

Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting

*Implementation Guide to NSW Health GL2015_012 Non-Admitted Patient Data Collection Transition
from WebNAP to EDWARD Reporting*

Policy Number 4.022

Policy Function Clinical Information Management

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Summary NSW Health has provided [GL2015_012 Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting](#) for Local Health Districts and Specialty Networks to implement as part of the transition from the HIE to EDWARD. This Implementation Guide advises Justice Health and Forensic Mental Health Network non-admitted patient service providers and non-admitted patient activity source system support staff of the changes in requirements involved in the transition from reporting via WebNAP to reporting via the EDWARD. An understanding of these differences and implementation is required to reconfigure source system builds and patient level activity extracts and redesign non-admitted patient activity reporting business processes.

Responsible Officer ED Corporate Services

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) N/A – New Policy

Change Summary N/A – New Policy

HPRM Reference POLJH/4022

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

In line with NSW Health's strategic direction and the significantly increased volume of non-admitted patient services being reported at the patient level by NSW Health services the Non-Admitted Patient Data Collection will transition to be reported via EDWARD rather than the interim system WebNAP.

The migration of the data collection to EDWARD will have significant benefits for Justice Health and Forensic Mental Health Network (the Network). It is expected higher data availability, more efficient data loading and resubmission processes, significantly improved data error reporting functionality and appropriately secured access to activity data.

This implementation guide should be used in conjunction with the Ministry of Health (The Ministry) [GL2015_012 Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting](#) technical specifications which are most up-to-date on the Ministry intranet; see [Data Collection and Reporting](#).

2. Non-Admitted Patient Terminology and Acronyms

Term / Acronym	Description
EBI	EDWARD Business Implementation
EDWARD	NSW Health's strategic Enterprise Data Warehouse
HIE	Health Information Exchange - the legacy data warehouse
HSIPR	Health System Information and Performance Reporting Branch, the Ministry
LHD	Local Health District
The Ministry	Ministry of Health (NSW)
NAP	Non-admitted patient
NAPOOS	Non-admitted patient Occasion of Service
NSW	New South Wales
OOS	Occasion of Service
WebNAP	The legacy reporting system for reporting non-admitted patient activity

3. Policy Content

The implementation requirements have been broken down into three phases:

Phase 1: Report current scope via EDWARD (mLoad) and decommission WebNAP.

Phase 2: Convert source system extracts and classifications to the EDWARD file format.

Phase 3: Integrate additional reporting requirements for specific clinical streams where applicable.

3.1. Mandatory Requirements

The Network source system administrators currently reporting data via WebNAP must transition to reporting via mLoad into EDWARD. The effected systems include:

- i.Patient Manager Patient Administration System (PAS)
- Community Health Information Management Enterprise (CHIME)
- Non-Admitted Patient Occasions of Service (NAPOOS)

3.2. Implementation - Roles & Responsibilities

The EDWARD Business Implementation (EBI) Program collaborating with the Ministry's Health Systems Information and Performance Reporting (HSIPR) Branch will establish a small project team to support transition, testing and address queries as they arise during the migration period.

The Network has formed a working group with the EBI team to facilitate the transition.

Service Directors are responsible for:

- Compliance of accurate and timely collection of data related to their service.
- Notifying IM of a new data collection (such as the opening of a new health centre or clinic) or changes to services (such as renaming or closing of a clinic).

Clinical Application Team are responsible for:

- Configuring source systems to enable the collection of required data elements.
- Enabling source systems to generate extract files that meet the correct format for uploading to EDWARD.
- Collaborating with IM to ensure the structure and accuracy of extract files are correct.

Information Management (IM) are responsible for:

- Managing the overall transition from WebNAP to EDWARD reporting through collaboration with the Clinical Applications Team and EBI. The primary contact is the Health Information Coordinator and the escalation contact is the Manager, Information Management.
- The mapping of data elements to any relevant classifications or fields in accordance with [GL2015_012 Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting](#).
- Collaboration with service directors to coordinate the creation of any relevant data collections.
- Being the point of contact for data requests and enquiries.
- Liaison with the Ministry to receive and provide relevant data related updates.

4. Procedure Content

The summary and description of the work required in each phase is summarised below. The technical specifications such as data classifications, file format options and mLoad/EDWARD documentation are found on the Ministry intranet; see [GL2015_012 Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting](#) and [Data Collection and Reporting](#).

4.1. Phase 1

Implementation of phase 1 requires The Network to load WebNAP patient level and summary level extracts into EDWARD and cease reporting via WebNAP. To support the transition to EDWARD reporting during Phases 1 and 2, a file upload, conversion and transfer tool, the EDWARD mLoad Tool, will be available to upload patient level and summary level data extracts from source systems in either the WebNAP extract format or the EDWARD extract format.

The tool will apply the necessary file format conversions to WebNAP extracts compliant with the WebNAP reporting requirements and file format. It will also produce a container header file (based on user inputs) for both WebNAP and EDWARD flat file formats and transfer files to the EDWARD drop zone where they will automatically be loaded into EDWARD.

During this phase The Network:

1. Must build EDWARD extracts for non-admitted patient source systems that are not yet reporting at the patient level.
2. Must commence the reconfiguration of WebNAP extracts such that the source system can report activity directly in the EDWARD extract format.
3. Should cease reporting summary level data for services reporting at the patient level once reporting through the EDWARD mLoad Tool
4. May commence (or fully implement any) transition steps outlined in later phases)

4.2. Phase 2

Phase 2 of the implementation involves the alignment of classification for existing data elements to full compliance with the EDWARD classification standards and introduces new classification categories to enable compliance with NSW Health onward reporting requirements, such as reporting to national minimum data sets.

4.3. Phase 3

Phase 3 involves reporting the additional data elements set aside in the EDWARD extract file format for the integration of other non-admitted patient data collections for specific clinical streams. It will involve decommissioning the legacy extracts and legacy data repositories (such as HIE and other disparate databases).

Existing non-admitted patient data collections which have their own current extracts, data repositories, classifications and business should be incorporated into the EDWARD NAP Maximum (Multi File) extract file format or EDWARD NAP Minimum (Flat File) extract file format.

Data elements covered by these data collections should be supplied to EDWARD during earlier implementation phases (Phase 1 or 2) to avoid overheads of engaging extract developers multiple times. These data elements should only be incorporated during Phase 1 if it does not significantly delay the migration of WebNAP to EDWARD reporting or the source system is a dedicated source system for the clinical stream with the extended reporting requirements.

5. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

6. Legislation and Related Documents

NSW Health Policy Directives, and Guidelines [GL2015_012 Non-Admitted Patient Data Collection Transition from WebNAP to EDWARD Reporting](#)
[NSW Health Intranet - Data Collection and Reporting](#)

Ministry of Health Forms [mLoad access form and setup process](#)
[EDWARD access form and setup process](#)