

# Non-admitted patient NBEDS 2022–23

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# Non-admitted patient NBEDS 2022–23

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Set Specification
<b>METEOR identifier:</b>	742186
<b>Registration status:</b>	<a href="#">Health!</a> , Standard 20/10/2021
<b>DSS type:</b>	Data Set Specification (DSS)
<b>Scope:</b>	<p>The scope of the Non-admitted patient national best endeavours data set (NAP NBEDS) is non-admitted patient service events involving non-admitted patients provided by:</p> <ul style="list-style-type: none"><li>• public hospitals</li><li>• <a href="#">Local Hospital Networks</a></li><li>• other public hospital services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, which have been developed under the <i>National Health Reform Agreement (2011)</i>.</li></ul>

This also includes all in-scope services contracted by a public hospital, Local Hospital Network or jurisdiction regardless of the physical location of the contracting public hospital, Local Hospital Network or jurisdiction, or the location where the services are delivered. The NAP NBEDS is intended to capture instances of service provision from the point of view of the patient.

The scope of the NAP NBEDS includes all arrangements made to deliver non-admitted patient service events (not covered by the national best endeavours data set and national minimum data sets listed below) to non-admitted patients:

- irrespective of location (includes on-campus and off-campus)
- whose treatment has been funded through the jurisdictional health authority, Local Hospital Network or hospital, regardless of the source from which the entity derives these funds. In particular, Department of Veterans' Affairs, compensable and other patients funded through the hospital (including Medicare ineligible patients) are included
- regardless of setting or mode.

Excluded from the scope of the NAP NBEDS are all services covered by:

- the Admitted patient care national minimum data set (NMDS) i.e. all non-admitted services provided to admitted patients
- the Non-admitted patient emergency department care NMDS i.e. all non-admitted services provided to [emergency department](#) patients
- the Emergency services care and the Emergency services care aggregate NBEDS i.e. all non-admitted services provided to [emergency service](#) patients
- the Community mental health care NMDS
- service events which deliver non-clinical care, e.g. activities such as home cleaning, meals on wheels or home maintenance.

For the purpose of this NAP NBEDS, a non-admitted service is a speciality unit or organisational arrangement under which a jurisdictional health authority, Local Hospital Network or public hospital provides non-admitted services.

Local Hospital Networks are defined as those entities recognised as such by the relevant state or territory health authority.

## Collection and usage attributes

<b>Statistical unit:</b>	<a href="#">Non-admitted patient service event</a>
<b>Guide for use:</b>	A non-admitted patient service event is defined as an interaction between one or more health-care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical

record.

Counting rules:

1. All non-admitted services that meet the criteria of a non-admitted patient service event should be counted, and be counted only once regardless of the number of health-care providers present. The multiple health-care provider indicator can be used to identify service events with three or more health-care providers.
2. Patients can be counted as having multiple non-admitted patient service events in one day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.
3. Patient education services can be counted as non-admitted patient service events, provided that they meet the criteria included in the definition of a non-admitted patient service event.
4. Each patient attending a group session is counted as a non-admitted patient service event, providing that the session included the provision of therapeutic/clinical advice for each patient and that this was recorded using a dated entry in each patient's medical record. A data element identifying a group session is included to record this type of service event.
5. Consultations delivered by information and communication technology (ICT), including but not limited to telehealth and where the patient is participating via a video link consultation, can be counted as service events if they substitute for a face-to-face consultation, provided that they meet all the criteria included in the definition of a non-admitted patient service event. A telephone consultation is only counted as one non-admitted patient service event, irrespective of the number of health professionals or locations participating in the consultation. A telehealth consultation has service events counted at the location of the healthcare provider and the location of the patient.
6. Services provided to inpatients (including services provided by staff working in non-admitted services who visit admitted patients in wards, or other types of consultation and liaison services involving inpatients) are not counted as non-admitted patient service events.
7. Travel by a health professional is not counted as a non-admitted patient service event.
8. All non-admitted services that meet the criteria in the definition of non-admitted patient service events must be counted, irrespective of funding source (including Medicare Benefits Schedule) for the non-admitted service.
9. For activity based funding purposes, diagnostic services are not counted as non-admitted patient service events; these are an integral part of the requesting clinic's non-admitted patient service event.
10. Renal dialysis, total parenteral nutrition, home enteral nutrition and home ventilation performed by the patient in their own home without the presence of a health-care provider may be counted as a non-admitted patient service event, provided there is documentation of the procedures in the patient's medical record. For activity based funding purposes, all non-admitted patient sessions performed per month are to be bundled and counted as one non-admitted patient service event per patient per calendar month regardless of the number of sessions.
11. **Multidisciplinary case conferences** without the patient present whilst not meeting the definition of a non-admitted patient service event, are reported through this data set for activity based funding purposes, provided there is documentation of the conference and associated outcomes in the patient's medical record.

The NAP NBEDS is intended to capture instances of healthcare provision from the point of view of the patient. This may be for assessment, examination, consultation, treatment and/or education.

One service event is recorded for each interaction, regardless of the number of healthcare providers present.

**Events broken in time:**

The period of interaction can be broken but still regarded as one service event if it was intended to be unbroken in time. This covers those circumstances in which treatment during a service event is temporarily interrupted for unexpected reasons, for example, a healthcare provider is called to assess another patient who requires more urgent care. Where a healthcare provider is unable to complete the interaction, it is considered to be a service event only if the definition of service event (above) is met.

**Setting:**

Service events can occur in an outpatient clinic or other setting.

**Mode:**

Service events delivered via Information and Communication Technology (ICT) (including but not limited to telephone and where the patient is participating via a video link) are included if:

- they are a substitute for a face-to-face service event
- the definition of a service event (above) is met.

**Accompanied patients:**

If a patient is accompanied by a carer/relative, or the carer/relative acts on behalf of the patient with or without the patient present (e.g. the mother of a two-year-old patient, or the carer for an incapacitated patient), only the patient's service event is recorded unless the carer/relative interaction meets the definition of a service event (above).

Note: carer refers to an informal carer only.

**Service events delivered in groups:**

Care provided to two or more patients by the same service provider(s) at the same time can also be referred to as a group session.

One service event is recorded for each patient who attends a group session regardless of the number of healthcare providers present, where the definition of a service event (above) is met.

**Service requests:**

A service event is the result of a service request (including formal referral and self-referral or attendance at a walk-in clinic).

**Activities which do not meet the definition of a service event include:**

- work-related services provided in clinics for staff
- non-attendances for a booked outpatient
- booked outpatient services that did not go ahead

Classification of care type depends on an assessment of the overall nature of care provided, based on other service event characteristics collected at the jurisdiction level such as clinic type, provider type and/or referral details. The method used to derive the care type should be submitted with the dataset.

**Interaction with the Individual Healthcare Identifier national best endeavours data set (IHI NBEDS)**

The NAP NBEDS and IHI NBEDS work together to enable the reporting of IHI data for non-admitted patient service events.

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

**Comments:** *Glossary items*

Glossary terms that are relevant to this NBEDS are listed below.

[Activity based funding](#)

[Emergency department](#)

[Emergency service](#)

[Gender](#)

[Local Hospital Network](#)

[Multidisciplinary case conference](#)

[Outpatient clinic service](#)

[Sex](#)

## Source and reference attributes

**Submitting organisation:** Independent Hospital Pricing Authority

**Steward:** [Independent Health and Aged Care Pricing Authority](#)

**Reference documents:** IHPA produces a suite of three reference documents to assist in the consistent allocation of non-admitted services to a Tier 2 class. A compendium, definitions manual and national index are available for reference at:

IHPA (Independent Hospital Pricing Authority) 2021. Tier 2 Non-Admitted Services Classification, IHPA, Sydney, viewed 6 September 2021, <https://www.ihpa.gov.au/what-we-do/tier-2-non-admitted-care-services-classification>

## Relational attributes

**Related metadata references:** Supersedes [Non-admitted patient NBEDS 2021–22 Health!](#), Superseded 20/10/2021

See also [Activity based funding: Mental health care NBEDS 2022–23 Health!](#), Standard 17/12/2021

See also [Individual Healthcare Identifier NBEDS 2022-23 Health!](#), Standard 20/10/2021

See also [Statistical Area Level 1 of usual residence NBEDS 2022–23 Health!](#), Standard 20/10/2021

## Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Address—Australian postcode, code (Postcode datafile) NNNN</a>	Mandatory	1
	<i>DSS specific information:</i>		
	To be reported for the address of the patient.		
-	<a href="#">Episode of care—source of funding, patient funding source code NN</a>	Mandatory	1
-	<a href="#">Establishment—Local Hospital Network identifier, code NNN</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Establishment—organisation identifier (Australian), NNX[X]NNNNN</a>	Conditional	1
	<b>Conditional obligation:</b>		
	Reporting to this data element is mandatory for services that are provided at the hospital establishment level.		
	Reporting to this data element is optional for services that are provided by the Local Hospital Network or state/ territory authority.		
	<b>DSS specific information:</b>		
	Establishment sector component of organisation identifier to be reported as:		
	<ol style="list-style-type: none"> <li>1. Public (excluding psychiatric hospitals)</li> <li>2. Private (excluding free-standing day hospital facilities)</li> <li>3. Public psychiatric</li> <li>4. Private free-standing day hospital facility</li> </ol>		
-	<a href="#">Non-admitted patient service event—care type, code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—first service event indicator, yes/no code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—group session indicator, yes/no/not applicable/not stated/inadequately described code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—multiple health-care provider indicator, yes/no/not applicable/not stated/inadequately described code N</a>	Mandatory	1
	<b>DSS specific information:</b>		
	For the purposes of reporting non-admitted activity data for activity based funding, 'multiple health-care providers' is defined as three or more health-care providers who deliver care either individually or jointly within a non-admitted patient service event.		
	Code 2 should not be reported for the multidisciplinary case conference Tier 2 classes (20.56 and 40.62).		
-	<a href="#">Non-admitted patient service event—non-admitted service type, code (Tier 2 v7.0) NN.NN</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—service date, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—service delivery mode, code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service event—service delivery setting, code N</a>	Mandatory	1
-	<a href="#">Non-admitted patient service request—service request issue date, DDMMYYYY</a>	Conditional	1
	<b>Conditional obligation:</b>		
	Reporting of this data element is mandatory for service events for which the <a href="#">Non-admitted patient service event—first service event indicator, yes/no code N</a> data element is 1 (YES).		
-	<a href="#">Non-admitted patient service request—service request received date, DDMMYYYY</a>	Mandatory	1
-	<a href="#">Non-admitted patient service request—service request source, code N.N</a>	Mandatory	1
-	<a href="#">Person—area of usual residence, statistical area level 2 (SA2) code (ASGS Edition 3) N(9)</a>	Mandatory	1
-	<a href="#">Person—country of birth, code (SACC 2016) NNNN</a>	Mandatory	1
-	<a href="#">Person—date of birth, DDMMYYYY</a>	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Person—gender, code X</a>	Conditional	1
	<b>Conditional obligation:</b>		
	This data element is collected on a Conditional basis with the element <a href="#">Person—sex, code X</a> . Data must be reported for at least one of the two elements, either Sex or Gender.		
	Data may be reported for both elements.		
-	<a href="#">Person—Indigenous status, code N</a>	Mandatory	1
-	<a href="#">Person—person identifier, XXXXXX[X(14)]</a>	Mandatory	1
-	<a href="#">Person—sex, code X</a>	Conditional	1
	<b>Conditional obligation:</b>		
	This data element is collected on a Conditional basis with the element <a href="#">Person—gender, code X</a> . Data must be reported for at least one of the two elements, either Sex or Gender.		
	Data may be reported for both elements.		
	<b>DSS specific information:</b>		
	In the NAP NBEDS a person's sex is understood to be reported as at the time of data collection.		
-	<a href="#">Record—identifier, X[X(79)]</a>	Mandatory	1
	<b>DSS specific information:</b>		
	In the context of the NAP NBEDS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose.		
	When stipulated in a data set, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database.		
	Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.		
	This field cannot be left blank.		