

Data Specification for Falls & Fractures

NAME	TYPE	FORMAT	PII
reg_provider_contactname	Text	Abc (100)	
reg_provider_firstname	Text	Abc (50)	
reg_provider_surname	Text	Abc (50)	
reg_provider_middlename	Text	Abc (50)	
claim_reg_provider	Text	Abc (50)	
ACC_claim_number	Text	Abc9999	
AcciDate	Date	dd/mm/yyyy	
DOB	Date	dd/mm/yyyy	Yes
Surname	Text	Abc (50)	Yes
FirstName1	Text	Abc (50)	Yes
FirstName2	Text	Abc (50)	Yes
FirstName3	Text	Abc (50)	Yes
ResAddress1	Text	Abc (50)	Yes
ResAddress2	Text	Abc (50)	Yes
ResAddress3	Text	Abc (50)	Yes
ResAddress4	Text	Abc (50)	Yes
NationalHealthId	Text	Abc9999	Yes
injury_site	Text	Abc (50)	
injury_cause	Text	Abc (50)	
read_code	Text	Abc (50)	
ICD10_code	Text	Abc (50)	
age_band	Text	99-99	
prioritised_ethnicity	Text	Abc (50)	
accident_location	Text	Abc (50)	
residential_DHB_area	Text	Abc (50)	
fragility_fracture_site	Text	Abc (50)	
fragility_fracture	Boolean	y/n	
FracDislocFalls12Mth	Text	Abc (50)	
NAME	TYPE	FORMAT	PII
reg_provider_contactname	Text	Abc (100)	
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reg_provider_middlename	Text	Abc (50)	
claim_reg_provider	Text	Abc (50)	
ACC_claim_number	Text	Abc9999	
AcciDate	Date	dd/mm/yyyy	
DOB	Date	dd/mm/yyyy	Yes
Surname	Text	Abc (50)	Yes
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FirstName3	Text	Abc (50)	Yes
ResAddress1	Text	Abc (50)	Yes
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ResAddress3	Text	Abc (50)	Yes
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NationalHealthId	Text	Abc9999	Yes
injury_site	Text	Abc (50)	
injury_cause	Text	Abc (50)	
read_code	Text	Abc (50)	
ICD10_code	Text	Abc (50)	
age_band	Text	99-99	
prioritised_ethnicity	Text	Abc (50)	
accident_location	Text	Abc (50)	
residential_DHB_area	Text	Abc (50)	
fragility_fracture_site	Text	Abc (50)	
fragility_fracture	Boolean	y/n	
FracDislocFalls12Mth	Text	Abc (50)	