



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Inpatient Waiting List Minimum Data Set

V2.1

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Document Revision History

| Date | Author | Version | Change Reference |
|------------|-------------|---------|--|
| 2023/09/27 | Conor Lynch | 0.1 | Initial draft |
| 2023/12/22 | Conor Lynch | 0.2 | Splitting out Cancellation Dates |
| 2024/01/12 | Conor Lynch | 0.3 | Updated according to feedback from ICT team |
| 2024/02/20 | Conor Lynch | 0.4 | Updated according to feedback from WLR team |
| 2024/04/02 | Conor Lynch | 1.0 | Final clean-up |
| 2024/04/15 | Conor Lynch | 1.1 | Colour coding updated for clarity |
| 2024/05/16 | Conor Lynch | 1.2 | Table for High Clinical or Social Needs added |
| 2024/05/23 | Conor Lynch | 1.3 | Patient Short Notice Cancellation Date field added. "Patient Unfit" cancellation reason renamed to "Patient Clinically Unfit". |
| 2024/06/05 | Conor Lynch | 1.4 | Removal reasons updated after consultation with WLR Team. |
| 2024/06/24 | Conor Lynch | 1.5 | TCI Cancellation Reasons expanded based on IT recommendations. |
| 2024/07/11 | Conor Lynch | 1.6 | Changes to removal and cancellation reasons. |
| 2024/07/16 | Conor Lynch | 1.7 | Removal reason from validation team added. |
| 2024/07/18 | Conor Lynch | 2.0 | Meeting with WLR for final sign-off. Removal reasons changed slightly. |
| 2025/05/07 | Conor Lynch | 2.1 | File name format updated. Some changes in colour coding. Suspension reasons which do not deduct days highlighted. Date Placed on Waiting List mandatory for PP. IHI field information updated. |

Introduction

The purpose of this document is to provide information to hospitals to aid them in producing the Inpatient Waiting List extract files for subsequent weekly upload to, and processing by, the NTPF.

Producing Extract Files

The weekly extract file should be a complete snapshot of the Waiting List (WL) and Planned Procedure (PP) data, containing a single record for each WL or PP episode. Each record should reflect the status of the WL or PP episode at the time of the extract. Every WL or PP episode that has been completed in the previous four weeks should also be included in the extract file.

The extract file should contain a complete set of data as described above and have no dependencies on previously submitted extract files. A record comprising of certain data items is required for every patient be they a waiting list patient or a planned procedure and which is described in this document.

Once a patient has been added to a WL or PP module, a corresponding record should be included in all subsequent extract files until four weeks after the waiting list/planned procedure episode is complete, i.e. the patient has been admitted or the patient has been removed.

Even if a patient has been added to a system in error, the same process should be followed, and the relevant records included within each extract file. The field 'WL/PP Removal Reason Code' includes codes for 'Clerical Error' and similar occurrences. Ensuring that such records are properly coded and included in extract files will allow these to be excluded from later statistics and calculations.

Patients to be Included

All public patients awaiting access to Inpatient, Day Case, Planned Procedure and GI Endoscopy care, who are listed under a valid ICD-10 AM code, should be included in the extract file.

Categories of patients who should **NOT** be submitted include, but are not limited to:

- Private patients on public hospital waiting lists
- Private patients on a consultant's private waiting list
- Patients awaiting access to National Screening Services such as BowelScreen, Breast Check, Cervical Screening, or Diabetic Retina Screen.
- Patients awaiting access to diagnostics such as Cardiology (Echo, EST, Holder, Event Monitors), Radiology Diagnostics (MRI, CT, US), or Respiratory Pulmonary Function Tests (PFTs)

Naming Extract Files

The naming convention with respect to extract file names is as follows:

There should be four items of information within the extract file name, each separated by an underline character,

- "IDPP"
- The Hospital HIPE Code (including the leading zero if applicable)
- The Waiting List Extract Date (formatted as "yyyyMMdd")
- The file set sequence number (only required if there are multiple extract files and the above items do not provide a unique file name)

A typical extract file name might be: IDPP_0908_20220101_1.csv

Multiple Extract Files per Week

There is no mechanism by which the NTPF can know that all WL or PP entries for a particular organisation are included in a particular extract file. It is the responsibility of each providing

organisation to ensure that all available WL and PP episode information is included within the extract file submitted.

On the occasion that multiple files are submitted in a given week, only the latest version of the file will be processed. Files submitted after the archive deadline **cannot** be processed retrospectively.

Extract File Structure

The extract file should be structured using simple “comma separated value” formatting, as is the case for the OP Waiting List files currently produced and submitted.

Header Record

The first line within an extract file should be a header record. The header record will contain five fields and be structured according to the following table:

| Field No | Field Name | Description | Data Type | Maximum Length | Mandatory |
|----------|--------------------------|---|-----------|----------------|-----------|
| 1 | Extract Type | Text denoting that it's an Inpatient extract file: "IPDC" | string | 4 | Y |
| 2 | Hospital HIPE | ESRI identifier (HIPE code) of the hospital (including the leading zero if applicable) | string | 4 | Y |
| 3 | File Date | Effective date of the WL/PP data contained in this extract file (normally the date that the extract file is produced) | date | 16 | Y |
| 4 | File Set Sequence Number | Identifier used to differentiate between multiple extract files from the same source organisation for the same effective date | string | 20 | Y |
| 5 | Record Count | The number of records within this extract file, <u>excluding</u> the header record | integer | - | Y |

A typical header file record might look like: "IPDC","0908","28/03/2022","1","1076"

IPDC WL and PP Minimum Data Set Details

The following table lists the data items that need to be provided by hospitals.

All records should be submitted weekly up to 4 weeks after being admitted or removed.

Each WL episode or PP episode must be represented by a single record within the extract file, reflecting the current status of the episode. If a patient has more than 1 Waiting List episode then 1 record must be submitted for each WL episode. If a patient has more than 1 PP episode then 1 record must be submitted for each PP episode.

Each record must contain all fields as defined in the Minimum Data Set (MDS) and in the order defined in the MDS.

When no data exists for a non-mandatory field, then the field can be null within the record. This is represented by two consecutive double-quote characters between the commas: ""

Fields which have been renamed since the 2012 MDS are highlighted in **BLUE**.

Fields which did not appear at all in the 2012 MDS are highlighted in **RED**.

Fields which appeared in the 2012 MDS but have changed functionally are highlighted in **GREEN**.

Date Format

Unless otherwise specified, all dates should be provided in dd/MM/yyyy format.

| Field No | Field Name | Description | Data Type | Maximum Length | Mandatory WL | Mandatory PP |
|----------|-------------------------|--|----------------|----------------|-----------------------------|--------------|
| 1 | Hospital HIPE | The HIPE code of the hospital | numeric string | 4 | Y | Y |
| 2 | IHI Number | The full, 18-digit, IHI identifier. Return blank if not available. (Should start with 539) | string | 18 | N | N |
| 3 | PPSN | For future use. | string | 10 | Please leave blank for now. | |
| 4 | MRN | Unique identifier for the patient as allocated and used by the hospital. | string | 50 | Y | Y |
| 5 | WL or PP Episode Number | A unique identifier for the case as allocated and used by the hospital. | string | 50 | Y | Y |
| 6 | Transaction Number | Unique identifier of the system line item (if available). A sequence number that is incremented with each | string | 10 | N | N |

| | | | | | | |
|----|---------------------------------|--|----------------|----------------------|---|---|
| | | transaction against the above WL Episode Number. | | | | |
| 7 | Patient Forename 1 | Patient's first name | string | 50 | Y | Y |
| 8 | Patient Forename 2 | Patient's middle name or initial(s) | string | 50 | N | N |
| 9 | Patient Surname | Patient's surname | string | 50 | Y | Y |
| 10 | Patient Sex | Male, Female or Unknown Note: This is the biological sex of the patient, distinct from their gender identity. | string | 1 – See Code Table 1 | Y | Y |
| 11 | Patient Date of Birth | Date of patient's birth | date | 10 | Y | Y |
| 12 | Patient Address Line 1 | Address line 1 of primary residence | string | 50 | Y | Y |
| 13 | Patient Address Line 2 | Address line 2 of primary residence | string | 50 | N | N |
| 14 | Patient Address Line 3 | Address line 3 of primary residence | string | 50 | N | N |
| 15 | Patient Address Line 4 | Address line 4 of primary residence | string | 50 | N | N |
| 16 | Patient Address Line 5 | Address line 5 of primary residence | string | 50 | N | N |
| 17 | Patient Area of Residence Code | The area of residence (as allocated by ESRI for HIPE returns) | string | 4 – See Code Table 2 | Y | Y |
| 18 | Eircode | The patient's Eircode | string | 7 | N | N |
| 19 | Patient Telephone Number | Daytime telephone number used to contact patient | numeric string | 50 | N | N |
| 20 | Patient Mobile Telephone Number | Mobile telephone number used to contact patient | numeric string | 50 | N | N |
| 21 | Patient Email Address | Email Address used to contact patient | string | 50 | N | N |
| 22 | Primary Procedure ICD10 | The ICD10 code of the primary procedure that the patient is waiting for. | string | 10 | Y | Y |
| 23 | Primary Procedure Name | Textual description of the procedure as | string | 100 | Y | Y |

| | | | | | | |
|----|-----------------------------|---|----------------|-----------------------|--------------------------------|--------------------------------|
| | | completed by the clinician. | | | | |
| 24 | Case Type | In-patient or Day Case | integer | See code table 4 | Y | Y |
| 25 | Specialty HIPE | The HIPE code for the specialty the patient is being placed under | numeric string | 4 – See Code Table 5 | Y | Y |
| 26 | Consultant Code | Consultant code as allocated by the hospital | string | 12 | Y | Y |
| 27 | Consultant HIPE | Consultant's HIPE code | string | 4 – See Code Table 6 | Y – If available on PAS system | Y – If available on PAS system |
| 28 | Consultant IMC | Consultant's IMC code | string | 10 – See Code Table 7 | Y – If available on PAS system | Y – If available on PAS system |
| 29 | Consultant Forename | The consultant's first name, excluding title (e.g. "Dr.") | string | 50 | N | N |
| 30 | Consultant Surname | The consultant's surname | string | 50 | N | N |
| 31 | Date Placed on Waiting List | The date the decision was made to place a patient on the waiting list | date | 12 | Y | Y |
| 32 | GP IMC | GP's Medical Council No. | string | 10 – See Code Table 8 | N | N |
| 33 | GP Code | GP's local hospital allocated code | string | 12 | Y | Y |
| 34 | GP Forename | GP's first name, excluding title (e.g. "Dr.") | string | 50 | Y | Y |
| 35 | GP Surname | GP's surname | string | 50 | Y | Y |
| 36 | GP Address Line 1 | Address line 1 of GP's practice | string | 50 | Y | Y |
| 37 | GP Address Line 2 | Address line 2 of GP's practice | string | 50 | N | N |
| 38 | GP Address Line 3 | Address line 3 of GP's practice | string | 50 | N | N |
| 39 | GP Address Line 4 | Address line 4 of GP's practice | string | 50 | N | N |
| 40 | GP Address Line 5 | Address line 5 of GP's practice | string | 50 | N | N |
| 41 | GP Eircode | Eircode of GP's practice | string | 7 | N | N |
| 42 | GP Email Address | GP's email address | string | 50 | N | N |

| | | | | | | |
|----|--|---|---------|------------------|-------------------------------------|---|
| 43 | TCI Date | Proposed date of admission (TCI = “To Come In”) | date | 10 | N | N |
| 44 | TCI Cancellation Date | Date TCI was cancelled (for any reason), if applicable. If a new TCI date has been given since the cancellation, then this field <u>SHOULD</u> return to NULL. | date | 10 | N | N |
| 45 | Date of Most Recent Patient requested TCI Cancellation | <p>Date TCI was last cancelled with the reason “Cancelled by Patient/Guardian for non-clinical reasons” (code value 22) in Field 47.</p> <p>If a new TCI date has been given since the cancellation, then this field <u>SHOULD NOT</u> return to NULL.</p> <p>See full note at the end of this section.</p> | date | 10 | N | N |
| 46 | Date of Most Recent Patient TCI DNA | <p>Date TCI was last cancelled with the reason “Patient Did Not Attend (DNA)” (code value 12) in Field 47.</p> <p>If a new TCI date has been given since the cancellation, then this field <u>SHOULD NOT</u> return to NULL.</p> <p>See full note at the end of this section.</p> | date | 10 | N | N |
| 47 | TCI Cancellation Reason | Reason that TCI date was cancelled | integer | See code table 9 | Mandatory if field 44 is populated. | N |

| | | | | | | |
|----|---|---|---------|-------------------|-------------------------------------|---|
| 48 | Admission Date | Actual date of admission for WL or PP | date | 10 | N | N |
| 49 | Admission Type Code | Indicates if NTPF or non-NTPF admission | integer | See code table 10 | Mandatory if field 48 is populated. | N |
| 50 | WL or PP Removal Date | The date that the patient was removed – Waiting List or Planned Procedure | date | 10 | N | N |
| 51 | WL or PP Removal Reason Code | The reason why the patient was removed – Waiting List or Planned Procedure | integer | See code table 11 | Mandatory if field 50 is populated. | N |
| 52 | Suspension Start Date | The date the patient was Suspended/Deferred – Waiting List or Planned Procedure | date | 10 | N | N |
| 53 | Suspension Reason Code | The reason why the patient was Suspended/Deferred – Waiting List or Planned Procedure | integer | See code table 12 | Mandatory if field 52 is populated. | N |
| 54 | Suspension End Date | The date the patient is due to be restored – Waiting List or Planned Procedure | date | 10 | Mandatory if field 52 is populated. | N |
| 55 | Patient Offered NTPF Code | Indicates if the Patient has been offered treatment for this specific procedure under the NTPF scheme | integer | See code table 13 | N | N |
| 56 | Patient Declined NTPF Code | Indicates if the Patient has declined an offer of treatment for this specific procedure under the NTPF scheme | integer | See code table 14 | N | N |
| 57 | Patient Offered Other Commissioning Initiative Code | Indicates if the Patient has been offered treatment for this specific procedure under a non-NTPF scheme | integer | See code table 15 | N | N |
| 58 | Patient Declined Other | Indicates if the Patient has declined | integer | See code table 16 | N | N |

| | | | | | | |
|----|--|---|----------------|--------------------------|--|----------|
| | Commissioning Initiative Code | an offer of treatment for this specific procedure under a non-NTPF scheme | | | | |
| 59 | Waiting List or Planned Procedure | Waiting List or Planned Procedure Indicator | integer | See code table 17 | Y | Y |
| 60 | Clinical Prioritisation | Clinical prioritisation as defined by consultant | integer | See code table 18 | Y | N |
| 61 | Secondary Procedure ICD10 | The ICD10 code of the secondary procedure that the patient is waiting for | string | 10 | N | N |
| 62 | Secondary Procedure Name | Textual description of the secondary procedure as completed by the clinician. | string | 100 | N | N |
| 63 | Indicative Date for Planned Procedure | Date that the patient is due in the future for their planned procedure | date | 10 | N | Y |
| 64 | File Date | Effective date of the WL/PP data contained in this extract file (normally the date that the extract file is produced) | date | 10 | Y | Y |
| 65 | Start Date of Most Recent Suspension Period | The start date of the most recent suspension period which was not to facilitate insourcing or outsourcing initiatives, or a pandemic | date | 10 | N | N |
| 66 | End Date of Most Recent Suspension Period | The end date of the most recent suspension period which was not to facilitate insourcing or outsourcing initiatives, or a pandemic | date | 10 | Mandatory if field 65 has been populated. | N |
| 67 | High Clinical or Social Needs | Is this a high clinical and/or social needs patient (as | Integer | See code table 19 | N | N |

| | | | | | | |
|--|--|-----------------------------|--|--|--|--|
| | | determined by clinician) | | | | |
|--|--|-----------------------------|--|--|--|--|

Notes

- Where a patient requests to cancel their TCI for non-clinical reasons (code value 22 in field 47), the cancel date should be populated in both fields 44 and 45. The date in field 44 should be returned to NULL when the patient is issued a new TCI Date. The date in field 45 should persist for the duration of the patient's wait time, or until it is replaced by another patient requested TCI date for non-clinical reasons.
- Where there has been a patient DNA incident (code value 12 in field 47), the DNA date should be populated in both fields 44 and 46. The date in field 44 should be returned to NULL when the patient is issued a new TCI Date. The date in field 46 should persist for the duration of the patient's wait time, or until it is replaced by another patient DNA incident.
- If there has been a suspension at any stage in this episode of care, except in cases where it is to facilitate insourcing or outsourcing initiatives, or due to a pandemic, the start and end date should be recorded in fields 65 and 66 for all subsequent weeks. In the event there have been multiple suspensions, then the most recent start and end date should be used. This will allow us to exclude the suspension period from the patient's wait time. See code table 12 for more detail.

Code tables

Many of the data fields in the MDS need coded values. Each of such data fields has a corresponding table below that either explains what valid codes are available or refers to an established source where the valid codes may be found.

Table 1 - Patient Sex (Field 10)

| Description | Code Value |
|-------------|------------|
| Male | M |
| Female | F |
| Unknown | U |

Table 2 - Patient Area of Residence Code (Field 17)

| Description | Code Value |
|-----------------------|------------|
| Carlow | 0500 |
| Cavan | 2900 |
| Clare | 1600 |
| Cork (City) | 1101 |
| Cork (County) | 1200 |
| Donegal | 2800 |
| Dublin 1 | 0101 |
| Dublin 2 | 0202 |
| Dublin 3 | 0103 |
| Dublin 4 | 0204 |
| Dublin 5 | 0105 |
| Dublin 6 | 0206 |
| Dublin 7 | 0107 |
| Dublin 8 | 0208 |
| Dublin 9 | 0109 |
| Dublin 10 | 0210 |
| Dublin 11 | 0111 |
| Dublin 12 | 0212 |
| Dublin 13 | 0113 |
| Dublin 14 | 0214 |
| Dublin 15 | 0115 |
| Dublin 16 | 0216 |
| Dublin 17 | 0117 |
| Dublin 18 | 0218 |
| Dublin 20 | 0220 |
| Dublin 22 | 0222 |
| Dublin 24 | 0224 |
| Dun Laoghaire Borough | 0217 |
| Galway (City) | 1801 |
| Galway (County) | 1900 |
| Kerry | 1300 |
| Kildare | 0300 |

| | |
|----------------------------|------|
| Kilkenny | 0700 |
| Laois | 2500 |
| Leitrim | 2600 |
| Limerick (city) | 1401 |
| Limerick (County) | 1500 |
| Longford | 2200 |
| Louth | 3100 |
| Mayo | 2100 |
| Meath | 3200 |
| Monaghan | 3000 |
| North Dublin City & County | 0100 |
| Northern Ireland | 3310 |
| Offaly | 2400 |
| Roscommon | 2000 |
| Sligo | 2700 |
| South Dublin City & County | 0200 |
| Tipperary (North) | 1700 |
| Tipperary (South) | 0800 |
| Waterford (City) | 0901 |
| Waterford (County) | 1000 |
| Westmeath | 2300 |
| Wexford | 0600 |
| Wicklow | 0400 |

Table 3 – Primary/Secondary Procedure ICD10 (Field 22/57)

| Description | Code Value |
|------------------------------------|---|
| ICD10-AM Procedure Index Selection | These codes are defined under ICD10-AM. |

Table 4 – Case Type (Field 24)

| Description | Code Value |
|-------------|------------|
| In-patient | 1 |
| Day Case | 2 |

Table 5 – Specialty HIPE (Field 25)

| Description | Code Value |
|-------------------------|------------|
| Accident & Emergency | 2800 |
| Anaesthetics | 8000 |
| Audiological Medicine | 6000 |
| Biochemistry | 8600 |
| Breast Surgery | 2605 |
| Cardio-Thoracic Surgery | 7600 |

| | |
|-----------------------------|------|
| Cardiology | 0100 |
| Chemical Pathology | 8400 |
| Child/Adolescent Psychiatry | 2102 |
| Clinical (Medical) Genetics | 6700 |
| Clinical Immunology | 7900 |
| Clinical Neurophysiology | 6200 |
| Clinical Pharmacology | 6300 |
| Clinical Physiology | 6400 |
| Cytology | 8700 |
| Dental Surgery | 7000 |
| Dermatology | 0300 |
| Developmental Paediatrics | 1916 |
| Diabetes Mellitus | 0402 |
| Endocrinology | 0400 |
| Forensic Psychiatry | 2103 |
| G.P. Medicine | 6500 |
| Gastro-Enterology | 0700 |
| Gastro-Intestinal Surgery | 2602 |
| General Medicine | 5000 |
| General Pathology | 8300 |
| General Surgery | 2600 |
| Genito-Urinary Medicine | 0800 |
| Geriatric Medicine | 0900 |
| Gynaecology | 1503 |
| Haematology | 1100 |
| Hepato-Biliary Surgery | 2603 |
| Histopathology | 8500 |
| Immunology | 8800 |
| Infectious Diseases | 2700 |
| Intensive Care | 8002 |
| Maxillo-Facial | 2003 |
| Mental Handicap | 6800 |
| Metabolic Medicine | 7700 |
| Microbiology | 8900 |
| Neonatology | 1904 |
| Nephrology | 2300 |
| Neuro-Ophthalmic Surgery | 1702 |
| Neurology | 1300 |
| Neuropathology | 8502 |
| Neuroradiology | 2203 |
| Neurosurgery | 1400 |
| Nuclear Medicine | 6900 |
| Obstetrics | 1502 |
| Obstetrics/Gynaecology | 1500 |

| | |
|---------------------------------|------|
| Occupational Medicine | 7100 |
| Old Age Psychiatry | 2105 |
| Oncology | 1600 |
| Ophthalmology | 1700 |
| Oral Surgery | 7001 |
| Orthodontics | 7002 |
| Orthopaedics | 1800 |
| Other | 9000 |
| Otolaryngology (ENT) | 0600 |
| Paed Cardiology | 1902 |
| Paed Endocrinology | 1905 |
| Paed Gastro-Enterol | 1906 |
| Paed Haematology | 1907 |
| Paed Metabolic Medicine | 1910 |
| Paed Nephrology | 1911 |
| Paed Oncology | 1903 |
| Paed Orthopaedic | 1802 |
| Paediatric A/E Medicine | 1908 |
| Paediatric Anaesthetics | 8004 |
| Paediatric Chemical Pathology | 8402 |
| Paediatric Dermatology | 1915 |
| Paediatric ENT | 0601 |
| Paediatric Infectious Diseases | 1909 |
| Paediatric Neurology | 1302 |
| Paediatric Neurosurgery | 1402 |
| Paediatric Physical Handicap | 1914 |
| Paediatric Radiology | 2202 |
| Paediatric Respiratory Medicine | 1912 |
| Paediatric Surgery | 7200 |
| Paediatric Urology | 7803 |
| Paediatrics | 1900 |
| Pain Relief | 8003 |
| Palliative Medicine | 7300 |
| Pathology | 7400 |
| Perinatal Paediatrics | 1913 |
| Plastic Surgery | 2000 |
| Psychiatry | 2100 |
| Psychogeriatric Medicine | 0902 |
| Public Health Medicine | 6100 |
| Radiology | 2200 |
| Radiotherapy | 7500 |
| Rehabilitation Medicine | 3000 |
| Rehabilitation Psychiatry | 2106 |
| Renal Transplantation | 7802 |

| | |
|-----------------------|------|
| Respiratory Medicine | 2400 |
| Rheumatology | 2500 |
| Spinal Paralysis | 3002 |
| Substance Abuse | 2104 |
| Transfusion Medicine | 1102 |
| Tropical | 2702 |
| Urology | 7800 |
| Vascular Surgery | 2604 |
| Virology | 8902 |
| Vitro-Retinal Surgery | 1703 |

Table 6 - Consultant HIPE (Field 27)

| Description | Code Value |
|--|---|
| The consultant code that the patient is being referred under as defined by ESRI for HIPE returns | 4 digit numeric code as per ESRI code table |

Table 7 - Consultant IMC (Field 28)

| Description | Code Value |
|---|---|
| The consultant code that the patient is being referred under as assigned by the Irish Medical Council | The consultant's Irish Medical Council number |

Table 8 - GP IMC (Field 32)

| Description | Code Value |
|---|---------------------------------------|
| The GP code that the patient is being referred under as assigned by the Irish Medical Council | The GP's Irish Medical Council number |

Table 9 – TCI Cancellation Reason (Field 47)

| Description | Hospital /Patient Initiated | Code Values |
|--|-----------------------------|-------------|
| Cancelled no bed | H | 1 |
| No theatre time available | H | 2 |
| Patient has been referred for procedure externally | H | 3 |
| Patient is deceased | H | 11 |
| Patient Did Not Attend (DNA) | P | 12 |
| Cancelled by Consultant/Team | H | 21 |
| Cancelled by Patient/Guardian (for non-clinical reasons) | P | 22 |
| Cancelled by Patient/Guardian – No longer requires procedure | P | 28 |
| Cancelled by Patient/Guardian – Short Notice Appointment (< 2 weeks) | P | 29 |
| Patient Unfit | H | 30 |
| Cancelled as part of Clinical Validation | H | 31 |
| Cancelled as part of Administrative Validation | P | 32 |
| Hospital Cancellation due to Pandemic | H | 40 |
| Patient Cancellation due to Pandemic | P | 41 |
| Patient has undergone Emergency Admission | H | 70 |
| Already had procedure in-house | H | 71 |
| Already had procedure externally | H | 72 |
| Correction of clerical error | H | 90 |
| Extreme Weather | H | 102 |
| Industrial Action | H | 103 |

Table 10 – Admission Type Code (Field 49)

| Description | Code Values |
|---|-------------|
| All elective admissions | 1 |
| NTPF admission | 2 |
| Hospital Group Insourcing Initiative | 3 |
| Other Insourcing Initiative | 4 |

Table 11 – WL or PP Removal Reason Code (Field 51)

| Description | Code Values |
|--|-------------|
| Patient admitted via normal TCI process for this procedure | 1 |
| Patient admitted via Outpatient Department for this procedure | 2 |
| Patient admitted via Emergency Department for this procedure | 3 |
| Patient had procedure in this hospital under NTPF scheme | 4 |
| Patient had procedure elsewhere without NTPF involvement | 5 |
| Patient had procedure elsewhere under NTPF scheme/outsourcing initiative | 6 |
| Removal following NTPF administrative validation process | 9 |
| Patient is deceased | 11 |
| Clinician requests removal as care and/or treatment no longer required | 20 |
| Patient/Guardian requested removal | 21 |
| Patient failed to respond during the validation process | 22 |
| Patient declined two reasonable offers of an appointment | 24 |
| Patient cancelled two consecutive reasonable TCI dates (>=2 weeks' notice) | 25 |
| Patient treated via NTPF insourcing initiative (not in referring hospital) | 26 |

| | |
|---|----|
| Patient treated via other insourcing initiative | 27 |
| Patient suspension period lapsed and patient still not suitable | 29 |
| Patient recategorized due to change in medical status | 30 |
| Transfer of care/service | 33 |
| Removal following HSE administrative validation process | 34 |
| Removal following NTPF clinical validation process | 35 |
| Removal following HSE clinical validation process | 36 |
| Patient treated via other outsourcing initiative | 37 |
| Patient details have been entered in error | 90 |
| Patient did not attend (DNA) | 91 |
| Duplicate Entry | 92 |

Table 12 – Suspension Reason Code (Field 53)

| Description | Code Values |
|--|-------------|
| Patient not medically fit – Clinical Suspension | 1 |
| Patient/Guardian requested suspension – Non-Clinical Suspension | 2 |
| Referred to other hospital through NTPF – Commissioning Initiative* | 3 |
| Consultant requested suspension – Clinical Suspension | 4 |
| OPD/other review – Clinical Suspension | 5 |
| Deferred or postponed due to pandemic* | 12 |
| Patient transferred to private hospital under HSE pandemic arrangement | 13 |
| Referred to other hospital through other commissioning initiative – Commissioning Initiative* | 14 |
| Other Clinical Suspension | 15 |
| Other Non-Clinical Suspension | 16 |

*If this reason is selected, the suspension dates should NOT be written to most Recent Suspension Start Date and Most Recent Suspension End Date.

Table 13 – Patient Offered NTPF Code (Field 55)

| Description | Code Values |
|-------------|-------------|
| No | 0 |
| Yes | 1 |

Table 14 – Patient Declined NTPF Code (Field 56)

| Description | Code Values |
|-------------|-------------|
| No | 0 |
| Yes | 1 |

Table 15 – Patient Offered Other Commissioning Initiative Code (Field 57)

| Description | Code Values |
|-------------|-------------|
| No | 0 |
| Yes | 1 |

Table 16 – Patient Declined Other Commissioning Initiative Code (Field 58)

| Description | Code Values |
|-------------|-------------|
| No | 0 |
| Yes | 1 |

Table 17 – Waiting List or Planned Procedure (Field 59)

| Description | Code Values |
|-------------------|-------------|
| Waiting List | 1 |
| Planned Procedure | 2 |

Table 18 – Clinical Prioritisation Code (Field 60)

| Description | Code Values |
|-------------------------|-------------|
| Urgent <= 28 days | 1 |
| Non-Urgent <= 9 months | 2 |
| Semi-Urgent <= 13 weeks | 3 |

Table 19 – High Clinical or Social Needs (Field 67)

| Description | Code Values |
|-------------|-------------|
| No | 0 |
| Yes | 1 |

Data Type Definitions

| Data Type | Definition |
|----------------|--|
| string | A sequence of alphanumeric and/or special characters. If a string contains a comma, the entire string must be enclosed in double-quotes. |
| numeric string | A string of numeric characters. May contain spaces, but no other alphabetical or special characters. |
| integer | May contain only numeric characters. No spaces, alphabetical, or special characters are allowed. |
| Date | A date value in the format dd/MM/yyyy. For example, 12 th January 2023 would be written as "12/01/2023". |