
National Booking Reporting System (NBRS)

Data Dictionary

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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	<p>The objectives of Te Whatu Ora Data Dictionaries are to:</p> <ul style="list-style-type: none">• 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. <p>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.</p>
Audiences	The target audiences for Te Whatu Ora Data Dictionaries are data providers, software developers, and data users.
New format	<p>All data element definitions in Te Whatu Ora 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 <i>Specification and Standardization of Data Elements</i>—the international standard for defining data elements issued by the International Organization for Standardization and the International Electrotechnical Commission.</p> <p>The format is described in detail in Appendix A of this dictionary.</p>
Changes to dictionary format	<p>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.</p> <p>In summary, the changes to the data dictionaries include:</p> <ul style="list-style-type: none">• 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 website of Te Whatu Ora (for large or dynamic code tables).

National Booking Reporting System (NBRS)

Scope	<p>Purpose</p> <p>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.</p> <p>Content</p> <p>NBRS contains details of all booking status events involving a healthcare user who:</p> <ul style="list-style-type: none">• receives a priority for an elective medical or surgical service, and• is likely to receive publicly funded treatment. <p>Information is collected about their date of entry into the system, their assessed priority, and their booking status.</p>
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 Te Whatu Ora Analytical Services team on Phone: (04) 922 1800 or e-mail data-enquiries@health.govt.nz , or visit the website of Te Whatu Ora www.tewhatauora.govt.nz . Additional technical documentation including code tables can be found at www.health.govt.nz/nz-health-statistics/data-references
Collection methods – guide for providers	Data is provided by public hospitals in New Zealand.
Frequency of updates	Monthly.
Security of data	<p>The NBRS database is only accessed by authorised Te Whatu Ora staff for maintenance, data quality, analytical and audit purposes.</p> <p>Authorised members of Te Whatu Ora 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.</p>
Privacy issues	<p>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 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.</p> <p>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.</p>
National reports and publications	Summary NBRS data is published on the elective services web site www.health.govt.nz/about-elective-services-patient-flow-indicators-espis as part of the Elective Services Patient Flow Indicators (ESPis), and regular data quality reconciliation reports are available to Districts.

Data provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from Te Whatu Ora Analytical 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 Analytical Services team also offers a peer review service to ensure that Te Whatu Ora 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.

Each booking entry may have many assessments and many events. An event indicates a change in status, an assessment records an assessment which may or may not change the score of the patient. Erasing a booking entry erases all the events and assessments for a booking entry and the booking entry itself. A delete deletes the last assessment or event whichever is the most recent.

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:

Agency code

Administrative status

Reference ID: A0138

Version: 1.2

Version date: 15-Feb-2011

Identifying and defining attributes

Name: Agency code

Name in database: agency_code

Other names: Health agency code, District

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 website of Te Whatu Ora at <http://www.health.govt.nz/nz-health-statistics/access-and-use>

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

Collection 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 Te Whatu Ora to maintain the existing codes.

Te Whatu Ora allocates codes on request. The code table is continually updated by Te Whatu Ora as hospitals open and close. See the website of Te Whatu Ora for the most recent version.

Related data:

Administrative attributes

Source document:

Source organisation:

Assessment local identifier

Administrative status

Reference ID:

Version: 1.1

Version date: 01-Mar-2011

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 assessments on the same day for the same healthcare user.

Verification rules:

Collection Not reported.

Related data:

Administrative attributes

Source document:

Source organisation:

Assessor code

Administrative status

Reference ID:

Version: 1.0

Version date: 01-Jul-2008

Identifying and defining attributes

Name: assessor_code

Name in database: assessor_code

Other names:

Element type: Data element

Definition: The code for the clinician assessing the healthcare user.

Context: Required for improved analysis of prioritisation process. Assessment of patient priority may be delegated to other health professionals, by the medical specialist having overall clinical responsibility for the patient.

Relational and representational attributes

Data type: varchar

Field size: 10

Layout: NNNNNNNNNN

Data domain:

Guide for use: Assessor Codes have been submitted to NBRS from 1 July 2008.

Verification rules: From 1 July 2008, mandatory for records where a CPAC Assessment Date on or after 1 July 2008 and where CPAC score has been submitted and the booking status code is one of the following:

01 Book

02 Give Certainty

04 Active Review (not valid from 1 July 2022)

05 Defer

07 Reassess

Must be supplied when Assessor Group Code is supplied.

Collection

Related data: Assessor Group Code

Administrative attributes

Source document:

Source organisation:

Assessor group code

Administrative status

Reference ID:

Version: 1.1

Version date: 15-Feb-2011

Identifying and defining attributes

Name: assessor_group_code

Name in database: assessor_group_code

Other names:

Element type: Data element

Definition: A code identifying the professional group or body that the assessor is registered with.

Context: Required for improved analysis of prioritisation process. Assessment of patient priority may be delegated to other health professionals, by the medical specialist having overall clinical responsibility for the patient.

Relational and representational attributes

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

Data domain: See the Professional Group Code table on the website of Te Whatu Ora. Refer to Appendix E for the Professional Group code set.

Guide for use: Assessor Group Codes have been submitted to NBRIS from 1 July 2008 where an assessment has occurred on or after 1 July 2008.

Verification rules: Must be a valid code in the Professional Group Code table. Must be supplied when Assessor Code is supplied

Collection

Related data: Assessor Code

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****Related data:** CPAC Score

CPAC Scoring System Identified

Administrative attributes**Source document:****Source organisation:**

CPAC score

Administrative status

Reference ID:

Version: 1.1

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 District services plan to award certainty of status to patients.

Verification rules:

Collection 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 data-enquiries@health.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: 1.2

Version date: 15-Feb-2011

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: . Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 Te Whatu Ora for the facility.

Must be a valid code in the code table.

Collection Eventually all facilities will be required to use the national or nationally recognised prioritisation tools.

Related data: CPAC Assessment Date
CPAC Score

Administrative attributes

Source document:

Source organisation:

Date loaded

Administrative status

Reference ID: A0266

Version: 1.0

Version date: 26-Sep-2008

Identifying and defining attributes

Name: Date loaded

Name in database: date_loaded

Other names:

Element type: Derived data element

Definition: Date that the record was loaded from a file, or first entered and saved.

Context:

Relational and representational attributes

Data type: datetime

Field size:

Layout:

Data domain: Valid dates

Guide for use: For internal use only.

Set to system date on load.

This field was set to the system date for migrated data loaded into the new database.

Verification rules:

Collection

Related data:

Administrative attributes

Source document:

Source organisation: Te Whatu Ora

Domicile code

Administrative status

Reference ID:

Version: 1.2

Version date: 15-Feb-2011

Identifying and defining attributes

Name: Domicile code

Name in database: domicile_code

Other names:

Element type: Data element

Definition: Statistics NZ Health Domicile Code representing a person's usual residential address. Also used for facility addresses.

Usual residential address is defined as the address of the dwelling where a person considers himself or herself to usually reside, except in the circumstances listed in the guidelines. The guidelines are available on the Department of Statistics' website.

If a person usually lives in a rest home or a hospital, that is considered their usual residential address.

Context: Required for demographic analyses. Domicile codes are key variables for determining the characteristics of the population that are using the health sector.

Relational and representational attributes

Mandatory

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

Data domain: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. Contact details are given at the front of this dictionary.

Guide for use: Added to NBRS on 1 July 2008.

From 1 July 2009 Domicile Code is mandatory for all booking events where a booking Status Date, CPAC Assessment Date or Exit Category Assigned Date is on or after 1 July 2009.

Verification rules: Mandatory

Must be a valid code in the Domicile code table.

Collection

Related data: TLA of domicile

Administrative attributes

Source document:

Source organisation: Statistics NZ

Facility code

Administrative status

Reference ID: A0143

Version: 1.2

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 website of Te Whatu Ora at <http://www.health.govt.nz/nz-health-statistics/access-and-use>

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

Collection Te Whatu Ora allocates codes on request. The code table is continually updated by Te Whatu Ora as hospitals open and close. See the website of Te Whatu Ora for the most recent version.

Related data:

Administrative attributes

Source document:

Source organisation:

File name

Administrative status

Reference ID:

Version: 1.1

Version date: 01-Mar-2011

Identifying and defining attributes

Name: File name

Name in database: file_name

Other names:

Element type: Data element

Definition: Name of the file in which the record was submitted.

Context:

Relational and representational attributes

Mandatory

Data type: char **Field size:** 12 **Layout:** AAANNNNN.EXT

Data domain: The file naming convention used to supply batches consist of the following elements:

- AAA – a three-letter acronym allocated to each sending agency by Te Whatu Ora
- NNNNN – 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
- .EXT – a file extension allocated by Te Whatu Ora ('.NBR' for NBRS upload files, '.ndm' for NMDS upload files)

Guide for use:

Verification rules: Must exactly match the actual filename, including case. Should be all upper case.

Collection

Related data: Date loaded

Administrative attributes

Source document:

Source organisation: Te Whatu Ora

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 system.

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:

Agency code

Administrative status

Reference ID: A0138

Version: 1.2

Version date: 15-Feb-2011

Identifying and defining attributes

Name: Agency code

Name in database: agency_code

Other names: Health agency code, District

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 website of Te Whatu Ora at <http://www.health.govt.nz/nz-health-statistics/access-and-use>

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

Collection 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 Te Whatu Ora to maintain the existing codes.

Te Whatu Ora allocates codes on request. The code table is continually updated by Te Whatu Ora as hospitals open and close. See the Te Whatu Ora website for the most recent version.

Related data:

Administrative attributes

Source document:

Source organisation:

Booking status code

Administrative status

Reference ID:

Version: 3.6

Version date: 01-Feb-2011

Identifying and defining attributes

Name: Booking status

Name in database: booking_status_code (see Guide for use)

Other names: Reported as booking_status_code.

Element type: Data element

Definition: The healthcareuser'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 (not valid from 1 July 2022)
05	Deferred
06	Rebooked
07	Reassess
20	Exited

Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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

Related data: Booking event
Current Booking Status Date

Administrative attributes

Source document:

Source organisation:

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.

Partial Dates not allowed.

Collection

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

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 present if a value is present in the Professional group code.

Collection

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:

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

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

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 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:

Date loaded

Administrative status

Reference ID: A0266

Version: 1.0

Version date: 26-Sep-2008

Identifying and defining attributes

Name: Date loaded

Name in database: date_loaded

Other names:

Element type: Derived data element

Definition: Date that the record was loaded from a file, or first entered and saved.

Context:

Relational and representational attributes

Data type: datetime

Field size:

Layout:

Data domain: Valid dates

Guide for use: For internal use only.

Set to system date on load.

This field was set to the system date for migrated data loaded into the new database.

Verification rules:

Collection

Related data:

Administrative attributes

Source document:

Source organisation: Te Whatu Ora

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

Related data:

Administrative attributes

Source document:

Source organisation:

Domicile code**Administrative status****Reference ID:****Version:** 1.2**Version date:** 15-Feb-2011**Identifying and defining attributes****Name:** Domicile code**Name in database:** domicile_code**Other names:****Element type:** Data element**Definition:** Statistics NZ Health Domicile Code representing a person's usual residential address. Also used for facility addresses.

Usual residential address is defined as the address at which the person has been, or plans to be, living for three months or more. (Statistics NZ definition of 'usually resident'.)

If a person usually lives in a rest home or a hospital, that is considered their usual residential address.

Context: Required for demographic analyses. Domicile codes are key variables for determining the characteristics of the population that are using the health sector.**Relational and representational attributes****Mandatory****Data type:** char**Field size:** 4**Layout:****Data domain:** Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. Contact details are given at the front of this dictionary.**Guide for use:** Added to NBRS on 1 July 2008. From 1 July 2009 Domicile Code is mandatory for all booking events where a booking Status Date, CPAC Assessment Date or Exit Category Assigned Date is on or after 1 July 2009.**Verification rules:** Mandatory

Must be a valid code in the Domicile code table.

Collection**Related data:** TLA of domicile**Administrative attributes****Source document:****Source organisation:** Statistics NZ

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 day.

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

Related data:

Administrative attributes

Source document:

Source organisation:

Facility code

Administrative status

Reference ID: A0143

Version: 1.2

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 Te Whatu Ora web site at <http://www.health.govt.nz/nz-health-statistics/access-and-use>

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

Collection Te Whatu Ora allocates codes on request. The code table is continually updated by Te Whatu Ora as hospitals open and close. See the Te Whatu Ora website for the most recent version.

Related data:

Administrative attributes

Source document:

Source organisation:

File name

Administrative status

Reference ID:

Version: 1.1

Version date: 01-Mar-2011

Identifying and defining attributes

Name: File name

Name in database: file_name

Other names:

Element type: Data element

Definition: Name of the file in which the record was submitted.

Context:

Relational and representational attributes

Mandatory

Data type: char **Field size:** 12 **Layout:** AAANNNNN.EXT

Data domain: The file naming convention used to supply batches consist of the following elements:

- AAA – a three-letter acronym allocated to each sending agency by Te Whatu Ora
- NNNNN – 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
- .EXT – a file extension allocated by Te Whatu Ora (‘.NBR’ for NBRS upload files, ‘.ndm’ for NMDS upload files)

Guide for use:

Verification rules: Must exactly match the actual filename, including case. Should be all upper case.

Collection

Related data: Date loaded

Administrative attributes

Source document:

Source organisation: Te Whatu Ora

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: XXXXXXXXXXXXXXXX

Data domain: Free text

Guide for use:

Verification rules:

Collection This is the unique event identifier within the provider's local system.

Related data:

Administrative attributes

Source document:

Source organisation:

Professional group code

Administrative status

Reference ID:

Version: 2.1

Version date: 15-Feb-2011

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 Internal Value
MC Medical Council of New Zealand

Guide for use: Added to the NBRBS 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 Districts are able to place a code value 'HB' into the Professional Group Code signifying that the value in the Clinical Responsibility Code is a District identifier for the clinician (as opposed to another group's identifier).

Other values in the code table remain inactive. Refer to Appendix E for this code set.

For further information or a printed copy of the code table, contact Analytical Services. Contact details are given at the front of this dictionary.

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 (not valid from 1 July 2022)
- 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.

Must be present if a value is present in the Clinical responsibility code.

Collection

Related data: Initial clinical responsibility code

Administrative attributes

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

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: 1.2

Version date: 15-Feb-2011

Identifying and defining attributes

Name: Agency code

Name in database: agency_code

Other names: Health agency code, District

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 Te Whatu Ora website at www.tewhatauora.govt.nz

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

Collection 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 Te Whatu Ora to maintain the existing codes.

Te Whatu Ora allocates codes on request. The code table is continually updated by Te Whatu Ora as hospitals open and close. See the Te Whatu Ora website for the most recent version.

Related data:

Administrative attributes

Source document:

Source organisation:

Booked procedure

Administrative status

Reference ID:

Version: 1.1

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 This field is automatically generated via a mapping from the three Clinical Code fields combination.

Related data:

Administrative attributes

Source document:

Source organisation:

Booking source

Administrative status

Reference ID:

Version: 1.2

Version date: 15-Feb-2011

Identifying and defining attributes

Name: Booking source

Name in database: referral_source_code

Other names:

Element type: Data element

Definition: Booking source is the type of practitioner who makes the decision to add the patient to the national booking reporting system.

Context:

Relational and representational attributes

Mandatory

Data type: char **Field size:** 1 **Layout:** N

Data domain:

- 1 Private specialist
- 2 Public specialist
- 3 Unknown
- 4 Primary care provider

Guide for use: Code '3' (Unknown) applies to original waiting list data loaded into the NBRS system in July 2000 and should not be used on new bookings.

Code '4' (Primary care provider) was added in July 2010.

Verification rules:

Collection

Related data:

Administrative attributes

Source document:

Source organisation:

Client system identifier

Administrative status

Reference ID: A0216

Version: 1.2

Version date: 01-Jul-2010

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: Te Whatu Ora wants to be able to link NNPAC, NBRS and NMDS events for the same patient using the identifier fields reported in each record. The related fields are:

NMDS - PMS unique identifier

NBRS - Client system identifier

NNPAC - NMDS PMS unique identifier

When a patient has been treated Te Whatu Ora wants to be able to link the NBRS booking with the event that records the actual procedure received. This treatment received would be submitted in NMDS or NNPAC. If the procedure was received as an inpatient then this field will contain the same value as the 'PMS unique identifier' submitted on the NMDS record. Or if the procedure was received as an outpatient then this field will contain the same value as the 'NMDS PMS unique identifier' submitted on the NNPAC record.

Verification rules: 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.

Collection

Related data:

Administrative attributes

Source document:

Source organisation:

Clinical code

Administrative status

Reference ID: A0124

Version: 1.4

Version date: 01-Jul-2019

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.
- ICD-10-AM 6th Edition - The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification, 6th Edition
- ICD-10-AM 8th Edition – The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification, 8th Edition
- ICD-10-AM 11th Edition – The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification, 11th Edition.
- ICD-10-AM 12th Edition – The International Statistical Classification of Diseases and Related Health Problems, 11th Revision, Australian Modification, 12th 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 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 NBRIS in ICD-10-AM 12th Edition. ICD-9-CM-A, ICD-10-AM 1st, 2nd, 3rd, 6th, 8th and 11th Editions will still be accepted.

Related data: Clinical Code type
Clinical Coding System ID

Administrative attributes

Source document: Refer to the Official NCCH Australian Version of ICD-9-CM-A, Second Edition, Volumes 1 to 4, and the International Classification of Diseases for Oncology (ICD-O) Version 2
For ICD-10-AM, refer to ICD-10-AM, the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification, 1st Edition (5 volumes), 2nd Edition (5 volumes), 3rd Edition (5 volumes), 6th Edition (5 volumes), 8th Edition (5 volumes), 11th Edition (5 volumes) or 12th Edition (5 volumes).

Source organisation:

Clinical code type

Administrative status

Reference ID: A0125

Version: 1.2

Version date: 01-Jul-2010

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 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: Te Whatu Ora

Clinical coding system ID

Administrative status

Reference ID: A0126

Version: 1.3

Version date: 01-Jul-2019

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
13	ICD-10-AM 6th Edition
14	ICD-10-AM 8th Edition
15	ICD-10-AM 11th Edition
16	ICD-10-AM 12th 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 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: 1.1

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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

Related data:

Administrative attributes

Source document:

Source organisation:

Current booking status code

Administrative status

Reference ID:

Version: 3.6

Version date: 15-Feb-2011

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 (not valid from 1 July 2022)
05	Deferred
06	Rebooked
07	Reassess
20	Exited

Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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

Related data: Booking event
Current Booking Status Date

Administrative attributes

Source document:

Source organisation:

Current booking status date

Administrative status

Reference ID:

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

Related data:

Administrative attributes

Source document:

Source organisation:

Date first specialist assessment

Administrative status

Reference ID:

Version: 1.1

Version date: 15-Feb-2011

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 face to face specialist assessment that led to this booking event, including consultation with a specialist in private practice. Where no formal outpatient assessment has been provided, it may be the same date as the date of referral for specialist advice.
It must be on or before the first CPAC Assessment Date.

Context: Elective surgical events.

Relational and representational attributes

Mandatory

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

Data domain: Valid dates

Guide for use: Made mandatory 1 July 2009. Prior to that this field was optional and not reliably reported to the NBRBS. Data is usually collected in the facility's outpatient system, and must be transferred to the inpatient record.

If the booking source is 4 - Primary Care Provider, the date of referral should be submitted for this date.

Verification rules: Mandatory for all booking events that are first loaded with an initial CPAC Assessment Date on or after July 2009.

Must be on or before the first CPAC Assessment Date.

Must be on or after the Date of referral.

Partial dates not allowed.

Collection

Related data: Booking source

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

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 value.

Guide for use: 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 Not reported.

Related data:

Administrative attributes

Source document:

Source organisation:

Date of exit category**Administrative status****Reference ID:****Version:** 1.1**Version date:** 01-Jul-2010**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:** The date to be used for each exit category is as follows:

11 Patient received publicly funded elective treatment = Procedure date

12 Patient received publicly funded acute treatment = Procedure date

13 Patient returned to primary care = Date of letter sent to the GP returning the patient to their care

14 Removed due to changed patient circumstance = Date the patient or their representative notified the hospital of the change

15 Medically unfit for treatment = Date the patient is assessed as unfit

Verification rules: Must be on or after the latest Booking status date of the booking system entry.

Partial dates not allowed.

Collection**Related data:** Exit Category**Administrative attributes****Source document:****Source organisation:**

Date of referral

Administrative status

Reference ID: A0153

Version: 1.2

Version date: 15-Feb-2011

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: Request for a secondary assessment of a patient's need for secondary care or for specialist advice in managing a patient in primary care.

Relational and representational attributes

Data type: datetime

Field size: 8

Layout: CCYYMMDD

Data domain: Valid dates

Guide for use: Not reliably reported to the NBRIS prior to 1 July 2010. Data was usually collected in the facility's outpatient system and was not transferred to the inpatient record.

Verification rules: This field is mandatory when the NBRIS 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).

Amendment of an incorrect Date of Referral cannot be done using a change record. To correct it the booking entry must be erased and a new one submitted with the first event containing the correct referral date

Date of referral must not be greater than 238 days before the date of birth.

Collection

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:

10	European not further defined
11	New Zealand European/Pakeha
12	Other European
21	Maori
30	Pacific Peoples not further defined
31	Samoa
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 (retired 01/07/2009)
61	Other ethnicity
94	Don't know
95	Refused to answer
97	Response unidentifiable

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 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:** 3.1**Version date:** 01-Jul-2010**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 event.**Context:****Relational and representational attributes****Mandatory****Data type:** char **Field size:** 2 **Layout:** NN**Data domain:** CURRENT

- 11 Patient received publicly funded elective treatment
- 12 Patient received publicly funded acute treatment
- 13 Patient returned to primary care
- 14 Removed due to changed patient circumstances
- 15 Medically unfit for treatment
- XX Value not supplied (for non-exit booking events)

RETIRED

- 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)

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

Exit category '15' is added from 1 July 2008

Verification rules: Must be a valid exit category on the Exit Category Table.**Collection****Related data:** Date of Exit Category**Administrative attributes****Source document:****Source organisation:**

Facility code

Administrative status

Reference ID: A0143

Version: 1.2

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 Current Data Access Policy on the website of Te Whatu Ora at <http://www.health.govt.nz/nz-health-statistics/access-and-use>

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

Collection Te Whatu Ora allocates codes on request. The code table is continually updated by Te Whatu Ora as hospitals open and close. See the website of Te Whatu Ora for the most recent version.

Related data:

Administrative attributes

Source document:

Source organisation:

File name

Administrative status

Reference ID:

Version: 1.1

Version date: 01-Mar-2011

Identifying and defining attributes

Name: File name

Name in database: file_name

Other names:

Element type: Data element

Definition: Name of the file in which the record was submitted.

Context:

Relational and representational attributes

Mandatory

Data type: char **Field size:** 12 **Layout:** AAANNNNN.EXT

Data domain: The file naming convention used to supply batches consist of the following elements:

- AAA – a three-letter acronym allocated to each sending agency by Te Whatu Ora
- NNNNN – 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
- .EXT – a file extension allocated by Te Whatu Ora (‘.NBR’ for NBRS upload files, ‘.ndm’ for NMDS upload files)

Guide for use:

Verification rules: Must exactly match the actual filename, including case. Should be all upper case.

Collection

Related data: Date loaded

Administrative attributes

Source document:

Source organisation: Te Whatu Ora

Health specialty code

Administrative status

Reference ID:

Version: 1.4

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 Te Whatu Ora. 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

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 (not valid from 1 July 2022)
- 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 present if a value is present in the Professional group code.

Collection

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: XXXXXXXXXXXXXXXX

Data domain: Free text

Guide for use:

Verification rules:

Collection 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: 1.2

Version date: 15-Feb-2011

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 Te Whatu Ora 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.

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 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 Te Whatu Ora for GPs and other primary care providers.

Related data:

Administrative attributes

Source document: <http://www.health.govt.nz/our-work/health-identity/national-health-index>

Source organisation: Te Whatu Ora

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

16 Independent Practice Association

17 Accredited employer

19 Overseas chargeable

20 Overseas eligible

34 MOH-funded purchases

35 District-funded purchases

55 Due to strike

98 Mixed funding where no Te Whatu Ora, District or ACC purchase is involved, e.g., 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)
- 15 BreastScreen Aotearoa (retired 30 June 2009)
- 18 District 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' DISTRICT-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.

From 1 July 2009, code '15' BreastScreen Aoteroa was retired and replaced with '35' District-funded purchases

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

Related data:

Administrative attributes

Source document:

Source organisation: National Data Policy Group

Prioritised ethnicity

Administrative status

Reference ID: A0321

Version: 1.1

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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 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: 2.1

Version date: 15-Feb-2011

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 NBRBS 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 District'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 District identifier for the clinician (as opposed to another group's identifier).

Other values in the code table remain inactive. Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services.

Contact details are given at the front of this dictionary

.

Verification rules: Error 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 (not valid from 1 July 2022)
- 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.

Must be present if a value is present in the Clinical responsibility code.

Collection

Related data: Initial clinical responsibility code

Administrative attributes

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

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 Not reported.

Related data:

Administrative attributes

Source document:

Source organisation:

Staged/planned procedure flag

Administrative status

Reference ID:

Version: 1.1

Version date: 01-Jul-2010

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 normal, staged, planned or surveillance.

Context:

Relational and representational attributes

Data type: char **Field size:** 1 **Layout:** N

Data domain:

1	Normal procedure
2	Staged procedure
3	Planned procedure
4	Surveillance procedure

Guide for use: The staged/planned procedure flag field is used so that this can be taken into account during statistical analysis.

The four flags include:

Normal - the default flag for procedures.

Staged - Staged procedures involve a series of operations at different times to complete treatment. 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).

Surveillance - A Surveillance flag is attached to a patient's procedure when the patient requires an ongoing series of routine surveillance procedures. The surveillance procedures are provided at regular (i.e. annual or longer) intervals to assess health status. Records reported with a code of surveillance will be excluded from ESPIs in the same way that other planned and staged records are excluded. The surveillance flag can be used for any patient with an assured status but not for Active Review status. (Active Review is not valid from 1 July 2022).

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

Collection

Related data:

Administrative attributes

Source document:

Source organisation:

Treatment facility

Administrative status

Reference ID:

Version: 1.1

Version date: 15-Feb-2011

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: Refer to Appendix E for this code set. For further information or a printed copy of the code table, contact Analytical Services. 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

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 (e.g., 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	<p>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:</p> <ul style="list-style-type: none"> – name – definition – data domain, eg, adding a new value to the field. <p>Elements with frequently updated code tables, such as the Facility code table, will not be assigned a new version for changes to data domain.</p>
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	<p>DATA ELEMENT—a unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes.</p> <p>DERIVED DATA ELEMENT—a data element whose values are derived by calculation from the values of other data elements.</p> <p>COMPOSITE DATA ELEMENT—a data element whose values represent a grouping of the values of other data elements in a specified order.</p>

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 12th 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 the Te Whatu Ora website for *Appendix B: Glossary*
<http://www.health.govt.nz/publication/appendix-b-glossary>

Appendix C: Valid Status Code Table

Booking Event Type	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	<i>Error</i>	<i>Error</i>	Treated	<i>Error</i>	<i>Error</i>	<i>Error</i>	<i>Error</i>
Booked (01)	Booked <i>Warning</i>	Given Certainty <i>Warning</i>	Active Review	Deferred	Rebook-ed	Booked	Treated	Exited	Booked	non-existent or previous state	erased
Rebooked (06)	Booked <i>Warning</i>	Given Certainty <i>Warning</i>	Active Review	Deferred	Rebook-ed	Rebook-ed	Treated	Exited	Rebook-ed	non-existent or previous state	erased
Deferred (05)	Booked	Given Certainty <i>Warning (if deferred by hospital)</i>	Active Review <i>Warning (if deferred by hospital)</i>	Deferred	Rebook-ed <i>Warning (should use Book)</i>	Deferred	Treated <i>Warning</i>	Exited	Deferred	non-existent or previous state	erased
Given Certainty (02)	Booked	Given Certainty <i>Warning</i>	Active Review <i>Warning</i>	Deferred	<i>Error</i>	Given Certainty	Treated <i>Warning</i>	Exited	Given Certainty	non-existent or previous state	erased
Waiting (03)	Booked	Given Certainty	Active Review <i>Warning</i>	Deferred	<i>Error</i>	Waiting	<i>Error</i>	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 <i>Warning</i>	Deferred	<i>Error</i>	Active Review	Treated <i>Warning</i>	Exited	Active Review	non-existent or previous state	erased
Active Review (04) will be discontinued from 1 July 2022 and records containing this value will no longer be accepted.											
Exited (20)	<i>Error</i>	<i>Error</i>	<i>Error</i>	<i>Error</i>	<i>Error</i>	<i>Error</i>	<i>Error</i>	<i>Error</i>	<i>Error</i>	non-existent or previous state	erased

Appendix D: Logical Groups of Elements

Healthcare user

- Date of birth
- Domicile code
- 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
- Assessor code
- Assessor group code
- Booking source
- CPAC assessment date
- CPAC score
- CPAC scoring system identifier
- Date first specialist consultation

Status / Date

- 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	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/agency-code-table
Assessor code table	See <i>Assessor code</i> .
Assessor group code table	See <i>Assessor group code</i> .
Booked Procedure code table	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/national-booking-reporting-system-code-tables/booked-procedure-values-code-table
Booking Source code table	See <i>Booking source</i> .
Booking Status code table	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/national-booking-reporting-system-code-tables/booking-status-code-table
Clinical Code Type code table	See <i>Clinical code type</i> . http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/clinical-code-type
Clinical Coding System code table	See <i>Clinical coding system ID</i> . http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/clinical-coding-system-code-table
CPAC Score code table	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/national-booking-reporting-system-code-tables/cpac-scoring-system-code-table
Deferred By code table	See <i>Deferred by</i> .
Domicile code table	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/domicile-code-table
Ethnic Group code table	See <i>Ethnic group codes</i> . http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables
Exit Category code table	See <i>Exit category</i> . http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/national-booking-reporting-system-code-tables/exit-category-code-table
Facility code table	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/facility-code-table
Health Specialty code table	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/health-specialty-code-table
Principal Health Service Purchaser code table	See <i>Principal health service purchaser</i> . http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/principal-health-service-purchaser-code-table
Professional Group code table	http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/national-booking-reporting-system-code-tables/professional-group-code-table
Sex Type code table	See <i>Sex</i> .
Staged/Planned Procedure Flag code table	See <i>Staged/planned procedure flag</i> . http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/national-booking-reporting-system-code-tables/staged-planned-procedure-flag-code-table

Code Tables on Website

For code tables on the website of Te Whatu Ora go to <http://www.health.govt.nz/nz-health-statistics/data-references/code-tables> For further information or a printed copy of the code table, contact Analytical Services. Contact details are given at the front of this dictionary.