



Government of **Western Australia**  
Department of **Health**

# Non-Admitted Patient Data Collection

## Data Specifications

July 2022

**No Longer Applicable.  
Superseded 1 July 2023.**

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<b>Links to:</b>	Information Management Policy Framework <a href="https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management">https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management</a>

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## Abbreviations

FTP	File Transfer Protocol
ICT	Information and Communications Technology
IHPA	Independent Hospital Pricing Authority
NAPDC	Non-Admitted Patient Data Collection
NMDS	National Minimum Data Set
PAS	Patient Administration System
WA	Western Australia
WACHS	Western Australian Country Health Service

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## 1. Purpose

The purpose of the *Non-Admitted Patient Data Collection Data Specifications* is to outline the requirements for Health Service Providers and Contracted Health Entities to report non-admitted patient activity to the Department of Health.

The *Non-Admitted Patient Data Collection Data Specifications* is a Related Document mandated under MP 0164/21 [Patient Activity Data Policy](#).

These data specifications are to be read in conjunction with this policy and other Related Documents and Supporting Information as follows:

- [Non-Admitted Patient Activity Data Business Rules](#)
- [Non-Admitted Patient Data Collection Data Dictionary](#)
- [Patient Activity Data Policy Information Compendium](#).

## 2. Background

Non-admitted patient activity must be recorded in an approved Patient Administration Systems (PAS) in an accurate and timely manner so that the data is available and can be accessed for inclusion into the Non-Admitted Patient Data Collection (NAPDC).

## 3. Contact details requirements

Data providers must complete the contact details form (Appendix A) and provide contact details for two people who can be contacted in the event of data submission queries or issues:

- ICT technical contact – for data load/extract issues
- Information management contact – for data queries.

## 4. Submission of data

Data must be submitted to the NAPDC in accordance with the data submission schedule (Section 5) and Data Element Listing (Section 6) outlined below, unless otherwise agreed with the NAPDC Data Custodian.

### 4.1 File naming standards

The file name format of data submitted must conform to the following standard:

NAP\_DATAPROVIDER\_PASSYSTEM\_YYYYMMDD\_.csv

Where

- **NAP** is a fixed value meaning Non-Admitted Patient;
- **DATAPROVIDER** is the abbreviated name of the data provider/hospital providing the non-admitted patient activity data (assigned by the Department)
- **PASSYSTEM** is the name of the PAS system from where the data is extracted (assigned by the Department);
- **YYYYMMDD**, is the end date of the period of data being submitted:
  - **YYYY** is the year, including century, of the end period of the data submitted
  - **MM** is the end month of the period of data being submitted, as two digits;
  - **DD** is the day of the month, as two digits, of the date of the data submitted - if submitting data on a daily basis

For example, NAP\_0642\_MEDI\_202209.csv → Non-Admitted Patient data provided monthly by Joondalup Health Care from their Meditech PAS system with data up to 30-09-2021, submitted in October 2022.

## 4.2 Data file submission

Data files must be submitted automatically via secure File Transfer Protocol (FTP) to a server nominated by the Department of Health.

## 5. Data submission schedule

Data providers that use a patient administration system, other than WA health system's web-based Patient Administration System (webPAS), are required to submit data at a frequency as requested by the Department of Health in an electronic format that is compliant with these specifications and the [Non-Admitted Patient Data Collection Data Dictionary](#).

Data must be made available for the relevant reporting reference period as per the schedule set below.

### 5.1 Daily extracts

Daily data must be provided before 2am the next day for data from the preceding day to midnight of the preceding day e.g. data for 1 July 2022 (0:00 to 23:59) must be submitted by 2am on 2 July 2022.

### 5.2 Monthly extracts

Monthly data submission must include previous 3 months data. i.e. each submission will include data from the previous 3 months to the end of the reference month. e.g. data due in April 2022 will contain complete 2022 January to the end of March 2022.

This allows for changes in previous months to be updated with the latest record being provided to NAPDC.

Data is due by 3pm on the 3<sup>rd</sup> working day of the due month.

## 6. Data element listing

Data providers must ensure that data is made available as per the specifications below.

- Appendix B – Non-Admitted Patient Data Element Listing

## 7. Data quality and validation correction process

Data providers are responsible for the quality of data provided. Data quality validations are undertaken by the Quality and Assurance Team to ensure that data is compliant with reporting specifications and the five data quality principles:

- Relevance
- Accuracy
- Timeliness
- Coherence
- Interpretability.

Data validation and errors will be distributed to the reporting hospital via dashboards, spreadsheets or ad hoc communication. It is the responsibility of healthcare providers, administrative staff, clinical coding staff and clerical staff to complete and correct data validations within required timeframes as communicated by the Department.

Some examples of data quality validations may include:

- Patient demographics
- Reporting of blank or incorrect values
- Availability of sufficient information to enable reporting to IHPA

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## 8. Glossary

The following definition(s) are relevant to this document.

Term	Definition
Contracted Health Entity	As per section 6 of the <i>Health Services Act 2016</i> , a non-government entity that provides health services under a contract or other agreement entered into with the Department Chief Executive Officer on behalf of the State, a Health Service Provider or the Minister
Custodian	A custodian manages the day-to-day operations of the information asset(s) and implements policy on behalf of the Steward and Sponsor.
Data Collection	Refer to Information Asset
Data Specifications	Data Specifications mandate the list of data elements, format and submission schedule for each information asset.
Health Service Provider	As per section 6 of the <i>Health Services Act 2016</i> , a Health Service Provider established by an order made under section 32(1)(b)
Information asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Information Management Policy Framework	The Information Management Policy Framework specifies the information management requirements that all Health Service Providers must comply with in order to ensure effective and consistent management of health, personal and business information across the WA health system.
Patient Activity Data Business Rules	Patient Activity Data Business Rules mandate the rules, scope and criteria to be used when recording health service patient activity data and reporting to the Department of Health.
WA health system	Pursuant to section 19(1) of the <i>Health Services Act 2016</i> , means the Department of Health, Health Service Providers, and to the extent that Contracted Health Entities provide health services to the State, the Contracted Health Entities.

## 9. References

[Specialist Outpatient Services Access Policy – Metropolitan Health Services \(OD 0530/14\)](#)



## Appendix A – Contact Details Form



Government of **Western Australia**  
Department of **Health**

### Non-Admitted Patient Data Collection Data Provider Contact Details Form

The purpose of this form is to collect contact information for persons providing data to the Non-Admitted Patient Data Collection.

**Name of Data Provider or Feeder System** Click or tap here to enter text.

**Date** Click or tap here to enter text.

#### ICT Technical Contact

Please provide details for the person to contact regarding technical queries (e.g. data loading, extract issues)

**Name** Click or tap here to enter text.

**Position** Click or tap here to enter text.

**Organisation** Click or tap here to enter text.

**Email** Click or tap here to enter text.

**Phone** Click or tap here to enter text.

#### Information Management Contact

Please provide contact details for the person to contact regarding data queries (e.g. queries relating to data interpretation)

**Name** Click or tap here to enter text.

**Position** Click or tap here to enter text.

**Organisation** Click or tap here to enter text.

**Email** Click or tap here to enter text.

**Phone** Click or tap here to enter text.

Please submit this form to [NADCDData@health.wa.gov.au](mailto:NADCDData@health.wa.gov.au)

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## Appendix B – Non-Admitted Patient Data Element Listing

	Data Element	Type	Requirement	Comments
1	Establishment Code	XXXX	Mandatory	A unique four-digit number that is assigned by Department of Health (WA) to hospitals and other health related locations or establishments.
2	Establishment Site Code	[X(6)]	Optional	Any other code that identifies a site, if available. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
3	Unit Medical Record Number	X(11)	Mandatory	Unit Medical Record Number, also referred to as Unique Medical Record Number. The same unique identifier is retained by the establishment for the patient for all events within that particular establishment.
4	Patient Secondary Identifier	[X(10)]	Conditional	A secondary unique number that identifies a patient. <b>Condition:</b> If the source system does not collect this then leave blank.
5	Family Name	X[(49)]	Mandatory	The part of a name a patient usually has in common with other members of their family, as distinguished from their given names.
6	First Given Name	X[(49)]	Mandatory	The first given name of the patient.
7	Second Given Name	[X(50)]	Conditional	The second given name of the patient. <b>Condition:</b> if the patient has a middle name then this field is mandatory, otherwise leave blank.
8	Date of Birth	DDMMYYYY	Mandatory	Date on which the patient was born.
9	Date of Death	[DDMMYYYY Y]	Conditional	Patient's date of death <b>Condition:</b> if patient has died, otherwise leave blank.
10	Death Notification Code	[XXX]	Conditional	The code that identifies how the notification of a patient's death was received, if available. HOS - In Hospital NOT - No Notification OTH - Other

	Data Element	Type	Requirement	Comments
				RAC - Residential Aged Care REL - Relative RGO - Death Register <b>Condition:</b> If patient has died and the source system collects this field, then it is mandatory, otherwise leave blank.
11	Sex	X	Mandatory	The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. M - Male F - Female X - Another term U - Unknown N - Not specified
12	Australian State or Country of Birth	XXXX	Mandatory	The Australian state or country in which the patient was born, as represented by a code
13	Interpreter Required	X	Mandatory	An indicator for whether an interpreter service is required by or for the patient. N - Interpreter not required U - Unknown/not stated Y - Interpreter required
14	Aboriginal Status	X	Mandatory	The patient's Aboriginal status, as represented by a code. 1 - Aboriginal but not Torres Strait Islander origin 2 - Torres Strait Islander but not Aboriginal origin 3 - Both Aboriginal and Torres Strait Islander origin 4 - Neither Aboriginal nor Torres Strait Islander origin 9 - Unknown
15	Marital Status	XXX	Mandatory	The patient's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code. DEF - De facto DIV - Divorced MAR - Married

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	Data Element	Type	Requirement	Comments
				NMA - Never Married SEP - Separated UNK - Unknown WID - Widowed
16	Residential Status Code	XXX	Mandatory	Patient's residential status for billing purposes, as represented by a code. ASY - Asylum Visa BUS - Business Visa DET - Detainee EME - Emergency Visa EMR - Emergency Rescue Visa HUM - Humanitarian MED - Medical Treatment NSP - Not Specified OMV - Overseas Motor Vehicle Insurance Trust OTE - Overseas Foreign Def OVS - Overseas Shipping OVI - Overseas Visitor OVC - Overseas Workers Compensable PRO - Temp Protection REC - Reciprocal Overseas REF - Refugee Visa RES - Resident REI - Retirement Visa SAC - Sp Activities STU - Student Visa TEM - Temporary Res TOU - Tourist Visa UNK - Unknown WHO - Working Holiday Visa WOR - Working Visa
17	Residential Address 1	X[X(69)]	Mandatory	First line of the patient's residential street address at the time of the scheduled appointment.
18	Residential Address 2	[X(70)]	Optional	Second line of the patient's residential street address at the time of the scheduled appointment.
19	Suburb	X[X(49)]	Mandatory	The name of the locality/suburb of the address, as represented by text.

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	Data Element	Type	Requirement	Comments
20	Australian Postcode	XXXX	Mandatory	<p>The Australian numeric descriptor for a postal delivery area for an address. The postcode relates to the patient's area of usual residence.</p> <p>0800 - 0998 - NT            0999 - Unknown NT            1000 - 1999 - Unknown            2000 - 2599 - NSW            2600 - 2620 - ACT            2621 - 2698 - NSW            2699 - Unknown ACT            2700 - 2899 - NSW            2900 - 2914 - ACT            2999 - Unknown NSW            3000 - 3998 - VIC            3999 - Unknown VIC            4000 - 4998 - QLD            4999 - Unknown QLD            5000 - 5998 - SA            5999 - Unknown SA            6000 - 6770 - WA            6798 - 6799 - OT            6800 - 6998 - WA            6999 - Unknown WA            7000 - 7998 - TAS            7999 - Unknown TAS            8000 - 8012 - VIC            9990 - 9999 - Unknown</p>
21	State or Territory	XXX	Mandatory	<p>The state or territory of usual residence of the patient, as represented by a code.</p> <p>NSW - New South Wales            VIC - Victoria            QLD - Queensland            SA - South Australia            WA - Western Australia            TAS - Tasmania            NT - Northern Territory            ACT - Australian Capital Territory</p>

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	Data Element	Type	Requirement	Comments
				OTH - Other Territories UNK - Unknown
22	Postal Address 1	X[X(69)]	Optional	First line of the patient's postal address at the time of the scheduled appointment. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
23	Postal Address 2	X[X(69)]	Optional	Second line of the patient's postal address at the time of the scheduled appointment. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
24	Postal Suburb	X[X(49)]	Optional	The name of the locality/suburb of the postal address, as represented by text. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
25	Postal Australian Postcode	[XXXX]	Optional	The Australian numeric descriptor for a postal delivery area for an address. The postcode relates to the patient's area of usual residence. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
26	Postal State or Territory	X[X(2)]	Optional	Patient's state of postal address, as represented by a code. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
27	Phone Number 1	[X(20)]	Optional	Patient's first contact telephone number at the time of the scheduled appointment. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
28	Phone Number 2	[X(20)]	Optional	Patient's second contact telephone number at the time of the scheduled appointment. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.

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	Data Element	Type	Requirement	Comments
29	Medicare Card Number	X(13)	Mandatory	Identifying number that appears on a Medicare card, including patients individual reference number.
30	Department of Veterans' Affairs File Number	[X(12)]	Conditional	The Department of Veteran Affairs (DVA) file number. Required to identify those patients entitled to DVA funding for their medical care at the point of service. <b>Condition:</b> If a patient has a DVA file number, then this field is mandatory.
31	Department of Veterans' Affairs Card Colour Code	XXX	Conditional	The colour of the Department of Veteran Affairs (DVA) card indicates the level of entitlement to additional health cover, as represented by a code. GOL - Gold ORN - Orange UNK - Unknown WHT - White <b>Condition:</b> If a patient has a DVA file number, then this field is mandatory.
32	Concession Card Type Code	[X(22)]	Conditional	Concession card allowing recipients to access cheaper health services, medicines and other benefits. Patients may have more than one concession card type. CCC - Current Concession DVA - Dept of Veteran Affairs HCC - Health Care Card NDI - NDIS PCC - Pension Concession Card SAF - Safety Net Number SHC - Seniors Health Card <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank. If patient has more than one concession type, string all concession type codes into a single value.
33	Referral Account Number	X[X(29)]	Mandatory	A unique identifier for the referral. This number would be against each appointment record for the same episode of care or referral events.
34	Referral Account Number 2	[X(30)]	Optional	A second unique identifier for a referral registered to a patient administration system.

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	Data Element	Type	Requirement	Comments
				<b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank
35	Referral Category Code	XXX[X]	Mandatory	Refer to Appendix C – Reference Codes and Description.
36	Referral Created Date	DDMMYYYY	Conditional	The date on which the referral was created. Condition: If the source system collects then Mandatory
37	Referral Closed Date	[DDMMYYYY]	Conditional	Date on which the referral was closed. <b>Condition:</b> This will be blank until the referral is closed.
38	Referral Entered By	[X(10)]	Conditional	The identifier of the staff member who entered the referral details into the source patient administration system. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
39	Referral Entered Date	DDMMYYYY	Conditional	Date on which the referral was entered into the source patient administration system. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
40	Referral Priority Code	XXX	Mandatory	The priority/triage level of the referral, as represented by a code. AVT - Awaiting Triage NU - Not Urgent SEM - Semi-urgent JNK - Unknown URG - Urgent
41	Referral Reason Code	XXX	Mandatory	The reason for why the referral is issued, as represented by a code. ASS - Assessment CHR - Chart Review EDU - Education OPM - Ongoing Patient Management OTH - Other RET - Research Trial TRE - Treatment/ Intervention UNK - Unknown

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	Data Element	Type	Requirement	Comments
42	Referral Reason for Closure Code	[XXX]	Conditional	Reason for the referral being closed, represented by a code AUD - Audit DEC - Deceased DIP - Discharge Policy PDT - Patient Declined treatment NSP – Not Specified TFC - Transfer and Close TRE - Treatment Completed <b>Condition</b> If the source system collects this data item and the referral has been closed, then a value is mandatory, otherwise leave blank.
43	Referral Received Date	DDMMYYYY	Mandatory	The date on which a patient's referral is submitted for care or treatment This date marks the commencement of the referral wait time until a first appointment is attended.
44	Referral Source Code	XXX	Mandatory	The source of the referral, as represented by a code. AHP - Allied Health Professional ANI - Another Institution CLN - Clinician COM - Community CON - Same Consultant CTB - Community Treatment Order Breach CTV – Community Treatment Order Variation EDU - Education Department EMD - Emergency Department FAF - Family or Friend GEP - General Practitioner GOV - Government Agency INW - Inpatient Ward MCE - Mental Health Emergency Response Line (MHERL) or Community Emergency Response Team (CERT) MEP - Medical Practitioner MHC - Mental Health Clinic or Team NGO - Non-government Organisation NPR - Nurse Practitioner NSP – Not Specified

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	Data Element	Type	Requirement	Comments
				NUR - Nurse OMH - Other OPH - Outpatient Department this Hospital OPR - Other Professional OTH - Other Hospital OTS - Other Service POL - Police PPS - Private Psychiatrist PRI - Private Referral PRN - Private refer by GP RCF - Residential Care Facility SLF - Self SPR - Specialist Rooms UNK - Unknown
45	Referral Status Code	XX	Mandatory	The status of the referral, as represented by a code. CA - Cancelled CL - Closed IN - Inactive OP - Open RE - Rejected UN - Unknown WL - On Waiting List
46	Referral Update Date	DDMMYYYY	Conditional	The system date on which the referral is updated by the site. <b>Condition:</b> If the Source System collects then this is mandatory, otherwise leave blank.
47	Referring Healthcare Provider	[X(70)]	Optional	The name of the referring healthcare provider that requested the non-admitted service. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
48	Appointment Account Number	X[X(29)]	Mandatory	An identifier in the source information system that distinguishes between related non-admitted services (e.g. appointment account number, event ID). This would be a unique number, either on its own or paired with the Establishment code.

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	Data Element	Type	Requirement	Comments
49	Appointment Attendance Code	[XXX]	Conditional	<p>The nature of the patient's attendance at the appointment, as represented by a code.</p> <p>ATT - Attended  DNA - Did Not Attend  DNW - Did Not Wait  MCC - Multidisciplinary Case Conference  NCE - Non-client Event  NSP - Not Specified  UNK - Unknown</p> <p><b>Condition:</b> If the source system is not webPAS, then this element is mandatory.</p>
50	Appointment Cancellation Code	[XXX]	Conditional	<p>The reason the scheduled appointment was cancelled as represented by a code.</p> <p>BE - States better  CCA - Clinic cancelled  CLU - Clinician unavailable  COH - Crisis - Hospital  COP - Crisis - Patient  CQA - Crisis - Patient in Quarantine  CUR - Current IP any site  DEC - Deceased  DNN - No notification received  ERR - User error  ISF - Illness self/family  MOV - Moved away  NCO - Non contactable  NSP - Not specified  OTH - Treated other public hospital  PCO - Patient convenience  PRI - Treated privately  RES - Test results unavailable  RFC - Referral closed  TIA - Treatment no longer appropriate  TRA - Transport</p>

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	Data Element	Type	Requirement	Comments
				UNK - Unknown URG - Urgent patient UTR - Urgent test results <b>Condition:</b> This data element is conditional on the appointment being cancelled otherwise leave blank.
51	Appointment Cancellation Date	[DDMMYYYY]	Conditional	The date on which the scheduled appointment was cancelled. <b>Condition:</b> This data element is conditional on the appointment being cancelled otherwise leave blank.
52	Appointment Care Type Code	XXX	Mandatory	The type of care provided to the patient at the appointment as represented by a code. GER - Geriatric Evaluation and Management MEN - Specialist Mental Health NSP - Not Specified OTH - Other PAL - Palliative PS - Psychogeriatric RELH - Rehabilitation UNK - Unknown
53	Appointment Client Type Code	XX	Mandatory	The type of patient at the time of the appointment, as represented by a code. CC - Continuing Care ED - Emergency Department EX - External IP - Inpatient NS - Not specified OP - Outpatient PH - Primary Health
54	Appointment Date	DDMMYYYY	Mandatory	The date on which the appointment occurred.
55	Appointment Delivery Mode Code	XXX	Mandatory	The method of communication between a patient and a healthcare provider during the appointment, as represented by a code. CLP - Client Present ELE - Electronic e.g. Email, SMS GCP - Group Client Present

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	Data Element	Type	Requirement	Comments
				HOM - Home Visit MCC - Multidisciplinary case conference where the patient is not present OTH - Other POS - Postal service SLF - Self-administered Treatment TEL - Telephone THC - Telehealth support clinician THH - Telehealth at WA Health site THS - Telehealth at non-WA Health site UNK - Unknown VID - Video Conference
56	Appointment Delivery Setting Code	X	Mandatory	The setting in which a service is provided to a patient during the appointment, as represented by a code. Y - On the hospital campus of the healthcare provider N - Off the hospital campus of the healthcare provider
57	Appointment Diagnosis Type 1	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, represented by a code. ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
58	Appointment Diagnosis Code 1	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
59	Appointment Diagnosis Type 2	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, represented by a code. ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code <b>Condition:</b> this data element should be provided if available in the source

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	Data Element	Type	Requirement	Comments
				system, otherwise leave blank.
60	Appointment Diagnosis Code 2	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
61	Appointment Diagnosis Type 3	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, as represented by a code. ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
62	Appointment Diagnosis Code 3	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave.
63	Appointment Diagnosis Type 4	[X(10)]	Optional	A condition or complaint type in relation to the appointment event, as represented by a code. ICD9CMA - ICD 9th Edition Canadian Modified (AU) ICD10AM - ICD 10th Edition Australian Modified MDC - Major Diagnostic Category HIC - Health Issue Code <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
64	Appointment Diagnosis Code 4	[X(15)]	Optional	Any number of diagnoses, procedure codes or interventions collected relating to the patient's appointment, as represented by a code. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
65	Appointment Event Type	[X(50)]	Conditional	Further description of appointment type.

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	Data Element	Type	Requirement	Comments
				Admitted Patient Chart Review Continuing Care MPS Outpatient Primary Health <b>Condition:</b> Only provided by WA Country Health Service (WACHS).
66	Appointment First Offered Date	[DDMMYYYY]	Conditional	The date an appointment was first offered to the patient. <b>Condition:</b> if the available on the source system, then this data element is mandatory.
67	Appointment Funding Source Code	XXX	Conditional	Patient's principal funding or payment source for the service event, as represented by a code. AHA – Australian HCA (Health Care Agreement) COR – Correctional Facility REC – Reciprocal Overseas DET – Detainee <b>Condition:</b> if the available on the source system, then this data element is mandatory.
68	Appointment Healthcare Provider Code	[X(10)]	Conditional	An identifier assigned to the healthcare professional who delivered the service event as represented by text. <b>Condition:</b> If the identifier is available, then is data element is mandatory.
69	Appointment Healthcare Provider Name	[X(100)]	Conditional	The name of the healthcare professional who delivered the service event as represented by text. <b>Condition:</b> If a provider name is available, then is data element is mandatory.
70	Appointment Level Tier 2 Classification Code	NN.NN	Conditional	Appointment level 2 classification code is to be selected from the IHPA Tier 2 classification code list. For the complete list of permitted values, refer to the <a href="#">Tier 2 Non-Admitted Services 2022-23</a>
71	Appointment Non-Attendance Reason Code	[XXX]	Conditional	The reason why the patient did not attend appointment as represented by a code.

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	Data Element	Type	Requirement	Comments
				<p>APE - Inpatient and Outpatient Appointment Elsewhere            COH - Crisis - Hospital            COP - Crisis - Patient            COQ - Crisis - Pt in Quarantine            DEC - Deceased            DRN - Pt Did not Receive Notice            FGT - Forgot            GNR - Gives No Reason            ISF - Illness Self and Family            PDA - Pt Did Not Attend            SBE - States Better            TPR - Treated Privately            TRU - Transport Unavailable</p> <p><b>Condition:</b> If the appointment was not attended then this data element is mandatory otherwise leave blank.</p>
72	Appointment Outcome Code	XXX	Mandatory	<p>The outcome of the appointment, as represented by a code.</p> <p>ADM - Admit to Ward            ARR - Arrived            CAN - Cancelled            CON - Chart Only            COU - Counselling of relatives            DEC - Deceased in Clinic            DIE - Deceased            DIS - Discharge From Clinic            NSP - Not Specified            PAE - Patient Arrived in Error            PDA - Patient Did Not Attend            PRI - Private Referral            RAS - Ref Another Specialty            REA - Reappoint            RED - Refer to ED            REV - Further Review            RGP - Referred back to GP            ROH - Refer Other Hospital            RTW - Return To Ward            RWL - Refer IP Waitlist            UNK - Unknown</p>

No Longer Applicable  
Superseded 1 July 2023



	Data Element	Type	Requirement	Comments
73	Appointment Patient Arrival Time	[HH:MM:SS]	Conditional	The time when the patient arrived for the appointment. <b>Condition:</b> If the patient arrived for their appointment, then this data element must be provided, otherwise leave blank.
74	Appointment Patient Seen Time	[HH:MM:SS]	Conditional	The actual time when the patient was seen by a healthcare provider for their appointment. <b>Condition:</b> If the patient was seen for their appointment, then this data element must be provided, otherwise leave blank.
75	Appointment Payment Classification Code	XXX	Mandatory	The expected principal source of funds for payment of the account for an appointment, as represented by a code. ADF - Australian Defence Force AHA - Australian Health Care Agreement CIS - Catastrophic Injury Support Scheme COM - Compensable Other COR - Correctional Facility DET - Detained EMV - Other States Motor Vehicle Insurance Trust FOD - Foreign Defence INE - Ineligible MBS - Medicare Benefits Scheme OTH - Other OVS - Overseas Student OVV - Overseas Visitor PVT - Private Insured REC - Reciprocal Health Care Agreement SHI - Shipping UNI - Private Uninsured UNK - Unknown VET - Veterans' Affairs, Department of WAM - Western Australian Motor Vehicle Insurance Trust WCC - Workers Compensation
76	Appointment Preferred Date	[DDMMYYYY]	Conditional	The date preferred by the patient for appointment to an outpatient clinic. <b>Condition:</b> this data element must be provided if available in the source system, otherwise leave blank.
77	Appointment Program Code	[XXX]	Conditional	A code to identify the type of service or program that is being delivered.

No Longer Applicable  
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	Data Element	Type	Requirement	Comments
				CHD - Child Development CPH - Community Physio Service CRE - Community Rehabilitation DIS - Disability DTU - Day Therapy Unit EME - Emergency Department HNV - Health Navigator MED - Medical NSP - Not specified SCL - Stroke Clinic SCO - Stroke Community SUR - Surgical TRC - True Care True Culture VGE - Visiting geriatrician VGS - Visiting geriatrician support service <b>Condition:</b> If the source system collects this data element, then it is mandatory otherwise leave blank.
78	Appointment Reason for Reschedule Code	[XXX]	Conditional	The reason the scheduled appointment was rescheduled. CLU - Clinician Unavailable COH - Crisis - Hospital COP - Crisis - Patient CCO - Crisis – Patient in Quarantine DFN - Did Not Receive Notification EIA - External Industrial Action EXE - Executive Decision IIA - Internal Industrial Action INP - Current IP Any Site INU - Interpreter Unavailable ISF - Illness Self Family NSP – Not Specified PTC - Patient Convenience RUN - Rooms Unavailable SLC - Slot Change STE - Student Exams TRU - Test Results Unavailable TUN - Transport Unavailable URG - Urgent Patient UTR - Urgent Test Results

No Longer Applicable  
Superseded 1 July 2023

	Data Element	Type	Requirement	Comments
				<b>Condition:</b> If available in the source system and the appointment was rescheduled then this data element is mandatory otherwise leave blank.
79	Appointment Reschedule Count	[XXXX]	Conditional	The number of times an appointment has been rescheduled. <b>Condition:</b> If available, then this data element is mandatory otherwise leave blank.
80	Appointment Session Type Code	[XXX]	Mandatory	Whether the appointment was provided to an individual or a group or was non-client related. From 1 July 2018, if appointment delivery mode code is MCC then Appointment Session Type Code is set to code MCC. GRP - Group IND - Individual MCC - Multidisciplinary Case Conference NCE - Non-client event UNK - Unknown
81	Appointment Status Code	XX	Mandatory	The status of the scheduled appointment record, as represented by a code. PR - Processed PP - Part processed UN - Unprocessed / Unknown FU - Future appointment RS - To be rescheduled CA - Cancelled appointment
82	Appointment Status Description	[(X50)]	Optional	The description of the status of the scheduled appointment record. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank
83	Appointment Time	HH:MM:SS	Mandatory	The time of the scheduled appointment.
84	Appointment Type Code	XXX	Mandatory	Whether the scheduled appointment is for a new problem not previously addressed at the same clinical service or for the follow-up of a problem that has been addressed at a previous appointment at the same clinical service, as represented by a code. NEW - New FOL - Follow-up NCE - Non-Client Event / Chart Only

No Longer Applicable July 2023  
Superseded

	Data Element	Type	Requirement	Comments
				OTH - Other UNK - Unknown
85	Appointment Update Date	DDMMYYYY HH:MM:SS	Conditional	<b>Condition:</b> This data element is conditional if the appointment was subsequently updated from original appointment date and feeder system provides. otherwise leave blank.
86	Clinic Category Code	XXX[X]	Mandatory	Clinic category based on the webPAS three-character category codes Appendix C – Reference Codes and Description.
87	Clinic Identifier	X[X(7)]	Mandatory	A unique identifier for the clinic through which health care was provided to a non-admitted patient in a non-admitted setting. This identifier is assigned by the source information system in the preferred format.
88	Clinic Multidisciplinary Flag	X	Mandatory	A yes/no value indicating whether the appointment occurred in a multidisciplinary clinic. N - No Y - Yes U - Unknown
89	Clinic NMDS Tier 1 Code	X(7)	Mandatory	The clinic type to be selected from the NMDS Tier 1 clinic list, as represented by a code. For the complete list of permitted values:- <a href="https://meteor.aihw.gov.au/content/index.phtml/itemId/564885">https://meteor.aihw.gov.au/content/index.phtml/itemId/564885</a>
90	Clinic Tier 2 Classification Code	NN.NN	Mandatory	The Tier 2 clinic type that is assigned to a clinic at the time of registration, as represented by a code. The clinic type is to be selected from the IHPA Tier 2 clinic list. <a href="https://www.ihoa.gov.au/publications/tier-2-non-admitted-services-2021-22">https://www.ihoa.gov.au/publications/tier-2-non-admitted-services-2021-22</a>
91	Clinic Tier 2 Classification Code Opened Date	[DDMMYYYY]	Optional	The date on which the Tier 2 clinic type opened or updated for use. <b>Condition:</b> this data element should be provided if available in the source system, otherwise leave blank.
92	Clinic Title	X[X(49)]	Mandatory	The descriptive title of the clinic as identified in the source information system.

No Longer Applicable July 2022  
Superseded

	Data Element	Type	Requirement	Comments
93	Clinic Healthcare Provider Code	[X(6)]	Conditional	The healthcare provider allocated to the clinic, represented by code. <b>Condition:</b> If the code of the health professional is available, then this data element is mandatory.
94	Clinic Healthcare Provider Name	[X(50)]	Conditional	The name of the healthcare provider allocated to the clinic. <b>Condition:</b> If the name of the health professional is available, then this data element is mandatory.
95	Clinic Site Code	[X(6)]	Optional	The clinic site allocated to hospitals and other health related locations or establishments by the Department of Health WA as represented by a code.
96	Patient with Cancer - Ready for Care Date	[DDMMYYYY]	Conditional	The date, in the opinion of the treating healthcare provider, on which a patient is ready to commence treatment. <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.
97	Patient with Cancer - Ready for Care Code	[XXX]	Conditional	The ready for care status as represented by a code. DEF - Deferred OTH - Other RF - Ready for care STG - Staged UNK - Unknown <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.
98	Patient with Cancer - Clinical Emergency Flag	[X]	Conditional	An indicator for whether the treatment required for the patient is clinically assessed as an emergency. N - No – the treating healthcare provider has assessed the waiting time for treatment can exceed 24 hours Y - Yes – the treating healthcare provider has assessed the waiting time for treatment cannot exceed 24 hours U - Unknown <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.

No Longer Applicable / July 2025  
Superseded

	Data Element	Type	Requirement	Comments
99	Patient with Cancer - Intention of Treatment	[XXX]	Conditional	<p>The reason why treatment is provided to a patient, as represented by a code.</p> <p>CUR - Curative – treatment is given for control of the disease            OTH - Other            PAL - Palliative – treatment is given primarily for the purpose of pain control. Other benefits of the treatment are considered secondary contributions to quality of life            PRO - Prophylactic – treatment to prevent the occurrence or spread of disease            UNK - Unknown</p> <p><b>Condition:</b> if the source system collects this data element, then this is mandatory.</p>
100	Patient with Cancer - Radiotherapy Start Date	[DDMMYYYY]	Conditional	<p>The date on which radiotherapy treatment started.</p> <p><b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
101	Patient with Cancer - Primary Site of Cancer	[X(15)]	Conditional	<p>The site of origin of the tumour, as opposed to the secondary or metastatic sites, as represented by an ICD-10-AM code.</p> <p><b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
102	Community Client SLK	[X(15)]	Conditional	<p>Statistical link key identifier</p> <p><b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
103	Community Service Code	[XXXX]	Conditional	<p>The type of service provided as represented by a code.</p> <p>CNU - Community Nursing            HATH - Hospital at the Home            PRA - Priority Response Assessment            HC - Hospice Care            PA - Post Acute Care            BC - Bereavement            HNAV - Health Navigator            O2 Respiratory            PAR - Palliative Respite</p>

No Longer Applicable - July 2023  
Superseded

	Data Element	Type	Requirement	Comments
				<b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.
104	Community Place of Care Code	[XXXX]	Conditional	The place where palliative care was provided, as represented by a code. COMM - Community RACF - Residential Aged Care Facility <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.
105	Community Phase of Care Code	[XXXX]	Conditional	The phase of palliative care, as represented by a code. ACT - Active INACT - Inactive BV - Bereavement <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.
106	Community Place of Death Code	[XXXX]	Conditional	The place of death as represented by a code. HM - Home HOS - Hospital HOSP - Hospice OTHR - Other RCF - Residential Care Facility <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.
107	Community Desired Place of Death Code	[XXXX]	Conditional	The subsequent desired place of death nominated by the patient, represented by a code. HM - Home HOS - Hospital HOSP - Hospice OTHR - Other RCF - Residential Care Facility <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.

No Longer Applicable - July 2023

	Data Element	Type	Requirement	Comments
108	Community Service Received Code	[XXXX]	Conditional	<p>The service received by the patient, represented by a code.</p> <p>AHF - Allied Health face-to-face  AHS - Allied Health support  CA - Care Aide  CDR - Coordinator  CM - Clinical meetings  CNF - Counselling face-to-face  CNS - Counselling support  CON - Coordinator – Nurse  DE - Diabetes Educator  DR - Doctor  HNAV - Health Navigator  IHN - In-home Nursing  NCC - Nurse client coordination  NP - Nurse Practitioner  NS - Nursing support  OT - Occupational Therapist  PC - Personal Care  RN - Registered Nurse  SOC - Social Worker</p> <p><b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
109	Community Duration	[X(8)]	Conditional	<p>Duration, in minutes, of the non-admitted service.</p> <p><b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
110	Community Travel Time	X(8)	Conditional	<p>The travel time, in minutes, associated with the appointment. The time taken for the healthcare provider to travel from the previous client's location to the current client's location.</p> <p><b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.</p>
111	Community Desired Place of Death 1st Assessment Code	X(4)	Conditional	<p>The desired place of death nominated by the patient at their first assessment, as represented by a code</p> <p>HM - Home  HOS - Hospital</p>

No Longer Applicable - Superseded 1 JULY 2023



	Data Element	Type	Requirement	Comments
				HOSP - Hospice OTHR - Other RCF - Residential Care Facility <b>Condition:</b> if the source system collects this data element, then this is mandatory otherwise leave blank.
112	Record Change Type	X	Conditional	The type of change made to the record. I – Insert U – Update <b>Condition:</b> if the source system collects this Data element then this should be reported.
113	Record Type	XXX	Conditional	The type of record. REF – Referral APP – Appointment RES – Reschedule CAN – Cancellation <b>Condition:</b> If the Source System collects then this field is Mandatory.
114	System Extracted Date	YYYY-MM-DD HH:MM:SS	Mandatory	The system date on which the patient appointment information was extracted from the source patient administration system.
115	System Updated Date	YYYY-MM-DD HH:MM:SS	Conditional	The system date on which the record was updated. If any data item relating to a patient's appointment or referral record is updated this field is expected to be updated. <b>Condition:</b> If the Source System collects then this field is Mandatory.
116	System Loaded Date	YYYY-MM-DD HH:MM:SS	Conditional	The system date on which the patient record was loaded into the data collection. <b>Condition:</b> This is created in the loading of the extract to the collection, not provided by the source system.
117	System Record Identifier	[X(20)]	Optional	A unique information system generated record identifier or key. This identifier will be used to ensure correct updates to existing records, identify duplicates and add unknown records from information system extracts.

## Appendix C – Reference Codes and Description

Data Element	Permitted Value	Description
Referral Category Codes	ABH	Aboriginal Health
	ACA	Aged Care Assessment
	ADO	Adolescent Medicine
	AMA	Acute Medical Assessment
	AMP	Amputee
	ANA	Anaesthetics
	ANT	Antenatal
	APY	Adult Psychology
	AUD	Audiology
	BRE	Breast Service
	BUR	Burns
	CAR	Cardiology
	CHI	Child Psychiatry
	CHP	Child Protection Medicine
	CMB	Cardiometabolic
	CMN	Community nursing
	COL	Colorectal Surgery
	COM	Communicable Disease
	CON	Continence/Enuresis
	COT	Continence
	CPY	Child Psychology
	CRE	Cardiac Rehabilitation
	CTE	Cardio Tech Service
	CTS	Cardiothoracic Surgery
	DAA	Drug and Alcohol
	DAE	Diabetic Education
	DEI	Dental
	DER	Dermatology
	DIA	Diabetes
	DIE	Dietetics
	DIS	Dialysis
	EME	Emergency Medicine
	END	Endocrinology
	ENT	Ear, Nose, Throat
	FRM	Forensic Medicine
	GAS	Gastroenterology
	GEN	Genetics
	GER	Gerontology
	GES	General Surgery
	GHP	General Health Psychology
	GNU	General Nursing
	GPM	General Medicine
	GYN	Gynaecology

No Longer Applicable - July 2023

Data Element	Permitted Value	Description
	HAE	Haematology
	HAN	Hand Surgery
	HEP	Hepatobiliary
	HIT	Hospital In The Home
	HLK	Home Link
	HYP	Hyperbaric Medicine
	ICS	Cancer Service
	IMM	Immunology
	INF	Infectious Medicine
	LIV	Liver Service
	LYM	Lymphoedema Service
	MET	Metabolic Medicine
	MFC	Multidisciplinary Foot Ulcer
	MMH	Midland Mental Health
	MPG	Midland Psychiatric Geriatric
	MTO	Major Trauma Outcome
	NEO	Neonatology
	NES	Neurosurgery
	NEU	Neurology
	NGE	Neurogenetic
	NIS	Neurological Intervention
	NTE	Neuro Tech Service
	NUC	Nuclear Medicine
	OBS	Obstetrics
	OCC	Occupational Therapy
	ONC	Oncology
	OPH	Ophthalmology
	OPT	Optometry
	ORA	Oral Surgery
	ORP	Orthoptics
	ORT	Orthopaedics
	OTC	Orthotics
	OTT	Orthopaedic Trauma
	PAE	Paediatric Medicine
	PAI	Pain Management
	PAL	Palliative Medicine
	PAS	Paediatric Surgery
	PHA	Pharmacy
	PHY	Physiotherapy
	PIC	Peripherally Inserted Central Catheter Services
	PLA	Plastic Surgery
	POD	Podiatry
	PRE	Pre-Admission & Pre-Anaesthetic
	PSG	Psychogeriatrics
	PSY	Adult Psychiatry

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Data Element	Permitted Value	Description
	PUP	Pulmonary
	PYO	Psychiatry Youth
	RAD	Radiology
	RAO	Radiation Oncology
	REH	Rehabilitation Medicine
	REM	Renal Medicine
	RES	Respiratory Medicine
	RET	Rehabilitation Technology
	RHE	Rheumatology
	RIT	Rehabilitation in the Home
	RSH	Research
	SAM	State-wide Aboriginal Mental Health
	SLP	Sleep
	SOW	Social Work
	SPP	Speech Pathology
	SPS	Spinal Injury and Scoliosis
	STM	Stomal Therapy
	URO	Urology
	VAS	Vascular
	VTE	Vascular Tech Service
	WOU	Wounds Dressings Management
	YCS	Youth Cancer Service

No Longer Applicable.  
Superseded 1 July 2023.

## Appendix D – Summary of revisions

Date Released	Author	Approval	Amendment
1 July 2021	Lorinda Bailey & Jessica Wheeler	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created.
1 July 2022	Lorinda Bailey Shani Shiham Rachael McGuire	Rob Anderson, Assistant Director General, Purchasing and System Performance	<p>Changed the structure of the sentences, corrected grammatical and punctuation errors for accuracy and standardisation.</p> <p>Inserted Appendix B: Item 49 Appointment Attendance Code</p> <p>The <b>Permitted values</b> have been altered for:  Appendix B – Item 11 Sex  Appendix B – Item 13 Interpreter Required  Appendix B – Item 16 Residential Status Code  Appendix B – Item 29 Medicare Card Number  Appendix B – Item 42 Referral Reason for Closure Code  Appendix B – Item 44 Referral Source Code  Appendix B – Item 50 Appointment Cancellation Code  Appendix B – Item 52 Appointment Care Type Code  Appendix B – Item 55 Appointment Delivery Mode Code  Appendix B – Item 70 Appointment Outcome Code  Appendix B – Item 76 Appointment Reason for Reschedule Code  Appendix B – Item 88 Clinic Multidisciplinary Flag</p> <p>The <b>Requirement status</b> has been updated for:  Appendix B – Item 18 Residential Address 2  Appendix B – Item 27 Phone Number 1  Appendix B – Item 32 Concession Card Type  Appendix B – Item 36 Referral Created Date  Appendix B Item 38 Referral Entered By  Appendix B – 39 Referral Entered Date  Appendix B – 46 Referral Update Date  Appendix B – 67 Appointment Funding Source Code  Appendix B - Item 70 Appointment Level Tier 2 Classification Code  Appendix B – Item 76 Appointment Preferred Date</p> <p><b>Deleted</b> Event Type as duplicate of Appointment Event Type.</p> <p><b>Updated content for:</b>  Section 5.2 Monthly extracts  Appendix C  Added the Missing Referral Category Codes</p>

No Longer Applicable July 2023  
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