

Compliance TEST SCRIPT for Districts

National Minimum Dataset
(NMDS)

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| --- | --- |
| Organisation Name: |  |

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| --- | --- |
| Prepared by: | Urwashi SinghTracy Thompson |
|  |
| Date: | 16 March 2023 |
| Version: | 1.0 |
| Status: | Final |

Organisation Test Site Details

|  |  |
| --- | --- |
| Test Script | **NMDS PMS Compliance Test Script** |
| Organisation conducting testing |  |
| Please provide as much detail as possible about the PMS Software being tested, including vendor name, ‘brand’ name of software, exact software version or release number and any other classifications |  |
| Please describe the setup of the testing environment (hardware and operating software) for these tests |  |
| Enter the name(s) of the NMDS Extract file(s) that will or have been sent to the Data Management Team  |  |
| Any other comments |  |

Organisation person responsible for testing this Script

|  |  |
| --- | --- |
| Your name |  |
| Your position  |  |
| Your direct employer |  |
| Your phone and fax |  |
| Your email address |  |
| Please list name and email of the primary contact, if not yourself  |  |
| Date Test Script completed |  |
| Date extract for **PART A** was sent  |  |
| Date extract for **PART B** was sent  |  |

**Version Control**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date released** | **Author** | **Details of Changes** |
| 1.0 | 13 March 2024 | U Singh and T Thompson | Test script including NCAMP24 changes.  |

**Reference Documents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Name**  | **Version** | **Date released** | **Comments** |
| ICD-10-AM/ACHI/ACS Twelfth Edition tables | N/A | June 2023 |  |
| NMDS File Specification | v15.9.4 | Sept 2022 |  |
| NMDS NCAMP Requirements Document | v1.2 | April 2023 |  |

## Introduction

The NMDS Compliance Test Script is designed to be used at any time by a Health Organisation which supplies data supporting the Te Whatu Ora’s National Minimum Dataset (NMDS). It enables both the Organisation and the Ministry to check the functionality of any (test) version of the Organisation’s NMDS system, as part of an overall Patient Management System (PMS).

The Script can be used in part or in whole and it may also be augmented with other tests from time to time, by arrangement. Completion of the Script would normally be at the discretion of the Te Whatu Ora and the extent of coverage would depend on the scope and complexity of the changes or regression tests being carried out on an Organisation’s Patient Management system. The Script may also be employed when the Ministry itself makes changes to its own systems which process and store the incoming NMDS data. An example would be testing of the National Collection Annual Maintenance Project (NCAMP) changes.

The Test Script forms the starting point for a testing “cycle” of events. This involves:

1. The Organisation producing test NMDS extract files for submission to the Ministry. Extract files will be created by using the Patient Management System under test, the Ministry’s test NHI system to create test patients and this Test Script, which details the data inputs required to produce the test patient events for extraction.
2. The Te Whatu Ora validating and loading the extract files in a Production-like Compliance Testing Environment. Database loading will be conditional on the validation step ‘passing’ the submitted patient events.
3. The Te Whatu Ora sending back Return files which contain all information about the results of the validation and load process.
4. The Organisation processing the Return files that are produced each time an extract file is processed.
5. The Organisation sending further extract files to correct any errors that have occurred.

This Test Script contains NMDS Test Scenarios that are designed to reflect realistic situations that might occur in your Organisation. They should also be up-to-date with current NMDS functionality and file definitions. To check if the Test Script is up-to-date in terms of NMDS business requirements and file and table definitions, please refer to the ”Reference Documents” section and compare this to the release notes and document versions as detailed on the Ministry’s website or to your own information sources.

It is important that you complete as many of the requested Test Scenarios that you can. This enables both parties to observe a broad range of NMDS functionality and provides a good range of extract data. If a Test Scenario cannot be completed for any reason, please provide an explanation in the ‘Completion Details’ section for that Scenario.

The steps for sending each extract file are explained in more detail in **Section 9** on the last page of this Test Script. Each extract file should contain only the patient events appropriate for the part of the Test Script that is being tested. The Test Scenarios are designed to produce extract data that will pass all current MoH validation rules. Some warning messages may occur.

If you have any queries relating to this Test Script please contact:

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## Test Overview

1. This Test Script has been supplied to you by the Data Management (DM)team.
2. Use only a **Final** version of this script to perform your testing. If you are reading a **Draft** version (check the footer) then it will be for review only. The Final version will either have been emailed to you or will be available on the MoH website at <https://www.health.govt.nz/nz-health-statistics/data-references/compliance-test-scripts/national-minimum-dataset-compliance-test-scripts>
3. This Test Script comprises two parts, A and B. You may be required to complete some or all parts. As each is completed you will need to produce an extract file to be ftp’ed to the DM team.
	* **Part A** contains five events, a mother giving birth, birth event, an IP event, an IM event and an ED event.
	* **Part B** depends on the completion of Part A. It involves new hospital events as well as a deletion and an update for some of the events loaded in Part A.
	* To complete the Compliance Testing process, you must also receive and process (in the normal manner as appropriate for your District) all Return files that are sent back to your Organisation after the loading of each extract file.
	* Return files comprise some or all of the following:
		+ Pre-processing error file, if any (.err)
		+ Load acknowledgement file (.ndr)
		+ Load Error Report file (.sqr)
		+ Load Costweight Transaction Report file (.ndw)
4. Please send the DM team a notification email or fax, with the appropriate completed portion of the Test Script, before any extract file is sent. Our contact details are shown at the end of this Test Script. Note that receipt of the documented scenarios from the Test Script is a prerequisite to the processing of the matching extract file. Please also keep a copy of the completed script for your own records.
5. There may be some delay in processing each extract file, depending on the Ministry’s production processing load and staff availability at the time. You will be kept up-to-date with progress.
6. If you observe any unexpected system behaviour on your test Patient Management System when creating the patient hospital events, or if you receive unexpected results back from the MoH validation and load process, please advise the DM team immediately.
7. We may require you to fix and resend events that have failed validation or loading. In some cases a complete replacement extract file may be required.
8. Please avoid altering the setup of your test environment, your PMS or your test databases during testing, without prior advising the DM team. Ensure this is also made known to your software vendor before testing commences.

## Testing Prerequisites

1. Please read through this Test Script thoroughly and resolve any issues you come across, before you start testing.
2. Please ensure you have read the **"District Compliance Procedures"**document which will be available on the Te Whatu Ora website at https://www.health.govt.nz/nz-health-statistics/data-references/compliance-test-scripts/district-health-board-compliance. This will explain in detail the steps around extracting a file, the correct format of the file and where it should be sent.
3. This Test Script will normally be used only when your Organisation is upgrading or otherwise altering its Patient Management System. However, it may also be used to engage in ‘regression’ testing with the Ministry. An example could be where your Organisation needs to submit an extract file to verify a ‘non-functional’ system change, as opposed to a program logic change.
4. It is important that the PMS version being Compliance Tested through this Test Script has had all required changes applied to it and that these have been thoroughly tested by you and your vendor.
5. The DM team may ask to sight Technical and Functional Specifications describing the changes being made to your PMS before Compliance Testing commences.
6. Any defects or anomalies you have identified during your own internal testing phase, whether fixed or not, must be made known to the DM team to avoid unnecessary problem investigation.
7. Please record the exact Patient Management System name and version number under “Organisation Test Site Details” on page two of this Test Script, before you commence testing. A screen shot from a “help/about” function might be useful for this.
8. The test NHIs to use in the testing are given in the test scenarios. You may need to add these NHIs in your system before moving forward with the testing.
9. Please change the NHI details as per the script if they look different in your local system.
10. You must enter the NMDS test data and generate the extract files using onlyyour test Patient Management System and without any subsequent alteration of the extract file. This is implicit in your sign-off for this Test Script.

## Test Scenarios Background

#### Overview

1. Details of the patients and their hospital events that you need to generate are specified in this Test Script.
2. Please indicate in the ‘Completion Details’ box for every Test Scenario, whether you were able to complete it or not. If you are unable to complete it, please provide an explanation in the space provided.
3. Last page of this Test Script details what to do when you complete the Test Scenarios for each part of the Test Script and need to send an extract file.
4. Please do not send an extract file until you have the all-clear from the DM team to send it. We need to be aware of each file’s impending arrival to ensure there is no impact on Production systems, or vice versa.
5. Each extract file will be manually checked for completeness and validity. Then it will be system-validated for errors. If validation is successful, the file will be loaded into the Compliance data warehouse and results will be checked again. All normal Return files will be sent back to you for you to process in the usual manner (within your test environment).
6. Once the DM team is satisfied with all test results, your Organisation will be given Provisional NMDS Compliance Certification. When the first Production NMDS file has been successfully processed through the Compliance Test Environment, you will be issued with Full NMDS Compliance Certification.

#### Recording Entered Values

It is very important that you record the actual values you enter, or that are otherwise generated, as you complete each Test Scenario. Without this record there is no sure way of the DM team knowing how a value came to be in a field, making problem investigation much more difficult. This applies to Patient details entered on the NHI as well as all hospital event details.

Therefore, unless the recorded value has been prefilled with “No need to record here”, please enter the value that either you entered, or the system generated for you.

#### Test Scenarios Summary Flow

| **Test Scenario**  | **Your Test Patient Name**  | **Brief history of patient admission**  |
| --- | --- | --- |
| NMDS-A01 | Test patient A – Sarah Smith | Single vertex delivery of a baby girl.* Sets up Mother’s admission for BT birth event in NMDS-A02
* ICD-10-AM/ACHI Twelfth Edition codes are used.
 |
| NMDS-A02 | Test patient B – Sophia Smith | Birth event, linked to Mother admitted in NMDS-A01.* ICD-10-AM/ACHI Twelfth Edition codes are used.
 |
| NMDS-A03 | Test patient C – John Roberts | * Male patient is admitted from the District booking system for an elective robotic assisted laparoscopic radical prostatectomy under GA. ICD-10-AM/ACHI Twelfth Edition codes are used
 |
| NMDS-A04 (Mental Health) | Test patient D – David Ward | Male patient admitted from another facility with bipolar schizoaffective disorder.* Reported as mental health inpatient (IM) event
* ICD-10-AM/ACHI Twelfth Edition codes are used.
* At least one legal status (HC) record required
 |
| NMDS-A05 (ED over 3 hours) | Test patient E – Diane Smith | Female patient is treated and discharged on the same day for a cut to her forearm from broken glass while intoxicated at a party three days earlier.* Patient is not admitted to an inpatient ward.
* ICD-10-AM/ACHI Twelfth Edition codes are used
* Health speciality code M05 is reported
* Event end type is ER
 |
| NMDS-A06 | Test patient F – Aroha Watene | **F**emale patient admitted with pneumonia. Laboratory testing confirmed SARS- CoV-2 infection. Patient was isolated in a private room for infection control and treated. * ICD-10-AM/ACHI Twelfth Edition codes are used
 |
| NMDS-A07 | Test patient G – Bill Jones | Male patient with Burkitt’s lymphoma was admitted same day for prophylactic chemotherapy to prevent CNS spread. Intrathecal methotrexate was administered. * ICD-10-AM/ACHI Twelfth Edition codes are used
 |
| NMDS-B01 | Test patient C – John Roberts | Event from test NMDS-A03 needs to be deleted.* No need to resubmit the event
 |
| NMDS-B02 | Test patient A – Sarah Smith | Event from test NMDS-A01 needs to be resubmitted.* Your system is able to resend records with changes whenever there is requirement to change the patient details and/or clinical coding details in the records which are already loaded in the NMDS.
* Condition onset Flag reported as 1 with primary diagnosis (using transaction type A2)
 |

## Test Scenarios Part A

#### Test Scenario NMDS-A01

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details  | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | **Test Patient A** is admitted for the birth of a baby girl.Record the patient details in your system and enter the event and diagnosis details as specified. (The birth event is recorded in Test Scenario NMDS-A02).**Conditions under test:*** Health specialty code P60 (Maternity services – mother [no community LMC])
* (In Test Scenario NMDS-A02) – Mother’s NHI is required for a ‘BT’ birth event
* ICD-10-AM/ACHI Twelfth Edition codes are used
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Patient Details  |

|  |  |
| --- | --- |
| **Field** | **Please record all values entered or generated** |
| **Test Patient A** surname | **Smith** |
| First names | Sarah |
| Address | A valid address |
| Date of birth | 31/12/1980 |
| Gender | F |
| Ethnicity (primary) | 61 (Other Ethnicity) |
| Ethnicity (2) | Leave blank  |
| Ethnicity (3) | Leave blank |
| NZ resident status | Y |
| Returned domicile code | A valid domicile code |
| Returned NHI number | ZZZ0121 |

 |

##### NMDS-A01 Event Details (HE) Test Data

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | No need to record here |
| NHI number | *NHI for* ***Test Patient A***  |  |
| Event type code | IP (Non-psychiatric inpatient event) |  |
| Event start datetime | Enter event start datetime |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | *Local ID to distinguish this event* | No need to record here |
| Message function | A1 (Add record)  | No need to record here |
| Admission source code | R (Routine admission) |  |
| Health specialty code | P60 (Maternity services – mother [no community LMC]) |  |
| Admission type code | AA (Arranged admission) |  |
| Event end type code | DR (Ended routinely) |  |
| Event end datetime | Enter an event end datetime on or after the event start datetime |  |
| Principal health service purchaser | 35 (District funded purchase) |  |
| Agency code | *Agency code for this event* |  |
| PMS unique identifier | Unique PMS identifier |  |
| Client system identifier | *Client system identifier*  |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-A01 Diagnosis Data (5 x HD records)

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | A |  |
| Clinical code type | A |  |
| Clinical code and description | O83 (Other assisted single delivery) |  |
| Condition onset flag | 1 |  |

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description | O665 Failed application of vacuum extractor and forceps, unspecified |  |
| Condition onset flag | 1 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | V |  |
| Clinical code and description | Z370 (Single live birth) |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 9047702 [1339] (Assisted vertex delivery) |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 9046901 [1343] (Failed vacuum assisted delivery) |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

#### Test Scenario NMDS-A02

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | **Test Patient B** is the baby girl born to Test Patient A, who was admitted in Test Scenario NMDS-A01.Record the patient details in your system and enter the event and diagnosis details as specified.**Conditions under test:*** Mother’s NHI is required for BT birth events
* Health specialty code P61 (Maternity services – well newborn [no community LMC])
* ICD-10-AM/ACHI Twelfth Edition codes are used
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| New Patient Details  |

|  |  |
| --- | --- |
| **Field** | **Please record all values entered or generated** |
| **Test Patient B** surname | **Smith** |
| First names | Sophia |
| Address | 133 Molesworth Street, Wellington |
| Date of birth | *Same as event start date for Test Scenario NMDS-A01* |
| Gender | F |
| Ethnicity (primary) | 31 (Samoan) |
| Ethnicity (2) | 33 (Tongan) |
| Ethnicity (3) | 43 (Indian) |
| NZ resident status | Y |
| Returned domicile code | 2134 |
| Returned NHI number | ZZZ0016 |

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##### NMDS-A02 Event Details (HE) Test Data

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | No need to record here |
| NHI number | *NHI for* ***Test Patient B*** |  |
| Event type code | BT (Birth event) |  |
| Event start datetime | *Enter event start date same as for Test Scenario NMDS-A01. Time is to be time of birth (can be several hours after event start time for Test Scenario NMDS-A01)* |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | Local ID to distinguish this event | No need to record here |
| Message function | A1 (Add record) | No need to record here |
| Admission source code | R (Routine admission) |  |
| Health specialty code | P61(Maternity services – well new born [no community LMC]) |  |
| Admission type code | AA (Arranged admission) |  |
| Event end type code | DR (Ended routinely) |  |
| Event end datetime | *Enter same event end datetime as Test Scenario NMDS-A01* |  |
| Birth location | *Any valid location (mandatory)* |  |
| Birth weight | *Any valid value (mandatory)* |  |
| Gestation period | *Any valid value (mandatory)* |  |
| Birth status | L (Live birth) |  |
| Age of mother | *Age of* ***Test Patient A*** *in years (mandatory)* |  |
| Principal health service purchaser | 35 |  |
| Agency code | *Agency code for this event* |  |
| Weight on admission | *Any valid value (mandatory)* |  |
| PMS unique identifier | *Unique PMS identifier*  |  |
| Client system identifier | *Client system identifier* |  |
| Mother’s NHI | *NHI for* ***Test Patient A*** *from Scenario NMDS-A01 (mandatory)* |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-A02 Diagnosis Data (1 x HD record)

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| Record type | HD | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start date  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16 |  |
| Diagnosis type | A |  |
| Clinical code type | V |  |
| Clinical code and description | Z380 (Singleton, born in hospital) |  |
| Condition onset flag | 2 |  |

#### Test Scenario NMDS-A03

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details  | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | **Test Patient C** is a male patient admitted from the District booking system for an elective robotic assisted laparoscopic radical prostatectomy under GA. .Past medical history includes hypertension and osteoarthritis of knee. Record the patient details in your system and enter the event and diagnosis details as specified. **Conditions under test:*** ICD-10-AM/ACHI Twelfth Edition codes are used
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Patient Details  |

|  |  |
| --- | --- |
| **Field** | **Please record all values entered or generated** |
| **Test Patient C** surname | **Roberts** |
| First names | John |
| Address | A valid address |
| Date of birth | 16/11/1978 |
| Gender | M |
| Ethnicity (primary) | 11 (New Zealand European) |
| Ethnicity (2) | 43 (Indian) |
| Ethnicity (3) | 21 (Maori) |
| NZ resident status | Y |
| Returned domicile code | A valid domicile code |
| Returned NHI number | ZZZ0024 |

 |

##### NMDS-A03 Event Details (HE) Test Data

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | No need to record here |
| NHI number | *NHI for* ***Test Patient C*** |  |
| Event type code | IP ( Non-psychiatric inpatient event) |  |
| Event start datetime | *Enter event start datetime* |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | Local ID to distinguish this event | No need to record here |
| Message function | A1 (Add record) | No need to record here |
| Admission source code | R (Routine admission) |  |
| Health specialty code | S40(Ophthalmology) |  |
| Admission type code | WN (Admitted from District booking system) |  |
| Event end type code | DR (Ended routinely) |  |
| Event end datetime | *Enter event end date one or two days after the event start date.* |  |
| Principal health service purchaser | 35 (District funded purchase) |  |
| Agency code | *Agency code for this event* |  |
| PMS unique identifier | *Unique PMS identifier* |  |
| Client system identifier | *Client system identifier* |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-A03 Diagnosis Data (6 x HD records)

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | A |  |
| Clinical code type | A |  |
| Clinical code and description | C61 Malignant neoplasm of prostate |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 15  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description |  U823 Hypertension |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description | U862 Arthritis and osteoarthritis [primary] |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | 1 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start date  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 37209-01 [1166] Laparoscopic radical prostatectomy |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start date  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 96233-03 [1923] Robotic-assisted intervention, genitourinary system |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start date  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 92514-99 [1910] General anaesthesia, ASA 99 |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

#### Test Scenario NMDS-A04 (Mental Health)

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | Test Patient D is a male who is admitted from another facility with bipolar schizoaffective disorder. History includes tobacco smoking (gave up 2 months ago currently vaping) and epilepsy. During the admission it was also noted patient had stressors with work and reduced income, which was causing relationship problems with partner. In this scenario you are registering the patient on the NHI and recording all IM event details including a transfer into your facility.**Conditions under test:** * Reported as a mental health inpatient (IM) event
* ICD-10-AM/ACHI Twelfth Edition codes are used
* At least one legal status record (HC) is reported
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Patient Details  |

|  |  |
| --- | --- |
| **Field** | **Please record all values entered or generated** |
| **Test Patient D** surname | **Ward** |
| First names | David |
| Address | A valid address |
| Date of birth | 31/12/1962 |
| Gender | M |
| Ethnicity (primary) | 99 (Not stated) |
| Ethnicity (2) | Leave blank |
| Ethnicity (3) | Leave blank |
| NZ resident status | Y |
| Returned domicile code | A valid domicile code |
| Returned NHI number | ZZZ0032 |

 |

##### NMDS-A04 Event Details (HE) Test Data

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | HE |
| NHI number | *Enter the NHI for* ***Test Patient D*** |  |
| Event type code | IM (Psychiatric inpatient event) |  |
| Event start datetime | *Enter an event start datetime of your choice* |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | Local ID to distinguish this event | No need to record here |
| Message function | A1 (Add record)  | No need to record here |
| Admission source code | T (Transfer from another facility) |  |
| Health specialty code | Y12 (Psychiatric disability rehabilitation {inpatient-short term/respite}) |  |
| Admission type code | AA (Arranged admission) |  |
| Event end type code | *Leave blank, or enter ‘DR’ (Ended routinely) if event end datetime is entered* |  |
| Event end datetime | *Enter an event end datetime after event start datetime (optional)* |  |
| Principal health service purchaser | 35 (District funded purchase) |  |
| Agency code | *Agency code for this event* |  |
| PMS unique identifier | *Unique PMS identifier* |  |
| Client system identifier | *Client system identifier* |  |
| Facility transfer from | *Enter a facility of your choice* |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-A04 Diagnosis Data (5 x HD records)

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16 |  |
| Diagnosis type | A |  |
| Clinical code type | A |  |
| Clinical code and description | F252 (Schizoaffective disorder, mixed type) |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | V |  |
| Clinical code and description | Z8643 Personal history of tobacco use disorder  |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description | U803 Epilepsy |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | V |  |
| Clinical code and description | Z563 Stressful work schedule |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | V |  |
| Clinical code and description | Z630 Problems in relationship with spouse or partner |  |
| Condition onset flag | 2 |  |

##### NMDS-A04

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HC | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code  | As per HE record | No need to record here |
| Event local identifier | *Local ID to distinguish this event*  |  |
| Legal status code | SN |  |
| Legal status date  | *Enter a date before event start date* |  |

#### Test Scenario NMDS-A05 (ED over 3 hours)

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | **Test Patient E** is a female who cut her forearm on broken glass while intoxicated at a party three days earlier. Wound was cleaned and sutured. Due to the wound looking infected a swab was taken and patient was given a script for antibiotics. Swab cultures grew Staphylococcus argenteus.**Conditions under test:** * Record details for ED event typically exceeding three hours in duration but where patient is not admitted to an inpatient ward
* Health speciality M05 is reported
* ICD-10-AM/ACHI Twelfth Edition codes are used
* Event end type is reported as ER
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Patient Details  |

|  |  |
| --- | --- |
| **Field** | **Please record all values entered or generated** |
| **Test Patient E** surname | **Smith** |
| First names | Diane |
| Address | A valid address |
| Date of birth | 31/12/1988 |
| Gender | F |
| Ethnicity (primary) | 21 (Māori) |
| Ethnicity (2) | Leave blank |
| Ethnicity (3) | Leave blank |
| NZ resident status | Y |
| Returned domicile code | A valid domicile code |
| Returned NHI number | ZZZ0059 |

 |

##### NMDS-A05 Event Details (HE) Test Data

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | No need to record here |
| NHI number | *Enter the NHI for* ***Test Patient E*** |  |
| Event type code | IP (Non-psychiatric inpatient event) |  |
| Event start datetime | *Enter an event start datetime for today* |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | *Local ID to distinguish this event* | No need to record here |
| Message function | A1 (Add record)  | No need to record here |
| Admission source code | R (Routine admission) |  |
| Health specialty code | M05 (Emergency medicine) |  |
| Admission type code | AC (Acute admission) |  |
| Event end type code | ER (Routine discharge from an emergency department acute facility) |  |
| Event end datetime | *Enter event end date the same as event start date. Event end time is to be more than 3 hours after event start time.* |  |
| Principal health service purchaser | 35 (District funded purchase) |  |
| Agency code | *Agency code for this event* |  |
| Accident flag | *Set the Accident flag to ‘Yes’*  |  |
| ACC claim number | *Enter a typical ACC45 number* |  |
| PMS unique identifier | *Unique PMS identifier* |  |
| Client system identifier | *Client system identifier* |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-A05 Diagnosis Data (7 x HD records)

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16 |  |
| Diagnosis type | A |  |
| Clinical code type | B |  |
| Clinical code and description | S519 (Open wound of forearm, part unspecified) |  |
| Condition onset flag | 2 |  |

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | B |  |
| Clinical code and description | T8902 Open wound with infection |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description | B9571 Staphylococcus argenteus as the cause of diseases classified to other chapters |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16 |  |
| Diagnosis type | E |  |
| Clinical code type | E |  |
| Clinical code and description | W259 (Contact with unspecified sharp glass) |  |
| External cause date of occurrence | *Same as event start date (mandatory)* |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | E |  |
| Clinical code type | E |  |
| Clinical code and description | Y929 (Unspecified place of occurrence) |  |
| External cause date of occurrence | *Same as event start date (optional)* |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | E |  |
| Clinical code type | E |  |
| Clinical code and description | U72 (Leisure activity, not elsewhere classified) |  |
| External cause date of occurrence | *Same as event start date (optional)* |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16 |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 3002600 [1635] (Repair of wound of skin and subcutaneous tissue of other site, superficial) |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

#### Test Scenario NMDS-A06

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | **Test Patient F** is a female who was admitted with pneumonia. Laboratory testing confirmed SARS- CoV-2 infection. Patient was isolated in a private room for infection control and treated. **Conditions under test:** * ICD-10-AM/ACHI Twelfth Edition codes are used
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Patient Details  |

|  |  |
| --- | --- |
| **Field** | **Please record all values entered or generated** |
| **Test Patient E** surname | **Watene** |
| First names | Aroha |
| Address | A valid address |
| Date of birth | 31/12/2001 |
| Gender | F |
| Ethnicity (primary) | 21 (Māori) |
| Ethnicity (2) | Leave blank |
| Ethnicity (3) | Leave blank |
| NZ resident status | Y |
| Returned domicile code | A valid domicile code |
| Returned NHI number | ZZZ0067 |

 |

##### NMDS-A06 Event Details (HE) Test Data

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | No need to record here |
| NHI number | *Enter the NHI for* ***Test Patient F*** |  |
| Event type code | IP (Non-psychiatric inpatient event) |  |
| Event start datetime | *Enter an event start datetime for today* |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | *Local ID to distinguish this event* | No need to record here |
| Message function | A1 (Add record)  | No need to record here |
| Admission source code | R (Routine admission) |  |
| Health specialty code | M65 (Respiratory medicine) |  |
| Admission type code | AC (Acute admission) |  |
| Event end type code | DR (Discharge routine) |  |
| Event end datetime | *Enter event end date three days after event start date.* |  |
| Principal health service purchaser | 35 (District funded purchase) |  |
| Agency code | *Agency code for this event* |  |
| PMS unique identifier | *Unique PMS identifier* |  |
| Client system identifier | *Client system identifier* |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-A06 Diagnosis Data (4 x HD records)

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | A |  |
| Clinical code type | A |  |
| Clinical code and description | J128 Other viral pneumonia |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description | U0712 Coronavirus disease 2019 [COVID-19], virus identified, symptomatic |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16 |  |
| Diagnosis type | B |  |
| Clinical code type | V |  |
| Clinical code and description | Z290 Isolation |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 9627300 [1866] Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

#### Test Scenario NMDS-A07

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | **Test Patient G** is a male with Burkitt’s lymphoma who was admitted same day for prophylactic chemotherapy to prevent CNS spread. Intrathecal methotrexate was administered. **Conditions under test:** * ICD-10-AM/ACHI Twelfth Edition codes are used
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Patient Details  |

|  |  |
| --- | --- |
| **Field** | **Please record all values entered or generated** |
| **Test Patient E** surname | **Jones** |
| First names | Bill |
| Address | A valid address |
| Date of birth | 31/12/1963 |
| Gender | M |
| Ethnicity (primary) | 11 (New Zealand European) |
| Ethnicity (2) | Leave blank |
| Ethnicity (3) | Leave blank |
| NZ resident status | Y |
| Returned domicile code | A valid domicile code |
| Returned NHI number | ZZZ0075 |

 |

##### NMDS-A07 Event Details (HE) Test Data

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | No need to record here |
| NHI number | *Enter the NHI for* ***Test Patient F*** |  |
| Event type code | IP (Non-psychiatric inpatient event) |  |
| Event start datetime | *Enter an event start datetime for today* |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | *Local ID to distinguish this event* | No need to record here |
| Message function | A1 (Add record)  | No need to record here |
| Admission source code | R (Routine admission) |  |
| Health specialty code | M50 (Oncology) |  |
| Admission type code | AC (Acute admission) |  |
| Event end type code | DR (Discharge routine) |  |
| Event end datetime | *Enter event end date the same as event start date. Event end time is to be more than 3 hours after event start time.* |  |
| Principal health service purchaser | 35 (District funded purchase) |  |
| Agency code | *Agency code for this event* |  |
| PMS unique identifier | *Unique PMS identifier* |  |
| Client system identifier | *Client system identifier* |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-A07 Diagnosis Data (3 x HD records)

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | A |  |
| Clinical code type | V |  |
| Clinical code and description | Z2921 Prophylactic pharmacotherapy for neoplasm |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description | C837 Burkitt lymphoma |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 96198-00 [1920] Intrathecal administration of pharmacological agent, antineoplastic agent  |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

#### *\*\*ACTION\*\** Send Extract File for Scenarios NMDS- A01/A02/A03/A04/A05/A06/A07

At this point you must extract and send the data you have entered for Scenarios NMDS-A01, NMDS-A02, NMDS-A03, NMDS-A04, NMDS-A05. (Please follow the instructions in **Section 9** on the last page of this Test Script).

## Test Scenarios Part B

#### Test Scenario NMDS-B01

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details | Enter reason if unable to complete | **Completed – Yes or No?**  |  |

|  |  |
| --- | --- |
| Introduction | This test requires you to DELETE all event details that were entered for **Test Patient C** in Test Scenario **NMDS-A03** There is no requirement for the replacement data.  |

##### NMDS-B01 DELETE details

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE |  |
| NHI number | As per NMDS-A03 |  |
| Event type code | As per NMDS-A03 |  |
| Event start datetime | As per NMDS-A03 |  |
| Facility code | As per NMDS-A03 |  |
| Event local identifier | As per NMDS-A03 |  |
| Message function | D1 (Delete) |  |

**Please record any other details or comments relevant to the deletion here:**

#### Test Scenario NMDS-B02

|  |  |  |  |
| --- | --- | --- | --- |
| Completion Details | Enter reason if unable to complete | **Completed – Yes or No?** |  |

|  |  |
| --- | --- |
| Introduction | In this Scenario, the event details that were entered for **Test Patient A** in Test Scenario **NMDS-A01** need to be resubmitted with changed details because of an administrative error. Event should have been entered as a waiting list/admitted from District booking system.In addition, some patient details were entered incorrectly in the hcu tab and need changing.The changes required for the patient details are shown below.Once the hcu related changes are made, please enter the replacement event details.If your PMS is designed to generate a DELETE transaction first when event details are replaced, then just continue this process.Check PMS unique identifier is supplied. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AMENDED Patient Details |

|  |  |
| --- | --- |
| **Field** | **Please amend as indicated below and record all values entered or generated** |
| **Test Patient A** surname | Unchanged |
| First names | Unchanged |
| Address | ***Change the street address*** |
| Date of birth | ***Change to 16/11/1958***(was 16/11/1978) |
| Gender | Unchanged |
| Ethnicity (primary) | ***Change to 34 (Tokelauan***) |
| Ethnicity (2) | Blank out (Null) |
| Ethnicity (3) | Blank out (Null) |
| NZ resident status | Unchanged |
| Returned domicile code | A valid domicile code |

|  |  |
| --- | --- |
| ***Please re-enter the NHI number for Test Patient D*** | **ZZZ0199** |

 |

##### NMDS-B02 Updated (HE) Event Details

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HE | No need to record here |
| NHI number | *NHI for* ***Test Patient A***  |  |
| Event type code | IP (Non-psychiatric inpatient event) |  |
| Event start datetime | Enter event start datetime |  |
| Facility code | *A valid facility code* |  |
| Event local identifier | *Local ID to distinguish this event* | No need to record here |
| Message function | A1 (Add record)  | No need to record here |
| Admission source code | R (Routine admission) |  |
| Health specialty code | P60 (Maternity services – mother [no community LMC]) |  |
| Admission type code | WN (Admitted from District booking system) |  |
| Event end type code | DR (Ended routinely) |  |
| Event end datetime | Enter an event end datetime on or after the event start datetime |  |
| Principal health service purchaser | 35  |  |
| Agency code | *Agency code for this event* |  |
| PMS unique identifier | Unique PMS identifier |  |
| Client system identifier | *Client system identifier*  |  |
| Funding agency code | *Funding agency code* |  |

##### NMDS-B02 Diagnosis Data (5 x HD records)

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | A |  |
| Clinical code type | A |  |
| Clinical code and description | O83 (Other assisted single delivery) |  |
| Condition onset flag | 2 |  |

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | B |  |
| Clinical code type | A |  |
| Clinical code and description |  O665 Failed application of vacuum extractor and forceps, unspecified |  |
| Condition onset flag | 1 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16 |  |
| Diagnosis type | B |  |
| Clinical code type | V |  |
| Clinical code and description | Z370 (Single live birth) |  |
| Condition onset flag | 2 |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 9047702 [1339] (Assisted vertex delivery) |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

| **Field Name** | **Expected NMDS Extract value** | **Please record all values entered or generated** |
| --- | --- | --- |
| Record type | HD  | No need to record here |
| NHI number | As per HE record | No need to record here |
| Event type code | As per HE record | No need to record here |
| Event start datetime  | As per HE record | No need to record here |
| Facility code | As per HE record | No need to record here |
| Event local identifier | As per HE record | No need to record here |
| Diagnosis number | *Sequential ID for this HD record* |  |
| Clinical coding system ID | 16  |  |
| Diagnosis type | O |  |
| Clinical code type | O |  |
| Clinical code and description | 9046901 [1338] ( Failed vacuum assisted delivery) |  |
| Operation/procedure date | *Same as event start date* |  |
| Condition onset flag | Null |  |

#### \*\* *ACTION* \*\* Send Extract File for Scenarios NMDS-B01/B02

At this point you must extract and send the data you have entered for Scenarios NMDS-B01 through NMDS-B02. (Please follow the instructions in **Section 7** at the end of this Test Script).

\*\* End of all Test Scenarios \*\*

## Instructions for Transmitting a Test Extract File

Each part of this Test Script results in one extract file being sent to the DM team.

Parts A is completed before Part B.

Part B cannot be completed until Part A (specifically Test Scenarios NMDS-A01 and NMDS-A03) are completed, including fixing any errors arising from the processing of Part A.

**Before sending each extract file:**

* Ensure your Organisation’s name is recorded on the front page of the Test Script
* Ensure that page 2 has been completed
* Email or fax a copy of pages 1 and 2, together with the completed Test Scenarios for the part of the Test Script that you are extracting, to the Data Management team (email to compliance@health.govt.nz or fax to 04 8162899)
* Ring the DM team on (04) 816-3456 or816-2815 and advise them you have sent the completed documentation
* Ensure you have read the "District Compliance Procedures" document which is available on the Website at https://www.health.govt.nz/nz-health-statistics/data-references/compliance-test-scripts/district-health-board-compliance. This will explain in detail the steps for sending any Compliance file to the DM team and the technical information about extract files
* Wait for the go-ahead from the DM team to send your extract file.

**When you have the go-ahead from the DM team to send an extract file:**

* Extract the relevant NMDS patient events for the part of the Test Script you have completed
* FTP the extract file as per the "District Compliance Procedures" document and/or any other instructions from the DM team
* Send one extract file at a time, for each part of this Test Script as you complete it
* Separate guidelines will be given if you need to send a correction file for any identified errors.

## Processing Return Files

The Data Management team will advise you if and when Return files are available for processing. This may take a few days depending on the number of errors that may be found when validating an extract file. In some cases (e.g. if the File Header record is invalid) you may be asked to simply regenerate and transmit a new extract file.

You must also complete your normal processing of the Return files in order to show that your PMS handles all aspects of the NMDS data processing cycle.

## Compliance Certification

Once all test results are satisfactory, Provisional NMDS Compliance will be issued. Full compliance will be issued once your first full Production NMDS file is successfully processed in the Compliance Test Environment with no major errors and with a sufficient percentage of events passing both the validation and the load process.