Non-admitted patient service event—outpatient clinic type, code N[N]

Exported from METEOR (AIHW's Metadata Online Registry)

Non-admitted patient service event—outpatient clinic type, code N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Outpatient clinic type—non-admitted patient
METEOR identifier:	400598
Registration status:	Health!, Standard 06/10/2010
	Independent Hospital Pricing Authority, Standard 01/11/2012
Definition:	The organisational unit or organisational arrangement through which a hospital provides a service to a non-admitted patient, as represented by a code.
Context:	This data element, for use in the Non-admitted patient context, uses a value domain developed for the Outpatient care NMDS, which includes one reference to 'occasions of service'. In this context, 'occasions of service' should be interpreted as synonymous to a 'non-admitted patient service event'.
Data Element Concept:	Non-admitted patient service event—outpatient clinic type
Value Domain:	Outpatient clinic type code N[N]

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

	Value	Meaning
Permissible values:	1	Allied Health
	2	Dental
	3	Gynaecology
	4	Obstetrics
	5	Cardiology
	6	Endocrinology
	7	Oncology
	8	Respiratory
	9	Gastroenterology
	10	Medical
	11	General practice/primary care
	12	Paediatric medical
	13	Endoscopy
	14	Plastic surgery
	15	Urology
	16	Orthopaedic surgery
	17	Ophthalmology
	18	Ear, nose and throat

19	Pre-admission and pre-anaesthesia
20	Chemotherapy
21	Dialysis
22	Surgery
23	Paediatric surgery
24	Renal medical

Collection and usage attributes

Guide for use:

The rules for allocating (mapping) clinic services to the clinic codes structure is the responsibility of each State and Territory and these rules need to be applied consistently within each State and Territory.

In most cases, reference to the code guide of permissible values will be adequate to map a hospital's clinics to the data domain. If not, general principles for mapping existing clinics to the data domain should take account of (a) the nature of the specialty, (b) patient characteristics, e.g. age, and (c) the field of practice of the service provider.

Where the patient characteristics have determined that a paediatric clinic type is appropriate, then further differentiation between surgical and medical is determined by (a) the nature of the specialty, and (b) the field of practice of the service provider. That is, paediatric medical would include any investigations, treatment(s) or services provided to a child which do not pertain to the surgical care of diseases or injuries.

In paediatric hospitals, the full range of clinic types should be used.

A guide for the permissible values of codes for the outpatient clinic types is as follows:

CODE 1   Allied Health

- Audiology.
- Clinical Pharmacology.
- Neuropsychology.
- Dietetics.
- Occupational therapy.
- Optometry.
- Orthoptics.
- Orthotics.
- Physiotherapy.
- Podiatry.
- Prosthetics.
- Psychology.
- Social work.
- Speech pathology.

Includes clinics specified in mapping list above run solely by these Allied Health (AH) professionals. Example: A speech Pathologist conducting a clinic with booked patients for speech pathology services.

Excludes services provided by AH professionals in clinics classified in codes 2-23. Example: a physiotherapist running a cardiac rehabilitation clinic is classified to the Cardiology Clinic (see code 5).

CODE 2   Dental

- Dental.

CODE 3   Gynaecology

- Gynaecology.
- Gynaecological oncology (excluding chemotherapy).
- Menopause.

- Assisted reproduction, infertility.
- Family planning.

CODE 4   Obstetrics

- Obstetrics.
- Childbirth education.
- Antenatal.
- Postnatal.

Excludes gestational diabetes (see code 6).

CODE 5   Cardiology

- Cardiac rehabilitation.
- ECG.
- Doppler.
- Cardiac stress test.
- Hypertension.
- Pacemaker.

Excludes cardiac catheterisation (see code 22).

CODE 6   Endocrinology

- Endocrine.
- Gestational diabetes.
- Thyroid.
- Metabolic.
- Diabetes.
- Diabetes education.

CODE 7   Oncology

- Oncology.
- Lymphoedema.
- Radiation oncology.

Excludes chemotherapy (see code 20).

Excludes gynaecological oncology (see code 3).

CODE 8   Respiratory

- Asthma.
- Asthma education.
- Respiratory; excludes tuberculosis (see code 10).
- Cystic Fibrosis.
- Sleep.
- Pulmonary.

CODE 9   Gastroenterology

- Gastroenterology.

Excludes endoscopy (see code 13).

CODE 10   Medical

- Aged care, geriatric, gerontology.
- Allergy.
- Anti-coagulant.
- Clinical Measurement; include with relevant specialty clinic type where clinical measurement services are specific to a specialty (see codes 1-23) e.g. urodynamic analysis is counted with Urology (see code 15).
- Dementia.
- Dermatology.
- Development disability.
- Epilepsy.
- Falls.
- General medicine.

- Genetic.
- Haematology, haemophilia.
- Hepatobiliary.
- Hyperbaric medicine.
- Immunology, HIV.
- Infectious diseases; Communicable diseases; Hep B, C; includes tuberculosis.
- Men's Health.
- Metabolic bone.
- Excludes Nephrology (see code 24); excludes renal (see code 24); excludes dialysis (see code 21).
- Neurology, neurophysiology.
- Occupational medicine.
- Other.
- Pain management
- Palliative.
- Refugee clinic.
- Rehabilitation; excludes cardiac rehabilitation (see code 5).
- Rheumatology.
- Sexual Health.
- Spinal.
- Stoma therapy.
- Transplants (excludes kidney transplants see code 24).
- Wound, Dressing clinic.

CODE 11   General practice/primary care

- General Practice, Primary Care.

Excludes Medicare billable patients; defined specialty general practice clinics only.

CODE 12   Paediatric Medical

- Adolescent health.
- Neonatology.
- Paediatric medicine.

In paediatric hospitals the full range of service types should be used. That is, paediatric medical should be reported as medical and paediatric surgery should be reported as surgery.

CODE 13   Endoscopy

Includes all occasions of service for endoscopy including cystoscopy, gastroscopy, oesophagoscopy, duodenoscopy, colonoscopy, bronchoscopy, laryngoscopy and sigmoidoscopy.

Care must be taken to ensure procedures for admitted patients are excluded from this category.

CODE 14   Plastic surgery

- Craniofacial.
- Melanoma.
- Plastic surgery.

CODE 15   Urology

- Urology.

Includes urodynamic measurement and IVPs.

CODE 16   Orthopaedic surgery

- Fracture.
- Hand.
- Orthopaedics Surgery.
- Other.
- Scoliosis.
- Neck of femur.

CODE 17   Ophthalmology

- Ophthalmology.
- Cataract extraction.
- Lens insertion.

CODE 18   Ear, nose and throat

- Ear, nose and throat.
- Otitis media.
- Oral.

CODE 19   Pre-admission and pre-anaesthesia

- Pre-admission.
- Pre-anaesthesia.

CODE 20   Chemotherapy

Includes all forms of chemotherapy.

CODE 21   Dialysis

Dialysis and includes renal dialysis education. See code 24 for Renal medicine

CODE 22   Surgery

- Cardiac.
- Vascular.
- Cardiac catheterisation.
- Colorectal.
- Upper GI surgery.
- General surgery.
- Neurosurgery.
- Other surgery.
- Thoracic surgery.

CODE 23   Paediatric surgery

In paediatric hospitals the full range of service types should be used. That is, paediatric medical should be reported as medical and paediatric surgery should be reported as surgery.

CODE 24   Renal Medical

- Renal Medicine.
- Nephrology.
- Includes pre and post transplant treatment, support and education.
- Excludes dialysis and renal dialysis education. See code 21.

Source and reference attributes

Origin: National Centre for Classification in Health consultant's report to Outpatients National Minimum Data Set Development Working Group, September 2004.

Data element attributes

Collection and usage attributes

Guide for use: Does not include services provided through community health settings (such as community and child health centres).

Source and reference attributes

Submitting organisation: NAP NMDS (Phase 1) working group

Relational attributes

Related metadata references:

See also [Clinic—outpatient clinic tier 1 type, code NNN.NNN](#) [WA Health](#), Standard 19/03/2015

Implementation in Data Set Specifications:

[Activity based funding: Non-admitted patient care DSS 2013-2014](#) [Independent Hospital Pricing Authority](#), Superseded 01/03/2013
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014

[Non-admitted patient activity based funding DSS 2012-2013](#) [Independent Hospital Pricing Authority](#), Superseded 30/10/2012
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013

[Non-admitted patient DSS 2011-12](#) [Health!](#), Superseded 07/12/2011
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012

[Non-admitted patient DSS 2012-13](#) [Health!](#), Superseded 02/05/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013

[Non-admitted patient DSS 2013-14](#) [Health!](#), Superseded 07/03/2014
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014

[Non-admitted patient DSS 2014-15](#) [Health!](#), Superseded 13/11/2014
Implementation start date: 01/07/2014
Implementation end date: 30/06/2015

[Activity based funding: Non-admitted patient care DSS 2013-2014](#) [Independent Hospital Pricing Authority](#), Superseded 01/03/2013