Te Whatu Ora
Health New Zealand

National Collections Annual Maintenance Project 2024

Sector Consultation Business Requirements NCAMP 2024

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Status	Final

Te Whatu Ora
Health New Zealand

1 Table of Contents

2 Introduction

This document provides a vehicle for the discussion of the requests for changes to the National Collections and documents the requirements for the 2024 National Collections Annual Maintenance Project (NCAMP).

All feedback is welcomed and should be directed to ncamp@health.govt.nz

2.1 Project Background: National Collections Annual Maintenance

NCAMP is run annually to perform maintenance on the Te Whatu Ora – Health New Zealand National Collections and to ensure it meets its ongoing statutory obligations. The project will deliver changes to the following National Collections/Systems:

- National Minimum Data Set (NMDS)
- National Non-admitted Patient Collection (NNPAC)
- Programme for the Integration of Mental Health Data (PRIMHD)

Some NCAMP changes require Districts, Non-Governmental Organisations (NGOs) and private hospitals reporting directly to national collections to implement changes to their Patient Administration Systems (PAS) (sometimes also referred to as Patient Management Systems (PMS).

2.2 NCAMP Goals and Objectives

- To improve data quality to enable National Collections and Districts to accurately report on the provision and funding of services or treatment.
- To ensure data quality and integrity is maintained to avoid substantial rework by National Collections, Districts and NGOs.
- To improve National Collections and Districts ability to provide timely, accurate and comparative information. This will assist them to complete functions and meet objectives set out in the Pae Ora (Healthy Futures) Act 2022.
- To enable National Collections to meet its obligations of providing high quality data to the Districts, NGOs and other providers, particularly in relation to data processing and reporting, manual data entry, and application of data collection business rules.

3 Background

3.1 Assumptions

BA1. Maintenance items relating to the National Collections that do not impact Districts or NGO processes or systems may potentially be delivered in maintenance releases during the year.

BA2. Major increases in capability to the National Collections will be delivered through projects endorsed in the annual expenditure and are subject to business case approval.

3.2 Business Rules

Where relevant, for clarity or additional detail, the business rules will be listed individually with each change. Further detail may be provided in the sector notifications. All rules and requirements etc. are

based on the national collections and systems and care should be taken when analysing these taking into account local systems configuration.

3.3 Relevant Dates

- The cut-off date for requests for NCAMP 2024 was 1 August 2023
- The proposed scope for NCAMP 2024 was finalised on 25 September 2023
- Formal change notices will be issued in December after Sector feedback is considered.

4 National Minimum Dataset (NMDS)

4.1 Annual WIESNZ and Cost Weight Changes for 2024/25

The New Zealand Casemix Framework for Publicly Funded Hospitals (WIESNZ) is a mandatory update for NCAMP each year. The requirements for the Weighted Inlier Equivalent Separation (WIESNZ) and cost weight changes are sourced from the national Cost Weights Working Group as part of the annual National Costing Collection Pricing Programme (NCCPP). WIESNZ is the methodology used to calculate the cost weight value for each event based on the assigned AR-DRG and New Zealand costs, and the assignment of purchase units.

The 2024/25 New Zealand Casemix Framework for Publicly Funded Hospitals (WIESNZ24) document is expected to be available on the NCAMP website in December 2023.

5 National Non-Admitted Patient Collection (NNPAC)

5.1 National Bowel Screening Programme Events in NNPAC

Description	**National Bowel Screening Programme Events in NNPAC** **Background** The National Bowel Screening Programme (NBSP) was launched in 2017. A screening colonoscopy or computerised tomography colonography (CTC) is provided for eligible people who have a positive faecal immunochemical test (FIT) as part of the National Bowel Screening Programme. Included in the service delivery is a phone pre-assessment, undertaking the diagnostic procedure, histology and notification of any follow up required. Screening colonoscopy or computerised tomography colonography (CT colonoscopy) are generally performed under three hours and should be reported to NNPAC. **Impact** Some hospitals are reporting NBSP events to the NMDS but when NBSP was implemented it was never intended for same day NBSP events to be reported to NMDS. Same day NBSP events should be reported to NNPAC only and for hospitals to end reporting same day NBSP events to the NMDS. National Bowel Screening Programme event records should be reported with the purchaser code 33 (MOH Screening pilot or programme), funding agency code 1236 (Ministry of Health) and purchase unit code MS02007 Colonoscopy - Any health specialty. **Reporting events** Where a patient has a screening colonoscopy performed under NBSP and also has polyps removed (polypectomy) at time of screening, the polypectomy is included as part of the screening event and reported to NNPAC with the purchaser code 33.

	However, a subsequent admission for a colonoscopy as a result of findings during the NBSP screening colonoscopy are to have purchaser code 35 DHB-funded purchaser assigned. Where a NBSP patient requires admission as an inpatient directly following the screening colonoscopy procedure the event end type code reported for the NNPAC event must be DW (Discharge to other service within same facility). The inpatient admission event should be reported with purchaser code 35 (DHB funded). Where a NBSP patient is required to be admitted overnight and/or to have a screening colonscopy under a general anaesthesia the event should be reported to NMDS with purchaser code 33 and funding agency 1236. However, if the patient requires ongoing care after the screening colonscopy due to a complication or due to other circumstances, the event must be statistically discharged with event end type DF (Discharge due to change in funder) with a new inpatient admission reported with purchaser code 35 (DHB funded). **Note:** Descriptions and names still refer to Ministry of Health and DHBs, as the descriptions/names have not been updated in tables for the national collections. **Proposal** Districts work towards reporting all NBSP events to NNPAC only. This will not be a mandatory requirement in 2024 however, the intention is for all NBSP events to reported to NNPAC only in the near future.

5.2 Collecting procedures as part of NNPAC minor procedure Purchase Unit Codes – Mandatory

Description	**Summary** Hospitals are encouraged to do more same day surgery in an outpatient environment, which is beneficial for the patient and more efficient for the hospital, however it means that the clinical information about the procedure performed on a healthcare user is not captured when reporting to NNPAC. Collecting clinical information for five minor procedure purchase units will enable the planned care team and hospitals to understand trends, where delivery models have shifted, and accurately price and fund events. It is not intended for hospitals to change their current reporting for purchase unit codes (PUCs) that are being reported for the specified procedures performed. NCAMP 2023 introduced five PUCs that can have procedures reported against them from 1 July 2023: 1. S00008 – Minor operations 2. S25006 – ENT minor operations 3. S30008 – Gynaecology minor procedure – high cost 4. S40008 – Eye procedures 5. S60007 – Plastic surgery minor procedures From 1 July 2024, collection and reporting against these five PUCs will be mandatory. Note that the procedures that are not specific to a service (generic) can be used across the five PUCs. **Context of the Change:**

	Reporting the procedure performed for the five purchase units will reduce the number of new purchase units required for specific procedures and will allow more accurate costing and counting of the procedures eg, when NNPAC data is linked to hospital costing data. The procedures for the five purchase unit codes will be reported using SNOMED CT concept IDs. The procedure reference sets listing the SNOMED CT procedure concepts for each of the five purchase unit codes are provided on the NCAMP website. These reference sets are included in the SNOMED CT NZ Edition and available from the NZ Health Terminology Service [https://www.tewhatuora.govt.nz/our-health-system/digital-health/terminology-service/]. Hospitals can report SNOMED CT procedure concepts using NNPAC file layout v7.0. NNPAC captures outpatient clinic information therefore, there is no impact from this change for inpatient events. Districts will continue to have all of the existing information for outpatient PUC planning. In addition, Districts will be able to see the procedure that was performed in these minor procedure outpatient clinics where more detail is being collected. There will need to be a change in process to allow this additional information to be reported in file format version 7.0 The NNPAC file loading system and datamart include the new fields for these 5 purchase units. They will also be included in the NNPAC QLIK app and snowflake datamart and made available to analysts. The NNPAC PUC Procedure Reference Set is available from here

6 Programme for the Integration of Mental Health Data (PRIMHD)

6.1 Mandatory Family Whānau Involvement reporting

Description	**Background** NCAMP 2021 included a change that created a new data element within the Activity (AT) Record Code Set to indicate Family/Whānau involvement for community AT records. A Yes/No flag indicates if family/whānau were involved in the activity. The indicator enables a comprehensive record of family/whānau involvement. It simplifies the process of collecting the data and enables the retirement of some existing activity type codes. Refer to the new activity type codes. From 1 July 2024, it is a requirement that this new data element has been implemented. The element will be mandatory, and referrals submitted with activity records without the family/whānau involvement flag will be rejected. *Family/Whānau Involvement* A code to identify if there was family/whānau involvement with the service user at an activity. See table below:

	Code	Description	Code Valid from	Code Valid To	Comment
	1	Yes. Client with family/ whānau	01-07-2024	30-06-2030	Family / Whānau involved
	2	No. Client only	01-07-2024	30-06-2030	Family / Whānau not involved

#	
BR1.	PRIMHD File Specification Section 5.4.5 - AT Record Processing, Error and Warning Message RM-P52-28 will have an end date of 30 June 2024: RM-P52-28 | Warning | Warning – Missing Data | ▪ A *Family/whanau Involvement* value has not been provided for this activity record.
BR2.	PRIMHD File Specification Section 5.4.5 - AT Record Processing, Error and Warning Message RM-P52-30 will be effective from 1 July 2024: RM-P52-30 | Error | Error – Missing Mandatory Data | ▪ The mandatory data element Family Whanau Involvement has not been supplied in the AT record. *Note: Effective 1 July 2024*
BR3.	PRIMHD File Specification Section 5.4.4 – AT Record Business Rules BR-P52-17 will have the response message reference updated from RM-P52-28 to RM-P52-30. BR-P52-17 | ▪ A *Family/whanau Involvement* value has not been provided for this activity record | ▪ Family Whanau Involvement | ▪ RM-P52-30

6.2 New and retiring PRIMHD Activity Type Codes

Description	**New Activity Codes** **Background** Family/whānau Involvement can occur at any time during the patient journey and measuring the extent and context of these interactions is a key requirement. The availability of this information will support improvement, development and promotion of care and treatment services that engage family/whānau while improving service accountability. Mental health activity is reported to PRIMHD via Activity Record (AT) codes. Currently there are different codes to record if family or whānau are present or not present. **Impact** Due to the addition of the family/whānau involvement indicator, two current Activity Type codes are no longer valid as they currently ask whether family/whānau are present. These two Activity Type codes are being retired and are to be replaced with one new Activity Type code which combines the descriptions of the retired codes.
#	
BR1.	Add a code valid to date of 30 June 2024 for Activity Type Code T36 - Contact with family/whānau, tangata whaiora/consumer present
BR2.	Add an error message if a record is reported with Activity Type Code T36 from 1 July 2024
BR3.	Add a code valid to date of 30 June 2024 for Activity Type Code T42 - Individual treatment attendances: family/whānau not present
BR4.	Add an error message if a record is reported with Activity Type Code T42 from 1 July 2024

<table>
<tr><td>BR5.</td><td>Add new Activity Type Code T53 - Individual treatment attendance. The code valid from date is 1 July 2024:
<table>
<tr><th>Code</th><th>Description</th><th>Code Valid From</th><th>Code Valid To</th><th>Used for/Comment</th></tr>
<tr><td>T53</td><td>Individual treatment attendance</td><td>01-07-2024</td><td>30-06-2030</td><td>Assessment, treatment (including support with medication), care planning, review and discharge in conjunction with tangata whaiora/consumer, Family/whānau and/or significant other may or may not be present.</td></tr>
</table></td></tr>
<tr><td>BR6.</td><td>Update HISO PRIMHD Code Set Standard Section 2.4.1.1 Activity Type Codes noting the reason for the retirement of T36 and T42 and replacing these with T53.</td></tr>
<tr><td>BR7.</td><td>Guide to PRIMHD Activity Collection and Use document and PRIMHD File Specification will be updated to reflect the retired and new activity code(s).</td></tr>
</table>

6.3 Health of the Nation Outcome Scales for Infants (HoNOSI)

Description	**Health of the Nation Outcome Scales for Infants (HoNOSI)** **Background** In NCAMP 2023, Health of the Nation Outcome Scales for Infants (HoNOSI) was implemented for children aged 0-4years. Early intervention is an important clinical need for young children and HoNOSI enables the ability to ascertain clinical outcomes. From 1 July 2024, HoNOSI collection and reporting will be mandatory for all Districts that undertake specialist work with infants. There are no business rule validations to mandate the inclusion of HoNOSI.

6.4 PRIMHD team type amendment

Description	**PRIMHD team type activity type update – team types 12 and 26** **Background** Updates required to the team type activity type matrix for team type 12 – intellectual disability dual and 26 – intellectual disability. **Impact** Small – ensures that current activity types being used for team type 12 and 26 are correctly enabled in the application. The matrix drives a warning that is generated rather than sending an error message. This update will improve guidance and reporting of PRIMHD data.
#	
BR1.	Update file specification and PRIMHD application for Team type 12 by adding an ‘x’ where highlighted:

Activity Type	Team Type					
	07 Pacific Peoples - Retired	08 Residential	09 Comm Skills - Retired	10 A & D Kaupapa - Retired	11 A & D Dual Diag	12 Intellectual Dis. Dual
T01 Crisis Attendances					x	x
T02 Intensive Bed					x	x
T03 Acute Bed					x	x
T04 Sub-Acute Bed					x	x
T05 Crisis Respite Bed		x			x	x
T06 - Retired						
T07 Group Attendances					x	x
T08 Care Coordination					x	x
T09 - Retired						
T10 Completed Needs Assessment					x	x
T11 Maximum Secure Bed						
T12 Medium Secure Bed						
T13 Minimum Secure Bed						
T14 Forensic Pre Discharge Bed		x				
T15 Court Liaison Attendance					x	x
T16 Substance Abuse Detox Bed					x	
T17 Substance Abuse Attendance					x	
T18 Methadone Attendance					x	
T19 Methadone Attendance GP					x	
T20 Substance Abuse Res. Bed					x	
T21 Psychiatric Rehab. Bed		x				

BR2. Update file specification and PRIMHD application for Team type 26 by adding an ‘x’ where highlighted:

Activity Type	Team	
	25 Early interventio n team	26 Intellectua l Disability
T01 Crisis Attendances	x	x
T02 Intensive Bed		x
T03 Acute Bed		x
T04 Sub-Acute Bed		x
T05 Crisis Respite Bed		x
T06 - Retired		
T07 Group Attendances	x	x
T08 Care Coordination	x	x
T09 - Retired		
T10 Completed Needs Assessment	x	x
T11 Maximum Secure Bed		
T12 Medium Secure Bed		
T13 Minimum Secure Bed		
T14 Forensic Pre Discharge Bed		
T15 Court Liaison Attendance	x	x
T16 Substance Abuse Detox Bed		
T17 Substance Abuse Attendance		
T18 Methadone Attendance		
T19 Methadone Attendance GP		
T20 Substance Abuse Res. Bed		
T21 Psychiatric Rehab. Bed		
T22 Day Treatment Programme	x	x

6.5 PRIMHD Sex and NHI Gender Warning

Description	**PRIMHD Sex Mismatch with NHI Gender Warning in Place of Error** **Background** Data submitted to PRIMHD involves a verification process to ensure the provider is giving details for the right person. The NHI, sex and Date of Birth are supplied on the PRIMHD referral or legal status record, and these details are compared with those held on the National Health Index. If the details supplied DO NOT match, the referral or legal status record errors and no data is written to PRIMHD. If the details DO match, the referral or legal status record is accepted and loaded to PRIMHD. But the submitted "sex" data is not used at all from that point onwards. For all reporting from PRIMHD by gender, details are pulled from the NHI. **Impact** Records that error are rejected and not recorded in PRIMHD therefore the data collection is incomplete until the errors are corrected and the data resubmitted in a subsequent extract. In some cases the correction process requires the details on the NHI record to be updated. This involves calling the contact centre and providing a number of details to have the details on the NHI record corrected.
#	
BR1.	**Proposed change** Amend the current error message that rejects a mismatched sex/gender referral/discharge or legal status record to a warning to enable these records to be accepted. **Impact** Allowing mismatched sex/gender records to be accepted into PRIMHD introduces the risk of referral or legal status data being reported against the wrong NHI. Records that result in a warning are very often not corrected by providers, so if data is reported against the wrong NHI it is unlikely to be corrected, resulting in ongoing incorrect data in PRIMHD.

7 Advisories

7.1 Reporting of Facility Code

This advisory notice is to remind Districts that they are required to report accurate information to the National Collections, in particular the correct facility code for where a healthcare user presented and received assessment and/or treatment.

The Ministry of Health Operational Policy Framework last published in 2022 stated that Districts must: '*Ensure the information is of the highest possible quality. The information must be timely, comprehensive, accurate, consistent, and a complete representation of what happened.'*

The Te Whatu Ora – Health New Zealand Operational Policy Schedule due to be published late 2023 states:
Te Whatu Ora and Te Aka Whai Ora must: 'Ensure all of its providers of publicly funded health services submit correct and complete data to national collections and national systems'.

Context of the Advisory:
Districts are reporting healthcare users as attending an outpatient appointment and/or inpatient stay at their hospital (facility) when the healthcare user actually attended and/or received assessment/treatment at another facility (e.g., private facility).

What is Expected of the Sector:
All Districts are required to report the actual facility code where the healthcare user attended for assessment and/or treatment (or was booked but did not attend (DNA)). This is applicable for all inpatient admission types (e.g., acute, arranged admission and waitlist/planned care).

The facility code table is available on the Te Whatu Ora – Health New Zealand website and is updated frequently.

https://www.tewhatuora.govt.nz/our-health-system/data-and-statistics/nz-health-statistics/data-references/code-tables/common-code-tables#facility-code-table

If a facility is not listed in the facility code table or the facility listed does not have a valid facility code that can be reported to the National Collections, email operations@health.govt.nz for assistance.

If the facility is not listed as WIES eligible in the New Zealand Casemix Framework for Publicly Funded Hospitals, submit a request to have the facility added. Submit requests to operations@health.govt.nz and include the name of the facility and code if known, specify the reason for the requesting the facility to be added as WIESNZ eligible and the intended start date (e.g., 1 July 2024).

The definition of a facility (from the NMDS Data Dictionary - Facility code) is:

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.

Impact of Change on National Collection(s):

The Facility code reported in the National Collections will be accurate for costing, counting and reporting and analysis of bed night data etc.

7.2 Reporting of Event End Type Code

This advisory notice is to inform Districts that all Event end type decriptions and definitions will be reviewed with clarifcation provided to assist in the correct assignment of codes on event records.

Following a review of NMDS Event end type data it was found that the allocation of event end types DA – Discharge to an acute facility, DT – Discharge of patient to another healthcare facility, EA – Discharge from Emergency department acute facility to specialist facility for neonates and burns only and ET – Discharge from Emergency department acute facility to another healthcare facility are inconsistently allocated and reported.

In addition to the inconsistent allocation it was also found that the original definition in the development of the Event end type DA is no longer fit for purpose. Therefore, a review of the Event end type descriptions and definitions will be completed with clarification provided.

All Event end types are mapped to a separation mode, which is used by the grouper software, as it contributes to the DRG assigned for an event record.

Context of the Advisory:
In 1995 Event end type DA – Discharge to an acute facility was developed due to the implementation of the grouper AN-DRG v3.1. In AN-DRG v3.1 Event end type in addition to diagnosis/procedure codes determined the DRG for neonatal and burns event records. The Event end type DA definition in 1995 was:

"Discharge to acute specialist facility only in the cases where the discharge directly due to the need for immediate treatment at an acute specialist neonatal unit or a specialist burn unit."

From 1 July 2003 the Event end type definition for DA was revised by the National Data Policy Group (NDPG) to include stroke and multiple trauma event records where there was a transfer to a tertiary facility within five days, to accommodate the changes in AR-DRG v4.2. Since 1 July 2003 the DA definition has been:

"DA is only used in cases where the patient is being transferred within 5 days of admission, and:
- the patient being transferred has a principal diagnosis of stroke or
- the discharge is directly due to the need for immediate treatment at a neonatal facility, a specialist burns unit, or a multiple trauma unit."

The above definition has not changed since 2003 however the use of the Event end type in later AR-DRG versions has, for example Event end type contributes to the assignment of DRGs for Stroke and Other Cerebrovascular Disorders, Intracranial Injuries, Circulatory Disorders, Admitted for AMI, Heart Failure and Shock, Femoral Fractures, Neonatal, Multiple Significant Trauma and Burns.

Event end types for attendances and short stay (≥3 hours) events in an Emergency department were developed on the basis of the general Event end types and implemented in the national collections from 1 July 2007. Listed below are the current Event end types available for use.

Event End Type Code and Descriptions	
DA	Discharge to an acute facility
DC	Psychiatric patient discharged to community care
DD	Died
DF	Statistical discharge for change in funder
DI	Self-discharge from hospital, indemnity signed
DL	Committed psychiatric patient discharged to leave for more than 10 days
DN	Psychiatric remand patient discharged without committal

DO	Discharge of a patient for organ donation
DP	Psychiatric patient transferred for further psychiatric care
DR	Ended routinely
DS	Self-discharge from hospital (no indemnity)
DT	Discharge of patient to another healthcare facility
DW	Discharge to other service within same facility between the following types of specialty: AT&R, mental health, personal health and palliative care. Not to be used for transfer between surgical, medical and maternity services (with or without a LMC).
EA	Discharge from Emergency department acute facility to specialist facility for neonates and burns only
ED	Died while still in Emergency department acute facility
EI	Self discharge from treatment in an Emergency department acute facility with indemnity signed
ER	Routine discharge from an Emergency department acute facility
ES	Self discharge from treatment in an Emergency department acute facility without indemnity
ET	Discharge from Emergency department acute facility to another healthcare facility

What is Expected of the Sector:
All Districts will need to provide the updated documentation and education to all staff who allocate Event end type codes.

Impact of Change on National Collection(s):
Revised Event end type definitions will assist in the correct Event end type being allocated and reported to National Collections. The revised definitions will impact on DRG assignment.

Additional validation rules will be developed in the NMDS to reject event records reported with incorrect use of discharge/transfer Event end type codes with facility transfer to and transfer from, and admission source.

7.3 National Health Index (NHI)

7.3.1 Advisory Change to National Health Index (NHI) Numbering System

The National Health Index (NHI) has assigned the majority of the currently available NHI numbering range. All existing NHI numbers are forecast to be exhausted in 2025 based on current rates of allocation.

A new number format will be issued from 1 October 2025 to extend the range of NHI numbers available.

The existing approach provides a unique 7-character number in the format AAANNNC (3 alpha, 3 numeric and one numeric check digit).

The new format is to take the form AAANNAC (3 alpha, 2 numeric, 1 alpha and one alpha check digit). The two formats are to co-exist – 'old' format numbers will not be replaced.

The approach is detailed in the HISO 10046:2022 Consumer Health Identity Standard: https://www.health.govt.nz/publication/hiso-10046-consumer-health-identity-standard. Further information can be found at https://www.tewhatuora.govt.nz/our-health-system/digital-health/health-identity/national-health-index/nhi-format-changes/.

Situation
As the NHI number system is fundamental to health systems generally, it is essential that all system providers and users are aware of and familiar with, the new approach. System vendors will need to

adjust their products to handle the change of format and the supporting calculation process for the check digit.

Summary
An update to the HISO 10046 Consumer Health Identity Standard (titled HISO 10046:2022 Consumer Health Identity Standard) was published in May 2022. It details the change to the format of NHI numbers. New format NHI numbers are available in the pre-production compliance test environment for system vendors and providers to test against. All systems should be changed to accommodate the new format by 1 July 2024 to allow a comfortable lead time before the first production numbers are issued in the new format.

7.3.2 Advisory Ethnicity Protocols

Provided below is information regarding updates to the Ethnicity Protocols and reporting. The expectation is that District hospitals are currently recording ethnicity at level 4 ethnicities.

Details of the Proposed Change
NHI FHIR (Fast Healthcare Interoperability Resources) services are now available in production. Hospitals are expected to transition to NHI FHIR (or SOAP) services to update NHI ethnicity at level 4. Please contact ws_integration@health.govt.nz or refer to https://marketplace.hira.health.nz/apis/national-health-index/ for further information.

As an initial step, hospitals may choose to update and store level 4 ethnicities at a local system level. Once hospitals have transitioned to the new NHI services and are updating ethnicity at level 4 there will no longer be a requirement to report ethnicity in any load file to National Collections.

The HISO 10001:2017 Ethnicity Data Protocols define appropriate processes for confirmation or correction of ethnicity where existing data is held for a respondent and an appropriate frequency for collecting ethnicity data.

The protocols support a transition from the previous minimum requirements of recording up to three ethnicities at level 2 classification to recording up to six ethnicities at level 4 classification. This reflects the requirement for information systems to capture the greater population diversity and improved granularity of information to plan, fund and monitor health services. These changes represent a significant move forward in terms of ethnicity data collection and will make a valuable contribution for health. https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols.

User Interfaces should align closely with this example based on the census on-line collection method. http://refraction.nz/eths

7.3.3 Advisory Gender Code - *Another Gender*

Another Gender code ‘O’ was added to the list of available gender categories that can be recorded in the NHI effective from 1 July 2020. Hospital PAS systems should be upgraded to support the *Another Gender* code ‘O’ when interacting with the NHI at the earliest opportunity.

For systems that are collecting this new category the following instructions apply to update the NHI:

For SOAP API users
To implement the new code set, update your API requests’ Master Code Set version to version 4.0 and the Gender code set to version 1.2 e.g.:
<mes:masterCodeSet>4.0</mes:masterCodeSet> and <pws:gender codeSystem="GENDER" codeSystemVersion="1.2" value="O"/>

If a request uses Master Code set 3.1 and Gender code set 1.1 then Gender ‘O’ codes held on the NHI are returned as ‘U’.

For HL7 V2 legacy users
When you are ready to send the new 'O' codes to the NHI, notify the HIP product team via the integration@health.govt.nz and they will enable it for your hospital/district interface in UAT for you to complete testing before activating it in production.

7.3.4 Advisory Iwi Affiliation Protocols

The Government recognises that it has struggled to provide iwi with high-quality information about their people and knows that this needs to change.

To help address this, Te Manatū Hauora and Te Whatu Ora has partnered with other government agencies and Māori data experts from the Data Iwi Leaders Group, to launch *Tātai* – a data collection tool that will provide iwi with much better health information about their people. This data has been combined with data in the national collections to show the types of insights that may be generated at an iwi level.

Collecting iwi affiliation data is a way to ensure we, as government, are contributing to worthwhile and high-quality datasets about iwi, for iwi.

As critical partners to this data collection, the information that is collected will be combined with wider health sector information, through the NHI, and be shared back to iwi to inform and strengthen their strategies and programmes. The government will also use this data to better understand where Māori are located, and what their needs are in the health system. This data will be a key enabler to support decision making and investment in Māori health.

What is Expected of the Sector:
If health sector organisations are already collecting iwi affiliation data, or intend on collecting this data, they should refer to HISO 10094:2022 Māori Descent and Iwi Affiliation Data Protocols: https://www.tewhatuora.govt.nz/assets/Our-health-system/Digital-health/Health-information-standards/hiso-10094-2022-iwi-affiliation-data-protocols-sep22.pdf

8 Appendix A – Definitions

Abbreviation	Definition
API	Application Programme Interface
AR-DRG	Australian Refined Diagnosis Related Groups
CT	Computerised Tomography
CTC	Computerised Tomography Colonography
DHB	District Health Board
DRG	Diagnosis Related Groups
ED	Emergency Department
FHIR	Fast Healthcare Interoperability Resources
FIT	Faecal Immunochemical Test
HISO	Health Information Standards Organisation
HL7	Health Level 7
HoNOSI	Health of the Nation Outcomes Scales for Infants
ID	Identifier
MOH	Ministry of Health
NBSP	National Bowel Screening Programme
NCAMP	National Collections Annual Maintenance Programme
NCCPP	National Costing Collection Pricing Programme
NGO	Non-Government Organisation
NHI	National Health Index
NMDS	National Minimum Data Set
NNPAC	National Non-Admitted Patient Collection
NZ	New Zealand
PAS	Patient Administration System
PMS	Patient Management System
PRIMHD	Programme for the Integration of Mental Health Data
PUC	Purchase Unit Code
SNOMED-CT	Systematized Nomenclature of Medicine – Clinical Terms
SOAP	Simple Object Access Protocol
WIES	Weighted Inlier Equivalent Separation
WIESNZ	Weighted Inlier Equivalent Separation New Zealand

9 Appendix B – Document Control

Document Details

Project	National Collections Annual Maintenance Project 2024
Team	National Collections
Document Title	Sector Consultation Business Requirements NCAMP 2024
Author(s)	Te Whatu Ora – Health New Zealand
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