nzhis

New Zealand Health Information Service

NATIONAL BOOKING REPORTING SYSTEM

DATA DICTIONARY

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MINISTRY OF
HEALTH

MANATŪ HAUORA

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New Zealand Health Information Service

The New Zealand Health Information Service (NZHIS) is a group within the Ministry of Health responsible for the collection and dissemination of health-related data. NZHIS has as its foundation the goal of making accurate information readily available and accessible in a timely manner throughout the health sector. The vision of NZHIS is to be recognised as a leader in the provision of health information services, and to support the health sector's ongoing effort to improve the health status of New Zealanders.

Reporting environments

Reporting environments such as Business Objects and data extracts will not necessarily contain all data described in this Data Dictionary.

Publications

A complete list of NZHIS's publications is available from New Zealand Health Information Service, PO Box 5013, Wellington, or via NZHIS's web site at http://www.nzhis.govt.nz.

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

The Publications Officer

New Zealand Health Information Service

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Wellington.

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Introduction

Basis   This revised dictionary builds on the information that was previously published each year in the National Booking Reporting System (NBRS) Data Dictionary.

Objectives   The objectives of the New Zealand Health Information Service (NZHIS) Data Dictionaries are to:

- describe the information available within the National Collections
- promote uniformity, availability and consistency across the National Collections
- support the use of nationally agreed protocols and standards wherever possible
- promote national standard definitions and make them available to users.

It is hoped that the greater level of detail along with clear definitions of the business rules around each element will assist with providing and using the data.

Audiences   The target audiences for NZHIS Data Dictionaries are data providers, software developers, and data users.

New format   All data element definitions in the NZHIS Data Dictionaries are presented in a format based on the Australian Institute of Health and Welfare National Health Data Dictionary. This dictionary is based on the ISO/IEC Standard 11179 *Specification and Standardization of Data Elements*—the international standard for defining data elements issued by the International Organization for Standardization and the International Electrotechnical Commission.

The format is described in detail in Appendix A of this dictionary.

Changes to dictionary format   A more rigorous approach to recording changes in the data elements has been introduced in these dictionaries along with background material on the features of time-series data for each element.

In summary, the changes to the data dictionaries include:

- standardisation of the element names so that, for instance, a healthcare user's NHI number is referred to as NHI number in all collections
- elements are listed alphabetically within each table, and the tables are organised alphabetically
- each table is described
- verification rules, historical information, and data quality information are included
- alternative names for the elements are listed
- information about how the data is collected is given
- related data, and references to source documents and source organisations are included
- an alphabetical index is included
- code tables are included with the element, or a reference given to the NZHIS web site (for large or dynamic code tables).

Table of Contents

National Booking Reporting System (NBRS)

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
	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 (Booking Entry ID) 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 the NZHIS Analytical Services team on ph 04 816 2872, fax 04 816 2898, or e-mail inquiries@nzhis.govt.nz, or visit the NZHIS web site www.nzhis.govt.nz.
Collection methods – guide for providers	Data is provided by public hospitals in New Zealand.
Frequency of updates	Monthly.
Security of data	The NBRS database is only accessed by authorised NZHIS staff for maintenance, data quality, analytical and audit purposes.
	Authorised members of the Ministry of Health's Elective Services 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	The Ministry of Health 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 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.
	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 elective services web site http://www.electiveservices.govt.nz as part of the Elective Services Patient Flow Indicators (ESPIs), and regular data quality reconciliation reports are available to District Health Boards.

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

The NZHIS Analytical Services team also offers a peer review service to ensure that NZHIS data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

Booking Entry Assessment table

Table name:	Booking Entry Assessment table
Name in database:	booking_entry_assessment_tab *Version:* 1.2 *Version date:* 01-Nov-2005
Definition:	Holds all details about a healthcare user's assessed priority, including Clinical Priority Assessment Criteria score and which CPAC system was used.
Guide for Use:	Populated with the initial submission, and any reassessments.

DELETING RECORDS
Deleting will remove the current status (ie, the most recent status that has not already been deleted), so if a reassessment is submitted this assessment record can be deleted individually. However, if a booking event is erased (ie, if all statuses for a patient are deleted), then the NBRS also deletes any assessments, Booking entry events and Booking entries with the same primary key (Agency code, Facility code, and Client booking entry ID).

If there is only one status associated with the record, and a delete is sent, this acts as an erase.

If there is a Booking Entry record, there must be a Booking Entry Assessment.

Primary Key:	Agency code
	Facility code
	Local booking system identifier
	CPAC assessment date
	Assessment local Identifier
Business Key:	
Relational Rules:	

Assessment local identifier

Administrative status

Reference ID:	*Version:* 1.0	*Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Assessment local identifier
Name in database:	assessment_local_id
Other names:	
Element type:	Data element
Definition:	
Context:	

Relational and representational attributes *Mandatory*

Data type:	numeric	*Field size:* 2	*Layout:* NN
Data domain:			
Guide for use:	A count of the assessments for the healthcare user on a given day. Used to distinguish between multiple booking events on the same day for the same healthcare user.		
Verification rules:			
Collection method:	Not reported.		
Related data:			

Administrative attributes

Source document:	
Source organisation:	

CPAC assessment date

Administrative status

Reference ID: *Version:* 1.1   *Version date:* 15-Mar-2004

Identifying and defining attributes

Name: CPAC assessment date
Name in database: cpac_assessment_date
Other names:
Element type: Data element
Definition: The date of the most recent CPAC assessment of the health event.
Context:

Relational and representational attributes

Data type: datetime   *Field size:* 8   *Layout:* CCYYMMDD
Data domain: Valid dates
Guide for use:
Verification rules: Must be on or after the Date of first specialist assessment.
                        Partial dates not allowed.
Collection method:
Related data: CPAC Score
                        CPAC Scoring System Identified

Administrative attributes

Source document:
Source organisation:

CPAC score

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: CPAC score
Name in database: cpac_score
Other names:
Element type: Data element
Definition: The Clinical Priority Assessment Criteria score for the healthcare user.
Context:

Relational and representational attributes

Data type: char   *Field size:* 5   *Layout:* XXXXX

Data domain: See the CPAC Score code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Guide for use: The priority score for the healthcare user using the notation appropriate for the prioritisation tool being used. Typically it is the number of points on a scale of 0 to 100, although some current local tools use level numbers (1 to 5) for degrees of urgency, while ERCP is, unusually, alphanumeric.

                        One key threshold that is calculated by health specialty for each facility, and put into reports but not stored is the actual treatment threshold. It represents the 90th percentile score above which patients are treated. It is used to compare against the score at which DHB services plan to award certainty of status to patients.

Verification rules:

Collection method: If prioritisation is not based on a national or nationally recognised scoring tool, details of the system and the facility must be recorded in the NBRS. For more information, contact operations@nzhis.govt.nz.

Related data: CPAC Assessment Date
                       CPAC Scoring System Identified

Administrative attributes

Source document:
Source organisation:

CPAC scoring system identifier

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	CPAC scoring system identifier
Name in database:	cpac_scoring_system_code
Other names:	
Element type:	Data element
Definition:	A code that identifies the prioritisation tool(s) being used by a particular Health Specialty.
Context:	

Relational and representational attributes

Data type: char   *Field size:* 4   *Layout:* XXXX

Data domain: See the CPAC Score code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Guide for use: The code table includes which tools are registered for use by individual hospitals, including local, national or nationally recognised CPAC scoring tools.

CPAC scoring systems may have ascending or descending ranges.

Verification rules: Matches the code table identifier registered with NZHIS for the facility.

Must be a valid code in the code table.

Collection method: Eventually all facilities will be required to use the national or nationally recognised prioritisation

Related data: CPAC Assessment Date
CPAC Score

Administrative attributes

Source document:
Source organisation:

Booking Entry Event table

Table name:	Booking Entry Event table
Name in database:	booking_entry_event_tab	*Version:* 1.0	*Version date:* 30-Nov-2002
Definition:	Holds all status changes, so contains a history of the healthcare user's movement through the
Guide for Use:	Populated with the initial submission, and any status updates.
	If there is a Booking Entry record, there must be a Booking Entry Event.
Primary Key:	Agency code, Facility code, Local booking system identifier, Booking status date, Event local ID.

Business Key:

Relational Rules:

Booking status date

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Booking status date
Name in database:	booking_status_date
Other names:	
Element type:	Data element
Definition:	Date of status change of booking system entry.
Context:	

Relational and representational attributes

Data type:	datetime	*Field size:* 12	*Layout:*
Data domain:	Valid dates		
Guide for use:	Paired with Booking Status Code.		
Verification rules:	Must be after the Booking status date of any previous status change. Mandatory for all records except exit and reassess records, change data records and delete records.		

Collection method:

Related data:

Administrative attributes

Source document:

 Source organisation:

Clinical responsibility code

Administrative status

Reference ID: *Version:*   2.0   *Version date:* 01-Jul-2007

Identifying and defining attributes

Name: Clinical responsibility code
Name in database: clinical_responsibility_code
Other names:
Element type: Data element
Definition: This code identifies the clinician assuming clinical responsibility for a plan of care decision.
Context:

Relational and representational attributes

Data type: varchar   *Field size:*   10   *Layout:*   See Collection method below.
Data domain:
Guide for use:
Verification rules: Ignored where the Booking Status Code is 02 or 20 and the booking status date is before 1 July 2007.

From 1 July 2007 mandatory for records where booking status code is one of the following:
01   Book
02   Give Certainty
04   Active Review
05   Defer
06   ReBook
07   ReAssess

OR where the booking status code is 20 - Exit and the exit category code is 11 - Treated Electively

Collection method: The layout of the Clinical responsibility code depends on the Professional group code range of the Professional group code, as follows:
A   alphabetic only
C   alphanumeric
N   numeric only
Related data: Initial clinical responsibility code

Administrative attributes

Source document:
Source organisation:

Current booking status code
Administrative status

Reference ID: *Version:* 3.5   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Booking status
Name in database:	current_booking_status_code (see Guide for use)
Other names:	Reported as booking_status_code.
Element type:	Data element
Definition:	The healthcare user's current booking entry status.
Context:	Data is determined from the latest booking status information held in the database.

Relational and representational attributes

Data type: char   *Field size:* 2   *Layout:* NN

Data domain:
01	Booked
02	Given certainty
04	Active review
05	Deferred
06	Rebooked
20	Exited

For code descriptions, see the Booking Status code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Guide for use: The booking status is given by the clinician.

In the Booking Entry table, this field (current_booking_status_code) contains the healthcare user's current booking status. In the Booking Event table, all historical and current statuses are recorded in this field (there called booking_status_code).

See Appendix C: Valid Status code table.

Verification rules: The Current booking status code - 03 Residual will be discontinued from 1 July 2006 and records containing this value will no longer be accepted

Collection method:

Related data: Booking event
Current Booking Status Date

Administrative attributes

Source document:

Source organisation:

Date booked for treatment or diagnostic test

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Date booked for treatment or diagnostic test

Name in database: scheduled_date

Other names: Reported as treatment_or_test_booked_date.

Element type: Data element

Definition: The date that the healthcare user is booked/scheduled to receive treatment or diagnostic test.

Context:

Relational and representational attributes

Data type: datetime   *Field size:* 8   *Layout:* CCYYMMDD

Data domain: Valid dates

Guide for use: Conditional on the type of event.

Verification rules: Must be on or after the first CPAC assessment date and the Date booking was made. Partial dates not allowed.

Collection method:

Related data:

Administrative attributes

Source document:

Source organisation:

Date booking was made

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Date booking was made
Name in database: booking_made_date
Other names:
Element type: Data element
Definition: 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.
Context:

Relational and representational attributes

Data type: datetime   *Field size:* 8   *Layout:* CCYYMMDD
Data domain: Valid dates
Guide for use: Conditional on the type of event.
Verification rules: 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.
Collection method:
Related data:

Administrative attributes

Source document:
Source organisation:

Date certainty given

Administrative status

Reference ID: **Version:** 1.0 **Version date:** 01-Jan-2003

Identifying and defining attributes

Name: Date certainty given
Name in database: certainty_given_date
Other names:
Element type: Data element
Definition: 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.
Context:

Relational and representational attributes

Data type: datetime *Field size:* 8 *Layout:* CCYYMMDD
Data domain: Valid dates
Guide for use: Conditional on the type of event.
Verification rules: Must be on or after the first CPAC assessment date.
Collection method: This is not necessarily the date that the healthcare user was given a firm booking date for treatment or a diagnostic test.

This date will be blank where the healthcare user has not yet been given certainty.

Partial dates not allowed.

Related data:

Administrative attributes

Source document:
Source organisation:

Deferred by

Administrative status

Reference ID:　　　　　　　　　　　　　　　　*Version:* 1.0　　　*Version date:* 01-Jan-2003

Identifying and defining attributes

Name:　　　　　　　　Deferred by
Name in database:　　deferred_by_code
 Other names:
 Element type:　　　　Data element
 Definition:　　　　　A code indicating who caused a deferral. A booking entry may be deferred by either the healthcare user or the hospital.
Context:

Relational and representational attributes

Data type:　　　　varchar　　　　*Field size:* 1　　　　*Layout:* N
Data domain:　　　1　　Deferred by healthcare user
　　　　　　　　　　2　　Deferred by hospital
Guide for use:　　A booking entry may be deferred by either the healthcare user or the hospital.
 Verification rules:
 Collection method:
 Related data:

Administrative attributes

Source document:
 Source organisation:

Event local ID

Administrative status

Reference ID: A0156   *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Event local ID
Name in database: event_local_id
 Other names: Reported as booking_entry_sequence.
 Element type: Data element
 Definition: Used to distinguish between multiple booking events for the same healthcare user on the same
Context:

Relational and representational attributes

Data type: numeric   *Field size:* 2   *Layout:* NN
Data domain: 00 to 99
Guide for use: The Event local ID is a count of the status changes for a healthcare user on a given day.
Verification rules:
Collection method:
Related data:

 Administrative attributes
Source document:
 Source organisation:

Professional group code

Administrative status

Reference ID: *Version:* 2.0   *Version date:* 01-Jul-2007

Identifying and defining attributes

Name: Professional group code
Name in database: professional_group_code
Other names:
Element type: Data element
Definition: A code identifying the professional group or body that the clinician assuming clinical responsibility
                         for a plan of care decision is registered with.
Context:

Relational and representational attributes

Data type: char   *Field size:* 2   *Layout:* AA
Data domain: HB   District Health Board Internal Value
                      MC   Medical Council of New Zealand
Guide for use: Added to the NBRS on 1 July 2002.

                      In the Booking Entry table, this field and the Clinical responsibility code field contain the initial
                      person who assessed the healthcare user. In the Booking Entry Event table, any subsequent
                      assessors are recorded.

                      From 1 July 2007 DHB's are able to place a code value 'HB' into the Professional Group Code
                      signifying that the value in the Clinical Responsibility Code is a DHB identifier for the clinician (as
                      opposed to another group's identifier).

                      Other values in the code table remain inactive. These values can be viewed on the NZHIS web site
                      at
                      http://www.nzhis.govt.nz/documentation/codetables.html. For further information or a printed copy
                      of the code table, contact the Publications Officer. Contact details are given at the front of this
Verification rules: Errored where the Booking Status Code is 02 or 20 and the booking status date is before 1 July
                      2007.

                      From 1 July 2007 mandatory for records where booking status code is one of the following:
                      - 01   Book
                      - 02   Give Certainty
                      - 04   Active Review
                      - 05   Defer
                      - 06   ReBook
                      - 07   ReAssess

                      OR where the booking status code is 20 - Exit and the exit category code is 11 - Treated Electively

                      Must be an active code in the code table.

Collection method:
Related data: Initial clinical responsibility code

Administrative attributes

Source document:
Source organisation:

Booking Entry table

Table name:	Booking Entry table
Name in database:	booking_entry_tab *Version:* 1.2 *Version date:* 01-Nov-2005
Definition:	Holds demographic and procedure information, as well as the most recent booking status code.
Guide for Use:	Populated with the initial submission.
	There should be one Booking Entry record per healthcare user per procedure.
Primary Key:	Agency code
	Facility code
	Local booking system entry identifier
Business Key:	
Relational Rules:	

Agency code

Administrative status

Reference ID:	A0138 *Version:* 1.0 *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Agency code
Name in database:	agency_code
Other names:	Health agency code, DHB
Element type:	Data element
Definition:	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.
Context:	The reporting agency responsible for the booking entry and status assigned to a patient.

Relational and representational attributes   *Mandatory*

Data type:	char *Field size:* 4 *Layout:* XXXX
Data domain:	See the Agency code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.
Guide for use:	Historically, also known as CHE (Crown Health Enterprise), HHS (Hospitals and Health Services) and AHB (Area Health Board).
	Between 1988 and 1993 the Agency code was assigned based on the original 1993 agency groupings.
	Unit record information with Facility codes will not be provided to members of the public without the permission of the agency involved. See the Data Access Policy on the NZHIS web site at
Verification rules:	Mandatory. Must be a valid code in the code table.
Collection method:	This is a key field for allocating purchase units.
	If agencies merge, a new code may be assigned or the new agency can negotiate with NZHIS to maintain the existing codes.
	NZHIS allocates codes on request. The code table is continually updated by NZHIS as hospitals open and close. See the NZHIS web site for the most recent version.
Related data:	

Administrative attributes

Source document:	
Source organisation:	

Booked procedure

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Booked procedure
Name in database:	booked_procedure_code
Other names:	
Element type:	Data element
Definition:	A code used to describe the procedure for which the patient is booked at a general group heading level.
Context:	

Relational and representational attributes

Data type: char *Field size:* 2 *Layout:* NN	
Data domain:	See the Booked Procedure code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.
Guide for use:	Read in combination with the Health specialty code, the Booked procedure code specifies the type of the operation the patient is expected to have. The Booked procedure code was devised specifically for the NBRS.
Verification rules:	
Collection method:	This field is automatically generated via a mapping from the three Clinical Code fields
Related data:	

Administrative attributes

Source document:

Source organisation:

Booking referral source

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Booking referral source
Name in database: referral_source_code
Other names:
Element type: Data element
Definition: A code indicating whether an assessment was privately funded or not.
Context:

Relational and representational attributes   *Mandatory*

Data type: char   *Field size:* 1   *Layout:* N
Data domain: 1   Private specialist
                      2   Public specialist
                      3   Not known
Guide for use: Code '3' (Not known) applies to original waiting list data loaded into the NBRS system in July 2000.
Verification rules:
Collection method:
Related data:

Administrative attributes

Source document:
Source organisation:

Client system identifier

Administrative status

Reference ID: A0216   *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Client system identifier
Name in database:	client_system_identifier
Other names:	Reported as local_system_health_event_id. Also known as Local system health event identifier, Local booking entry ID
Element type:	Data element
Definition:	An identifier for the corresponding record stored within the health provider's system.
Context:	

Relational and representational attributes   *Mandatory*

Data type: varchar   *Field size:* 14   *Layout:* Free text

Data domain:

Guide for use: If a patient is treated in a hospital other than the booking hospital, the booking hospital will need to obtain this number from the treating hospital and send a record to update the entry with the correct Treating facility and Client system identifier. The discharge record can then be linked to the booking system entry.

Verification rules: Must be a valid system code in the Clinical Code Table

Collection method:

Related data:

Administrative attributes

Source document:

Source organisation:

Clinical code

Administrative status

Reference ID: A0124   *Version:* 1.1   *Version date:* 15-Mar-2004

Identifying and defining attributes

Name: Clinical code
Name in database: clinical_code
 Other names: Diagnosis/procedure code
 Element type: Data element
 Definition: A code used to classify the clinical description of a condition.
Context: Clinical information
                           Includes codes for cause of intentional and unintentional injury, underlying cause of death,
                           operation or procedure performed or pathological nature of a tumour.

Relational and representational attributes

Data type: char   *Field size:* 8   *Layout:* See Collection method.
Data domain: Must be a valid code in one of the following systems:
                     - ICD-9-CM-A 2nd Edition - Australian Version of the International Classification of Diseases, 9th
                     Revision, Clinical Modification.
                     - ICD-10-AM 1st Edition - The International Statistical Classification of Diseases and Related Health
                      Problems, 10th Revision, Australian Modification, 1st Edition.
                     - ICD-10-AM 2nd Edition - The International Statistical Classification of Diseases and Related
                     Health Problems, 10th Revision, Australian Modification, 2nd Edition.
                     - ICD-10-AM 3rd Edition - The International Statistical Classification of Diseases and Related
                     Health Problems, 10th Revision, Australian Modification, 3rd Edition.
                     - DSM-IV - Diagnostic and Statistical Manual of Mental Disorders, 4th Edition.
Guide for use: Combinations of Health specialty, Clinical code, Clinical code type and Clinical coding system ID
                     can be mapped (via a block code) to a Booked procedure code.

                     If submitted as ICD-9-CM-A, the Clinical code is mapped to ICD-10-AM 1st Edition, then mapped to
                      the Booked procedure code.
Verification rules: 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.
Collection method: From ICD-10-AM 2nd Edition, procedures are NNNNNNN, and diagnoses and injuries are ANNNN.

                      A combination of Clinical code, Clinical code type, and clinical coding system ID is required.

                      Clinical codes should be submitted to the NBRS in ICD-10-AM 3rd Edition. ICD-9-CM-A, ICD-10-AM
                      1st Edition and ICD-10-AM 2nd Edition will still be accepted.
Related data: Clinical Code type
                     Clinical Coding System ID

Administrative attributes

Source document:
 Source organisation:

Clinical code type

Administrative status

Reference ID: A0125   *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Clinical code type
Name in database: clinical_code_type
Other names: Reported as clinical_code_table_type. Also known as Clinical code table type
Element type: Data element
Definition: A code denoting which section of the clinical code table the clinical code falls within.
Context: Clinical information.

Relational and representational attributes

Data type: char   *Field size:* 1   *Layout:* A
Data domain: A   Diagnosis
                     B   Injury
                     D   DSM-IV
                     E   External cause of injury
                     M   Morphology (pathology)
                     O   Operation/Procedure
                     V   Supplementary classification/health factors
Guide for use: This is a processing field required to map codes correctly between ICD-9-CM-A and other coding
                    systems.

                    Combinations of Health specialty, Clinical code, Clinical code type and Clinical coding system ID
                    can be mapped (via a block code) to a Booked procedure code.
Verification rules:

Collection method: A combination of Clinical code, Clinical code type, and clinical coding system ID is required.

Related data: Clinical coding system ID
                    Clinical code

Administrative attributes

Source document:
Source organisation:

Clinical coding system ID

Administrative status

Reference ID: A0126   *Version:* 1.1   *Version date:* 15-Mar-2004

Identifying and defining attributes

Name: Clinical coding system ID
Name in database: clinical_code_system
Other names: Clinical coding system
Element type: Data element
Definition: A code identifying the clinical coding system used for diagnoses and procedures.
Context: Clinical information.

Relational and representational attributes

Data type: char   *Field size:* 2   *Layout:* NN
Data domain: 01   ICD-9
                  02   ICD-9-CM
                  03   Read
                  04   ICPC
                  05   Old AMR codes
                  06   ICD-9-CM-A
                  07   DSM IV (for MHINC only)
                  10   ICD-10-AM 1st Edition
                  11   ICD-10-AM 2nd Edition
                  12   ICD-10-AM 3rd Edition

Guide for use: Combinations of Health specialty, Clinical code, Clinical code type and Clinical coding system ID
                      can be mapped (via a block code) to a Booked procedure code.

Verification rules:

Collection method: A combination of Clinical code, Clinical code type, and clinical coding system ID is required.

Related data: Clinical code
                      Clinical code type

Administrative attributes

Source document:
Source organisation:

Contract agency

Administrative status

Reference ID: **Version:** 1.0 **Version date:** 01-Jan-2003

Identifying and defining attributes

Name: Contract agency

Name in database: contract_agency_code

Other names:

Element type: Data element

Definition: A code used to identify the agency where treatment was provided. (This may be different from that of the booking entry.)

Context:

Relational and representational attributes

Data type: char *Field size:* 4 *Layout:* NNNN

Data domain: See the Agency code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Guide for use: If this field is not supplied, the value will default to the agency sending the data.

Verification rules: Must be a valid code on the Agency Code Table

Collection method:

Related data:

Administrative attributes

Source document:

Source organisation:

Current booking status code
Administrative status

Reference ID: *Version:* 3.5   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Booking status
Name in database:	current_booking_status_code (see Guide for use)
Other names:	Reported as booking_status_code.
Element type:	Data element
Definition:	The healthcare user's current booking entry status.
Context:	Data is determined from the latest booking status information held in the database.

Relational and representational attributes

Data type: char   *Field size:* 2   *Layout:* NN

Data domain:
01	Booked
02	Given certainty
04	Active review
05	Deferred
06	Rebooked
20	Exited

For code descriptions, see the Booking Status code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Guide for use: The booking status is given by the clinician.

In the Booking Entry table, this field (current_booking_status_code) contains the healthcare user's current booking status. In the Booking Event table, all historical and current statuses are recorded in this field (there called booking_status_code).

See Appendix C: Valid Status code table.

Verification rules: The Current booking status code - 03 Residual will be discontinued from 1 July 2006 and records containing this value will no longer be accepted

Collection method:

Related data: Booking event
Current Booking Status Date

Administrative attributes

Source document:
 Source organisation:

Current booking status date

Administrative status

Reference ID: 2005

Version: 1.1   *Version date:* 01-Jul-2005

Identifying and defining attributes

Name: Current booking status date
Name in database: current_booking_status_date
Other names:
Element type: Derived data element
Definition: The date of status change of the booking system entry
Context:

Relational and representational attributes

Data type: datetime   *Field size:* 12   *Layout:* CCYYMMDD HH:MM AM
Data domain:
Guide for use:
Verification rules:
Collection method:
Related data:

Administrative attributes

Source document:
Source organisation:

Date first specialist assessment
Administrative status

  Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Date first specialist assessment
Name in database:	first_assessment_date
Other names:	Date of first specialist assessment
Element type:	Data element
Definition:	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.
Context:	Elective surgical events.

Relational and representational attributes

Data type:	datetime	*Field size:*	8	*Layout:*	CCYYMMDD
Data domain:	Valid dates				

Guide for use: Not reliably reported to the NBRS. Data is usually collected in the facility's outpatient system, and is not transferred to the inpatient record.

Verification rules: Optional.

Must be on or after the Date of referral.

Partial dates not allowed.

Collection method: This field will be optional until further notice. At least six months' notice will be given before this field becomes mandatory for healthcare users who are assessed and subsequently prioritised. The use of this data element for other healthcare users who receive a first specialist assessment but are not prioritised is at the discretion of providers.

Related data:

Administrative attributes

Source document:

 Source organisation:

Date of birth

Administrative status

Reference ID: A0025   *Version:*   1.0   *Version date:*   01-Jan-2003

Identifying and defining attributes

Name:	Date of birth
Name in database:	date_of_birth
Other names:	DOB, HCU date of birth, and Birth date
Element type:	Data element
Definition:	The date on which the person was born.
Context:	Required to derive age for demographic analyses.

Relational and representational attributes

Data type:	datetime	*Field size:*		*Layout:*	CCYYMMDD
Data domain:	Valid dates				

Guide for use: Partial dates are permissible. At a minimum the century and year must be supplied. If day is provided but month is omitted then the day will not be recorded. Incomplete dates are stored as 'ccyy0101' or 'ccyymm01' and a partial date flag associated with the date is set to the appropriate

Extracted from the NHI database during the load process, based on NHI number.

Added to the NBRS on 1 March 2002.

In 1993 the option to submit partial dates was introduced.

Verification rules:

Collection method: Not reported.

Related data:

Administrative attributes

Source document:

Source organisation:

Date of exit category

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Date of exit category
Name in database: exit_category_assigned_date
Other names:
Element type: Data element
Definition: The date the exit category was assigned.
Context:

Relational and representational attributes   *Mandatory*

Data type: datetime   *Field size:* 8   *Layout:* CCYYMMDD
Data domain: Valid dates
Guide for use:
Verification rules: Must be on or after the latest Booking status date of the booking system entry.

                        Partial dates not allowed.
Collection method:
Related data: Exit Category

Administrative attributes

Source document:
Source organisation:

Date of referral

Administrative status

Reference ID: A0153   *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Date of referral
Name in database:	referral_date
Other names:	Date of referral for first specialist assessment
Element type:	Data element
Definition:	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.
Context:	Specialist assessment of need for secondary care or advice to primary care.

Relational and representational attributes

Data type:	datetime	*Field size:*	8	*Layout:*	CCYYMMDD
Data domain:	Valid dates				
Guide for use:	This date is required for selected surgical procedures.				

                      Not reliably reported to the NBRS. Data is usually collected in the facility's outpatient system, and is not transferred to the inpatient record.

Verification rules:

Collection method: This field will be optional until further notice. At least six months' notice will be given before this field becomes mandatory for healthcare users who are CPAC assessed and for whom CPAC assessment booking records would normally be provided to NZHIS. The use of this data element for other healthcare users who receive a first specialist assessment is up to providers.

Related data:

Administrative attributes

Source document:

Source organisation:

Ethnic group codes

Administrative status

Reference ID: A0027,A0208,A0209   *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Ethnic group codes
Name in database:	ethnic_code, ethnic_code_2, ethnic_code_3
Other names:	Ethnicity
Element type:	Data element
Definition:	A social group whose members have one or more of the following four characteristics: - they share a sense of common origins - they claim a common and distinctive history and destiny - they possess one or more dimensions of collective cultural individuality - they feel a sense of unique collective solidarity.
Context:	Information on ethnicity is collected for planning and service delivery purposes and for monitoring health status across different ethnic groups. Ethnic group codes are key variables for determining the characteristics of the population that are using the health sector.

Relational and representational attributes

Data type: char   *Field size:* 2   *Layout:* NN

Data domain:

Code	Description
10	European not further defined
11	New Zealand European/Pakeha
12	Other European
21	Maori
30	Pacific Peoples not further defined
31	Samoan
32	Cook Island Maori
33	Tongan
34	Niuean
35	Tokelauan
36	Fijian
37	Other Pacific Peoples
40	Asian not further defined
41	Southeast Asian
42	Chinese
43	Indian
44	Other Asian
51	Middle Eastern
52	Latin American/Hispanic
53	African (or cultural group of African origin)
54	Other
99	Not stated

Guide for use: Extracted from the NHI database during the load process, based on NHI number.

Added to the NBRS on 1 March 2002.

From 1 July 1996 up to 3 ethnic group codes can be collected for each healthcare user. Where more than 3 ethnic group codes are reported, the Statistics NZ prioritisation algorithm is used to report only 3 values.

Ethnic code should be self-identified wherever possible.

Verification rules:

Collection method: Not reported.

Related data:

Administrative attributes

Source document: Smith, Anthony. 1981. The Ethnic Revival. Cambridge University Press.

Source organisation: Statistics NZ, modified by the National Data Policy Group.

Exit category

Administrative status

Reference ID: *Version:* 2.0   *Version date:* 01-Nov-2005

Identifying and defining attributes

Name: Exit category
Name in database: exit_category_code
Other names:
Element type: Data element
Definition: A code indicating the final outcome at the completion of the CPAC assessment/booking health
Context:

Relational and representational attributes   *Mandatory*

Data type: char   *Field size:* 2   *Layout:* NN
Data domain: 01   Treated electively (valid until Oct 31 2005)
                 02   Deceased (valid until Oct 31 2005)
                 03   Private treatment (valid until Oct 31 2005)
                 04   Treated acutely (valid until Oct 31 2005)
                 05   Removed from booking system for medical reasons (valid until Oct 31 2005)
                 06   Discharge to GP (valid until Oct 31 2005)
                 07   Treated other hospital (valid until Oct 31 2005)
                 09   Other exit category (valid until Jun 30 2005)
                 10   Discharge without treatment (valid until Oct 31 2005)
                 11   Patient receive publicly funding elective treatment
                 12   Patient received publicly funding acute treatment
                 13   Patient returned to primary care
                 14   Removed due to changed patient circumstances
                 XX   Value not supplied (for non-exit booking events)

Guide for use: Exit category of '09' is no longer available for use as at July 1 2005.
                    Exit categories '01','02','03','04','05','06','07' & '10 are no longer available for use as at November 1
                    2005

Verification rules: Must be a valid exit category on the Exit Category Table.

Collection method:

Related data: Exit Category Date

Administrative attributes

Source document:
Source organisation:

Facility code

Administrative status

Reference ID: A0143   *Version:*   1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name:	Facility code
Name in database:	facility_code
Other names:	Health agency facility code, Hospital, HAF code, HAFC.
Element type:	Data element
Definition:	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.
Context:	The hospital managing the booking entry and booking status assigned to a patient.

Relational and representational attributes   *Mandatory*

Data type: char *Field size:* 4 *Layout:* NNNN	
Data domain:	See the Facility code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/nmdstab16.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.
Guide for use:	Historically known as Crown Health Enterprise (CHE).
	Unit record information with Facility codes will not be provided to members of the public without the permission of the agency involved. See the Data Access Policy on the NZHIS web site at http://www.nzhis.govt.nz/access/index.html.
Verification rules:	Mandatory. Must be a valid code in the code table.
Collection method:	NZHIS allocates codes on request. The code table is continually updated by NZHIS as hospitals open and close. See the NZHIS web site for the most recent version.
Related data:	

Administrative attributes

Source document:

Source organisation:

Health specialty code

Administrative status

Reference ID: *Version:* 1.2   *Version date:* 01-Jul-2007

Identifying and defining attributes

Name:	Health specialty code
Name in database:	health_specialty_code
Other names:	Health specialty
Element type:	Data element
Definition:	A classification describing the specialty or service to which a healthcare user has been assigned, which reflects the nature of the services being provided.
Context:	The health specialty managing a patient's care.

Relational and representational attributes   *Mandatory*

Data type: char   *Field size:* 3   *Layout:* ANN

Data domain: See the Health Specialty code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Guide for use: When combined with Booked procedure code, the Health specialty code specifies the type of operation the patient is expected to have.

Hospitals use the Health specialty code combined with Clinical code, Clinical code type, and Clinical coding system ID to report to the NBRS.

The Clinical codes are mapped to a booked procedure by NZHIS. If no explicit mapping exists then they will be mapped to the appropriate 'Other' (99) category for the health specialty.

Some procedures are carried out in more than one specialty (eg, varicose veins in both general & vascular surgery) which means that some ICD Codes will map to more than one specialty.

The subset of the coding system in the Booked Procedure code table was developed for the purpose of reporting booking system procedures. It is based on a combination of the current high-level NMDS health specialty codes and a number or group of specific procedures.

Verification rules: Must be a valid code in the code table.

Health Specialty Codes must be supplied with a compatible CPAC Scoring System Code and compatible Clinical Code combination.

From 1 July 2005, Events will be rejected where the Booking Status Date is after the Health Specialty Code's end date.

Validation was introduced on 1 July 2007 to reject events where the Booking Status Date is before the Health Specialty Code's start date.

Collection method:

Related data:

Administrative attributes

Source document:

Source organisation:

Initial clinical responsibility code

Administrative status

Reference ID: *Version:*   2.0   *Version date:*   01-Jul-2007

Identifying and defining attributes

Name:	Initial clinical responsibility code
Name in database:	initial_clinical_responsibility_code
Other names:	Reported as clinical_responsibility_code.
Element type:	Data element
Definition:	A code identifying the clinician assuming initial clinical responsibility for a plan of care decision.
Context:	

Relational and representational attributes

Data type: char   *Field size:*   10   *Layout:*   See Collection method below.

Data domain:

Guide for use:

Verification rules: Ignored where the Booking Status Code is 02 or 20 and the booking status date is before 1 July 2007.

From 1 July 2007 mandatory for records where booking status code is one of the following:
01   Book
02   Give Certainty
04   Active Review
05   Defer
06   ReBook
07   ReAssess

OR where the booking status code is 20 - Exit and the exit category code is 11 - Treated Electively

Collection method: The layout of the Clinical responsibility code depends on the Professional group code range of the Professional group code, as follows:
A   alphabetic only
C   alphanumeric
N   numeric only

Obtained from the initial booking record.

Related data: Professional group code
Clinical responsibility code

Administrative attributes

Source document:

Source organisation:

Local booking system entry identifier

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Local booking system entry identifier
Name in database: client_booking_entry_id
Other names:
Element type: Data element
Definition: A code which, within a local facility, uniquely identifies a particular booking entry of an individual
                          healthcare user.
Context:

Relational and representational attributes   *Mandatory*

Data type: char   *Field size:* 14   *Layout:* XXXXXXXXXXXXXX
Data domain: Free text
Guide for use:
Verification rules:
Collection method: This is the unique event identifier within the provider's local system.
Related data:

Administrative attributes

Source document:
Source organisation:

NHI number

Administrative status

Reference ID: A0012 *Version:* 1.0 *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: NHI number
Name in database: hcu_id
 Other names:
 Element type: Data element
 Definition: The NHI number is the cornerstone of NZHIS'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

Context:

Relational and representational attributes   *Mandatory*

Data type: char   *Field size:* 7   *Layout:* AAANNNN
 Data domain:
 Guide for use: THE NHI NUMBER
When duplicate records for a healthcare user are merged, one of their NHI numbers will be deemed to be the master (or primary), and the others become event (or secondary) NHI numbers. This does not affect which NHI numbers are used in local systems.

For the analysis of healthcare information relating to a unique individual, the master NHI number should be used.

The NBRS will always retain entered data, that is, the database holds the event NHI number originally supplied. For linking of discharge data, identification of duplicate booking entries and reporting purposes, the NBRS will need to refer to the HCU table on the NHI which records duplicate NHI numbers.

The Privacy Commissioner considers the NHI number to be personally identifying information (like name and address) so, if it is linked to clinical information, it must be held securely and the healthcare user's privacy protected.

VALIDATION
The first three characters of an NHI number must be alpha (but not 'I' or 'O'). The 4th to 6th characters must be numeric. The 7th character is a check digit modulus 11.

Verification rules: There is a verification algorithm which ensures that the NHI number is in the correct format and is valid.
Collection method: NHI numbers are often included on patient notes and other patient documentation. New numbers can be allocated by health providers who have direct access to the NHI Register. New NHI numbers are also allocated by HealthPAC for GPs and other primary care providers.
Related data:

Administrative attributes

Source document: http://www.nzhis.govt.nz/nhi for more information on the NHI number
 Source organisation: NZHIS

Principal health service purchaser

Administrative status

Reference ID: A0203   *Version:* 1.2   *Version date:* 01-Jul-2007

Identifying and defining attributes

Name: Principal health service purchaser
Name in database: purchaser_code
Other names: Principal purchaser, Health purchaser, Purchaser code, PHP, Purchase code
Element type: Data element
Definition: The organisation or body that purchased the healthcare service provided. In the case of more than one purchaser, the one who paid the most.
Context:

Relational and representational attributes   *Mandatory*

Data type: char   *Field size:* 2   *Layout:* XN
Data domain: CURRENT
                  06 Privately funded NZ citizen
                  15 BreastScreen Aotearoa
                  16 Independent Practice Association
                  17 Accredited employer
                  19 Overseas chargeable
                  20 Overseas eligible
                  34 MOH-funded purchases
                  35 DHB-funded purchases
                  55 Due to strike
                  98 Mixed funding where no Ministry of Health, DHB or ACC purchase is involved, eg, some hospice cases
                  A0 ACC - direct purchase
                  A1 FIS - direct purchase, Fusion Insurance Services
                  A2 NZI - direct purchase, NZ Insurance Ltd
                  A3 HIH - direct purchase, HIH Work Able Ltd
                  A4 MMI - direct purchase, MMI General Insurance (NZ) Ltd
                  A5 FMG - direct purchase, Farmers' Mutual Accident Care Ltd
                  A6 @WK or AWK - direct purchase, At Work Insurance Ltd
                  A7 CIG - direct purchase, Cigna Insurance Ltd

                  RETIRED
                  01 HFA Northern Office (retired 1 July 1999)
                  02 HFA Midland Office (retired 1 July 1999)
                  03 HFA Central Office (retired 1 July 1999)
                  04 HFA Southern Office (retired 1 July 1999)
                  05 ACC (direct) (retired 1 July 1999: use 'A0')
                  07 HFA Southern Office Waiting Times Fund (retired 30 June 2004)
                  08 HFA Central Office Waiting Times Fund (retired 30 June 2004)
                  09 HFA Midland Office Waiting Times Fund (retired 30 June 2004)
                  10 HFA Northern Office Waiting Times Fund (retired 30 June 2004)
                  11 Supplementary purchase (NB: does not include 'new money') (retired 30 June 2004)
                  12 Paediatric purchase (retired 30 June 2004)
                  13 Base purchase (retired 30 June 2007)
                  14 HFA additional sustainable purchase (retired 30 June 2004)
                  18 DHB accident purchase - overseas patients, non-MVA, non-work-related (retired 30 June 2007)

Guide for use: Introduced on 1 July 1995.

                     From 1 July 1999, codes '01', '02', '03', and '04' were replaced by the code for base purchases ('13'), that is, the four Regional Health Authorities were integrated into one Health Funding Authority.

                     From 1 July 2004, codes '07', '08', '09', '10', '11', '12' and '14' were retired as they have been rolled into base funding and therefore are no longer required.

                     From 1 July 2007, code '13' Base Purchaser was retired and replaced with '34' MOH-funded purchases and '35' DHB-funded purchases.

                     'A1' to 'A7' codes are only for health events resulting from workplace accidents that occurred in the one year for which the Accident Insurance Act 1998 applied.

Verification rules: Mandatory. Must be a valid code (present and active) in the code table.

From 1 July 2005, events will be rejected where the Booking Status Date is after the Purchaser Code's end date.

Validation was introduced on 1 July 2007 to reject events where the Booking Status Date is before the Purchaser Code's start date.

Collection method: This will usually be '34' (MOH-funded purchases), but it may change from or to 'A0' (ACC – direct purchase).

Related data:

Administrative attributes

Source document:

Source organisation: National Data Policy Group

Prioritised ethnicity

Administrative status

Reference ID: A0321

Version: 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Prioritised ethnicity

Name in database: prioritised_ethnicity

Other names: Ethnicity

Element type: Derived data element

Definition: The most highly prioritised ethnicity of the three ethnic groups recorded for the healthcare user, determined according to a Statistics NZ algorithm.

Context:

Relational and representational attributes

Data type: char   *Field size:* 2   *Layout:* NN

Data domain: See the Ethnic code table table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Guide for use: Extracted from the NHI database during the load process, based on NHI number.

Added to the NBRS on 1 March 2002.

From 1 July 1996 up to 3 ethnic group codes can be collected for each healthcare user and each event. Where more than 3 ethnic group codes are reported, the Statistics NZ prioritisation algorithm is used to report only 3 values.

Ethnic codes are ranked on the Ethnic code table from '1' (highest priority) to '21' (lowest priority), with '99' for not stated. Prioritised ethnicity is the healthcare user's ethnic code with the highest priority.

Prioritising ethnic codes simplifies analysis.

Verification rules:

Collection method: Not reported.

Related data:

Administrative attributes

Source document: Smith, Anthony. The Ethnic Revival. Cambridge University Press. 1981.

Source organisation: Statistics NZ, modified by the National Data Policy Group

Professional group code

Administrative status

Reference ID: *Version:* 2.0   *Version date:* 01-Jul-2007

Identifying and defining attributes

Name: Professional group code
Name in database: professional_group_code
Other names:
Element type: Data element
Definition: A code identifying the professional group or body that the clinician assuming clinical responsibility
                          for a plan of care decision is registered with.
Context:

Relational and representational attributes

Data type: char   *Field size:* 2   *Layout:* AA
Data domain: HB   District Health Board Internal Value
                      MC   Medical Council of New Zealand
Guide for use: Added to the NBRS on 1 July 2002.

                      In the Booking Entry table, this field and the Clinical responsibility code field contain the initial
                      person who assessed the healthcare user. In the Booking Entry Event table, any subsequent
                      assessors are recorded.

                      From 1 July 2007 DHB's are able to place a code value 'HB' into the Professional Group Code
                      signifying that the value in the Clinical Responsibility Code is a DHB identifier for the clinician (as
                      opposed to another group's identifier).

                      Other values in the code table remain inactive. These values can be viewed on the NZHIS web site
                       at
                      http://www.nzhis.govt.nz/documentation/codetables.html. For further information or a printed copy
                      of the code table, contact the Publications Officer. Contact details are given at the front of this
Verification rules: Errored where the Booking Status Code is 02 or 20 and the booking status date is before 1 July
                      2007.

                      From 1 July 2007 mandatory for records where booking status code is one of the following:
                      - 01   Book
                      - 02   Give Certainty
                      - 04   Active Review
                      - 05   Defer
                      - 06   ReBook
                      - 07   ReAssess

                      OR where the booking status code is 20 - Exit and the exit category code is 11 - Treated Electively

                      Must be an active code in the code table.

Collection method:
Related data: Initial clinical responsibility code

Administrative attributes

Source document:
Source organisation:

Sex

Administrative status

Reference ID: A0028   *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Sex
Name in database: gender_code
 Other names: Sex type code
 Element type: Data element
 Definition: The person's biological sex.
Context: Required for demographic analyses.

Relational and representational attributes

Data type: char   *Field size:* 1   *Layout:* A
Data domain: M   Male
                   F   Female
                   U   Unknown
                   I   Indeterminate
Guide for use: Extracted from the NHI database during the load process, based on NHI number.

Added to the NBRS on 1 March 2002.

The term sex refers to the biological differences between males and females, while the term gender refers to a person's cultural role (masculine or feminine).

Information collection for transsexuals and people with transgender issues should be treated in the same manner. To avoid problems with edits, transsexuals undergoing a sex change operation should have their sex at time of hospital admission reported.

Verification rules:

Collection method: Not reported.

Related data:

Administrative attributes

Source document:
 Source organisation:

Staged/planned procedure flag
Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Staged/planned procedure flag
Name in database: staged_planned_procedure_flag
 Other names:
 Element type: Data element
 Definition: A flag indicating whether the procedure is staged, planned or normal.
Context:

Relational and representational attributes

Data type: char   *Field size:* 1   *Layout:* N
Data domain: 1   Normal procedure
                    2   Staged procedure
                    3   Planned procedure
Guide for use: Staged procedures involve a series of operations at different times to complete treatment. The
                    staged/planned procedure flag field is used so that this can be taken into account during statistical
                    analysis.

                    The three flags include:
                    Normal - the default flag for procedures.

                    Staged - a Staged flag is applied to the second (and any subsequent) in a series of procedures that
                     is required to complete the patient's treatment over a period of time e.g. months or years.

                    Planned - A Planned flag is attached to a patient's procedure when the timing of a single elective
                     procedure is intentionally delayed for clinical reasons beyond six months from the decision to treat
                    (but the timeframe for treatment is known).

Verification rules: Must be a valid code in the code table.
Collection method:
Related data:

 Administrative attributes

Source document:
 Source organisation:

Treatment facility

Administrative status

Reference ID: *Version:* 1.0   *Version date:* 01-Jan-2003

Identifying and defining attributes

Name: Treatment facility
Name in database: treatment_facility_code
Other names:
Element type: Data element
Definition: 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.

Context: The facility where treatment was received.

Relational and representational attributes

Data type: char   *Field size:* 4   *Layout:* NNNN
Data domain: See the Facility code table on the NZHIS web site at http://www.nzhis.govt.nz/documentation/codetables/index.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.
Guide for use: This may be different from the Facility specified in the booking entry.

Should be read in combination with the Contract agency.
Verification rules: Must be a valid code on the Facility Code Table.
Collection method:
Related data:

Administrative attributes

Source document:
Source organisation:

Appendix A: Data Dictionary Template

Introduction	This appendix explains how data element attributes are organised in the data dictionary template.
Order of elements	Within the dictionary, elements are organised by table, and then alphabetically. An alphabetical index is provided at the back of the data dictionary to assist the user in finding specific elements.
Template	This table explains the template.

Administrative status	The operational status (eg, CURRENT, SUPERSEDED) of the data element. No SUPERSEDED data elements will be included in the Dictionaries.
Reference ID	A code that uniquely identifies the data element. If the data element is used in more than one collection, it should retain its Reference ID wherever it appears.
Version number	A version number for each data element. A new version number is allocated to a data element/concept when changes have been made to one or more of the following attributes of the definition: – name – definition – data domain, eg, adding a new value to the field. Elements with frequently updated code tables, such as the Facility code table, will not be assigned a new version for changes to data domain.
Version date	The date the new version number was assigned.

Identifying and defining attributes

Name	A single or multi-word designation assigned to a data element. This appears in the heading for each unique data definition in the Dictionaries. Previous names for the data element are included in the Guide for Use section.
Data element type	DATA ELEMENT—a unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes. DERIVED DATA ELEMENT—a data element whose values are derived by calculation from the values of other data elements. COMPOSITE DATA ELEMENT—a data element whose values represent a grouping of the values of other data elements in a specified order.
Definition	A statement that expresses the essential nature of a data element and its differentiation from all other data elements.
Context (optional)	A designation or description of the application environment or discipline in which a name is applied or from which it originates. This attribute may also include the justification for collecting the items and uses of the information.

Relational and representational attributes

Data type   The type of field in which a data element is held. For example, character, integer, or numeric.

Field size   The maximum number of storage units (of the corresponding data type) to represent the data element value. Field size does not generally include characters used to mark logical separations of values, eg, commas, hyphens or slashes.

Layout   The representational layout of characters in data element values expressed by a character string representation. For example:

- 'CCYYMMDD' for calendar date
- 'N' for a one-digit numeric field
- 'A' for a one-character field
- 'X' for a field that can hold either a character or a digit, and
- '$$$,$$$,$$$' for data elements about expenditure.

Data domain   The permissible values for the data element. The set of values can be listed or specified by referring to a code table or code tables, for example, ICD-10-AM 2nd Edition.

Guide for use (optional)   Additional comments or advice on the interpretation or application of the data element (this attribute has no direct counterpart in the ISO/IEC Standard 11179 but has been included to assist in clarification of issues relating to the classification of data elements). Includes historical information, advice regarding data quality, and alternative names for this data element.

Verification rules (optional) The rules and/or instructions applied for validating and/or verifying elements, in addition to the formal edits.

Collection methods – Guide for providers (optional)   Comments and advice concerning the capture of data for the particular data element, including guidelines on the design of questions for use in collecting information, and treatment of 'not stated' or non-response (this attribute is not specified in the ISO/IEC Standard 11179 but has been added to cover important issues about the actual collection of data).

Related data (optional)   A reference between the data element and any related data element in the Dictionary, including the type of this relationship. Examples include: 'has been superseded by the data element…', 'is calculated using the data element…', and 'supplements the data element…'.

Administrative attributes

Source document (optional)   The document from which definitional or representational attributes originate.

Source organisation (if available)   The organisation responsible for the source document and/or the development of the data definition (this attribute is not specified in the ISO/IEC Standard 11179 but has been added for completeness). The source organisation is not necessarily the organisation responsible for the ongoing development/maintenance of the data element definition. An example of a source organisation is the National Data Policy Group (NDPG).

Appendix B: Glossary

Note: See *Appendix B: Glossary* in separate document.

Appendix C: Valid Status Code Table

Booking Event Type Current Status	Book (01)	Give Certainty (02)	Active Review (04)	Defer (05)	Re-Book (06)	Reassess (07)	Electively Treated (20) Exit code '01'	All Other Exits (20) All other exit codes	Change Data	Delete	Erase (99)
Non existent	Booked	Given Certainty	Active Review	Deferred	*Error*	*Error*	Treated	*Error*	*Error*	*Error*	*Error*
Booked (01)	Booked *Warning*	Given Certainty *Warning*	Active Review	Deferred	Rebook-ed	Booked	Treated	Exited	Booked	non-existent or previous state	erased
Rebooked (06)	Booked *Warning*	Given Certainty *Warning*	Active Review	Deferred	Rebook-ed	Rebook-ed	Treated	Exited	Rebook-ed	non-existent or previous state	erased
Deferred (05)	Booked	Given Certainty *Warning* *(if deferred by hospital)*	Active Review *Warning(if deferred by hospital)*	Deferred	Rebook-ed *Warning* *(should use Book)*	Deferred	Treated *Warning*	Exited	Deferred	non-existent or previous state	erased
Given Certainty (02)	Booked	Given Certainty Warning	Active Review *Warning*	Deferred	*Error*	Given Certainty	Treated *Warning*	Exited	Given Certainty	non-existent or previous state	erased
Waiting (03)	Booked	Given Certainty	Active Review *Warning*	Deferred	*Error*	Waiting	*Error*	Exited	Waiting	non-existent or previous state	erased
Waiting (03) will be discontinued from 1 July 2006 and records containing this value will no longer be accepted.											
Active Review (04)	Booked	Given Certainty	Active Review *Warning*	Deferred	*Error*	Active Review	Treated *Warning*	Exited	Active Review	non-existent or previous state	erased
Exited (20)	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	*Error*	non-existent or previous state	erased

Appendix D: Logical Groups of Elements

Healthcare user
Date of birth
Ethnic group codes
NHI number
Prioritised ethnicity
Sex

Agency/facility
Agency code
Contract agency
Facility code
Principal health service purchaser
Treatment facility

Clinician
Clinical responsibility code
Initial clinical responsibility code
Professional group code

Assessment
Assessment local identifier
Booking referral source
CPAC assessment date
CPAC score
CPAC scoring system identifier
Date first specialist consultation

Status
Booking status
Booking status date
Date booked for treatment or diagnostic test
Date booking was made
Date certainty given
Date of exit category
Date of referral
Deferred by
Exit category

Diagnosis/procedure
Booked procedure
Clinical code
Clinical code type
Clinical coding system ID
Health specialty code
Staged/planned procedure flag

Appendix E: Code Table Index

Code table	Location
Agency code table	See the NZHIS web site.
Booked Procedure code table	See the NZHIS web site.
Booking Referral Source code table	See *Booking referral source* on page 16.
Booking Status code table	See *Booking status* on page 5, 17.
Clinical Code Table Type code table	See *Clinical code type* on page 20.
Clinical Coding System code table	See *Clinical coding system ID* on page 21.
CPAC Score code table	See the NZHIS web site.
Deferred By code table	See *Deferred by* on page 11.
Ethnic Group code table	See *Ethnic group codes* on page 28.
Exit Category code table	See *Exit category* on page 29.
Facility code table	See the NZHIS web site.
Health Specialty code table	See the NZHIS web site.
Principal Health Service Purchaser code table	See *Principal health service purchaser* on page 35.
Professional Group code table	See the NZHIS web site.
Sex Type code table	See *Sex* on page 39.
Staged/Planned Procedure Flag code table	See *Staged/planned procedure flag* on page 40.

Code tables on web site   For code tables on the NZHIS web site go to http://www.nzhis.govt.nz/documentation/codetables.html. For further information or a printed copy of the code table, contact the Publications Officer. Contact details are given at the front of this dictionary.

Appendix F: Alphabetical Index of Data Elements