# Non-admitted Patient Classification Principles and Reporting Rules

*Implementation Guide to NSW Health GL2017_014 Non-admitted Patient Classification Principles and GL2017_017 Non-admitted Patient Reporting Rules*

**Policy Number**   4.023

**Policy Function**   Clinical Information Management

**Issue Date**   16 June 2022

**Summary**   NSW Health has provided the Non-Admitted Patient (NAP) Classification Principles and Reporting rules guidelines (GL2017_014 and GL2017_017) for Local Health Districts (LHD) and Speciality Health Networks (SHN) to implement as a means to guide the reporting of NAP activity across NSW. This Implementation Guide for Justice Health and Forensic Mental Health Network (the Network) contains a set of rules and principles for reporting NAP activity as well as determining what constitutes a NAP service unit and how to classify it to the appropriate Establishment Type. An understanding of these rules and principles is required for staff to understand what services fall within the scope of NAP reporting and for administrators to appropriately configure source system builds.

**Responsible Officer**   Executive Director Corporate Services

**Applicable Sites**   ☒ Administration Centres

☒ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)

☒ Health Centres (Adult Correctional Centres or Police Cells)

☒ Health Centres (Juvenile centres NSW)

☒ Long Bay Hospital

☒ Forensic Hospital

**Previous Issue(s)**   3 Sept 2019

**Change Summary**   Minor grammatical changes

**Authorised by**   Chair, Policy Steering Committee, Justice Health and Forensic Mental Health Network

# 1.  Preface

The majority of data collected by the Justice Health and Forensic Mental Health Network (the Network) is related to Non Admitted Patient (NAP) activity. This data is collected within the iPM Patient Administration System (PAS) and Community Health Information Management Enterprise (CHIME).  The information provided by the NAP data collection supports data management, requests for information/reports, health service directories and the  application of funding models for NAP services within the NSW Health System.

As all NAP services provided by the Network are within the scope of NSW Health reporting requirements, this policy aims to provide guidance and structure for the reporting of NAP activity as well as the classification of NAP service units.

As per the NSW Health definition, a NAP service is:

1. An interaction between one or more health care provider(s) and one or more NAP(s) that contains therapeutic/clinical content and results in a **dated entry in the patient's health record**.

2. A multidisciplinary case conference between three or more individual health care providers without the patient present that contains therapeutic/clinical content and results in a dated entry in the patient's health record.

3. A diagnostic service ordered during a non-admitted patient service event.

# 2.  Policy Content

This policy is broken down into the following components.

- NAP Classification Principles

- NAP Reporting Rules

## 2.1 Mandatory Requirements

All Network staff must comply with this policy in conjunction with the following supporting NSW Health policy documents relating to the NAP data collection:

- [GL2017_014](#) *Non-Admitted Patient Classification Principles*

- [GL2017_017](#) *Non-admitted Patient Reporting Rules*

- *[Non-admitted Patient Establishment Type Definitions Manual](#)*

The following are also mandatory:

- Every NAP service must be reported against a NAP service unit.

- Every NAP service unit must be classified to a single Establishment Type class.

- Every NAP service must be reported with a Delivery Mode (Modality of Care) and Service Delivery setting reflecting the service provided.

- Recording NAP activity in Network approved Clinical Application Systems i.e. PAS/CHIME.

## 2.2 Implementation - Roles & Responsibilities

**Clinical Staff are responsible for:**

- Recording NAP activity in Clinical Applications Systems i.e. PAS/CHIME, reflecting delivered services.

- Recording the correct Delivery Mode when capturing a patient's appointment in PAS.

- Recording the correct Service Delivery setting when capturing a patient's appointment in PAS.

**Clinical Support Officers / Care Coordinators / Administration Officer are responsible for:**

- Supporting Clinical staff to record accurate activity within the Networks Clinical Applications by having been given extra access/permission to record data in PAS as required by the specific service or business requirements.

**Managers/Service Directors are responsible for:**

- Ensuring clinical staff compliance with the capture of NAP activity relating to their service within the Network's Clinical Application Systems

- Engaging with Health Intelligence and Analytics Unit (HIAU) to classify NAP service units to the correct Establishment type.

- Approving Business Processes that support their directorates in recording NAP activity within Clinical Application Systems.

- Notifying the HIAU and the Clinical Applications team via myIT of a new clinics to ensure activity is collected (such as the opening of a new health centre or clinic) or changes to services (such as renaming or closing of a clinic).

**Health Intelligence and Analytics Unit (HIAU) is responsible for:**

- Collaboration with Managers/Service Directors and the Clinical Applications team to coordinate the creation of any relevant data collections.

- Assisting Managers/Service Directors in the classification of NAP service units (establishment types) as per NSW Health *Non-admitted Patient Establishment Type Definitions Manual.* Liaison with the NSW Ministry of Health to receive and provide relevant data related updates.

- Submission of NAP activity to the NSW Ministry of Health.

- Reviewing NAP activity and conducting NAP audits that provides feedback to the relevant Manager/Service Director.

- Developing Business Processes to support directorates in recording NAP activity.

**Clinical Applications Team is responsible for:**

- Configuring and updating Clinical Application Systems to enable the collection of accurate NAP data.

- Ensuring all NAP Activity transfers from Clinical Application Systems into NSW Health's strategic Enterprise Data Warehouse (EDWARD).

# 3. Procedure Content

## 3.1 NAP Classification Principles

One of the primary classifications of the NSW Health NAP Data Collection focuses on grouping service units. The classification used for this is the NSW Health Establishment Types.

The following NAP Classification principles are rules for determining what constitutes a NAP service

unit and how to classify it to the appropriate Establishment Type. Each class is defined in terms of a specified range of activities, usual providers, potential inclusions and exclusions, and other descriptive information.

When choosing the appropriate Establishment Type for their situation, the following principles must be used in conjunction with the NSW Health NAP Classification Reporting Rules. The principles are defined throughout this policy and examples can be found within GL2017_014 *Non-Admitted Patient Classification Principles*

The following flowchart provides guidance for staff on working through each principle to determine the correct service unit. The principles will differ from situation to situation and are described in detail after the below flowchart.



Figure ii: Flowchart of implementation of classification principles
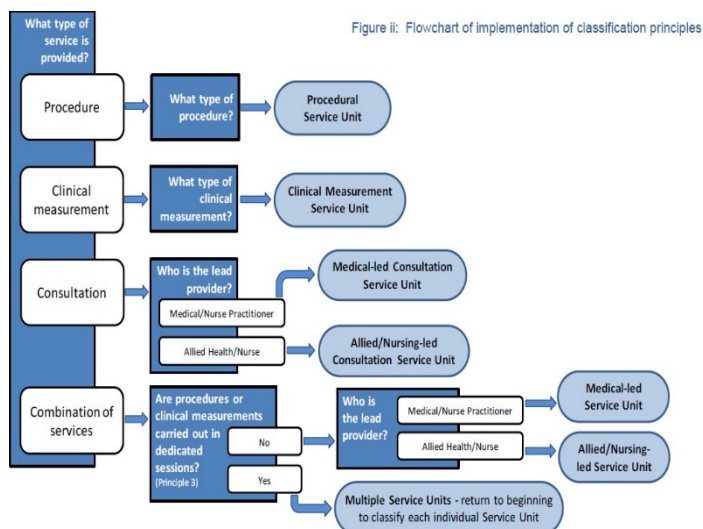
### Principle 1

A NAP patient service unit is a team with a common clinical purpose administered/managed by a single parent health organisation. It may:

- Provide services at different geographical locations;
- Consist of one or more health care providers;
- Include health care professionals based at multiple health care campuses; and/or
- Be composed of providers paid from multiple cost centres.

### Principle 2

When classifying a NAP service unit, its characteristics should be considered in the following order:

1. The type of services provided by the service unit i.e. procedure, diagnostic/clinical measurement, or consultation.
2. The clinical discipline/specialty of the lead service provider(s).
3. The clinical specialty and focus of the service provision. What is the common health concern of the clients/patients?

### Principle 3

When a clinical team performs multiple functions (such as procedures and clinical measurements), consider the following:

a) If the functions are split into dedicated sessions providing different health services, separate service units are registered.

b) If the mix of health care services is consistent across and within the sessions, a single service unit is registered.

The below flowchart illustrates principle 3 in how to best determine single or multiple service units.
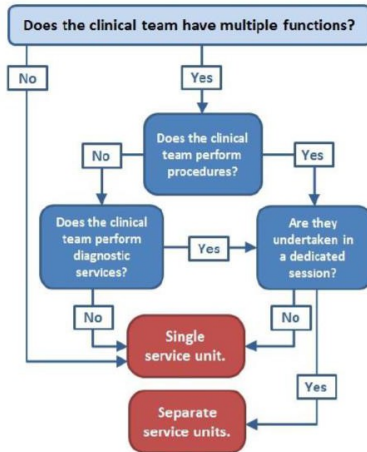


### Principle 4

A service unit can only be classified to a single establishment type.

### Principle 5

An individual health care provider may be attached to more than one service unit at different times.

### Principle 6

Where a team provides services to both admitted and NAP, a service unit must be registered to report the non-admitted component. While services provided to the admitted patients may be reported, they are not considered to be NAP activity.

### Principle 7

When a NAP service unit undergoes permanent changes to clinical focus and/or provider type that are significant enough to meet the definition of a different establishment type, it must be closed and a new service unit registered to reflect the revised clinical focus and/or providers.

## 3.2 Reporting Rules

The rules for reporting data for all NAP services at both the summary and patient level, include (but are not limited to):

- Outpatient service clinics delivered by Doctors, Nursing and Allied Health professionals

- Allied health services

- Community health

- Telehealth services

NAP services reported at the patient level may be reported as either of the following:

- **Single Provider Service Record**: Report one NAP service record for each individual service provider that provided a service to a client/patient on one calendar day.

- **Multiple Provider Service Record**: Report one NAP service record for each patient to receive a service from a service unit on one calendar day, regardless of the number of

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

### 3.2.1 Minimum mandatory coverage

All NAP services provided by the Network are within the scope of the reporting requirements regardless of the patient service billing or funding arrangements.

Medication NAP activity must be recorded, however due to the nature of the Network's environment, this activity is recorded at the Health Centre level within the Network's Non-Admitted Patient Occasions of Service (NAPOOS) and submitted as a Network summary according to the NSW Ministry of Health submission dates.

NAP services provided by **private operators** of custodial health centres are to be recorded in accordance with the requirements of this Implementation Guide, however are not reported as Network activity data. Private operators are responsible for reporting their activity data.

### 3.2.2 Group sessions

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

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

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

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

### 3.2.3 Education services

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

- The education service must contain therapeutic/clinical content and result in a dated entry in the patient's health record in order to be counted as a NAP service.

- Staff education and training do not meet the definition of a NAP service.

### 3.2.4 Delivery Mode and Setting Type

The full definitions of Delivery Mode and Setting Type can be found in the *Delivery Mode (Modality of Care Type) and Setting Type Guideline*, in addition scenarios specific to the Network are available from *Scenarios re Delivery Mode (Modality of Care Type) and Setting Type.*

Every NAP service must be reported against a NAP service unit as a PAS appointment. Within the appointment a modality of care type must be reported for each NAP service provided. In PAS, clinicians will need to:

- Select the correct Delivery Mode (Modality of Care Type)
    - Face to Face – Individual -Initial
    - Face to Face - Individual - F/U (follow-up)
    - Face to Face – Group - Initial
    - Face to Face – Group - F/U
    - Telehealth - Client end – Individual - Initial

- Telehealth - Client end – Individual - F/U

- Telehealth - Clinician end – Individual -Initial

- Telehealth - Clinician end – Individual -F/U

- No client contact - Case Conference - Initial

- No client contact - Case Conference - F/U

- No client contact - Case Plan/Rev - Initial

- No client contact - Case Plan/Review - F/U

- Telephone - Clinician end – Individual -Initial

- Telephone - Clinician end – Individual - F/U

- Telephone - Client end – Individual - Initial

- Telephone - Client end – Individual - F/U

- Select correct Setting Type

  The correct setting type setting must be recorded within the patient's PAS appointment. It relates to the type of environment the service is being delivered in. The following options will be made available for Network staff to select:

  - Correctional / Justice Facility (e.g. Health Centres, State-wide Community and Court Liaison Service, Adolescent Court and Community Team, Police Cells)

  - Hospital - Outpatient Department / Clinic (e.g. Long Bay Hospital, Forensic Hospital, External Hospitals)

  - Community - Health Setting, Not Elsewhere Classified (NEC) (e.g. Community Forensic Mental Health Service , Community Integration Team, Connections)

  - Other setting, not further defined (e.g. Roaming Officers After-Hours Medical Service clinician not within a Network facility, Mental Health Helpline)

- Determine whether the appointment is initial or Follow-up.

## 3.3 Submission of Data and Auditing

All NAP Activity flows into EDWARD. HIAU is responsible for ensuring Network NAP activity is submitted accordingly and regularly checked for accuracy.

Furthermore, HIAU will complete a bi-annual Health Establishment Registration Online (HERO) review of all the Network configured clinics as per 4.015 Registration of JHFMHN Health Establishments. This review will require assistance from clinical reps.

# 4. Definitions

**Must**

Indicates a mandatory action to be complied with.

**Should**

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

# 5. Legislation and Related Documents

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|---|---|
| Legislation | Independent Hospital Pricing Authority (IHPA) - *Tier 2 Non-admitted Services Definition Manual* |
| Network Policies and Procedures | 4.015 *Registration of JHFMHN Health Establishments*<br><br>*Delivery Mode (Modality of Care Type) and Setting Type Guideline*<br><br>*Scenarios re Delivery Mode (Modality of Care Type) and Setting Type* |
| NSW Health Policy Directives, and Guidelines | GL2017_014 *Non-Admitted Patient Classification Principles*<br>GL2017_017 *Non-admitted Patient Reporting Rules*<br>*Non-admitted Patient Establishment Type Definitions Manual* |