying data for the SNAP data collection. This includes staff of sub-acute and non-acute services, medical record and information services, and clerical staff tasked with maintaining currency of patient data in the patient administration system (PAS) and/or data entry into Synaptix.
- Staff have access to electronic systems to enable collection of data items in accordance with this Policy Directive and associated resources.
- Data collected in accordance with this Policy Directive complies with the reported schedule outlined.

## REVISION HISTORY

| Version                       | Approved by                                    | Amendment notes   |
|-------------------------------|--|---|
| February 2018<br>(PD2018_007) | Deputy Secretary,<br>Strategy and<br>Resources | PD2008_591 amended to align with AN-SNAP version 4<br>classification. |
| May 2008<br>(PD2008_025)      | Deputy Secretary,<br>Strategy and<br>Resources | Initial document.   |

## ATTACHMENTS

1. NSW Sub-Acute and Non-Acute Patient (SNAP) Data Collection – Reporting and Submission Requirements: Procedure

**NSW Sub-Acute and Non-Acute Patient (SNAP) Data  
Collection – Reporting and Submission Requirements**



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**Issue date:** February 2018

PD2018\_007

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## **1 PURPOSE AND INTENT**

This Policy Directive covers reporting and submission requirements for the sub-acute and non-acute patient (SNAP) data collection.

SNAP data is primarily used by the NSW Ministry of Health and its administrative units to monitor delivery of sub-acute and non-acute admitted patient services by public hospitals and publically contracted care in other facilities in NSW. This includes a review of service utilisation, identification of health service trends, appropriate allocation of resources and monitoring the performance of service delivery units against benchmarks. SNAP data is also used for epidemiological studies and public health reporting at a state and national level and is reportable to the Commonwealth under the National Health Information Agreement.

## **2 SCOPE**

This Policy Directive applies to all NSW public hospitals as well as publically contracted care in other facilities within NSW.

A SNAP record must be provided for each sub-acute or non-acute episode of care delivered to a patient formally admitted to a public hospital within NSW. A sub-acute or non-acute episode of care is defined as a same day or overnight episode of care with one of the following care types:

- palliative care
- rehabilitation
- psychogeriatric
- geriatric evaluation and management
- maintenance care

Sub-acute and non-acute treatment and/or care can occur in a hospital or in a patient's home environment under the Hospital in the Home (HITH) program, where the patient is categorised as a 'daily HITH' patient (refer NSW HITH Guideline GL2013\_006).

All sub-acute and non-acute patients remain in-scope for this collection until they are formally separated or undergo a statistical separation in the form of a care type change to a care type out of scope for this collection.

## **3 USES OF THE SNAP DATA COLLECTION**

The SNAP data collection is used for the following purposes:

- Developing performance and service agreements between the Secretary, NSW Health and Districts/Networks
- Monthly performance reporting
- Performance reporting annual report – summary of activity
- Bureau of Health Information reporting

- Commonwealth reporting including the Australian Institute of Health and Welfare (AIHW), the National Health Funding Administrator and the Independent Hospital Pricing Authority (IHPA)
- The Activity Based Management (ABM) SNAP Application (App), which links SNAP data to the admitted patient data collection for the purpose of assessing data completeness, data quality and clinical benchmarking
- Claiming payments, e.g. National Health Funding Administrator, health insurers
- Activity based funding and activity based costing
- Models of care (redesign)
- Biosurveillance (public health)
- Quality and safety projects
- Clinical outcomes evaluation
- Workforce planning
- Research purposes with the approval of a human research ethics committee (requires written request to access de-identified data)
- Submissions to external benchmarking organisations such as the Palliative Care Outcomes Collaborative (PCOC); Australasian Rehabilitation Outcome Centre (AROC); Health Round Table (HRT)
- Other ad-hoc reporting, as required.

## **4 SUBMISSION AND REPORTING FRAMEWORK**

Local Health Districts and Specialty Health Networks (Districts/Networks) must ensure that SNAP data for all completed sub-acute and non-acute episodes of care has been entered into the SNAP data collection application (SYNAPTIX – a centralised data collection tool which replaced SNAPshot in 2009) by the fifth working day of the month following completion of the episode, i.e. data for all episodes completed in January must be entered into SYNAPTIX by the fifth working day of February.

A financial year-to-date data extraction from SYNAPTIX is carried out by ABM by the tenth day of each month. Data is then matched with admitted patient data extracted from the state Health Information Exchange (HIE). A second data extract may occur mid-month.

The HIE is the considered source of truth for SNAP data with the exception of the following data elements in SYNAPTIX:

- SNAP assessment tool
- SNAP episode/phase start and end dates

### **4.1 Data Quality**

Data quality checks are undertaken by ABM to ensure submitted data is compliant with reporting specifications. This enables incomplete records or records with errors to be identified. SNAP data quality is monitored using the ABM SNAP App which is available to authorised users via the NSW Health Intranet. Error records must be checked and corrected by the reporting hospital. Depending on the type of error, corrections of either

SYNAPTIX or in the patient administration system (PAS) may be required. Error correction rates are monitored and benchmarked via the ABM SNAP App.

It is the responsibility of clinicians, administrative and clerical staff, information management and technology staff and health service managers to ensure the completeness and accuracy of SNAP data.

Some examples of data quality checks include:

- cross check of care type with the admitted patient data collection
- reporting of leave days
- availability of sufficient information to group to an AN-SNAP class, e.g. assessment data such as Functional Independence Measures (FIMs); Health of the Nation Outcomes Scales (HoNOS); Resource Utilisation Group – Assisted Daily Living (RUG/ADL); rehabilitation impairment code; and palliative care phase.

## **5 GOVERNANCE**

Reporting of all admitted sub-acute and non-acute episodes of care in-scope of the NSW SNAP data collection (public hospitals) is a mandatory requirement. This enables NSW to comply with the Public Health Act 1991, to meet state and national reporting commitments and obligations under the National Health Reform Agreement.

The collection is managed by ABM on behalf of NSW Health.

Sponsor: Executive Director, ABM  
Data Custodian: Executive Director, ABM  
Data Steward: SNAP Manager, ABM

The Data Steward manages two state groups that oversee the SNAP data collection:

- The NSW Sub-Acute ABM Working Group (represented by SNAP clinicians from Districts/Networks) meets on a regular basis to assist the NSW Ministry of Health to develop a better understanding of sub and non-acute services in NSW; and to assist in developing options for costing and funding those services as part of implementing the current national health reform agenda.
- The SNAP Coordinators Group (represented by SNAP District/Network data stewards) is advised of endorsed changes and collection directions. Each District/Network data steward/SNAP coordinator group representative has responsibility for ensuring compliance and providing data to the SNAP data collection, and provides a contact point between ABM and Districts/Networks for issues concerning the SNAP data collection.

Both forums provide an opportunity to discuss SNAP data collection issues and changes.



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## **6 IMPLEMENTATION**

Chief Executives of Districts/Networks are to ensure:

- This Policy Directive is distributed to all staff involved in collecting and supplying data for the SNAP data collection. This includes staff of sub-acute and non-acute services, medical record and information services staff, and clerical staff tasked with maintaining currency of patient data in the patient administration system (PAS) and/or data entry into SYNAPTIX.
- Staff have access to electronic systems to enable collection of data items in accordance with this Policy Directive and associated resources.
- Data collected in accordance with this Policy Directive complies with the reporting schedules outlined.

## **7 RESPONSIBILITIES**

The following responsibilities relate to the SNAP data collection:

- Sub-acute and non-acute personnel within Districts/Networks (clinical and clerical):
  - ensuring that data is collected according to relevant protocols, e.g. FIM
  - collection of clinical data items such as assessment data FIMs; HoNOS; RUG/ADL; rehabilitation impairment code; and palliative care phase
  - accurate recording of clerical data items such as patient demographics, episode start and end dates, leave taken, care type changes, financial class
- District/Network SNAP Coordinators Group representative/data steward:
  - ensures SNAP data is recorded in the SYNAPTIX application in a timely and accurate manner
  - establish procedures and processes for following up data completeness and quality issues within Districts/Networks
  - communicate change within Districts/Networks as well as advice to and from the Ministry and ABM
  - undertake training in the SYNAPTIX application and SNAP data collection for local stakeholders
  - act as local SYNAPTIX super user
- NSW Sub-Acute ABM Working Group:
  - provide clinical oversight of the data collection.
  - provide expert opinion on matters affecting the SNAP collection in relevant clinical areas and consult with and represent clinical stakeholders during SNAP classification reviews
- Collection sponsor ABM:
  - responsible for ensuring the SNAP data collection is resourced and continues to meet business needs. Such resources include appropriate

system architecture, disaster recovery and business continuity planning, comprehensive system and end-user documentation and maintenance of metadata/data dictionary

- Data custodian (ABM and Districts/Networks):
  - exercises within their mandate
    - ownership and control of the collection
    - authorising access
    - release of data and changes to the collection
- Data steward (ABM):
  - monitors data quality and completeness, providing advice to the data custodian on issues and proposals for change
  - act as state SYNPTIX administrator

## **8 DEFINITIONS**

|          |  |
|----------|--|
| ABM      | Activity Based Management  |
| AIHW     | Australian Institute of Health and Welfare                         |
| AN-SNAP  | Australian National Sub-Acute and Non-Acute Patient Classification |
| APDC     | Admitted Patient Data Collection                                   |
| AROC     | Australian Rehabilitation Outcomes Centre                          |
| AR-DRG   | Australian Refined Diagnosis Related Group                         |
| FIM      | Functional Independence Measure                                    |
| GEM      | Geriatric Evaluation and Management                                |
| HIE      | Health Information Exchange  |
| HITH     | Hospital in the Home   |
| HoNOS    | Health of the Nation Outcome Scales                                |
| IHPA     | Independent Hospital Pricing Authority                             |
| NSW      | New South Wales  |
| PAS      | Patient Administration System                                      |
| PCOC     | Palliative Care Outcome Collaboration                              |
| PD       | Policy Directive   |
| RUG-ADL  | Resource Utilisation Group – Assisted Daily Living                 |
| SNAP     | Sub-Acute and Non-Acute Patient                                    |
| SNAP App | Online multipurpose program  |
| SYNAPTIX | Standalone data collection tool                                    |

## **9 REFERENCES AND RESOURCES**

Further information about the collection and submission of SNAP data is available on the NSW Health intranet at [http://internal.health.nsw.gov.au/abf\\_taskforce/snap](http://internal.health.nsw.gov.au/abf_taskforce/snap). This includes links to the following resources:

- NSW SNAP Data Collection Handbook - detailed information on SNAP data items, codes and guidance on completion of each data item

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- SNAP Fact Sheet - summary information regarding the SNAP classification
  - SYNAPTIX Users Guide - a comprehensive guide on the use of the SYNAPTIX application
  - SYNAPTIX Reporting Manual - supports data collectors and educates users on the SYNAPTIX application
  - NSW SYNAPTIX Data Error Corrections Guide - instructions on how to correct SNAP data errors
  - ABM SNAP Application User Guide - information and instructions on how to use the SNAP App to monitor data completeness and quality