Te Whatu Ora
Health New Zealand

National Booking Reporting System (NBRS)

File Specification for File Version V04.0

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1. Front Matter

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1.3. Publications

A complete list of the publications extracted from the National Collections is available from Te Whatu Ora, PO Box 793, Wellington 6041, or on the Ministry's web site at http://www.health.govt.nz/publications.

Any enquiries about or comments on this publication should be directed to:

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2. Introduction

2.1. Purpose of this document

The NBRS file Specification defines the file format used to send information to Te Whatu Ora for inclusion in the (NBRS) national collection. This includes the file layout and, to a lesser extent, the business rules used for validating the data items within the file.

2.2. Intended audience

There are two audiences for this document:

- Software developers designing, implementing, and altering provider systems to ensure they export information in a format suitable for loading into the national collection.
- Business analysts verifying that all required data elements are present and specified correctly.

2.3. Related documents

This document should be read in conjunction with

- the National Booking Reporting System Data Dictionary.

2.4. National Health Information Principles

The guiding principles for national health information are the need to:

- Protect patient confidentiality and privacy
- Collect data once, as close to the source as possible, and use it as many times as required to meet different information requirements, in keeping with the purpose for which it was collected
- Validate data at source
- Maintain standard data definitions, classifications and coding systems
- Store national health data that includes only that data which is used, valued and validated at the local level
- Provide connectivity between health information systems to promote communication and integrity

2.5. Compliance with standards

Accurate information is vital to both the provision of services and the efficient operation of the health and disability support sector.

Responsibility for National Collections sat with the Ministry of Health until July 2022 when it moved to Te Whatu Ora – Health NZ. As part of the health sector restructure there are significant changes happening to how data is collected reported and stored, but irrespective of this the objective continues to be the same; that national collections data is accurate, timely and consistent and is available nationally,

while protecting data confidentiality and avoiding undue compliance and collection costs for the sector.

2.6. Date standards

All health and disability service providers, agencies and organisations, as defined in the Health Information Privacy Code 2020, accessing or providing national collections data, are required to adhere to and comply with national information standards, definitions and guidelines.

Maintaining the integrity and security of the databases and the transmission or exchange of data between health and disability service organisations is essential. This is a shared obligation of all health and disability service agencies.

National data definitions, terms (such as 'ethnicity'), and health information standards are developed and reviewed in consultation with health sector representatives.

2.7. Connection to national systems

Given the Government's investment in the national health information systems, and because of the requirement for nationally consistent data, health and disability service providers are required to use the national systems, standards and protocols where reasonable. For this reason health and disability agencies and service providers are encouraged to connect directly to the national systems.

Direct access provides:

- Secure communication protocols which meet the privacy requirements,
- Improved timeliness of data reporting for monitoring purposes, and
- Reduced costs for processing and transmitting data supplied to the national systems.

2.8. Authority for collection of health information

Te Whatu Ora may collect health information where this is necessary for lawful purposes connected with its functions and activities. These purposes, functions and activities may be set out in legislation, such as the Te Pae Ora (Healthy Futures) Act 2022, the Health Act 2009, or may be derived from lawful instructions from the Minister. The collection, storage and use of health information is also governed by the Privacy Act 2020 and the Health Information Privacy Code 2020.

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3. Changes to Previous Versions of the Specification

3.1. Changes to the specification from document version 4.5 to 4.4

Updated for the restructure of the health sector and transfer to Te Whatu Ora

3.2. Changes to the specification from document version 4.3 to 4.4

The following changes have been made for NBRS File Specification document v4.4:

- Removal of the booking status code Active Review (04) from the NBRS records submitted with booking status allocated on or after 01 July 2022.

3.3. Changes to the specification from document version 4.2 to 4.3

The following changes have been made for NBRS File Specification document v4.3:

- Clarification in notes section for facility code in BE record
- Clarification in notes section for treatment facility in BE record

3.4. Changes to the specification from document version 4.2 to 4.3

The following changes have been made for NBRS File Specification document v4.3:

- Referral Source Code renamed to Booking Source Code in all user documentation and error messages.
- Added a header record to the Data Snapshot file containing the names of the fields in the detail records.

The input file version number remains at V04.0.

3.5. Changes to the specification from document version 4.1 to 4.2

The following changes have been made for NBRS File Specification document v4.2:

- Validation of the Date of Referral field has been altered.
- Validation of the Client System Identifier field has been altered
- Guidelines for Staged/Planned flag added in Section 9.
- Amendments to field validation rules in Section 10 to reflect current rules.
- Amendment to error/warning messages documentation to reflect what is actually produced by the system.

The input file version number remains at V04.0.

3.6. Changes to the specification from document version 4.0 to 4.1

The following changes have been made for NBRS File Specification document v4.1:

- New rules have been applied to First Assessment Date and Domicile Code as well as new Error Conditions for these fields.
- Clinical Priority Assessment Criteria (CPAC) Scoring Tool Code, CPAC Score, Principal Health Purchaser Code and Facility Code have

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been added to the agency snapshot file (.NAH) returned to Districts after an NBRS file is loaded.

The input file version number remains at V04.0.

3.7. Changes to the specification from document version 2.8 to 4.0

The following changes have been made for NBRS File Specification document v4.0:

- New File Version V04.0 introduced.
- Domicile Code, Assessor and Assessor Group fields have been introduced in V04.0 as well as new Error Conditions for these fields.
- Validation on the Date Certainty Given field has been altered.
- Exit Code 15 – Medically Unfit for Treatment has been introduced.
- Error messages NBR4044E, NBR4045E and warning message NBR4046W have been introduced.

3.8. Changes to the specification from document version 2.7 to 2.8

The following changes have been made for NBRS File Specification document v2.8:

- New File Version V03.0 introduced.
- New rules have been applied to the Clinical Responsibility Code and Professional Group Code. The Clinical Responsibility Code has been increased to varchar (10) for File Version V03.0.
- Principal Health Service Purchaser and Health Specialty Code must be valid for period submitted.
- Error message NBR4038E has been updated. Error message NBR4042E and NBR4043E have been introduced.

3.9. Changes to the specification from document version 2.5 to 2.7

The following changes have been made for NBRS File Specification document v2.7:

- Clarifications to overview section.
- Update of ‘Care and Review’ to ‘Active Review’.
- “Mandatory/Optional”, “Error/Warning” message and field validation rules have been updated in the Booking Event and Assessment/Booking Entry record details, specifically in relation to the exit treated records.

3.10. Changes to the specification from document version 2.2 to 2.5

The following changes have been made for NBRS File Specification document v2.5:

The field names in this document have been made consistent with those in the NBRS Data Dictionary. This table cross-references the former names with the new names:

Previously known as	Now known as
Booking entry sequence	Event local ID
Booking facility	Facility code
Clinical code system	Clinical coding system ID

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Clinical code table type	Clinical code type
Clinical responsibility group	Professional group code
Date file sent to Te Whatu Ora	Date sent
Date of referral for first specialist assessment	Date of referral
HCU Identifier	NHI number
Local booking entry ID	Local booking system entry identifier
Local System Health Event Identifier	Client system identifier
Version Number	File version

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4. Overview of National Collection

Scope	**Purpose** The National Booking Reporting System (NBRS) provides information by health speciality and booking status on how many patients are waiting for treatment, and also how long they have had to wait before receiving treatment. **Content** The NBRS contains details of all booking status events involving a healthcare user who: • receives a priority for an elective medical or surgical service, and • is likely to receive publicly funded treatment. Information is collected about their date of entry into the system, their assessed priority, and their booking status.
Start date	Hospitals have been required to report data since 1 August 2000.
Guide for use	Booking status information can be linked by unique event identifier to the actual procedure when it is undertaken. Using this identifier, records in the NBRS may be linked to the NMDS, which contains data about inpatient and day patient events.
Contact information	For further information about this collection or to request specific datasets or reports, contact Te Whatu Ora Data Services team on ph (04) 816 2862, or e-mail inquiries@health.govt.nz, or visit the Ministry's web site www.health.govt.nz.
Collection methods – guide for providers	Data is provided by public hospitals and other providers in New Zealand.
Frequency of updates	At least monthly.
Security of data	The NBRS database is only accessed by authorised Te Whatu Ora staff for maintenance, data quality, analytical and audit purposes. Authorised members of Ministry of Health's Performance Monitoring & Analytics Team have access to the data for analytical purposes via the Business Objects reporting tool and the secure Health Information Network. Business Objects contains a subset of the data described in the Data Dictionary.
Privacy issues	Te Whatu Ora is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 2021, the Privacy Act 1993 and the Health Information Privacy Code 2020. Information available to the general public is of a statistical and non-identifiable nature. Researchers requiring identifiable data will usually need approval from an Ethics Committee.
National reports and publications	Summary NBRS data is published on the Performance Monitoring & Analytics web site http://www.moh.govt.nz/electiveservices as part of the Elective Services Patient Flow Indicators (ESPIs), and regular data quality reconciliation reports are available to Districts.

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Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from Te Whatu Ora Data Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

Te Whatu Ora Data Services team also offers a peer review service to ensure that the data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

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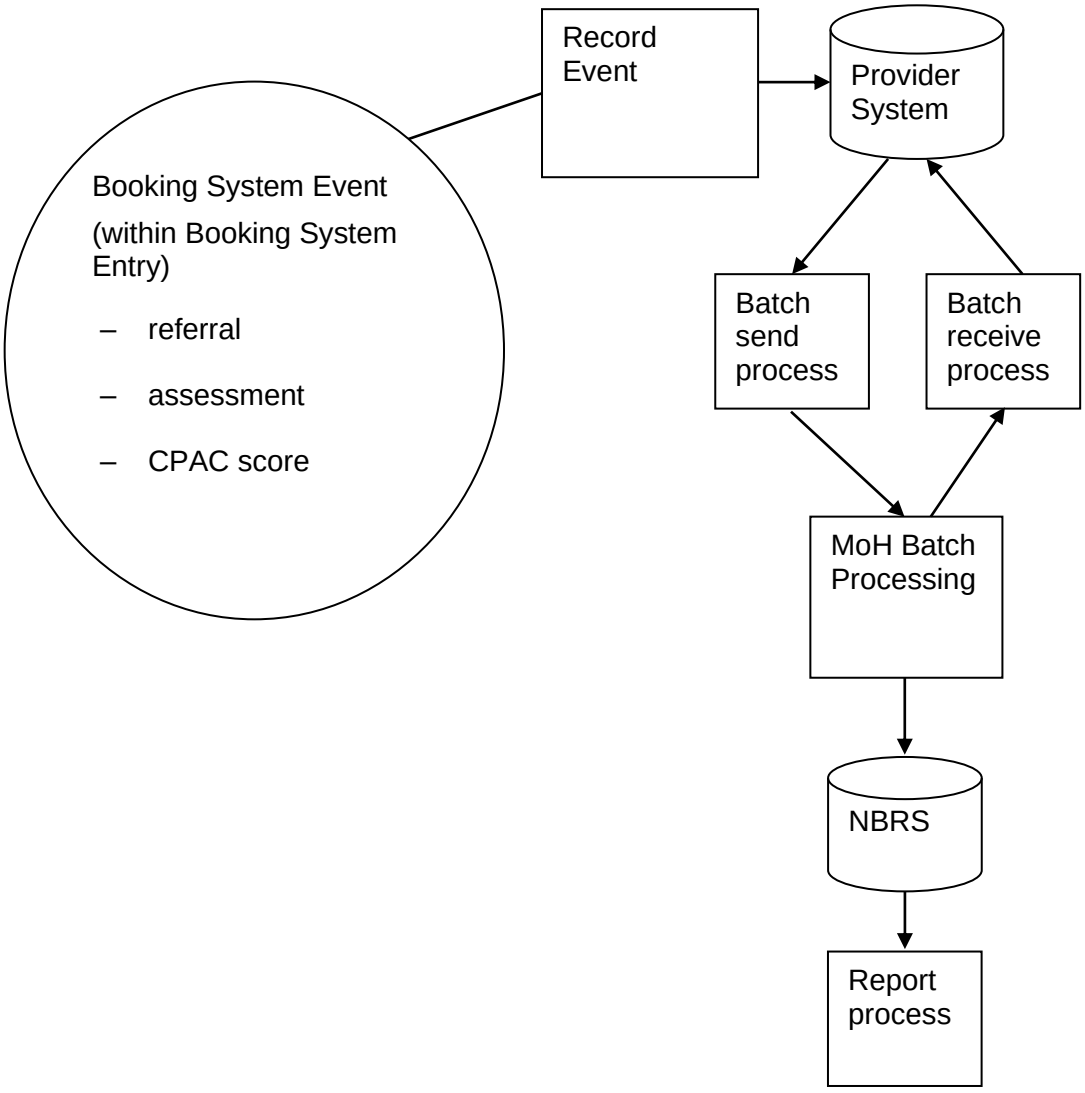
5. Batch Processing

5.1. Batch Process Overview

The NBRS processes are carried out by data providers and Te Whatu Ora. Providers set up and maintain batch send and batch receive processes to supply the data. They record health events, send the data to the Te Whatu Ora, and receive acknowledgement of the data processing. The data is validated and the reported from the database.

5.2. Batch Process Flow Diagram

The process flow is shown below along with high-level descriptions of each process.



5.3. Batch send process

This section describes batch reporting, which may be carried out on a daily, weekly, fortnightly, monthly or other basis (by prior arrangement with Te Whatu Ora), providing the data reaches the Te Whatu Ora within 28 days of a priority assessment or change.

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5.3.1 Create Patient Management System batch (input) file

The provider extracts data from their Booking System into a batch file (aka input file) for sending to the Te Whatu Ora. Each input file must contain a header record followed by one or more detail records.

The extract file requirements are set out in section 9 and the layout specifications for the input file are set out in section 10 Extract File layouts. The business rules for the fields (both coded and non-coded) are described in the NBRS Data Dictionary.

5.3.1.1 Detail Records

Each detail record in an input file has an Action code of ‘A’, ‘C’, ‘D’ or ‘E’. The effect of these functions on the NBRS is outlined in the following table.

Code	Function	Effect
A	Add	Creates a record if no existing record is found in the NBRS. Otherwise it appends the new status data to the existing record and ignores the non-status data section of the record.
C	Change	Replaces non-status data on an existing record. If the following status data fields are changed, then the record will be rejected: Current booking status date Current booking status code
D	Delete	If there is only an initial add record in the NBRS, this deletes that record. Otherwise it deletes the last status change or reassessment appended to the record and ignores the non-status section of the record. If only one event exists then this effectively removes all the details.
E	Erase	Physically deletes the booking entry and any child event and/or assessment records from the master tables, ie, removes all history of the entry and the event.

An audit trail is kept in the audit tables.

5.3.2 Send Batch to National Collections and Reporting

The batch file is sent to National Collections and Reporting via FTP or other means. Special arrangements may be required for the initial data load from hospitals without FTP facilities.

5.4. Batch Pre-processing

5.4.1 Pre-processing

The input file is initially pre-processed. This checks that:

- the batch is in sequence
- the header record’s count of number of records equals the actual number of records in the file
- the field data types and the number of fields per record comply with NBRS requirements.

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5.4.2 Batch passes pre-processing

If the batch passes pre-processing, no error file is generated. The data is loaded into the NBRS (see 5.6 Load into the NBRS/Validate below).

5.4.3 Batch fails pre-processing

If the input file fails pre-processing, an error file (with the same name prefix as the input batch and an extension of '.ERR') is generated containing error messages indicating the cause of failure. The error file consists of:

- the header record followed by any error messages relating to the header
- each data record from the input file
- any error messages generated by the data records (these will occur directly after the data record that triggered them).

Te Whatu Ora sends the error file to the data provider.

5.5. Batch receive process (pre-processing failed)

If the input file fails pre-processing, the provider must use the error file to correct the input file and resubmit it with the same file name. No further input files will be processed until it passes the pre-processing stage.

5.6. Load into the NBRS/Validate (pre-processing passed)

The batch is then edited and loaded.

5.6.1 Sorting and groups

Incoming transactions are grouped by Facility Code and Local booking system entry identifier.

Records within each group are ordered by their original position in the input file, that is, line number order with deletes always processed first.

5.6.2 Validation and errors

Validation continues until all records in the event have been processed. If any record in an event is found to contain an error, the error is identified with the appropriate error message and the whole group is rejected. Valid records that form part of a rejected group will be marked as rejected and followed by the error message 'NBR 4006 Part of Rejected Group". (Other groups in the same input file will be accepted if they are validated.)

5.6.3 Edit checks

Edit checks performed include:

- Field value checks – code tables and range checks.
- Record referential checks – checking for duplicate and overlapping events.
- Data integrity checks – warning or rejecting if the value is inconsistent with values in other fields.

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5.6.4 Loading

If all the records in an event are valid, each new record is added to the database and each change is applied to the existing database record it is changing.

5.7. NBRS output files

5.7.1 Acknowledgement File

Editing and loading the input files into the NBRS results in an Acknowledgement file.

The acknowledgement file has the same name prefix as the input batch and an extension of '.NBK'. This is supplied by Te Whatu Ora to the provider, and reports on all events submitted by the provider to the NBRS.

5.7.1.1 Values calculated for header

The NBRS load process calculates:

- the number of records processed
- the number of records deleted
- the number of records inserted
- the number of records in error
- the number of records with warnings, and
- the date the file was processed by the NBRS.

These values are supplied back to the provider in the acknowledgement file header record.

5.7.1.2 Error messages in acknowledgement file

If a group (ie, all records in a file with the same Facility Code and Local booking system entry identifier) is rejected by the NBRS, an error number and error description are provided for each error detected. If the group loaded successfully, an error number of '0' plus 'Data Processed Successfully' will be returned for that group. The acknowledgement file will report all errors generated for a group.

The fields record type, message number, and message text will be repeated as appropriate for each error message generated by the NBRS load process.

See the layout specifications of the acknowledgement file in section 11 and the input record validation rules in section 9.1.

5.7.2 Summary Status Report

A Summary Status Report is produced summarising the provider's data within the NBRS database. Providers can compare this with their local system summary data to confirm that the batch and load processes are working as intended and that the data within their local system is consistent with the NBRS.

The Summary Status file has the same name prefix as the input batch with an extension of '.RPT'.

5.7.3 Data Snapshot

The agency snapshot file has the same name prefix as the input batch file and an extension of .NAH. This is supplied to the provider and contains a snapshot of the NBRS data for comparison to the submitting providers system. This contains a

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summary of all unexited records held in the National Booking System that relate to the agency code the provider submits under. Details of the fields in this file can be found in section 13.

5.8. Batch receive process (pre-processing passed)

The acknowledgement file is sent to the data provider for review.

Input records that contain mistakes or need updating must be corrected and resubmitted as a new batch so they can be loaded into the NBRS database.

The last supplied status data can be updated by sending a “delete” followed by an “add” record.

Earlier status data cannot be edited directly but changes can be made by applying repeated deletes to make it the last status data record, then sending a “delete” followed by an “add” record.

Where a provider has decided that a group is invalid, it will be possible to erase it from the NBRS by sending an “erase” record. The group will be physically deleted from the NBRS. This option is intended for exceptional circumstances only.

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6. Key Relationships

The National Booking Reporting System database has three data tables, and a series of lookup tables to hold standard information. The complete data model can be found in section 7.

The most significant relationships are shown in the data model in section 7.

6.1. Data keys

This table sets out the unique primary key for each record.

Note: All primary keys must be unique.

Record	Primary Key
Booking Entry table	Agency code Facility code Client booking entry ID
Booking Entry Event table	Agency code Facility code Client booking entry ID Booking status date Event local ID
Booking Entry Assessment table	Agency code Facility code Client booking entry ID Priority assessment date Assessment local ID

Note: The Client booking entry ID is also known as the Local Booking System Entry Identifier.

6.2. Valid Status Codes

The table on the following pages shows how transactions are treated during validation processing.

The left-hand column describes the status of the record on the database and the top row contains the types of transaction that may be applied to them.

The intersection of the column and row gives the resulting status of a transaction if it is applied to the existing record.

For example:

A non-existent record can be “booked” (a new record will be created with a status of “Booked”) but it will cause an error condition if a “delete” transaction is entered for a non-existent record.

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6.3. Valid Status Code Table

Booking Event Type **Current Status**	**Book 01**	**Give Certainty 02**	**Defer 05**	**Re-Book 06**	**Reassess 07**	**Electively Treated 20**	**All Other Exits 20**	**Change Data**	**Delete**	**Erase**
Non existent	Booked	Given Certainty	Deferred	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*
Booked	Booked *Warning*	Given Certainty *Warning*	Deferred	Rebooked	Booked	Treated	Exited	Booked	non-existent or previous state	erased
Rebooked	Booked *Warning*	Given Certainty *Warning*	Deferred	Rebooked	Rebooked	Treated	Exited	Rebooked	non-existent or previous state	erased
Deferred	Booked	Given Certainty *Warning* *(if deferred by District)*	Deferred	Rebooked *Warning* *(should use Book)*	Deferred	Treated *Warning*	Exited	Deferred	non-existent or previous state	erased
Given Certainty	Booked	Given Certainty Warning	Deferred	*Error*	Given Certainty	Treated *Warning*	Exited	Given Certainty	non-existent or previous state	erased
Exited	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	non-existent or previous state	erased

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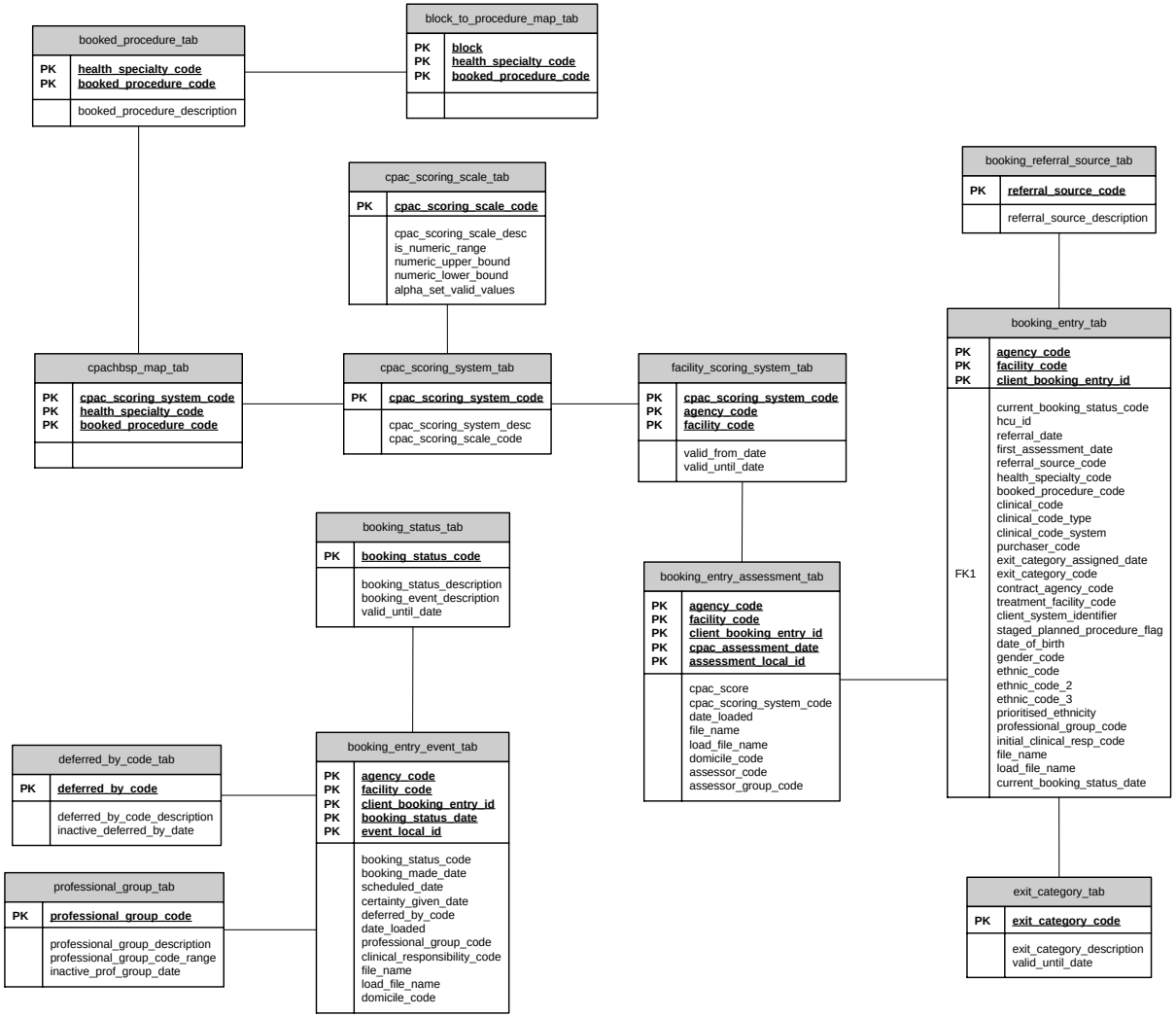
7. National Booking Reporting System Data Model



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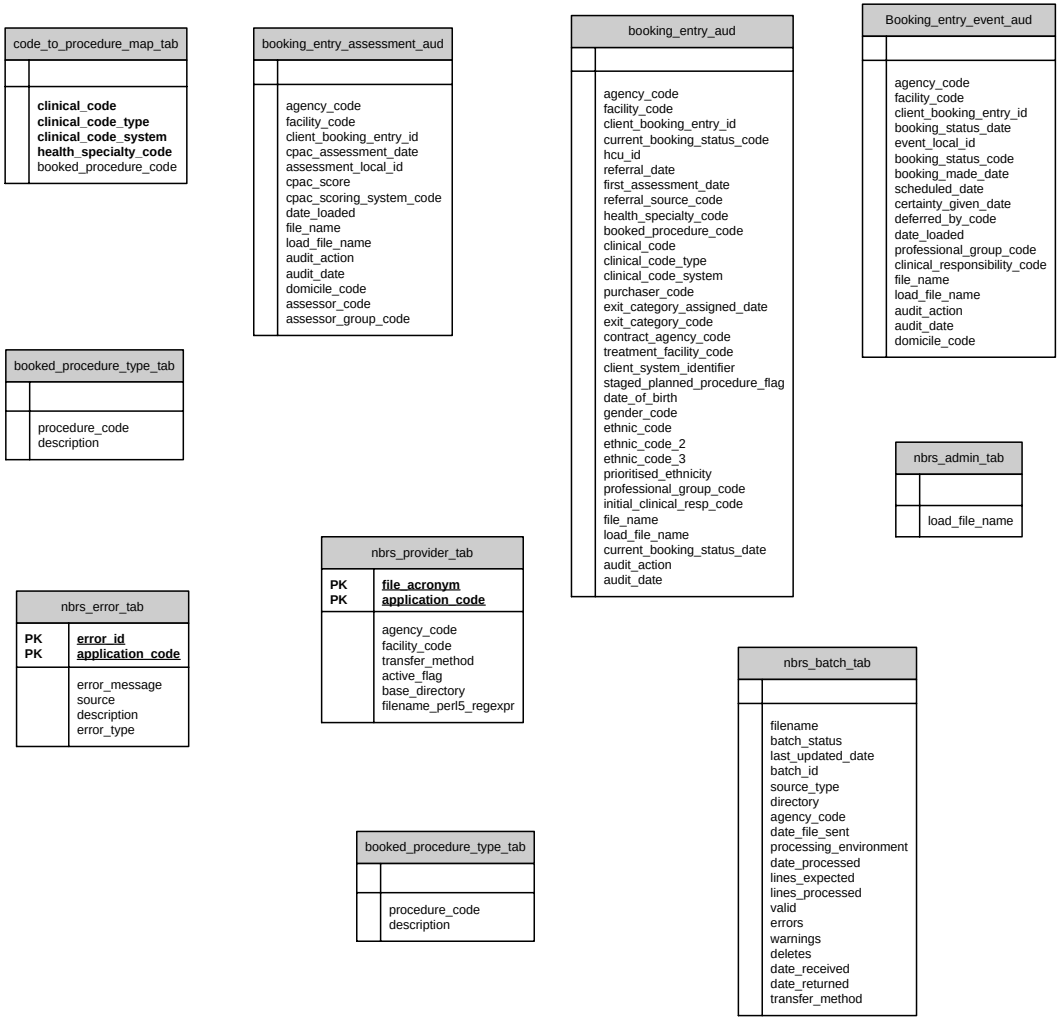

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8. File Formats

8.1. Batch File Name

The file naming convention used to supply batches to the NBRS consists of the following elements:

- a three-letter acronym allocated to each sending agency by National Collections and Reporting.
- a sequential number to uniquely identify each batch: this increases incrementally by one, starting at 00001; no gaps are permitted in the sequence; separate sequence numbers are required by the compliance (CMPL) and production (PROD) environments
- a file extension allocated by Te Whatu Ora ('.NBR' for NBRS upload files; '.NBK' for acknowledgement files; '.RPT' for Summary Status Reports; '.ERR' for Error files).

For example, a typical file name for Capital Coast Health would be 'CCH00001.NBR'.

File name checking is case sensitive.

8.2. Batch File Format

The file is in ASCII format, where:

- records are delimited by carriage return and line feed (ASCII 13 and ASCII 10)
- fields are variable in length and delimited by commas, with text fields enclosed in quotation marks
- if no data is supplied for a field (a null field), this should be represented by a delimiter followed by another delimiter.

Fields are typed as:

- Character – contains alphabetic characters (excluding commas)
- Numeric – contains numeric characters
- Text – contains alphabetic characters (including commas) enclosed within double quotes.

Definition	Data	Interpretation
varchar(4)	,1,	"1"
char(4)	,1,	"1"
char(4)	,1234567,	"1234"
char(3)	,a12,	"a12"
num(3)	,1,	1
text(16)	,"some text ",	"some text"
text(16)	,"punctuated, text",	"punctuated, text"

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8.2.1 Mandatory/Optional Fields

Please note that the M/O column in the record specifications indicates whether a field has to be populated or may be null. All fields are mandatory and where no data is being sent a field delimiter must be present.

The symbols below are used in the record layouts in sections that follow.

Symbol	Interpretation
M	Input field is mandatory for the particular operation and a non-null value of the correct data type must be present in the input record. M/null and O/null are particular to change operations: the input record value (regardless of whether it is null or not) will be used to update the booking system entry field on the database (enabling it to be set to null if desired).
cM	Input field is conditionally mandatory.
O	Input field is optional. If a value is present it will be used to update the database. If it is null the field is ignored.
-	Input field is ignored

8.2.2 Dates and partial dates

Dates are CCYYMMDD unless otherwise specified. For fields where partial dates are permitted, CCYY0000 is the minimum value (stored as CCYY0101 with date flag set to ‘M’) and CCYYMM00 is acceptable (stored as CCYYMM01 with date flag set to ‘D’), but CCYY00DD will be rejected. For dates provided as CCYYMMDD, the date flag is set to null.

Dates are sent as char and stored as datetime.

See also 2.5 Compliance with standards.

8.2.3 Code Table Values

Allowable values for the code fields are listed in the National Booking Reporting System Data Dictionary.

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9. Extract File Requirements

9.1. Input Record Validation

This section defines what fields are necessary for each reporting event type indicated by each input record. Reporting event types are classified as:

Event type	Description
Status changes	Moves the booking system entry from one booking status to another. Includes reassessments, even though they do not change the current booking status.
Data changes	Makes changes to the static data while the booking system entry status remains the same.
Delete	Removes the previous status change. If after removing the previous status change no status change records exist, the whole booking system entry is physically deleted. If the last event is an 'Exit' then the following fields are set to null: Exit category Date of exit category Contract agency Treatment facility Client system identifier. The Current status code is always updated to the previous status.
Erase	Physically removes the booking entry and any child event and/or assessment records from the master tables.

An audit trail is kept in the audit tables.

The following input field Booking Event Type Table should be read using the key:

Symbol	Interpretation
Exists	A booking system entry identified by the key comprising Facility Code and Local booking system entry identifier exists in the NBRS database.
Non-Existent	A booking system entry identified by the key comprising Facility Code and Local booking system entry identifier does not exist in the NBRS database
M	Input field is mandatory for the particular operation and a non-null value of the correct data type must be present in the input record. M/null and O/null are particular to change operations: the input record value (regardless of whether it is null or not) will be used to update the booking system entry field on the database (enabling it to be set to null if desired).
cM	Input field is conditionally mandatory.
O	Input field is optional. If a value is present it will be used to update the database. If it is null the field is ignored.
-	Input field is ignored
Wn	A warning will be produced if the nth warning condition is true.

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	See warning conditions list, *Section 13.2*.
En	An error will be produced if the nth error condition is true. See error conditions list, *Section 13.1*.

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9.2. Booking Event Type Table

Booking Event Type		**Book 01**		**Give Certainty 02**		**Defer 05**		**ReBook 06**	**Reassess 07**	**Treated 20** ***(code = 11, 12)***	**All Other Exits 20** ***(code !=11, 12)***	**Change Data**	**Delete**	**Erase**
Input Field Name	**Data Status**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**
Action code		M “A”	M “A”	M “A”	M “A”	M “A”	M “A”	M “A”	M “A”	M “A”	M “A”	M “C”	M “D”	M “E”
Facility code		M *E17*	M	M *E17*	M	M *E17*	M	M	M	M	M	M E17	M	M
Local booking system entry identifier		M	M	M	M	M	M	M	M	M	M	M	M	M
Booking status code		M “01”	M “01” *W3/ E24*	M “02”	M “02” *W3/ E24*	M “05”	M “05” *W3/ E24*	M “06” *W3/ E24*	M “07”	M “20” *W3/ E24*	M “20” *W3/ E24*	-	-	M “99”
Booking status date >= *Previous Booking Status Date*		M	M *E8*	M	M *E8*	M	M *E8*	M *E8*	-	-	-	-	-	-
NHI number		M *E4*	M *E5*	M *E4*	M *E5*	M *E4*	M *E5*	M *E5*	M *E5*	M *E5*	M *E5*	M *E4*	M *E5*	M *E5*
Date of referral		cM *E46*	-	cM *E46*	-	cM *E46*	-	-	-	-	-	O	-	-
Booking source code		M *E16*	-	M *E16*	-	M *E16*	-	-	-	-	-	O *E16*	-	-

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Booking Event Type		**Book 01**		**Give Certainty 02**		**Defer 05**		**ReBook 06**	**Reassess 07**	**Treated 20** ***(code = 11, 12)***	**All Other Exits 20** ***(code !=11, 12)***	**Change Data**	**Delete**	**Erase**
Input Field Name	**Data Status**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**
First assessment date *>= Date of Referral*		cM *E6* *E43* *E45*	-	cM *E6* *E43* *E45*	-	cM *E6* *E43* *E45*	-	-	-	-	-	-	-	-
CPAC assessment date *>= First Assessment Date*		M *E1*	O *E1* *E26* *E9*	M *E1*	O *E1* *E26* *E9*	M *E1*	O *E1* *E26* *E9*	-	M *E1* *E9*	-	-	-	-	-
CPAC score		M *E20* *E29*	O *E20* *E29* *E26*	M *E20* *E29*	O *E20* *E29* *E26*	M *E20* *E29*	O *E20* *E29* *E26*	-	M *E20* *E29*	-	-	-	-	-
CPAC scoring system code		M *E19*	O *E19* *E26*	M *E19*	O *E19* *E26*	M *E19*	O *E19* *E26*	-	M *E19*	-	-	-	-	-
Certainty given date *>= CPAC Assessment Date*		-	-	M *E21*	M *E21*	-	-	-	-	-	-	-	-	-
Booking made date *>= CPAC Assessment Date* *<= Treatment or Test Booked Date*		M *E7* *E22*	M *E7* *E22*	-	-	-	-	M *E7* *E22*	-	-	-	-	-	-

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Booking Event Type		**Book 01**		**Give Certainty 02**		**Defer 05**		**ReBook 06**	**Reassess 07**	**Treated 20** ***(code = 11, 12)***	**All Other Exits 20** ***(code !=11, 12)***	**Change Data**	**Delete**	**Erase**
Input Field Name	**Data Status**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**
Treatment or test booked date *>= Booking Made Date* *>= CPAC Assessment Date*		M *E23*	M *E23*	-	-	-	-	M *E23*	-	-	-	-	-	-
Principal health service purchaser code		M *E12*	-	M *E12*	-	M *E12*	-	M *E12*	-	-	-	O *E12*	-	-
Contract agency code		-	-	-	-	-	-	-	-	O *E10*	-	O	-	-
Treatment facility code		-	-	-	-	-	-	-	-	O *E17*	-	O	-	-
Client system identifier		-	-	-	-	-	-	-	-	*cM* *E48* *W1*		-	-	-
Health specialty code		M *E13*	-	M *E13*	-	M *E13*	-	-	-	-	-	M *E13*	-	-
Booked procedure code		- *W4*	-	- *W4*	-	- *W4*	-	-	-	-	-	- *W4*	-	-
Clinical code		M *E15* *E3* *E30* *E33* *E35`*	-	M *E15* *E3* *E30* *E33* *E35*	-	M *E15* *E3* *E30* *E33* *E35*	-	-	-	-	-	M *E15* *E3* *E30* *E33* *E35*	-	-

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Booking Event Type		**Book 01**		**Give Certainty 02**		**Defer 05**		**ReBook 06**	**Reassess 07**	**Treated 20** ***(code = 11, 12)***	**All Other Exits 20** ***(code !=11, 12)***	**Change Data**	**Delete**	**Erase**
Input Field Name	**Data Status**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**
Clinical code type		M *E15* *E3*	-	M *E15* *E3*	-	M *E15* *E3*	-	-	-	-	-	M *E15* *E3*	-	-
Clinical coding system ID		M *E15* *E3*	-	M *E15* *E3*	-	M *E15* *E3*	-	-	-	-	-	M *E15* *E3*	-	-
Deferred by code		-	-	-	-	M *E25*	M *E25*	-	-	-	-	-	-	-
Exit category assigned date *>= Booking Status Date*		-	-	-	-	-	-	-	-	M *E18*	M *E18*	O	-	-
Exit category code		-	-	-	-	-	-	-	-	M "11" or "12" *E27*	M not ("11" or "12") *E27*	O	-	-
Staged planned procedure flag		O E36	-	O E36	-	O E36	-	-	-	-	-	O E36	-	-
Event local ID		M E37	M E37	M E37	M E37	M E37	M E37	M E37	-	-	-	-	-	-
Professional group code		cM E38	cM E38	M E38	M E38	cM E38	cM E38	cM E38	cM E38	M E38	cM E38	cM E38	-	-

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Booking Event Type		**Book 01**		**Give Certainty 02**		**Defer 05**		**ReBook 06**	**Reassess 07**	**Treated 20** ***(code = 11, 12)***	**All Other Exits 20** ***(code !=11, 12)***	**Change Data**	**Delete**	**Erase**
Input Field Name	**Data Status**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Non Existent**	**Exists**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**	**Must Exist**
Clinical responsibility code		cM E39	cM E39	M E39	M E39	cM E39	cM E39	cM E39	cM E39	M E39	cM E39	cM E39	-	-
Domicile Code		cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	cM W5 E44	-	-
Assessor Code		cM E40	cM E40	cM E40	cM E40	cM E40	cM E40	-	cM E40	-	-	-	-	-
Assessor Group Code		cM E41 E42	cM E41 E42	cM E41 E42	cM E41 E42	cM E41 E42	cM E41 E42	-	cM E41 E42	-	-	-	-	-

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10. Extract File (.NBR)

10.1. Input File Batch Header (BH) Record

An input file header record is mandatory for all files. This contains control information from the data provider's system.

Field name	Definition	Size	Data type	Format	M/O	Notes
Record type	A code identifying the type of input record.	2	char	AA	M	'BH' (batch header record)
Agency code	A code that uniquely identifies an agency. An agency is an organisation, institution or group of institutions that contracts directly with the principal health service purchaser to deliver healthcare services to the community.	4	char	XXXX	M	Must be a valid code in the Agency code table.
File name of input file					M	Refer *section 8.1 Batch File Name.*
acronym		3	char	AAA	M	Assigned by Te Whatu Ora.
batch number		5	char	NNNNN	M	
extension		4	char	XAAA	M	'.NBR' (ASCII hex string 2E 6E 64 6D)
Number of records	The number of detail records in the batch.	5	num	NNNNN	M	Count of physical records, excluding the header record. Must contain the exact number of records in the file. Left padded with zeroes.
Date sent	The date the file was sent to Te Whatu Ora.	8	char	CCYYMMDD	M	Date must be on or before the current date. No partial dates allowed.

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Field name	Definition	Size	Data type	Format	M/O	Notes
File preparation date	The date the data batch was created on provider system.	8	char	CCYYMMDD	M	Must be a valid date on or before the Date sent. No partial dates allowed.
File preparation time	The time the data batch was created.	4	char	HHMM	M	
Te Whatu Ora processing environment	This field determines which environment the data is loaded into.	4	char	AAAA	M	'PROD' for the Production Environment or 'CMPL' for the Compliance Testing Environment.
File version	The version of the NBRS with which the data complies.	5	char	ANN.N	M	The version of the NBRS with which the data complies. Only 'V04.0' is accepted where the File Preparation Date is on or after 1 July 2008.

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10.2. Input File Assessment/Booking Entry Data (BE) Record

This is the data record. The Mandatory/Optional column should be read in conjunction with *section 8.1 Input Record Validation*.

Field name	Definition	Size	Data type	Format	M/O	Notes
Record type	A code identifying the type of input record.	2	char	AA	M	'BE' (Assessment/Booking Entry Data)
Action code	A code indicating what action to take with this input record.	1	char	A	M	A, C, D, or E. See *section 5.3.1.1 Detail Records*.
Facility code	A code that uniquely identifies a healthcare facility. A healthcare facility is a place, which may be a permanent, temporary, or mobile structure, that healthcare users attend or are resident in for the primary purpose of receiving healthcare or disability support services. This definition excludes supervised hostels, halfway houses, staff residences, and rest homes where the rest home is the patient's usual place of residence.	4	char	XXXX	M	Must be a valid code in the Facility code table. This must be the Facility code of the hospital managing the booking entry and booking status assigned to the patient. The Facility code must remain the same throughout all status changes for a booking system entry. If there is a change in Facility code between status changes, NBRS and all reporting will recognise this as a new booking system entry.
Local booking system entry identifier	A code which, within a local facility, uniquely identifies a particular booking entry of an individual healthcare user.	14	varchar	X(14)	M	A number unique to the Facility and the booking.
Booking status code	The healthcare user's booking entry status.	2	char	NN	M/null	Must be a valid code in the Booking Status code table.

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Field name	Definition	Size	Data type	Format	M/O	Notes
Booking status date	The date of status change of the booking system entry.	8	char	CCYYMMDD	M/null	Must be after the Booking status date of any previous status change.
NHI number	The NHI number is the cornerstone of Te Whatu Ora 's data collections. It is a unique 7-character identification number assigned to a healthcare user by the National Health Index (NHI) database. NHI numbers uniquely identify healthcare users, and allow linking between different data collections.	7	char	AAANNNN	M	There is a verification algorithm that ensures that the NHI number is in the correct format and is valid. Must be registered on the NHI before use.
Date of referral	The date of the doctor's referral letter, or date presented for self-referral, or date of transfer which resulted in this event, whichever date is earlier.	8	char	CCYYMMDD	cM	This field is mandatory when the NBRS booking is first loaded and initial CPAC Assessment Date is on or after 1 July 2010 and booking source is public specialist (2) or primary care provider (4). Partial dates not allowed. See guidelines in *Section 14.3*
Booking source code	A code indicating the type of practitioner who made the decision to add the patient to the National Booking Reporting System	1	char	N	M	Must be a valid code in the Booking Source code table. See guidelines in *Section 14.2*

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Field name	Definition	Size	Data type	Format	M/O	Notes
First Assessment Date	The date of the first specialist assessment which led to this event (including consultation with specialist in private practice). It may be the same date as the date of referral.	8	char	CCYYMMDD	cM	Must be on or after the Date of referral and on or before initial CPAC Assessment Date. This field is mandatory where the NBRS booking is first loaded and initial CPAC Assessment Date is on or after 1 July 2009. For bookings with a booking source of 4-Primary Care Provider and no first specialist assessment has occurred Date of Referral should be submitted as the First Assessment Date Partial dates not allowed.
CPAC assessment date	The date of the CPAC assessment of the health event.	8	char	CCYYMMDD	M	Must be on or after the Date of first specialist assessment. Partial dates not allowed.
CPAC score	The Clinical Priority Assessment Criteria score for the healthcare user.	5	varchar	X(5)	M	A score assigned using the tool identified by the CPAC scoring tool ID.
CPAC scoring system identifier	A code that identifies the prioritisation tool(s) being used by a particular Health Specialty.	4	char	XXXX	M	Matches the code table identifier registered with Te Whatu Ora for the facility. Must be a valid code in the CPAC Scoring System code table.
Date certainty given	The date that the hospital sent or provided the healthcare user with advice that they would receive publicly funded treatment within the next six months.	8	char	CCYYMMDD	M/null	Must be on or after the first CPAC assessment date. Partial dates not allowed.

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Field name	Definition	Size	Data type	Format	M/O	Notes
Date booking was made	The date that the hospital sent or provided the healthcare user with firm advice about the date that they would receive publicly funded treatment or diagnostic test.	8	char	CCYYMMDD	M	Must be on or after the first CPAC assessment date. Must be on or before the treatment or test booked date. Partial dates not allowed.
Date booked for treatment or diagnostic test	The date that the healthcare user is booked/scheduled to receive treatment or diagnostic test.	8	char	CCYYMMDD	O	Must be on or after the first CPAC assessment date and the Date booking was made. Partial dates not allowed.
Principal health service purchaser	The organisation or body that purchased the healthcare service provided. In the case of more than one purchaser, the one who paid the most.	2	char	XN	M	Must be a valid code in the Purchaser code table. Booking Status Date must not be before Purchaser Code Start Date Booking Status Date must not be after Purchaser Code End Date
Contract agency	A code used to identify the agency where treatment was provided. (This may be different from that of the booking entry.)	4	char	NNNN	O	Must be a valid code in the Agency code table.

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Field name	Definition	Size	Data type	Format	M/O	Notes
Treatment facility	A code that uniquely identifies a healthcare facility. A healthcare facility is a place, which may be a permanent, temporary, or mobile structure, that healthcare users attend or are resident in for the primary purpose of receiving healthcare or disability support services. This definition excludes supervised hostels, halfway houses, staff residences, and rest homes where the rest home is the patient's usual place of residence.	4	char	NNNN	O	Must be a valid code in the Facility code table. This must be the facility where treatment was received. The Treatment facility code may be different to the Facility code of the hospital managing the booking entry and booking status assigned to the patient.
Client system identifier	An identifier for the corresponding health service delivery record stored within the health provider's system.	14	varchar	X(14)	M	This field is mandatory when a booking entry is exited with Exit Category Code '11' or '12' and Date of Exit Category is on or after 1 July 2010
Health specialty code	A classification describing the specialty or service to which a healthcare user has been assigned, which reflects the nature of the services being provided.	3	char	ANN	O/M	Must be a valid code in the Health Specialty code table. Booking Status Date must not be before Health Specialty Start Date Booking Status Date must not be after Health Specialty End Date
Booked procedure	A code used to describe the procedure for which the patient is booked at a general group heading level.	2	char	XX	-	System generated

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Field name	Definition	Size	Data type	Format	M/O	Notes
Clinical code	A code used to classify the clinical description of the planned procedure for which the patient is waiting.	8	varchar	X(8)	M	Demographic data (eg, Sex, Date of birth) is checked to ensure it is consistent with the Clinical code, as specified by the editing flags held against each Clinical code on the Clinical Code table.
Clinical code type	A code denoting which section of the clinical code table the clinical code falls within.	1	char	A	M	Refer to the ICD manuals.
Clinical coding system ID	A code identifying the clinical coding system used for diagnoses and procedures.	2	char	NN	M	Must be a valid system code in the clinical code table.
Deferred by	A code indicating who caused a deferral.	1	char	N	M	

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Field name	Definition	Size	Data type	Format	M/O	Notes
Date of exit category	The date the exit category was assigned.	8	char	CCYYMMDD	M	Must be on or after the latest Booking status date of the booking system entry. Partial dates not allowed. The date should be one of the following depending on the exit category: • Procedure date when patient received publicly funded elective or acute treatment (exit category 11 or 12) • Date of letter sent to the GP returning the patient to their care when patient is returned to primary care (exit category 13) • Date the patient or their representative notified the hospital of the change when the patient is removed due to changed patient circumstance (exit category 14) • Date the patient is assessed as unfit when medically unfit for treatment (exit category 15)
Exit category	A code indicating the final outcome at the completion of the CPAC assessment/booking health event.	2	char	NN	M	Mandatory when booking entry is exited See also *section 6.3 Valid Status code table*.

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Field name	Definition	Size	Data type	Format	M/O	Notes
Staged/planned procedure flag	A flag indicating whether the procedure is normal, staged, planned or surveillance.	1	char	N	O	Must be a valid code in the Staged-Planned Flag code table i.e. ‘01’ – Normal procedure ‘02’ – Staged procedure ‘03’ – Planned procedure ‘04’ – Surveillance procedure Refer to Section 14.4 for guidelines of use.
Event local ID	Used to distinguish between multiple booking events for the same healthcare user on the same day.	2	numeric	NN	M	‘00’ to ‘99’.
Professional group code	A code identifying the professional group or body that the clinician assuming clinical responsibility for a plan of care decision is registered with.	2	char	AA	cM	Errored where the Booking Status Code is 02 or 20 and the Booking Status Date is before 1 July 2007. Must be an active code in the Professional Group code table. Use ‘MC’ for Medical Council of NZ. The following applies to records with a Booking Status Date after 30 June 2007: Use ‘HB’ for District. Must be present if a value is present in the Clinical Responsibility Code. Mandatory for following Booking Status Codes: 01, 02, 05, 06, 07 OR when the Booking Status Code is 20 and the Exit Category Code is 11

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Field name	Definition	Size	Data type	Format	M/O	Notes
Clinical responsibility code	This code identifies the clinician assuming clinical responsibility for a plan of care decision.	10	varchar	X(7) or X(10)	cM	Ignored where the Booking Status Code is 02 or 20 and the Booking Status Date is before 1 July 2007. Must be present if a value is present in Professional group code. Numeric values only for Medical Council codes. The following applies to records with a Booking Status Date after 30 June 2007: Mandatory for following Booking Status Codes: 01, 02, 05, 06, 07 OR when the Booking Status Code is 20 and the Exit Category Code is 11 If the File Version is V02.0 then max length is 7 characters. If the File Version is V03.0 then max length is 10 characters.
Domicile Code	Statistics NZ Health Domicile Code representing a person's usual residential address.	4	char	XXXX	cM	Must exist in the Domicile Code table and be valid at the time of Booking Status Date (Booking Status = '01', '02', '05', or '06'), CPAC Assessment Date (Booking Status = '07') or Exit Category Assigned Date (Booking Status = '20'). Must be supplied where CPAC Assessment Date is on or after 1 July 2008.
Assessor Code	The code of the clinician assessing the healthcare user	10	varchar	X(10)	cM	Must be supplied where a CPAC Assessment Date is on or after 1 July 2008. Mandatory for following Booking Status Codes: '01', '02', '05', '07'.

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Field name	Definition	Size	Data type	Format	M/O	Notes
Assessor Group Code	A code identifying the professional group or body that the assessor is registered with.	2	char	AA	cM	Must exist in the Professional Group Code table and be valid at the time of the Booking Status Date. Must be present if a value is present in the Assessor Code.

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11. Acknowledgement File (.NBK)

This file is generated by National Collections and Reporting during editing/loading of the input batch. Refer to Section 5.7.1 for more details.

Each Acknowledgement data record may be accompanied by one or more warnings.

Each Rejection data record must be accompanied by one or more errors, and may also have one or more warnings.

11.1. Acknowledgement File Header (AH) Record

Contains a summary of the complete processing history of the file.

Field name	Size	Data type	Format	M/O	Notes
As per input batch header with the following fields appended.					The file name extension for an acknowledgement file is '.NBK'.
Number of transactions processed	5	num	NNNNN	M	The number of logical records processed. This should agree with the 'Number of records' above.
Number of transactions deleted	5	num	NNNNN	M	The number of logical transactions in the batch successfully deleted from the NBRS. Must be less than or equal to the number of records processed.
Number of transaction inserted	5	num	NNNNN	M	The number of logical transactions in the batch successfully inserted into the NBRS. Must be less than or equal to the number of records processed.
Number of transactions in error	5	num	NNNNN	M	The number of logical transactions in the batch rejected by the validation process. Must be less than or equal to the number of records processed.
Number of transactions with warnings	5	num	NNNNN	M	The number of logical transactions in the batch with one or more warnings. Must be less than or equal to the number of records processed.
Date file loaded to NBRS	8	char	CCYYMMDD	M	Must be on or after the Date sent. Partial dates not allowed.

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11.2. Acknowledgement Data (AC) Record

Indicates the preceding record from the Assessment/Booking Entry Data input file has been successfully loaded into the NBRS database.

Field name	Size	Data type	Format	M/O	Notes
Record type	2	char	AA	M	'AC'
Line number	5	num	NNNNN	M	Original input file line number. 2 – 99999
Message number	7	char	AAANNNN	M	NBRS message number, eg, "NBR4004".
Message text	255	text	X(255)	M	NBRS message text: "Data record accepted".

11.3. Rejection Data (RJ) Record

Indicates the preceding record from the Assessment/Booking Entry Data input file was not loaded into the NBRS database.

Field name	Size	Data type	Format	M/O	Notes
Record type	2	char	AA	M	'RJ'
Line number	5	num	NNNNN	M	Original input file line number. 2 – 99999
Message number	7	char	AAANNNN	M	NBRS message number, eg, "NBR4005".
Message text	255	text	X(255)	M	NBRS message text: "Data record rejected".

11.4. Error (ER) Record

Indicates the preceding record from the Assessment/Booking Entry Data input file has triggered an error message.

Field name	Size	Data type	Format	M/O	Notes
Record type	2	char	AA	M	'ER'
Message number	7	char	AAANNNN	M	NBRS message number. See Error/Warning Messages.
Message text	255	text	X(255)	M	See Error/Warning Messages.

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11.5. Warning (WN) Record

Indicates the preceding record from the Assessment/Booking Entry Data input file has triggered a warning message.

Field name	Size	Data type	Format	M/O	Notes
Record type	2	char	AA	M	'WN'
Message number	7	char	AAANNNN	M	NBRS message number. See Error/Warning Messages.
Message text	255	text	X(255)	M	See Error/Warning Messages.

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12. Data Snapshot File (.NAH)

This file is generated by the National Collections and Reporting during editing/loading of the input batch. Refer to Section 5.7.3 for more details.

12.1. Data Snapshot File Header Record

The header record contains the field names for each field on the file. These become column headings when the file is imported into Excel.

Field name	Contents
Column 1	‘NHI Number’
Column 2	‘Local Booking System Entry Identifier’
Column 3	‘Staged/Planned Procedure Flag’
Column 4	‘Current Booking Status’
Column 5	‘Health Specialty Code’
Column 6	‘CPAC Assessment Date’
Column 7	‘Booking Status Date’
Column 8	‘Date Certainty Given’
Column 9	‘CPAC Scoring System Identifier’
Column 10	‘CPAC Score’
Column 11	‘Principal Health Service Purchaser’
Column 12	‘Facility code’

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12.2. Data Snapshot File Data Record

Field name	Definition	Size	Data type	Format	M/O	Notes
NHI number	The NHI number is the cornerstone of Te Whatu Ora 's data collections. It is a unique 7-character identification number assigned to a healthcare user by the National Health Index (NHI) database. NHI numbers uniquely identify healthcare users, and allow linking between different data collections.	7	char	AAANNNN	M	There is a verification algorithm that ensures that the NHI number is in the correct format and is valid. Must be registered on the NHI before use.
Local booking system entry identifier	A code which, within a local facility, uniquely identifies a particular booking entry of an individual healthcare user.	14	varchar	X(14)	M	A number unique to the Facility and the booking.
Staged/planned procedure flag	A flag indicating whether the procedure is staged, planned, surveillance or normal.	1	char	N	O	Must be a valid code in the code table.
Current Booking status	The healthcare user's booking entry status.	2	char	NN	M/null	Must be a valid code in the Booking Status code table.
Health specialty code	A classification describing the specialty or service to which a healthcare user has been assigned, which reflects the nature of the services being provided.	3	char	ANN	O/M	Must be a valid code in the Health Specialty code table.
CPAC Assessment Date	Date of last assessment	8	char	CCYYMMDD	M	The last CPAC assessment date held in the NBRS database.

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Field name	Definition	Size	Data type	Format	M/O	Notes
Booking Status Date	Date of the last Booking Status	8	char	CCYYMMDD	M	The date of the last booking status update held in the NBRS database.
Certainty Given Date	Date that the hospital sent or provided the healthcare user with advice that they would receive publicly funded treatment within the next six months.	8	char	CCYYMMDD	M	The latest certainty given date held in the NBRS database.
CPAC scoring system identifier	A code that identifies the prioritisation tool(s) being used by a particular Health Specialty.	4	char	XXXX	M	Matches the code table identifier registered with Te Whatu Ora for the facility. The latest valid code in the CPAC Scoring System code table.
CPAC score	The Clinical Priority Assessment Criteria score for the healthcare user.	5	varchar	X(5)	M	The latest score assigned using the tool identified by the CPAC scoring tool ID.
Principal health service purchaser	The organisation or body that purchased the healthcare service provided. In the case of more than one purchaser, the one who paid the most.	2	char	XN	M	Must be a valid code in the Purchaser code table. Booking Status Date must not be before Purchaser Code Start Date Booking Status Date must not be after Purchaser Code End Date

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Field name	Definition	Size	Data type	Format	M/O	Notes
Facility code	A code that uniquely identifies a healthcare facility. A healthcare facility is a place, which may be a permanent, temporary, or mobile structure that healthcare users attend or are resident in for the primary purpose of receiving healthcare or disability support services. This definition excludes supervised hostels, halfway houses, staff residences, and rest homes where the rest home is the patient's usual place of residence.	4	char	NNNN	M	Must be a valid code in the Facility code table

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13. Error File (.ERR)

This file is output only if the input file fails pre-processing. It consists of the original batch header and data records interleaved with error messages indicating why the previous record failed validation.

Error files have the same name prefix as the input batch and an extension of '.ERR'.

13.1. Error Conditions

Refer to the table in section 9.2 for further details of how these error conditions are triggered.

Error code	Error condition
E1	fsa_date (first specialist assessment date) not null and cpac_assessment_date < fsa_date (on input record and database).
E2	Unused.
E3	Field is blank when using ICD clinical coding.
E4	NHI Record identified by the input nhi_number not found.
E5	Input nhi_number not = nhi_number of the existing booking system entry and no NHI record is found which is linked to the NHI record identified by the nhi_number of the existing booking system entry.
E6	fsa_date not null and referral_for_fsa_date not null and fsa_date < referral_for_fsa_date (on input record only).
E7	treatment_or_test_booked_date < booking_made_date (on input record only).
E8	Input booking_status_date <= the latest booking_status_date of the booking system entry.
E9	Input cpac_assessment_date <= the latest cpac_assessment_date of the booking system entry.
E10	agency_code invalid.
E11	Unused.
E12	purchaser_code invalid.
E13	health_speciality_code invalid.
E14	Unused.
E15	ICD code invalid.
E16	booking source code invalid.
E17	facility_code invalid.
E18	exit_category_assigned_date <= (less than or equal) latest booking_status_date.
E19	cpac_scoring_system_code invalid.
E20	cpac_score out of range for cpac_scoring_system_code.
E21	cpac_assessment_date > certainty_given_date (on input record or database) – applies if the submitted CPAC Assessment Date is the first

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Error code	Error condition
	CPAC Assessment..
E22	NOTE: This rule has been disabled. cpac_assessment_date > booking_made_date (on input record or database).
E23	cpac_assessment_date > treatment_or_test_booked_date (on input record or database).
E24	Invalid status change for the current state. See status change table.
E25	deferred_by_code invalid.
E26	(cpac_assessment_date not null or cpac_score not null or cpac_scoring_system not null) and (cpac_assessment_date null or cpac_score null or cpac_scoring_system null). [if any of these fields have an entry, then they all must have an entry].
E27	exit_category_code invalid.
E28	booking_status_code invalid.
E29	cpac_score invalid for cpac_scoring_system_code.
E30	ICD code has no mapping to ICD-10-AM.
E31	Unused.
E32	Input health_specialty_code not equal to that mapped from ICD codes.
E33	Input health_specialty_code not included in the set mapped from ICD codes.
E34	Unused.
E35	ICD code has no mapping to block code.
E36	Invalid staged_planned_procedure_flag.
E37	Event local ID not supplied.
E38	Invalid professional_group_code.
E39	clinical_responsibility_code must be present when professional_group_code is present.
E40	assessor_code must be supplied for this booking.
E41	assessor_group_code must be supplied when assessor_code supplied.
E42	Invalid assessor_group_code.
E43	First Assessment Date > initial CPAC Assessment Date
E44	Domicile Code not supplied
E45	First Assessment Date not supplied
E46	Referral Date not supplied where booking source is Public Specialist or Primary care provider.
E48	Client system identifier not supplied

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13.2. Warning Conditions

Warning code	Warning condition
W1	currentDate – exit_category_assigned_date > discharge_time_lag_parameter and a discharge record within NMDS identified by (key := treatment_facility_code and client_system_identifier) does not exist.
W2	Unused
W3	Invalid status change for the current state. See status change table in Data Dictionary.
W4	Booked procedure code ignored.
W5	Invalid domicile_code.

13.3. Error/Warning Messages

Positional parameters are represented as %n where n is the ordinal position of a parameter to the error message. The value of the positional parameter replaces the corresponding %n in the error text. The erring record is printed in full followed by the relevant error or warning message. Only codes resulting in an “Error” are rejected.

Code	ID	Error Type	Error Message
NZS	1001	E	Wrong number of fields : expected %1, found %2
NZS	1002	E	Field %1 is a mandatory field and must contain a value
NZS	1003	E	Field %1 contains an invalid value %2
NZS	1004	E	Field %1 should be in format %3 entered as (%2)
NZS	1005	E	Invalid date in field %1 (%2)
NZS	1006	E	Field %1 cannot be a future date (%2)
NZS	1007	E	Field %1 cannot have a date in the past
NZS	1008	E	This value '%2' is outside the valid range for field %1 (%3 - %4)
NZS	1009	E	No parent record (%1) can be found
NZS	1010	E	This value (%1) is not a valid record type
NZS	1011	E	'%1' is not a valid header record (HR)
NZS	1012	E	Expected %1 records, found %2
NZS	1013	E	Mismatch between HR file name %1 and file name %2
NZS	1014	E	Only one header record is allowed
NZS	1015	E	This value '%1' is not a valid transaction type
NZS	1016	E	Can not delete parent record as dependent records exist
NZS	1017	E	Incorrect processing environment, file intended for '%1'
NZS	1018	E	Can not insert/update record (%1) after attempting to delete

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Code	ID	Error Type	Error Message
			parent (%2)
NZS	1019	E	A file with no data records after the header is invalid
NZS	1020	E	Value '%2' is not a legal value for field %1 at date '%3'
NZS	1021	E	Agency code '%3' does not match acronym '%1' in header record, should be '%2'
NZS	1022	E	The provider with acronym '%1' is marked inactive
NZS	1023	E	This record (%1) can not be found to delete
NZS	1024	E	Field %1 invalid. Contains tabs or spaces %2
NZS	1025	W	The value '%2' in field '%1' is outside the normal range (%3,%4)
NZS	1026	E	The date in field %1 (%2) is before the date %3 (%4)
NZS	1027	E	The date in field %1 (%2) is after the date %3 (%4)
NZS	1028	E	The value in field %1 (%2) is not consistent with the value in field %3 (%4)
NZS	1029	E	This set of values (%2) is not a valid combination for a %1
NZS	1030	E	Line %1 : This value (%2) is not a valid record type
NZS	1031	E	Line %1 : Wrong number of fields : expected %2, found %3
NZS	1032	W	Line %1 : Record ignored because of inconsistent file
NZS	1033	W	Mandatory relationship
NZS	1034	E	Field %1 '%2' must be %5 %3 '%4' %6
NZS	1035	E	The value in field %1 contains non-printable characters
NZS	1036	E	Unable to determine file format version
NZS	1037	E	The values in fields (%1, %2) (%3, %4) do not identify a valid %5
NZS	1038	E	The values in fields (%1, %2, %3) (%4, %5, %6) do not identify a valid %7
NZS	1039	E	The value '%2' in field %1 is not a valid HCU : %3
NZS	1040	E	The fields (%1, %2, %3) and (%4, %5) are mutually exclusive
NZS	1041	E	Must supply either a %1, or a %2
NZS	1042	W	Data record accepted
NZS	1043	W	Data record rejected
NZS	1044	W	Data record preprocessed successfully
NZS	1045	E	The value in field %1 (%2) is not consistent with the value in field %3 (%4)
NZS	1046	W	The value in field '%1' indicates %2, but matching %3 not present
NZS	1047	W	Field '%1' should %2 when field '%3' contains a value
NZS	1049	E	Agency %1 open date %2 is after the file preparation date %3
NZS	1050	E	Agency %1 close date %2 is before the file preparation date %3
NZS	1051	E	Contract Agency %1 open date %2 is after the booking status

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Code	ID	Error Type	Error Message
			date %3
NZS	1052	E	Contract Agency %1 close date %2 is before the booking status date %3
NBR	4000	E	'%1' is not a valid header record (BH)
NBR	4001	E	The agency in the header record (%1) does not match the file acronym (%2)
NBR	4002	W	Unexpected status change from %1 to %2
NBR	4003	E	Greater than 99999 records within file
NBR	4004	W	Data record accepted
NBR	4005	W	Data record rejected
NBR	4006	E	Part Of Rejected Group
NBR	4007	E	The Action code (%1) is not valid for the Booking Status Code (%2)
NBR	4008	E	%1 is not allowed when current status is %2
NBR	4009	E	%1 is not allowed for non-existent Booking System Entry
NBR	4010	E	%1 (%2) is the same as, or earlier than the %3 (%4) on the last %5
NBR	4011	E	HCU (%1) and HCU (%2) do not identify the same Health Care User
NBR	4012	E	The fields (%1, %2, %3) form a tuple
NBR	4013	E	Cannot change, delete, or erase a non-existent Booking System Entry
NBR	4014	E	Cannot change, a Booking System Entry that has status %1
NBR	4015	W	Booking System Entry has been treated, but no discharge appears on NMDS
NBR	4016	W	This warning message is currently not being used
NBR	4017	W	Should use Book rather than Rebook here
NBR	4018	E	CPAC Assessment date is outside the valid date range for this CPAC Scoring system %1
NBR	4019	E	Clinical code (%1, %2, %3) has no mapping to ICD-10-AM Clinical code
NBR	4020	E	Clinical code (%1, %2, %3) has no mapping to a Booked Procedure code
NBR	4025	W	Booked Procedure code (%1) ignored since Clinical code (%2, %3, %4) specified
NBR	4026	E	Neither field '%1', nor fields '%2', '%3', '%4' supplied
NBR	4030	E	Input Health Specialty code %4 is inconsistent with Clinical code (%1, %2, %3)
NBR	4031	E	Parsing error
NBR	4032	E	Unexpected end of file

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Code	ID	Error Type	Error Message
NBR	4033	E	%1 (%2) is earlier than the %3 (%4) on the last %5
NBR	4034	E	Field %1 is present although the complementary field %2 is not present
NBR	4035	E	Value '%2' is not a legal value for field %1 from date '%3'
NBR	4036	E	Duplicate booking entry sequence
NBR	4037	E	%1 is not a normal status from which a patient would exit NBRS under exit code %2
NBR	4038	E	Invalid version %1 of NBRS. Correct file version is %2 for period %3
NBR	4039	E	Invalid HS %1, CPAC %2, BP %3 combination
NBR	4040	E	You are trying to use a Change Record to update ‘STATUS information
NBR	4041	W	Change Record contains the same ‘NON-STATUS’ values as currently held within the NBRS. No update occurred.
NBR	4042	E	Field %1 over max length %2 for File Version %3
NBR	4043	E	Exit records cannot be updated with change records
NBR	4044	E	CPAC Assessment Date of Field %1 requires an Assessor Code
NBR	4045	E	File Version %1 is no longer accepted by NBRS.
NBR	4046	W	Value '%2' is not a legal value for field %1 at date '%3'

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14. Guidelines for Coding Events

14.1. Error Conditions

This section provides additional guidelines for coding events.

14.2. Booking Source

The Booking Source is defined as the type of practitioner who makes the decision to add the patient to the NBRS.

Note that in most cases the referral to the booking system (usually a specialist) is **NOT** made by the same person who refers the patient for assessment (usually a GP)

(The definition was previously "A code indicating whether an assessment was privately funded or not", but this doesn't fully reflect the changing environment)

The following examples provide some insight into what is meant by each category.

'1 - Private Specialist', type
The patient is referred by their GP to a private specialist. The patient has a private (i.e. privately funded) consultation with the specialist, and is then added to the waiting list for a publicly funded procedure by the specialist (ie the patient was referred by a specialist working in their private capacity) **without** having a publicly funded FSA. The specialist may refer to themself, in their public capacity, or may refer to another specialist

'2 Public Specialist' type
The patient is referred by their GP for a publicly funded specialist assessment. The patient has a publicly funded FSA, and is then added to the waiting list for a publicly funded procedure by the specialist (i.e. the patient was **referred to the booking system** by a specialist working in their public capacity)

'3 Unknown' type
Should not be used on new bookings. (It is an artefact of when data was loaded into the newly created NBRS in July 2000)

'4 - Primary Care Provider' type
Where a primary care provider has direct access rights (e.g. based on guidelines/protocols) the practitioner is able to make the decision to add the patient directly to the waiting list for a procedure **without** an FSA being required. In this situation there is no FSA, so the referral date (from the primary care provider) is used for the FSA data, and for the CPAC assessment date.

e.g. The patient consults a GP, who decides that the patient needs a procedure and meets the guidelines criteria (e.g. colonoscopy at West Coast), and then adds the patient directly on to the booking system.
A couple of Districts have either direct access for GPs for some ENT procedures (e.g. grommets) or have "Ear Nurses" who are not Nurse practitioners (so no FSA is

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provided) who can enter some patients directly on to the ENT waiting list.

14.3. Date of Referral

If the source is known but the date of referral is not e.g. no scanned documents available, the date of referral must be obtained from the source (Ideally the booking clerk would be able to access this information from some central information source that contains this information but Te Whatu Ora is aware that most systems would find this difficult because of connectivity issues between the OP and IP waiting lists).

14.3.1 Date of referral scenarios

Scenario 1: Referral – FSA (in one clinic) – FSA (in the 2nd clinic) – Booking system
The relevant referral date is the date of referral for the second FSA. It therefore depends on who makes the second referral (i.e. was it the GP or was it the first specialist).
If the first specialist makes a decision to refer on to a second specialty, it is the date when the first specialist makes the referral to the second specialty.
If the GP sends a single referral, asking for the patient to be seen by both specialties, it is the date of the referral from the GP.

Scenario 2: Referral – FSA – follow up appointments (one or multiple) – Booking system
Referral date is the date of the initial referral.

Scenario 3: ED – Booking system
Referral date is the date of self/GP referral to ED.

Scenario 4: ED- Ward stay – Booking system
The ED to ward stay component is acute so is not relevant to Booking System reporting requirements
The referral date for the second procedure is:
• the date on which it was decided that the patient needed another procedure (if the second procedure will be provided by the same specialty).
• the date that the patient was referred to a different specialty (if the second procedure will be provided by a different specialty).

Scenario 5: Other Districts' patients into the Booking system
Referral date should be on all referrals to the District regardless of whether they come from a primary care provider (e.g. GP, midwife etc), another District specialist/service or patient self referral (e.g. via ED).

14.4. Use of Staged/Planned Flag

This section defines the correct use of the Staged/Planned data flag.

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14.4.1 Principles

An overarching principle of the booking system is that only patients who are available and fit for elective procedures or treatment should be reported in NBRS data.

The Staged, Planned and Surveillance flags are used to identify patients who are to receive an elective procedure outside the required six month timeframe, because it is best clinical practice to do so.

14.4.2 Definitions

14.4.2.1 Staged Procedure

A Staged procedure is the second (and any subsequent) in a series of procedures that is required to complete the patient's treatment over a period of time, for example, months or years.

14.4.2.2 Planned Procedure

A Planned procedure is a single procedure that is intentionally delayed, because a delay in treatment is in the best interests of the patient. The timeframe for treatment is known, and is beyond six months from the decision to treat.

14.4.2.3 Surveillance Procedure

A Surveillance procedure is one of an ongoing series of routine procedures that is provided at regular (i.e. annual or longer) intervals to assess health status in patients following an initial treatment or procedure.

14.4.3 Data Reporting and Collection

The purpose of identifying Staged, Planned and Surveillance procedures is to exclude procedures with a planned delay of greater than 6 months from compliance reporting .

A Staged, Planned or Surveillance flag should only be applied to a patient who has been given an underlying status of Certainty.

Information on the number of Staged, Planned or Surveillance procedures is in the monthly Key Statistics report, available from the Ministry of Health's Performance Monitoring & Analytics team on request.

14.4.4 When to use a Staged Flag

A Staged flag is applied when the patient is having multiple procedures for a single condition. The priority for the first procedure is applied to the subsequent procedure(s) which have the Staged flag attached.

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14.4.4.1 Common examples of Staged Flag procedures are:

Initial procedure	Staged flag procedures
1st operation for Scoliosis	Subsequent operations
Femoral osteotomy (in children)	Change/s of hip spica cast, remove metalware
Mastectomy	Breast reconstruction
Formation of temporary colostomy	Reversal of colostomy

14.4.5 When to use a Planned Flag

A Planned flag is applied when the patient requires a procedure that is not in the patient's best interests to occur within six months of the decision to treat.

14.4.5.1 Common examples of Planned Flag procedures are:

- The future treatment of a child once a milestone/age is reached;
- A single plastic surgery procedure;
- In pregnancy but only when the future treatment timeframe is known.

14.4.6 When to use a Surveillance Flag

A Surveillance flag is used to identify patients who require an ongoing series of routine surveillance procedures following an initial treatment or procedure. It is a follow up procedure that is scheduled to occur more than once, at greater than six monthly intervals.

14.4.6.1 Possible examples of Surveillance Flag procedures are:

- Colonoscopy
- Cardiac ultrasound
- Cystoscopy
- Gastroscopy
- Mammography

14.4.7 When not to use a Planned or Staged Flag

Planned and Staged flags should not be used when:

- A patient is medically unfit (and will be for longer than 6 weeks so not suitable to be Deferred)
- A patient declines treatment
- There are delays to diagnosis or treatment caused by resource constraint

14.4.8 When not to use a Surveillance Flag

Surveillance flags should not be used when:

- A patient has not yet had a procedure of any kind for this condition
- The interval between procedures is to be less than 6 months

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- The subsequent procedure will only occur once (in which case use planned)
- A patient declines treatment
- There are delays to diagnosis or treatment caused by resource constraints

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