

RPHS Data Definitions

Individual Sessions

Date of Consult

Date that this consult took place

Unique Patient Identifier

Code that is attributed to the person receiving the service

Occasion of Service (OOS)

The OOS number that this consultation will be and is inclusive of MBS funded OOS e.g. a client has had an initial assessment funded through RPHS and two MBS funded sessions, this consult is now OOS number 4.

The OOS of service number should also be reflective of other allied health service providers part of a patients GP Management Plan or Team Care Arrangement not contracted or sub-contracted by RPHS providers e.g. a client has had an initial assessment funded through RPHS and two MBS funded sessions by an RPHS contractor, and one session delivered by a private allied health service not contracted or sub-contracted by RPHS, this consult is now OOS number 5.

MBS sessions are calculated per calendar year to incorporate this into the OOS of service number the MBS sessions will be reset to zero on January 1 each year e.g. a client has had an initial assessment funded through RPHS and two MBS funded sessions, this consult in December is now OOS number 4. If this fourth session was held in January, it will still be counted as session 4, but it will obviously be the first MBS session as the new calendar year would have commenced.

Service Modality

What modality was utilised to deliver this OOS.

Service Provider Type

What practitioner is delivering this OOS.

Year of Birth (YYYY)

The year of birth of the person receiving intervention

Gender

The gender of the person receiving intervention

Ethnicity

The ethnicity of the person receiving intervention

Date of Referral (DD/MM/YYYY)

The date that the referral was sent to the RPHS service provider

Date of 1st OOS (DD/MM/YYYY)

The date of the first OOS service since receiving the referral.

Attended Appoint

Did the client attend this scheduled OOS

Overarching program**CHRONIC CONDITION****Chronic Condition**

The chronic condition that the GP has identified as requiring management.

Number of sessions included on the GP Management Plan or Team Care Arrangement

The number of sessions that the GP has outlined on the plan

Pre-Outcome Measure

The score from applying the outcome tool in the first session

Post-Outcome Measure

The score from applying the outcome tool in the final session

LGA

The Local Government Area that the OOS was delivered (if delivered through telehealth relate to client's location)

Client Residential Locality (Name not Post Code)

The name of the locality that the client resides

Provider Locality (Name not Post Code)

The name of the locality that the OOS was delivered (if delivered through telehealth relate to client's location)

Progress Summary Provided to Referrer

Was a written report provided to the referring GP once the OOS had been delivered

Status

Is there more OOS to be delivered or has the client exhausted their annual limit

AT RISK OF A CHRONIC CONDITION**Chronic Condition Risk**

The chronic condition that the client is at risk of developing

LGA

The Local Government Area that the OOS was delivered (if delivered through telehealth relate to client's location)

Client Residential Locality (Name not Post Code)

The name of the locality that the client resides

Provider Locality (Name not Post Code)

The name of the locality that the OOS was delivered (if delivered through telehealth relate to client's location)

Progress Summary Provided to Referrer

Was a written report provided to the referring GP once the OOS had been delivered

Status

Is there more OOS to be delivered or has the client exhausted their annual limit

Group Sessions

Date of Sessions

Date that this session took place

Unique Patient Identifier

Code that is attributed to the person receiving the service

Number of Group Sessions Attended

The number of group sessions that the client has now attended.

Service Modality

What modality was utilised to deliver this OOS.

Service Provider Type

What practitioner is delivering this OOS.

Date of Birth (YYYY)

The date of birth of the person receiving intervention (only the year)

Gender

The gender of the person receiving intervention

Ethnicity

The ethnicity of the person receiving intervention

Date of Referral (DD/MM/YYYY)

The date that the referral was sent to the RPHS service provider

Number of group sessions outlined by the GP

The number of group sessions the GP has outlined that the person should attend

Date of 1st OOS (DD/MM/YYYY)

The date of the first OOS service since receiving the referral.

Attended Appoint

Did the client attend this scheduled OOS

Overarching program

CHRONIC CONDITION

Chronic Condition

The chronic condition that is being managed.

LGA

The Local Government Area that the OOS was delivered (if delivered through telehealth relate to client's location)

Client Residential Locality (Name not Post Code)

The name of the locality that the client resides

Provider Locality (Name not Post Code)

The name of the locality that the OOS was delivered (if delivered through telehealth relate to client's location)

Progress Summary Provided to Referrer

Was a written report provided to the referring GP once the OOS had been delivered

Status

Is there more OOS to be delivered or has all the sessions outlined by the GP been exhausted

AT RISK OF A CHRONIC CONDITION

Chronic Condition Risk

The chronic condition that the client is at risk of developing

LGA

The Local Government Area that the OOS was delivered (if delivered through telehealth relate to client's location)

Client Residential Locality (Name not Post Code)

The name of the locality that the client resides

Provider Locality (Name not Post Code)

The name of the locality that the OOS was delivered (if delivered through telehealth relate to client's location)

Progress Summary Provided to Referrer

Was a written report provided to the referring GP once the OOS had been delivered

Status

Is there more OOS to be delivered or has all the sessions outlined by the GP been exhausted