NCR7016 – NCAMP 2020

Sector Consultation Business Requirements NCAMP 2020

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# Introduction

## Document purpose: Vehicle for discussion of NCAMP changes

This document provides a vehicle for the discussion of the requests for changes to the National Collections and documents the requirements for the 2020 National Collections Annual Maintenance Project (NCAMP).

Any feedback is welcome and should be directed to ncamp@health.govt.nz

## Project Background: National Collections Annual Maintenance

NCAMP is run annually to perform maintenance on the Ministry’s National Collections and to ensure it meets its on-going statutory obligations. The project will deliver changes to the following National Collections/Systems:

* National Non-admitted Patient Collection (NNPAC)
* National Patient Flow (NPF)
* National Minimum Data Set (NMDS)
* Programme for the Integration of Mental Health Data (PRIMHD)

Some NCAMP changes require District Health Boards (DHBs), Non-Governmental Organisations (NGOs) and private hospitals reporting directly to national collections to implement changes to their Patient Administration Systems (PAS) (sometimes also referred to as Patient Management Systems (PMS). The annual process for making these changes is outlined in the Operational Policy Framework (OPF).

## NCAMP Goals and Objectives

* To improve data quality to enable the Ministry and DHBs to accurately report on the provision and funding of services or treatment, particularly in relation to inter-district flows.
* To ensure data quality and integrity is maintained to avoid substantial rework by both the Ministry, DHBs and NGOs.
* To improve the Ministry and DHBs ability to provide timely, accurate and comparative information. This will assist them to complete functions and meet objectives set out in the New Zealand Public Health and Disability Act 2000.
* To enable the Ministry to meet its obligations of providing high quality data to the DHBs, NGOs and other providers, particularly in relation to data processing and reporting, manual data entry, and application of data collection business rules.

# Background

## Assumptions

1. Maintenance items relating to the National Collections that do not impact DHB or NGO processes or systems may potentially be delivered in maintenance releases during the year.
2. Major increases in capability to the National Collections will be delivered through projects endorsed in the annual expenditure and are subject to business case approval.

## Business Rules

Where relevant, for clarity or additional detail, the business rules will be listed individually with each change. All rules and requirements etc are based on Ministry systems and care should be taken when analysing these taking into account local systems configuration.

## Relevant Facts

* The cut-off date for requests for NCAMP 2020 was 1 July 2019
* The scope for NCAMP 2020 was finalised on 1 September 2019.

# National Minimum Dataset (NMDS)

## Annual WIESNZ and Cost Weight Changes for 2020/21

The Weighted Inlier Equivalent Separation (WIES) is the methodology used to calculate the cost weight based on the assigned Australian Refined Diagnosis Related Groups (AR-DRG) codes. Minor revisions of WIES are made annually as part of NCAMP. More extensive revisions are made when the AR-DRG version is updated to align with the corresponding ICD-10-AM/ACHI Edition, which generally occurs on the third year after the implementation of the new ICD-10-AM/ACHI classification.

The 2020/21 New Zealand Casemix Framework for Publicly Funded Hospitals document (WIESNZ20) is expected to be available on the NCAMP website in November 2019.

* Revised definition of the NZ DRG B02W for stroke clot retrieval
* Retired co-payment for isolated limb infusion
* New co-payments for:
	+ Gender affirming surgery
	+ Cardiac lead extraction
* Revised co-payment values for:
	+ Abdominal aortic aneurysm (AAA)
	+ Atrial septal defect (ASD)
	+ Scoliosis
	+ Live donor nephrectomy
	+ Ventricular assist devices (VADs)
	+ Complex traumatic limb cases
	+ Bilateral mastectomy or combined mastectomy and reconstruction
* Revised bilateral mastectomy or combined mastectomy and reconstruction co-payment to include DRG J14Z
* New exclusion rule for transrectal ultrasound (TRUS) guided biopsy of prostate and transperineal (TPA) biopsy of prostate
* Revised exclusion rules:
	+ Rhesus isoimmunisation and other isoimmunisation
	+ Peritoneal dialysis
	+ Renal haemodialysis
	+ Same day radiotherapy
* New health specialty code S44 *Orthopaedic spinal surgery*
* Health specilaity code P39 *Maternal Fetal Medicine* (MFM) *Services* added to the NMDS. Previously valid for NNPAC reporting only.

## Health Speciality Code (HSC) Changes/Updates

Several requests for change have been received from the Sector and are detailed below

|  |  |
| --- | --- |
| **Description** | Rename HSC Y44 Methadone The rationale for this change is that many clients allocated against Y44 are not prescribed Methadone, they are prescribed Buprenorphine (suboxone). Additional medications for use in Opioid Substitution Treatment (OST) are also likely to be available in the next 1-3 years. A name change to the generic ‘OST’ will more accurately reflect the treatment provided.  |
| # |  |
| BR1. | Rename HSC Y44 Methadone to Y44 Opioid Substitution Treatment (OST) effective from 1 July 2020. |

|  |  |
| --- | --- |
| **Description** | Rename HSC M80 Palliative and Terminal Medical Services We have had feedback from Senior Clinicians in Health and Ageing about the name/description that is assigned to health specialty code M80 Palliative and Terminal Medical Services.The feedback is that 'terminal' is clinically an outdated term and the current clinical terminology is Palliative and End of Life Medical Services. |
| # |  |
| BR1. | Rename HSC M80 Palliative and Terminal Medical Services to HSC M80 Palliative and End of Life Medical Services. |

|  |  |
| --- | --- |
| **Description** | Create a new HSC S44 Orthopaedic spinal surgery.Yet to be defined - MOH is working with Counties and Canterbury DHB on defining the pathway and guidelines. |
| # |  |
| BR1. | Update the WIESNZ20 document to include the new health specialty code S44. |
| BR2. | Update the WIESNZ20 logic to ensure that HSC S44 event records are included in casemix and are assigned a Purchase unit of S45.01. |
| BR3. | Update the common code lookup table to validate the new code S44. Start date 1 July 2020. |
| BR4. | Create NMDS load rule restricting use of S44 to Canterbury and Counties Manukau DHBs agency codes. |
| BR5. | Update the Health Specialty Code table on the Ministry website. |

|  |  |
| --- | --- |
| **Description** | Add HSC P39 Maternal Fetal Medicine Services to NMDSThe Ministry has worked with an improvement advisory group to describe a service model for Maternal Fetal Medicine (MFM) services and have identified actions required to implement the recommended model. Once finalised the Ministry will work with DHBs and a MFM leadership group to oversee implementation of the MFM Action Plan.The improvement Action Plan is subject to consultation before being finalised.Health specialty code P39 Maternal Fetal Medicine Services is currently available for NNPAC reporting only. A request has been received to extend the use of HSC P39 in the NMDS to enable the capture of activity provided by the maternal fetal medicine specialist/services within DHBs. |
| # | PLACE HOLDER |
| BR1. | Under Consultation **https://nsfl.health.govt.nz/national-services/service-models-consultation** |
| BR2. | Update the WIESNZ20 document to include the health specialty code P39. |
| BR3. | Update the WIESNZ20 logic to ensure that HSC P39 event records are included in casemix and are assigned a Purchase unit of TBC. |
| BR4. | Update the Health Specialty Code table on the Ministry website by removing NNPAC only notation. |
| BR5. | HSC P39 will be available but not mandatory for NMDS from 1 July 2020 |

## Field Size Increase

|  |  |
| --- | --- |
| **Description** | Increase length of diagnosis/procedure description field in the NMDSA request has been received to increase the diagnosis/procedure description field from 100 to 200 characters. Increasing the field to 200 characters will accommodate longer code descriptors and facilitate the ability to be more descriptive when reporting clinical information. |
| # |  |
| BR1. | Increase length of diagnosis\_description field to varchar 200 in the diagnosis\_procedure table. |
| BR2. | Increase the length of the diagnosis\_description field in the NMDS load file |
| BR3. | Increase length of diagnosis\_description field to 200 in the fact\_nmd\_diagnosis\_procedure table in the Data Warehouse. |
| BR4. | Update the relevant data dictionaries and file specifications. |

# Programme for the Integration of Mental Health Data (PRIMHD)

## Add Team Type Intellectual Disability (2.9.1.2)

Please note: The bracketed number after the PRIMHD headings is the HISO Code Set Standard paragraph

|  |  |
| --- | --- |
| **Description** | Add Team Type 26 Intellectual DisabilityWithin some DHB mental health and addiction service provider arms there are both inpatient and/or community based contracts to deliver specific services to people with intellectual disability who do not necessarily meet the criteria for dual mental health and intellectual disability diagnoses. As such, it has become increasingly apparent that information related to people with disabilities has been inconsistently recorded across the country. The problem of not having a specific PRIMHD team type code for Intellectual disability affects the quality of PRIMHD data.*NOTE: This change does not affect NGOs reporting to PRIMHD.*  |
| # | **Requirements** |
| BR1. | Add team type 26 Intellectual Disability to HISO PRIMHD Code Set Standard 2.9.1.2 Team Type *(see figure 1 below).* |
| BR2. | Update PRIMHD application to the matrix of allowable team type/activity type codes as detailed in section 5.10.5 of the file specification. |
| BR3. | Business rule BR-P101-09 will have to be inspected to determine if an update is required to accommodate team code 26. |
|  | RM-P102-42 will have to be inspected to determine if an update is required to accommodate team code 26. |
|  | Updates will need to be made to the File Specification and PRIMHD Online to accommodate new team code. |
| 1.
 | Correct file specification section 5.10.3 BR-P101-09 to ‘The Team Type and Activity Type should be a valid combination as listed in the matrix in section 5.10.5’. |
|  | Update the matrix in section 5.10.5 of the file specification to include team type 26 and applicable activities. |

Figure 1. HISO PRIMHD Code Set Standard 2.9.1.2 Team Type

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | Description | Code Valid From | Code Valid To | Used for/Comment |
| 26 | Intellectual Disability | 01-01-2018 | 30-06-2030 | Intellectual disability teams are based in DHB provider arm services that hold contracts to deliver specific services to people with intellectual disability who do not necessarily meet the criteria for dual mental health and intellectual disability diagnoses.  |

## Referral Discharge (RD) Record Code Sets

### Referral From (2.3.1.1) and Referral To (2.3.1.2)

The ‘Referral From’ identifies groups of services or people who are sources of mental health and addiction referrals.

The ‘Referral To’ identifies groups of services or people who are destinations of mental health and addiction referrals.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description | Create new Referral From code AC Access and Choice general practiceThe Government recently announced a significant investment into primary/community care to improve access and choice for people with mild to moderate mental health conditions. It is imperative that the various components of access and choice services can be reported on.Currently there is no way of tracking access and choice general practice referrals into specialist mental health and addiction providers. This reporting will mainly affect non-governmental organisations.Create new Referral From code AC

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Description** | **Code Valid from** | **Code Valid To** | **Comment** |
| AC | Access and Choice General Practice | 01-07-2020 | 30-06-2030 | Access and Choice General Practice Teams. |

 |
| # |  |
| BR1. | Add new ‘*referral from’* code AC as per table above. |
| BR2 | Update HISO PRIMHD Code Set Standard section 2.3.1.1 ‘*referral from’* code.  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | Update comment for existing Referral From and Referral To codeUpdate Referral From and Referral To comment PI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Description** | **Code Valid from** | **Code Valid To** | **Comment** |
| PI | Psychiatric inpatient | 01-01-1900 | 30-06-2030 | Psychiatric inpatient service.This could be an adult or older persons IP service |

 |
| # |  |
| BR1. | Update HISO PRIMHD Code Set Standard section 2.3.1.1 ‘*referral from’* code.  |
| BR2 | Update HISO PRIMHD Code Set Standard section 2.3.1.2 ‘*referral to’* code. |
|  |  |
| **Description** | Create new Referral From and Referral To code OL Older persons mental health serviceCurrently in PRIMHD there is no way of identifying referrals from Older persons mental health services. With the current sector focus on transitions and the flow of clients to and from older persons mental health services, these need to be identified within PRIMHD.Create new Referral From and Referral To code OL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Description** | **Code Valid from** | **Code Valid To** | **Comment** |
| OL | Older persons community mental health service | 01-07-2020 | 30-06-2030 | Older persons community mental health services. |

 |
| # |  |
| BR1. | Add new ‘*referral from’ and ‘referral to’ code* OL as per table above. |
| BR2. | Update HISO PRIMHD Code Set Standard section 2.3.1.1 ‘*referral from’* code.  |
| BR3. | Update HISO PRIMHD Code Set Standard section 2.3.1.2 ‘*referral to’* code. |

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| **Description** | Retire Referral From and Referral To code OP Psychiatric outpatientsThe Referral From and Referral To code of OP Psychiatric outpatients currently serves no purpose as this option is already covered by other more appropriate codes e.g. Adult community mental health services. Retire Referral From and Referral To code OP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Description** | **Code Valid from** | **Code Valid To** | **Comment** |
| OP | Psychiatric outpatients | 01-01-1900 | 30-06-2020 | Mental Health outpatient service. |

 |
| # |  |
| BR1. | Retire code by retaining Code Valid To date (30/06/2020) for ‘*referral from’ code* OP as per table above in the HISO PRIMHD Code Set Standard section 2.3.1.1 *‘referral from’ code.*  |
| BR2. | Retire code by retaining Code Valid To date (30/06/2020) for ‘*referral to’* code OP as per table above in the HISO PRIMHD Code Set Standard section 2.3.1.2 *‘referral to’* code.  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | Update comment for existing Referral From and Referral To codeUpdate Referral From and Referral To comment SW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Description** | **Code Valid from** | **Code Valid To** | **Comment** |
| SW | Social Welfare | 01-01-1900 | 30-06-2030 | Government social welfare, eg ~~CYPFA (Children, Young Persons and their Families Agency), WINZ (Work and Income New Zealand).~~ MSD (Ministry of Social Development), Work and Income, Oranga Tamariki. |

 |
| # |  |
| BR1. | Update HISO PRIMHD Code Set Standard section 2.3.1.1 ‘*referral from’* code.  |
| BR2. | Update HISO PRIMHD Code Set Standard section 2.3.1.2 ‘*referral to’* code. |

### Activity (AT) Record Code Sets (2.4.1.1)

The ‘Activity Type’ classifies the type of healthcare activity provided to the tangata whaiora/consumer.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | Create new Activity Type T51 Integrated Pacific and clinical interventionsCreating an additional code will better define services and interventions for Pacific Island peoples.Create new Activity Type code T51

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Description** | **Code Valid from** | **Code Valid To** | **Comment** |
| T51 | Integrated Pacific and clinical interventions | 01-07-2020 | 30-06-2030 | In addition to receiving mainstream clinical interventions and services, the tangata ola/consumer also received integrated Pacific specific services and clinical interventions (For example, application of Pacific models of practice, traditional and contemporary, which recognise the value of culture to the healing process including, but not limited to talanoa, fono, traditional and spiritual healing, reciprocity and sense of connectedness. This would also include services provided by Pacific staff and Pacific cultural advisors.  It would also include those clinical interventions that are supported by a western approach such as Bio-medical, etc. |

 |
| # |  |
| BR1. | Create new ‘activity type’ code T51. |
| BR2. | Update HISO PRIMHD Code Set Standard section 2.4.1.1 *‘activity type’.*  |
| BR3. | Update the matrix in section 5.10.5 of the file specification to include T51 and notate applicable teams. |

## Code End Date Changes

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| **Description** | Amend Code End Date from 30-06-2020 to 30-06-2030The following groups of codes that have an ‘End Date’ of 30-06-2020 will be updated to 30-06-2030.Amend Existing

|  |  |
| --- | --- |
| **Section** | **HISO Code Set Section** |
| Referral Discharge (RD) Record Code Sets | 2.3 |
|  Referral From | 2.3.1.1 |
|  Referral To | 2.3.1.2 |
|  Referral End Code | 2.3.1.3 |
| Activity (AT) Record Code Sets | 2.4 |
|  Activity Type | 2.4.1.1 |
|  Activity Setting | 2.4.1.2 |
| Classification (CN) Record Code Sets | 2.5 |
|  Diagnosis Type | 2.5.1.2 |
| Collection Occasion (CO) Record Code Sets | 2.6 |
|  Reason for Collection | 2.6.1.1 |
|  Protocol Version | 2.6.1.2 |
|  Focus of Care | 2.6.1.3 |
| Outcome Tool (OT) Record Code Sets | 2.7 |
|  Outcome Tool Type and Version | 2.7.1.1 |
|  Mode of Administration | 2.7.1.2 |
|  Collection Status | 2.7.1.3 |
| Outcome Item (OI) Record Code Sets | 2.8 |
|  Outcome Item Value | 2.8.1.2 |
| Team (TR) Record Code Sets | 2.9 |
|  Team Type | 2.9.1.2 |
|  Team Setting | 2.9.1.3 |
|  Team Service Type | 2.9.1.4 |
|  Team Target Population | 2.9.1.5 |
|  Organisation Type | 2.9.1.7 |
| Supplementary Consumer Record Code | 2.10 |
|  Wellness (Relapse Prevention or Transition) Plan | 2.10.1 |
|  Accommodation | 2.10.2 |
|  Employment Status | 2.10.3 |
|  Education and Training Status | 2.10.4 |
|  |  |

 |
| # |  |
| BR1. | Replace code set end dates where end date is 30-06-2020 with 30-06-2030 unless otherwise stated elsewhere |
| BR2. | Any end dates prior to 30-06-2020 remain the same |

## Change of Clinical Coding System ID

|  |  |  |  |  |  |  |  |
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| **Description** | Amend Clinical Coding System ID for SNOMED CT from 08 to 50The PRIMHD Code Set Standard presently denotes the Clinical Coding System ID for SNOMED CT as code 08.In order to align this with other collections that use SNOMED CT it is proposed to amend the Clinical Coding System ID for SNOMED CT to code 50.Amend

|  |  |  |
| --- | --- | --- |
| **Code** | **Description** | **Comment** |
| 50 | SNOMED CT | For future introduction yet to be determined.  |

 |
| # |  |
| BR1. | Amend PRIMHD Clinical Coding System ID for SNOMED CT from 08 to 50. |
| BR2. | Update HISO PRIMHD Code Set Standard section 2.5.1.1 for Clinical Coding System ID 08 – SNOMED to 50 – SNOMED.  |

# National Non-admitted Patient Collection (NNPAC)

## Addition of Diagnosis & Procedure Reporting for Emergency Attendances

The National Non-admitted Patient Collection (NNPAC) provides nationally consistent data on non-admitted patient (outpatient and emergency department) activity. Its primary use is for the calculation of Inter District Flows (IDFs) but also provides information to measure health outcomes and inform decisions on funding allocations and policy.

The National Non-admitted Patient Collection (NNPAC) information includes event-based purchase units (PUs) that relate to medical and surgical outpatient and emergency department events. In NCAMP 2019 it was proposed to report the presenting complaint, diagnosis and procedures using the clinical terminology SNOMED CT to NNPAC for ED events. The proposal called for a pilot group of DHB EDs to trial the reporting of SNOMED CT to better inform national implementation.

For information about SNOMED CT, see website link:

<https://www.health.govt.nz/nz-health-statistics/classification-and-terminology/new-zealand-snomed-ct-national-release-centre>

## Proposal

The early adopter DHBs for this initiative were Auckland, Bay of Plenty, Nelson Marlborough and Canterbury.

We are now inviting other DHBs to report SNOMED CT for ED events to NNPAC prior to the 2021 mandatory implementation.

## SNOMED CT Reporting

|  |  |
| --- | --- |
| **Description** | Addition of extra values in the ‘Record Type’, ‘Event Type’ and ‘Event End Type Code’ fields.As well as the addition of four new fieldsObjectives of these changes are:* To allow the collection of clinical information relating to Emergency Department events.
* To record the total event time for all patients who attend the Emergency Department and better understand patient outcomes.
 |
| **Requestor** | ACEM |
| # | **Requirements** |
|  | Add new ‘Record\_Type’ ’Event\_Item’ |
|  | Mandatory fields for Event\_Item:‘Event\_Type’‘Client\_System\_Identifier’‘PMS\_Unique\_Identifier’‘NHI’‘Clinical\_Code’‘Diagnosis\_Sequence’ |
|  | Add new codes to “Event\_Type” field in NNPAC |
|  | New code values to be added for Event Type are:* PC (Chief Presenting Complaint) allowed **1** per attendance (mandatory)
* PT (Procedure/Treatment) allowed **15** per attendance (optional)\*
* DG (Diagnosis) allowed **5** per attendance (optional)\*

\* These codes will be made mandatory in 2021/22 |
|  | Add new code to “Event\_End\_Type\_Code” field in NNPAC |
|  | New code value to be added for Event End Type Code is:* OB – Observation Unit
 |
|  | OB is only valid if Event\_Type is ED |
|  | If ‘Event\_End\_Type\_Code’ is OB then“Datetime\_of\_Disposition” &“Clinical\_Disposition” are mandatory |
|  | Add new field “Datetime\_of\_Disposition”  |
|  | New “Datetime\_of\_Disposition” field to be added after ‘Alcohol Involved’ field |
|  | Conditionally mandatory if Event\_End\_Type\_Code is OB |
|  | Datetime\_of\_Disposition Format:* Data Type: Date
* Layout: CCYYMMDDhhmm
* If not supplied this field will be set to 999912312359 (i.e. 31/12/9999 23:59)
 |
|  | Add new field “Clinical\_Disposition” |
|  | New “Clinical\_Disposition” field to be added after ‘Datetime\_of\_Disposition’ field |
|  | Conditionally mandatory. Null if Event\_End\_Type\_Code is not OB  |
|  | Clinical\_Disposition\_Code Format: * Data Type: varchar2(3)
* Layout: AAA

Verification: Mandatory for ED events with Datetime of service on or after 1 July 2019 and Event\_End\_Type\_Code is OBMust be a valid code in the Clinical Disposition table. |
|  | Create new code table in Data Warehouse – Clinical\_Disposition\_Code  |
|  | Code values to be added for Clinical Disposition are:* ODI – Discharge
* OAD – Admit
* OTO – Divert (triage only)
* ODD – Died
* ONW – DNW
* OTR – Transfer
* OSW – Self-Discharge with Indemnity
* OSD – Self-Discharge without Indemnity
 |
|  | Add new field “Clinical\_Code” |
|  | Add new field “Clinical\_Code after ‘Clinical\_Disposition’ |
|  | Only conditions and procedures listed within the HISO 10048 Emergency Care Data Standard are acceptable |
|  | Format:* Data Type: varchar2(2000)
* Verification: Mandatory for event with Event Type PC, DG, PT
 |
|  | Add new field “Clinical\_Code\_Sequence” after ‘Clinical\_Code’  |
|  | Data Type: varchar2(2) |
|  | Layout XX with leading zeros |
|  | Range 01 to 21 |
|  | SNOMED CT reporting will only be accepted in file version 7.0  |
|  | SNOMED CT concept IDs to be validated against HISO ED code set [HISO 10048 Emergency Care Data Standard](https://www.health.govt.nz/publication/hiso-10048-emergency-care-data-standard-public-comment) |
| # | **Supplementary detail** |
|  | The early adopter DHBs for this initiative are Auckland, Bay of Plenty, Nelson Marlborough and Canterbury.We are now inviting other DHBs to report SNOMED CT for ED events to NNPAC prior to the 2021 mandatory implementation. |

## Mode of Delivery

|  |  |
| --- | --- |
| **Description** | Update code 6 from ‘Videoconferencing’ to ‘Video’Update code 7 ‘Non-contact (virtual)’ to ‘Non-contact’Update description of code 1 The Telehealth Leadership Group has requested two changes to Mode of Delivery to clarify their meaning and remove any doubt about the purpose. |
| **Requestor** | Telehealth Forum |
| # | **Requirements** |
|  | Rename code 6 from ’Videoconferencing’ to ’Video’ |
|  | Rename code 7 from ’Non-contact (virtual)’ to ’Non-contact’  |
|  | Alter description for code 1 by replacing ‘face to face’ with ‘in person’ |
| # | **Supplementary detail** |



# National Patient Flow (NPF)

## Cancer Staging and Clinically Diagnosed Data

### Background

Data is vital to equitable health care.

Cancer is the country’s single biggest cause of death. Most New Zealanders will have some experience of it – either personally or through a relative or friend.

This initiative outlines a significant step forward in improving the quality, accessibility and timeliness of cancer data in New Zealand. This project supports delivery of the Ministry of Health Cancer Health Information Strategy strategic interventions.

Whilst improving cancer stage data at a national level to inform cancer outcomes and system performance has been desired by the sector for many years, it has only recently been prioritised as an action under the Cancer Health Information Strategy (CHIS) programme for the Ministry of Health.

In February 2018, the CHIS Board agreed to prioritise a project to improve cancer data quality to support national Quality Improvement Indicator (QPI) development.

In November 2018, a project was established to collect stage (classifying disease extent) and improve existing collection of clinically diagnosed cancer (non-pathological) data at a national level from 1 July 2020 through Ministry collection processes.

All Providers (all 20 DHBs) have submitted readiness assessment on collecting and submitting this data. This is being used to scope and plan for their local and/or regional implementation roadmap.

The required data is collected but in some cases it is not in an electronic structured format for query extraction. This means providers will need to review and make changes to their internal system and business processes to ensure they collect the data as specified and can be validated.

Providers have been given a range of options to collect in a format that can be used in building a dataset to support the short-term approach and insert data into the long-term option of NPF.

## NPF Reporting

|  |  |
| --- | --- |
| **Description** | **Cancer Group Stage*** Align existing fields only with nationally agreed definitions and rules with refreshed reference tables for those providers who can submit stage data
* Core cancer stage fields will not be mandatory due to provider readiness and complexity of field interrelationships. This will be reviewed and considered for future NCAMP changes as required.

**Clinically diagnosed cancers*** Support DHBs submit cancer diagnosis data for patients who were clinically diagnosed (non-pathological)
 |
| **Requestor** |  |
| # | **Requirements** |
|  | Existing fields  Overall Staging System’ add code14 American Joint Committee on Cancer (AJCC) 2020-07-01 9999-12-31There are no changes to the field type or business rules |
|  | Update all staging\_system\_code end dates to 9999-12-31 |
|  |  |
|  |  |
|  | Changes are effective from 1 July 2020. |
| # | **Supplementary detail** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Value** | **Meaning** | **Start Date** | **End Date** |
| 1 | UICC TNM Classification  | 2014-07-01 | 9999-12-31 |
| 2 | Durie & Salmon for multiple myeloma staging | 2014-07-01 | 9999-12-31 |
| 3 | FAB for leukaemia classification | 2014-07-01 | 9999-12-31 |
| 4 | Australian Clinico-pathological Staging (ACPS) system for colorectal cancer | 2014-07-01 | 9999-12-31 |
| 6 | Ann Arbor staging system for lymphomas | 2014-07-01 | 9999-12-31 |
| 7 | Binet Staging Classification for chronic lymphocytic leukemia | 2014-07-01 | 9999-12-31 |
| 8 | CML for chronic myeloid leukaemia | 2014-07-01 | 9999-12-31 |
| 10 | FIGO for gynaecological cancers | 2014-07-01 | 9999-12-31 |
| 11 | ISS for myeloma | 2014-07-01 | 9999-12-31 |
| 12 | Rai staging system for chronic lymphocytic leukaemia | 2014-07-01 | 9999-12-31 |
| 13 | Other | 2014-07-01 | 9999-12-31 |
| 14 | American Joint Committee on Cancer (AJCC)  | 2020-07-01 | 9999-12-31 |
| 99 | Unknown | 2014-07 01 | 9999-12-31 |

# Ethnicity Protocols (Advisory)

Provided below is information in regard to updates to the Ethnicity Protocols and reporting. The expectation is that DHBs will be in a position to record ethnicity at level 4 ethnicities from 1 July 2022 or earlier.

## Background

The ethnicity protocols have been updated to address the move in the health and disability sector to electronic collection and storage of data. The protocols define appropriate processes for confirmation or correction of ethnicity where existing data is held for a respondent and an appropriate frequency for collecting ethnicity data.

They have been updated alongside other key strategic documents. This review allows the Ministry to fully integrate the health and disability sector protocols and the statistical standard. The updated protocols support a transition from the previous minimum requirements of recording up to three ethnicities at level 2 classification to recording up to six ethnicities at level 4 classification. This reflects the requirement for information systems to capture the greater population diversity and improved granularity of information to plan, fund and monitor health services. These changes represent a significant move forward in terms of ethnicity data collection and will make a valuable contribution for health.

<https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

## Details of the Proposed Change

GP Practices have been using the Ministry [SOAP](https://en.wikipedia.org/wiki/SOAP) (Simple Object Access Protocol) based APIs to update level 4 ethnicity codes on NHI since 2017. These are available to use now. Contact ws\_integration@health.govt.nz

The Ministry is intending to release [FHIR](https://www.hl7.org/fhir/overview.html) (Fast Healthcare Interoperability Resources) based APIs to eventually replace the SOAP APIs. DHBs are expected to transition to these to update NHI ethnicity at level 4. It is likely that the FHIR based API will be available from 1 July 2020 and adopters will be able to implement from that date.

Once DHBs have transitioned to the new services there will no longer be a requirement to report ethnicity in any load file to National Collections. The National Collections will use the NHI ethnicity. **Further advice will be included in the NCAMP 2021 Sector consultation document.**

User Interfaces should align closely with this example based on the census on-line collection method. [[http://refraction.nz/eths](http://refraction.nz/eths/#/addethnicity)](http://refraction.nz/eths)

# National Health Index (NHI) Advisory

## Change to National Health Index (NHI) Numbering System (Advisory)

The National Health Index (NHI) has assigned the majority of the currently available NHI numbering range. At current rates of allocation, there are only sufficient available NHI numbers for approximately another 7 to 8 years. All existing NHI numbers are forecast to be exhausted around 2025.

In late 2017, the NHI system was reviewed to establish options as to how to extend the available range of NHI numbers. Due to the impact of such a change and the relationship of the system to HISO 10046 Consumer Health Identity Standard, the Ministry decided to employ a HISO process to seek public comment – this was undertaken during July-August 2018. In September 2018, a working group (comprising seven representatives covering DHBs, PHOs, large and small vendors, Primary Practice management, Consumers and the Office of the Privacy Commissioner) reviewed the public comment feedback. The outcome of this review was presented to HISO in November 2018 and to the Ministry’s Executive Leadership Team (ELT) in December 2018.

The Ministry Identity and Eligibility Services team have now developed a suitable approach that both retains the existing numbers and allows for extended future use.

The existing approach provides a unique 7-character number in the format AAANNNC (3 alpha, 3 numeric and one numeric check digit). The new format is to take the form AAANNAX (3 alpha, 2 numeric, 1 alpha and one alpha check digit). This approach is detailed in the updated HISO standard. The two formats are to co-exist – ‘old’ format numbers will not be replaced.

<https://www.health.govt.nz/publication/hiso-10046-consumer-health-identity-standard>

### Situation

As the NHI number system is fundamental to health systems generally, it is essential that all system providers and users be given as much time as possible to become aware of and familiar with, the new approach. System vendors will also need significant lead time to adjust their products to handle the change of format and the supporting calculation process for the check digit.

### Summary

An update to the existing HISO 10046 Consumer Health Identity Standard (titled HISO 10046:2019 Consumer Health Identity) was published in September 2019. It details the change to the format of NHI numbers. New format NHI numbers will be available in the pre-production compliance test environment in June 2020. System vendors can begin testing use of the new format NHIs from that time. All systems should be changed to accommodate the new format by 1 July 2022 to allow a comfortable lead time before the first numbers are issued in the new format.

## Gender Diversity in the NHI

The Ministry has recently had a number of enquiries from members of the public to extend the options allowed for updating Gender on the NHI. The [HISO 10046 Consumer Health Identity Standard](https://www.health.govt.nz/publication/hiso-10046-consumer-health-identity-standard) and [Statistics New Zealand Level 1 Gender Classification](https://www.stats.govt.nz/reports/sex-gender-and-sexual-orientation) include a category for ’Gender Diverse’. The NHI upgrade currently under development will extend the gender options to align with these standards.

The NHI is currently limited to recording one of three gender categories (‘Male’, ‘Female’, ‘Unknown’).

The introduction of the Gender Diverse category will create a better alignment between the NHI functional implementation and existing standards and meet public expectations with regard to being able to properly identify their gender when interacting with the health system.

The NHI records Gender Identity, but some systems capture the attribute using a field labelled ‘Sex’. The concept of Sex and Gender Identity are different.

The National Collections will continue to collect sex for all events excluding PRIMHD which will accept the NHI gender code set. DHBs are required to update gender on the NHI and report sex to the National Collections (excluding PRIMHD).

This may require collecting both attributes at the local system level.

|  |  |
| --- | --- |
| **Description** | Create new Gender Diverse code OCollect Gender Diversity in the NHI.All other National Collections will continue to collect sex excluding PRIMHD which will accept the NHI gender code set. |
| # | **Requirements** |
|  | Add O Gender Diverse to the list of available gender categories to be recorded in the NHI and accepted in PRIMHD effective 1July 2020. |
|  | Update HISO PRIMHD Code Set Standard 2.1.1.1 by adding Code O (as per code set below). |
| # | **Supplementary detail** |
|  SD1. | The storage of both sex and gender is likely to be appropriate at the local system level. |
| SD2. | The additional category for gender diverse is applicable to the NHI only and is not to be submitted to National Collections (excluding PRIMHD which will accept the NHI gender code set). DHB's need to ensure they continue to supply sex (‘M’, ‘F’, ‘U’) to the remaining national collections. |

| Code | Description | Note |
| --- | --- | --- |
| F | Female |  |
| I | Indeterminate |  |
| M | Male |  |
| O | Gender Diverse |  |
| U | Unknown | Not stated, or inadequately described. |

1. Definitions

| **Abbreviation** | **Definition** |
| --- | --- |
| ACEM | Australasian College of Emergency Medicine |
| ACHI | Australian Classification in Health Interventions |
| API | Application Programming Interface |
| AR-DRG | Australian Refined Diagnosis Related Groups |
| AT | Activity |
| BR | Business Requirement |
| CHIS | Cancer Health Information Strategy |
| DHB | District Health Board |
| ED | Emergency Department |
| ELT | Executive Leadership Team |
| FHIR | Fast Healthcare Interoperability Resources |
| GP | General Practitioner |
| HSC | Health Speciality Code  |
| HISO | Health Information Standards Organisation |
| ICD-10-AM | International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification |
| ID | Identifier |
| IDF | Inter-District Flow |
| HSC | Health Speciality Code |
| MoH | Ministry of Health |
| NCAMP | National Collections Annual Maintenance Programme |
| NCR | National Collections and Reporting |
| NGO | Non-Government Organisation |
| NHI | National Health Index |
| NMDS | National Minimum Data Set |
| NNPAC | National Non-Admitted Patient Collection |
| NPF | National Patient Flow |
| NZ | New Zealand |
| OPF | Operational Policy Framework |
| OST | Opioid Substitution Treatment |
| PAS | Patient Administration System |
| PHO  | Primary Health Organisation |
| PMS | Patient Management System |
| PRIMHD | Programme for the Integration of Mental Health Data |
| PU | Purchase Unit |
| QPI  | Quality Improvement Indicator |
| SNOMED-CT | Systematized Nomenclature of Medicine – Clinical Terms |
| SOAP | Simple Object Access Protocol |
| SCI | Spinal Cord Injury |
| TNM | Tumour, Node, Metastasis |
| WIES | Weighted Inlier Equivalent Separation |
| WIESNZ | Weighted Inlier Equivalent Separation New Zealand |

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	1. Document Details

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