

# E Bulletin

## Volume 18

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# Corporate Reference Data System

*Have you ever wanted a complete list of facilities in Queensland?*

*Do you use ICD codes in your system?*

*Have you ever wondered what codes HBCIS use to record a patient's language?*

The Corporate Reference Data System (CRDS) is a central repository that holds commonly used corporate reference data for use by Queensland Health applications.

## **What's New in the CRDS?**

### **Facility Data Set**

- The Statistical Standards Unit (SSU) has recently completed a statewide survey to confirm the standard names for public hospitals to be used in reporting. This is in order to avoid confusion and to ensure hospitals are described consistently. This information will be collated and published to QH shortly.
- The SSU also welcomes Amanda Tolson to the team who is working on a project to consolidate data sources for the Facility dataset within HSC. This project aims to improve data integrity and reduce the risk of error.

### **New Facilities**

The following facilities have recently been included in the CRDS:

<b>Name</b>	<b>Facility Code</b>	<b>Valid From</b>
North Brisbane Cancer Centre	00527	19/05/2008
Helix Pathology	02128	17/03/2008
Pathology Partners Pty Ltd – Wellington Point	02129	01/05/2007
Pathology Partners Pty Ltd – Sunnybank	02130	27/11/2006
Pathology Partners Pty Ltd – Algester	02131	20/03/2006
Gribbles Pathology – Southport	02132	15/08/2002
Gribbles Pathology – Golden Beach	02133	15/02/2003
Gribbles Pathology – Bundaberg	02134	15/02/2003
Gribbles Pathology – Maryborough	02135	15/02/2003
Gribbles Pathology – Brisbane Private Hospital	02136	15/11/2007
Gribbles Pathology – Sunnybank Private Hospital	02137	15/06/2006

### **Closed Facilities**

The following facilities have now been end dated in the CRDS:

<b>Name</b>	<b>Facility Code</b>	<b>Valid To</b>
Allamanda Surgicentre	00480	30/06/2008
Chasely Day Surgery	00329	27/04/2008
Mater Misericordiae Women's & Children's Private Hospital (Women's Campus)	00309	03/06/2008

### **Change of Facility Name**

The following facilities have recently had a change of name in CRDS:

<b>Facility Code</b>	<b>Previous Facility Name</b>	<b>Valid To</b>	<b>New Facility Name</b>	<b>Valid From</b>
00788	Sir David Longlands Correctional Centre	25/11/2005	Brisbane Correctional Centre	01/06/2008
01001	Annerley Nursing Centre	25/06/2006	Tricare Annerley Nursing Centre	26/06/2006
01440	Gold Coast Garden Settlement Residential Care Centre	05/07/2006	Garden Settlement Residential Care Centre	06/07/2006
00524	Hervey Bay Surgical Centre	11/05/2008	Hervey Bay Surgical Hospital	12/05/2008
00318	Mater Misericordiae Women's & Children's Private Hospital (Children's Campus)	03/06/2008	Mater Misericordiae Women's & Children's Private Health Service	04/06/2008
00311	New Farm Clinic Private Hospital	17/04/2008	New Farm Clinic	18/04/2008
00349	Pacific Private Hospital	30/04/2008	Pacific Private Day Hospital	01/05/2008
01352	RSL (Pinjarra Hills) Hostel	26/06/2007	RSL Care Fairview Hostel	27/06/2007
01359	Toowoomba Garden Settlement Epworth Nursing Home	05/12/2006	Epworth Nursing Home	06/12/2006

### **General Reference Data Set**

The following *Perinatal Data Collection* codeset has been updated in the CRDS:

ANTECR – Antenatal Care Provider Type

### **ICD Reference Data Set**

The ICD10AM 6<sup>th</sup> edition has been loaded into the CRDS and is ready for use by QH clients. Thanks to Corrie Martin and Laura Cleator for their assistance in this process.

For further information regarding the Corporate Reference Data System please contact the CRDS Administration Team:

Phone: 3836 0598 or by Email: [CRDS@health.qld.gov.au](mailto:CRDS@health.qld.gov.au) or visit our web page: [http://barney.co.health.qld.gov.au:180/wcrd/wcrd.www\\_main.main?p\\_language=us&p\\_cornerid=1&p\\_currcornerid=72&p\\_full=1](http://barney.co.health.qld.gov.au:180/wcrd/wcrd.www_main.main?p_language=us&p_cornerid=1&p_currcornerid=72&p_full=1)



*Do you deal with data and/ or metadata (“data about data”)?  
Do you collect, process, report, or analyse data?  
Are you developing a system, and defining data requirements?  
Do you have state or national data obligations?*

Tune into the Data Standards Advisory Committee (DSAC), a corporate committee which provides advice and direction on all of the above.

The last meeting of the Committee was on Tuesday 1<sup>st</sup> July 2008. The DSAC Business Rules, including the Terms of Reference and Membership are currently being re-assessed.

#### Data Standard Submissions

The following data standard submissions have been recommended by DSAC for endorsement and approved by the Executive Director Reform & Development Division for inclusion in the Queensland Health Data Dictionary (QHDD).

- Telehealth Participating Site - Telehealth Participation Role Type
- Episode of Care - Contracting Hospital Identifier
- Pregnancy Event – Antenatal Care Provider Type

The following submissions are currently under the DSAC Review Process:

- Facility – Average Daily Bed equivalence (Admitted patient care purchased from private hospitals)
- Facility – Average daily bed equivalence (Community Based Admitted Patient Care) number

#### Contact Details

We meet quarterly and our agendas and minutes can be accessed via our website <http://qheps.health.qld.gov.au/hic/dsac.htm>

You’ll also find the links to other relevant sites, submissions and other papers.

The Data Standards team chairs and provides secretariat services for DSAC.

For information regarding data standards and submissions, please contact our team:

Jackson Ribeiro 3234 1067  
Amy Thams 3836 0598  
Erin Kelly 3234 0923

<http://qheps.health.qld.gov.au/hic/background.htm>

# The Facts of Life

Newsletter of the Perinatal Data Collection

ISSUE NUMBER 17

August 2008

## Perinatal Update

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There have been a few staffing changes in the Perinatal team since the last E-Bulletin in March. Firstly we must congratulate Joanne Bunney who was successful in gaining the position of Principal Data Collections Officer in DCU. Joanne is still part of our wonderful team although now a little more removed from daily processing and more involved in strategic positioning. Natasha Doherty has replaced Joanne as the Senior Data Collections Officer for perinatal. Natasha has been with the team for three months now and is enjoying the new role.

We also congratulate Lauren Kennedy on her promotion in the DCU, she has been successful in gaining the position of Data Collections Officer and is now working in the Non-Admitted Outpatient Data Collection. Lauren has been an important part of the team, thank you Lauren for all your hard work and dedication to the collection. Michael Danby has replaced Lauren and is the new contact for Lauren's former hospitals. We welcome Michael to the team!

Stacey Ede has also joined the Perinatal Team as the Data Collections Liaison Officer. Stacey has been working hard behind the scene on system related issues and will be also working on improving the quality of the collection. Welcome to the team Stacey!

Lastly but not least, this week we farewelled Cherie Stokes, thank you to Cherie for all her hard work in the PDC, she will be greatly missed by the team. We wish her all the best for the future!

## Important Perinatal Dates

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Please note the following due dates for data:

<b>MAY birth data due</b>	<b>7 July 2008</b>
<b>JUNE birth data due</b>	<b>4 August 2008</b>
<b>JULY birth data due</b>	<b>4 September 2008</b>
<b>AUGUST birth data due</b>	<b>6 October 2008</b>
<b>SEPTEMBER birth data due</b>	<b>4 November 2008</b>

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## Quality Assurance of Data

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The Perinatal Data Collection team are always working hard to improve the quality of the data we collect. There are a variety of Quality check points throughout the collection to ensure the most accurate data. Below is a description of some of these activities.

### **Validations**

The quality assurance measures start with validation reports. After the data has been entered on to the PDC system, a validation report is generated. This report lists any inconsistent, incomplete or out of the ordinary responses on the form.

If you or one of your staff receive these reports it is important that you read the questions and answer it completely and return it by the due date.

### **Reconciliation**

Another phase of our quality assurance process is to compare the number of births reported to the Monthly Activity Collection (MAC) to the number of records in the PDC system. If the numbers are different we will confirm the number of births with the hospital and missing forms will be requested if necessary. Many of you will already have been contacted by Natasha in regard to reconciliation for 2007. Those facilities that have been contacted, could you please send this information back as soon as possible.

### **Matching Perinatal and Admitted Patient Data**

This process involves making comparisons of select data items between the Admitted Patient Collection and the Perinatal Collection. This ensures accurate reporting of details between the collections and acts as a source of cross referencing to ensure information is accurate and up to date.

If you are contacted by staff in regard to any of these issues please return the information required in a timely manner.

Thank you to all the hospital staff which have been so helpful in resolving many of these questions in the last few months. The perinatal team is working toward conducting these checks on a more regular basis, in the hope that it will be easier for hospitals.

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## Clean Up: January to June 2007

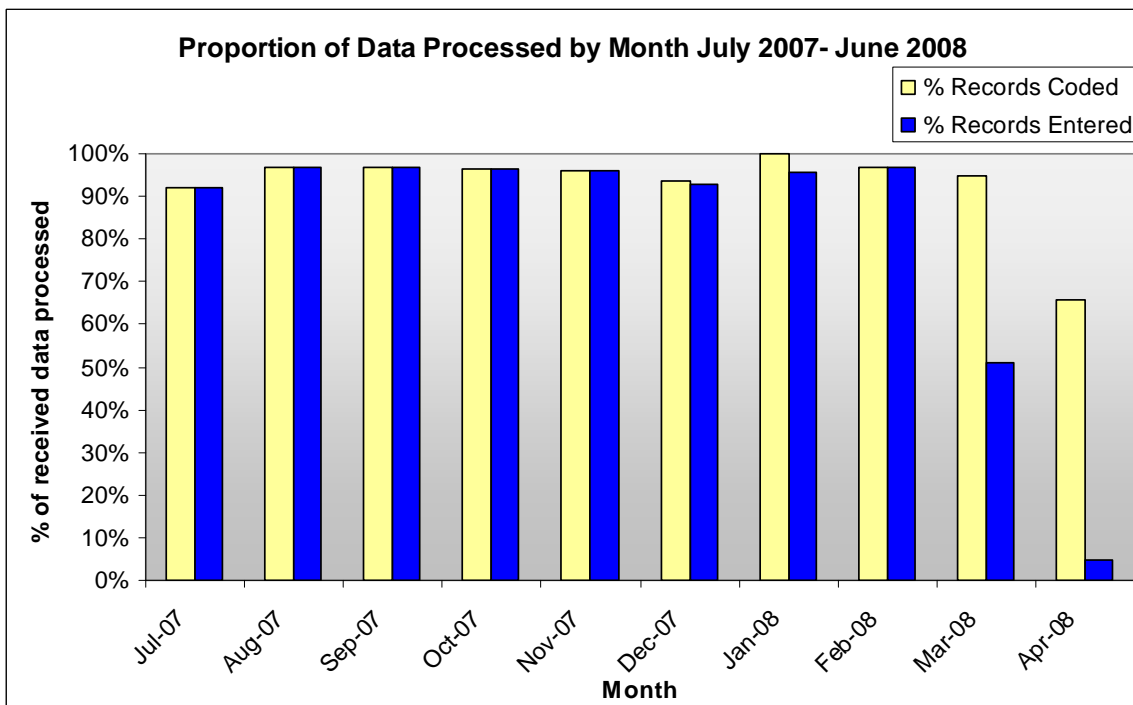
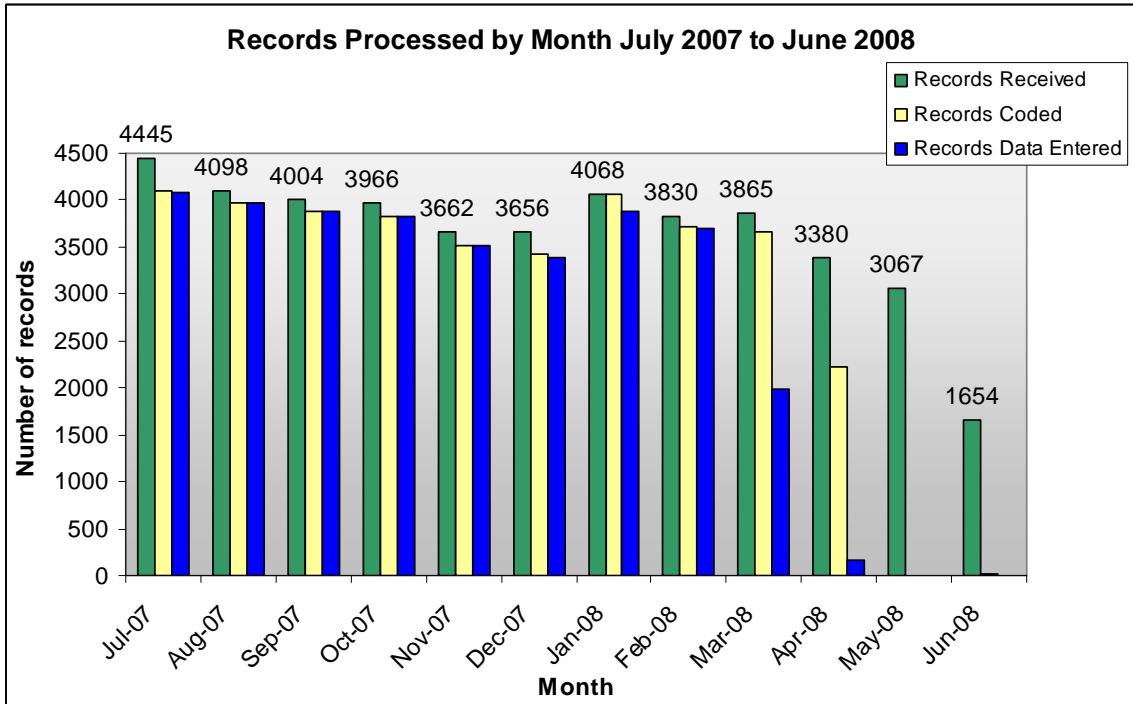
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Melanie and Natasha will begin the clean up process for January to June 2007 very soon. This process involves running a series of checks on the data in the PDC system to ensure there are no outstanding validations or data items that need to be confirmed.

Please be patient during this process as Melanie and Natasha will contact you by phone or email to confirm any outstanding details.

## Processing Facts

The Perinatal Data Collection Unit would like to share some interesting facts about the volume of data that is collected and processed each month from hospitals and home birth practitioners across the state. The following graphs will give you some indication of the number of forms received and processed.



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## Perinatal In-service Workshops 2008

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PDC staff are happy to undertake Perinatal In-service Workshops during 2008. Where possible, in-services will be provided at a major hospital site with smaller sites either sending staff to the major hospital or linking up via video conference where available. Below is an outline of what staff at your hospital will be provided with should you wish our staff to visit.

### Target Audience

Any staff involved with the perinatal data, including clinicians completing the MR63d forms and Health Information Managers.

### Objectives

To provide information aimed at reducing the errors generated on the hospital validation report.

### Structure

We will adjust the structure and content to meet your requirements. The in-service runs for approximately 1 hour, allowing 30 mins for the presentation and the remaining time for interaction with participants.

If you think staff from your hospital would benefit from meeting with staff from the Perinatal Data Collection Unit please contact Colleen Morris on Ph (07) 3234 0744 or via e-mail ([colleen\\_morris@health.qld.gov.au](mailto:colleen_morris@health.qld.gov.au)) so that a suitable date/time can be arranged.

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## Congratulations and WELL DONE!!

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The Perinatal Data Collection Team would like to thank the staff from the following facilities for their outstanding efforts in recent months:

Mater Mackay Private	For improved edit rates
Gladstone Hospital	For the speedy return of validation report
Hervey Bay	For reducing the validation report
Redland	For reducing the validation report
Atherton	For reducing the validation report
St George	For catching up on their validation reports

## Five Most Frequent Error Messages October - December 2007

Births between October and December 2007 generated 11,170 fatal errors and 9,754 warning errors. The five most frequent error messages and advice on how to reduce these errors are listed below.

Error Message	Frequency
PD3100 Mother's height has not been provided or is not in valid range of 100 to 250 cms.	3198
PD3101 Mother's weight has not been provided or is not in valid range of 35 to 200 kgs.	1560
PD4018 What was cervical dilatation prior to caesarean?	733
PD3050 Please specify the number of ultrasound scans.	609
PD5061 Was cord pH performed? If so, please provide cord pH results.	550

### **PD3100 Mother's height has not been provided or is not in valid range of 100 to 250 cms**

HEIGHT	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	cm
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Record the mother's height in total centimetres. This can either be measured (at an antenatal visit) or self reported (recorded on driver's licence). Height will be used in conjunction with self-reported weight for Body Mass Index (BMI) assessment to assist in identifying pregnancies at risk.

The unusually high number of errors generated from this field is due to missing or incomplete information being supplied in this field.

A Fatal error will be generated if this field is left blank or '???' is entered.

A Warning error will be generated if this field has '999' or 'unknown' entered on the MR63d form. To avoid this error from appearing on the validation report, where the mother's height is genuinely unknown, write 'confirmed' or 'correct' beside this field.

A Fatal error will be generated if this field is supplied as '999' electronically.

A Warning error will be generated if the mother's height is between 100 and 130 centimetres or mother's height is between 190 and 250 centimetres.

**PD3101 Mother's weight has not been provided or is not in valid range of 35 to 200 kgs**

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WEIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	kg
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Record the mother's preconception weight in total kilograms. This will be the self reported weight of the mother in the four to six weeks prior to or at conception. Weight will be used in conjunction with height for Body Mass Index (BMI) assessment to assist in identifying pregnancies at risk.

The unusually high number of errors generated from this field is due to missing or incomplete information being supplied in this field.

A Fatal error will be generated if this field is left blank.

A Warning error will be generated if this field has '999', 'unknown' or not documented is entered on the MR63d form. To avoid this error from appearing on the validation report, where the mother's preconception weight is genuinely unknown, write 'confirmed' or 'correct' beside this field.

A Fatal error will be generated if this field is supplied as '999' electronically.

A Warning error will be generated if the mother's weight is between 130 and 200 kilograms.

A Fatal error will be generated if the mother's weight is below 35 kilograms.

**PD4018 What was cervical dilatation prior to caesarean?**

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Cervical dilatation prior to caesarean	
3cm or less	<input type="checkbox"/>
More than 3cm	<input type="checkbox"/>
Not measured	<input type="checkbox"/>

If a caesarean was performed, tick the box (one box only) that corresponds to the level of dilatation of the cervix prior to the caesarean. If the cervical dilatation was not measured, tick 'Not measured'.

Note this field is mandatory when the method of birth is a caesarean, including no labour caesarean (elective caesarean). It is not necessary to complete for any other method of birth.

**PD3050 Please specify the number of ultrasound scans.**

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ULTRASOUNDS Number of scans	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Record the total number of ultrasounds performed during the pregnancy. A fatal error will be generated if the number of ultrasounds is blank. To avoid this error please record the total number of ultrasounds.

**PD3050 Was cord pH performed? If so, please provide cord pH results.**

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Cord pH?	No	<input type="text"/>	Yes	<input type="text"/>
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Cord pH value		
<input type="text"/>	<input type="text"/>	<input type="text"/>

A fatal error will be generated if cord pH is blank and ph value is blank. This can be avoided if the question has cord pH been performed is answered yes or no. If it has been performed please provide the pH value in the boxes below.

## Perinatal Data Collection Team Contacts (As at August 2008)

**Julie Bahr**  
Phone 3234 0072

**Michael Danby**  
Phone 3234 0859

00212 Babinda Hospital  
 00132 Baralaba Hospital  
 00062 Bundaberg Base Hospital  
 00508 Campbell St Surgicentre  
 00063 Cherbourg Hospital  
 00216 Cooktown Hospital  
 00092 Dalby Hospital  
 00114 Dirranbandi Hospital  
 00025 Dunwich Health Service  
 00340 Friendly Society Private Hospital  
 00067 Gin Gin Hospital  
 00220 Gordonvale Hospital  
 00069 Hervey Bay Hospital  
 00094 Inglewood Hospital  
 00916 Magnetic Island Health Service  
 00048 Maleny Hospital  
 00249 Mornington Island  
 00140 Moura Hospital  
 00049 Nambour General Hospital  
 00346 Noosa Private Hospital  
 00247 Normanton Health Service  
 00099 Oakey Hospital  
 00004 Prince Charles Hospital  
 00118 Quilpie Hospital  
 00016 Redcliffe Hospital  
 00028 Redland Hospital  
 00248 Richmond Hospital  
 00175 Sarina Hospital  
 00317 Sunnybank Private Hospital  
 00228 Weipa Hospital  
 00316 Wesley Private Hospital  
 00411 Mater Hospital Hyde Park Townsville

00131 Alpha Hospital  
 00230 Aurukun Primary Health Care Centre  
 00213 Bamaga Hospital  
 00061 Biggenden Hospital  
 00153 Blackall Hospital  
 00134 Blackwater Hospital  
 00192 Bowen Hospital  
 00030 Caboolture Hospital  
 00043 Caloundra Hospital  
 00242 Camooweal Health Centre  
 00112 Charleville Hospital  
 00193 Charters Towers Hospital  
 00064 Childers Hospital  
 00215 Chillagoe Hospital  
 00171 Clermont Hospital  
 00243 Cloncurry Health Service  
 00194 Collinsville Hospital  
 00252 Doomadgee Hospital  
 00093 Goondiwindi Hospital  
 00196 Ingham Hospital  
 00095 Jandowae Hospital  
 00441 John Flynn-Gold Coast Hospital  
 00197 Joyce Palmer Health Service  
 00070 Kingaroy Hospital  
 00047 Laidley Hospital  
 00029 Logan Hospital  
 00156 Longreach Hospital  
 00071 Maryborough Hospital  
 00370 Mater Private Hospital Redland  
 00098 Millmerran Hospital  
 00173 Moranbah Hospital  
 00224 Mossman Hospital  
 00246 Mount Isa Base Hospital  
 00174 Proserpine Hospital  
 00949 Saibai Island Primary Health Care Centre  
 00142 Springsure Hospital  
 00366 St Vincent's Private Hospital  
 00104 Toowoomba Hospital  
 00105 Warwick Hospital  
 00145 Woorabinda Health Services  
 00159 Winton Hospital  
 00144 Yeppoon Hospital

**Lynelle McCullagh**  
**Phone 3223 2586**

**Trent Quinlan**  
**Phone 3224 0086**

00151	Aramac Hospital	00333	Allamanda
00191	Ayr Hospital	00211	Atherton Hospital
00943	Boigo Island Aid post	00152	Barcaldine Hospital
00042	Boonah Hospital	00041	Beaudesert Hospital
00214	Cairns Base Hospital	00133	Biloela Hospital
00176	Dysart Hospital	00420	Cairns Private Hospital
00135	Emerald Hospital	00091	Chinchilla Hospital
00044	Esk Hospital	00255	Coen Health Service
00136	Gladstone Hospital	00217	Croydon Hospital
00050	Gold Coast Hospital	00113	Cunnamulla Hospital
00068	Gympie Hospital	00065	Eidsvold Hospital
00998	Homebirths	00045	Gatton Hospital
00015	Ipswich Hospital	00066	Gayndah Hospital
00046	Kilcoy Hospital	00231	Hopevale Medical Centre
00327	Mater Gladstone Private Hospital	00244	Hughenden Hospital
00401	Mater Mackay Private Hospital	00115	Injune Hospital
00309	Mater Mothers Private Hospital	00222	Innisfail Hospital
00003	Mater Mothers Public Hospital	00939	Island Medical Services
00097	Miles Hospital	00245	Julia Creek Hospital
00116	Mitchell Hospital	00253	Kowanyama Hospital
00074	Munduberra Hospital	00233	Lockhart River Medical Centre
00117	Mungindi Hospital	00172	Mackay Base Hospital
00075	Murgon Hospital	00223	Mareeba District Hospital
00948	Murray Island	00410	Mater Misericordiae Hospital Townsville Ltd
00332	Nambour Selangor Private Hospital	00380	Mater Rockhampton Private Hospital
00076	Nanango Hospital	00072	Monto Hospital
00119	Roma Hospital	00139	Mount Morgan Hospital
00313	St Andrew's - Ipswich Private Hospital	00320	North West Brisbane Private Hospital
00334	Sunshine Coast Private Hospital	00331	Pindara - Gold Coast Private Hospital
00121	Surat Hospital	00022	Queen Elizabeth II Jubilee Hospital
00101	Tara Hospital	00141	Rockhampton Base Hospital
00102	Taroom Hospital	00365	St Andrews - Toowoomba
00103	Texas Hospital	00120	St George Hospital
00143	Theodore Hospital	00345	St Stephen's Private Hospital
00226	Thursday Island Hospital	00100	Stanthorpe Hospital
00227	Tully Hospital	00200	The Townsville Hospital
00077	Wondai Hospital	00999	Unknown
00229	Yarrabah Hospital	00232	Wujal Wujal Community Hospital
		00024	Wynnum Hospital

# QHAPDC Arrow

Newsletter of the Queensland Hospital Admitted Patient Data Collection  
(Public Hospitals)

Issue Number 38

June 2008

## **REQUIREMENTS FOR 2008-2009**

The requirements for the 2008-2009 Collection have been finalised with InfoOperations, Information Division.

A memorandum outlining the QHAPDC requirements for 2008-09 was forwarded to all Area Health, Health Service District and Hospital Information Managers in February 2008.

If you have not received a copy of this information please get in touch with your usual QHAPDC Team contact to receive a copy.

### **A summary of the main changes for 2008-09 are as follows:**

The standard naming convention for extract files has been updated to enable hospitals to supply data for multiple months or a partial month in the one extract.

- The data extract number for a collection year must begin at '001' and be contiguous throughout the collection year. e.g. So the 4<sup>th</sup> admission file for Gold Coast Hospital (facility number 00050) for collection year 2008-2009 would be named:

0005020082009004.ADM

- Morbidity coding will be classified using ICD-10-AM 6<sup>th</sup> Edition.
- The Condition Present on Admission indicator will be collected for morphology codes. An additional category of Unknown/Uncertain has also been included.
- Two morbidity coding indicators, Most Resource Intensive Condition and Other Co-Morbidity of Interest will be collected by **some pilot facilities**.

Most Resource Intensive Condition

1 = Most Resource Intensive Condition  
Cannot have a Diagnosis Code Identifier = PR

If Care Type code in (07, 08) and  
Diagnosis Code Identifier = PD must be 1

Other Co-Morbidity of Interest : some facilities are volunteering for the pilot data collection of Non Australian Coding Standard Compliant Indicator NACSC (aka Other Condition of Interest - OCOI) and MRIC. and when they intend to commence collecting the new data elements.

1 = Other Co-Morbidity of Interest  
Cannot have a Diagnosis Code Identifier = PD, PR

Cannot have a Most Resource Intensive Condition = 1

If Care Type code in (07, 08) must be null

Modifications to HBCIS have been rolled out by InfoOperations, Information Division to enable data to be submitted in the prescribed format. Prior to the roll out InfoOperations will also be contacted hospitals to arrange software overview sessions about the changes.

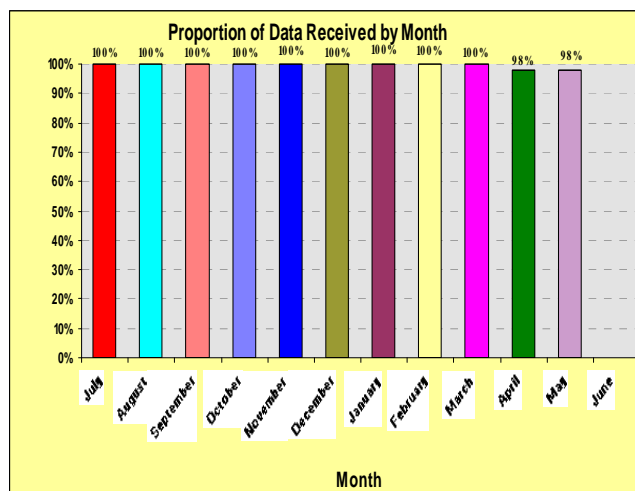
## **2008 – 2009 I & D SHEETS**

Hospitals using paper Identification and Diagnosis Sheets or 'Patient Activity Forms' will need to use a new version for 2008-2009 data, as new data elements are required for patients separated after 30 June 2008.

If you are having any difficulties obtaining these sheets please contact: David Collard, Senior Clinical Forms Management Officer, InfoInvestment Branch, Information Division.

## SUBMITTING 2007-2008 PUBLIC HOSPITAL DATA

June 2008 data is due on 4 August 2008. As at 22 July 2008 Data Collections had received and loaded 98% for April 2008 and 96% of May data.



## ERRORS IN WORK

As at 22 July 2008 the number of errors currently in work, for all data received for 2007/08 was:

Public and Private Facilities	
Errors in Work - Public	2169
Errors in Work - Private	7193
Errors in Work - Total	9362

## 2007- 2008 AND 2008 - 09 ROLL ON

We are not expecting any delays when we change from processing June 2008 data to processing July 2008 admitted patient data. Information Division has tested and rolled out the new file formats.

Remember 2007/08 records can be amended and extracted with July – September extracts.

To meet National and State reporting requirements the Data Collections Unit and facilities will still have a requirement to have

all records out of work and finalised following the September 2008 extract..

## AUTOMATIC LOADS

In the 2007-2008 processing year the Data Collections Unit has developed an automatic load process. This allows the automatic loading of Admitted patient data files and has reduced the amount of time spent loading files onto the Data Collections Unit Queensland Hospital Inpatient Processing Systems (QHIPS).

Most facilities are now being loaded by autoloader. If you are not and would like to be, or would like more information about autoloader please contact your QHAPDC contact.

Facilities are reminded to send a facsimile/email of the Summary Extract Report. This ensures that the QHAPDC processing staff are aware your facility's data has been extracted.

## ELECTRONIC VALIDATION APPLICATION

We have hopefully improved the 'speed' of EVA. A number of hospitals were experiencing response issues when processing records on EVA. If you are still having problems regarding this issue please contact Data Collections Unit.

Planning for Stage 2 of EVA has commenced with a number of papers being prepared.

We will keep you updated on this progress.

One of the main reasons EVA was developed was to move away from a paper based validation report and to improve the 'turn around' of validation errors back to the facility.

We encourage all facilities that have not 'signed up' to EVA to do so as our aim is to have all facilities using EVA with the removal of 'paper based' validation reports at the completion of the 2007-2008 year.

If your District/facility would like access to EVA/training or more information on EVA please contact your Data Collection Unit contact or send an email to David Kearney, Senior Data Collection Officer, Data Collections Unit. ([david\\_ Kearney@health.qld.gov.au](mailto:david_ Kearney@health.qld.gov.au)).

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## VALIDATION ERRORS

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New Validation Rule for 2008-2009 regarding Chargeable Status:

Where the Contracting Role = 'B' and the Contracting Hospital Facility Identifier is a recognised public hospital or public psychiatric residential facility.

**Then the Chargeable Status must be '1'.**

A Fatal error will be generated: This patient's chargeable status is not public but patient is being treated under contract to a public hospital or public health authority. Please check chargeable status.

A number of public facilities are contracting private hospitals to undertake procedures on public patients.

### **Public Hospitals:**

Contract Type 4 – (A)B – The patient is admitted as a same day or overnight (or longer) stay to a hospital (B) under contract from another hospital (A).

A number of QHAPDC system flags must be in place:

A contract must exist with hospital A.

Hospital A does not record an admission.

Hospital B must record:

Admission Source/Source of Referral 25

Admission date: date actually admitted at B

Contract Type code 4 (Contract Type (A)B)

Contract Role code B (Hospital B)

Transferring from Facility (Extended Source Code) – identifier of hospital that referred the patient

Diagnosis and procedure codes

Discharge/Separation date

Appropriate Discharge Status/Mode of Separation code

Contracting Hospital Identifier is the identifier of Hospital A, the hospital contracting the admission. In the majority of cases this will be the same identifier as that provided for the Transferring from data item (facility number from which patient was transferred or referred).

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## HOSPITAL ACTIVITY DATA ON THE WEB

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The Health Statistics Centre has published hospital activity data on the Queensland Health Internet site at the following address:

[http://www.health.qld.gov.au/hic/QHID/Hospital\\_Activity/default.asp](http://www.health.qld.gov.au/hic/QHID/Hospital_Activity/default.asp)

Activity on the website includes: episodes of care for admitted patients, non-admitted patient occasions of service and accrued patient days. It is proposed that data on available beds for public facilities will join the current suite of reports that can be viewed graphically or downloaded in a MS Excel format.

### **Coders Insite:**

Clinical Coding Support and Advice.

This site has been developed by Statistical Standards Unit as a Clinical Coding resource and support portal for Clinical Coders, Health Information Managers, Clinical Coding Auditors, Educators and students

If you have not visited this site yet, please do so, it is a very informative site. It may assist in answering some of your coding questions.

<http://qhcs.health.qld.gov.au/qhcs/>

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## POSTCODES/NLI ERRORS

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If you are receiving any error reports regarding post codes/NLI Errors please contact Data Collections.

Data Collections will then liaise and resolve the issues with InfoOperations.

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## TRAINING/FEEDBACK/INFORMATION SESSIONS

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Data Collections Unit will be continuing the HSD visits as well as establishing training/feedback/ information sessions using video conferencing in 2008.

The aim is to provide hospital staff with the opportunity to discuss in detail any issues they have regarding the collections conducted by Data Collections Unit.

If you think staff at your hospital would benefit from a meeting with staff from Data

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Collections Unit, please get in touch with your usual QHAPDC team contact.

## **THE QHAPDC TEAM & DATA COLLECTIONS**

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If you need to talk to us, but your usual QHAPDC contact is not available, please feel free to contact any QHAPDC team member.

While we regularly monitor work flows and try to allocate a similar mix of electronic, manual, public and private facilities to each team member, 'bottlenecks' in our processing cycle can occur. Please get in touch with us if you are experiencing any problems with getting your data to us or receiving our validation reports.

Also, please ensure that you continue to email (to QHIPMAIL) or Fax a copy of your Extract Summary Report to Data Collections Unit to ensure processing staff are aware that your data has been extracted.

### **IMPORTANT QHAPDC DATES**

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**June** data due – 4 August 2008

**July** data due – 4 September 2008

**August** data due – 5 October 2008

### **QUESTIONS / QUERIES / TOPIC IDEAS**

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The QHAPDC team encourages hospitals to forward any questions, queries or topic ideas that you would like to see in the QHAPDC Arrow. Please send these to your QHAPDC contact.

### **BED AVAILABILITY REPORTING APPLICATION (BARA)**

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All facilities should now be aware that BARA went live in April 2008.

### **STAFFING**

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Stacey Ede has taken up a secondment with the Perinatal Data Collection Team.

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## QHAPDC TEAM CONTACTS

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**Andrew Vo**  
**3234 0222**

Central Queensland  
Northside  
Royal Children's  
West Moreton South Burnett  
Wide Bay

**Shaani Faulkner**  
**3234 1887**

Princess Alexandra  
Royal Brisbane & Women's  
South West  
Toowoomba and Darling  
Downs  
Torres Strait

**Liem Vo**  
**3234 0185**

Cairns and Hinterland  
Cape York  
Gold Coast  
Mackay  
Mater  
Mount Isa

**Kim Wyvil**  
**3234 0767**

Central West  
Fraser Coast  
Southside  
Sunshine Coast and  
Cooloola  
Townsville

**DATA COLLECTIONS QHEPS Site**  
<http://qheps.health.qld.gov.au/hic/dsu.htm>

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(07) 3234 0279

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Health Statistics Centre

13th Floor  
Queensland Health Building  
147-163 Charlotte St  
BRISBANE Q 4000

GPO Box 48  
BRISBANE Q 4001

# QHAPDC Arrow

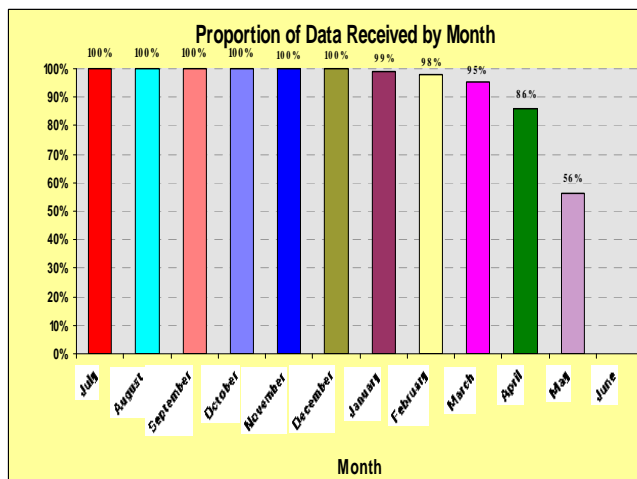
Newsletter of the Queensland Hospital Admitted Patient Data Collection  
(Private Hospitals)

Issue Number 38

June 2008

## SUBMITTING 2007-2008 PRIVATE HOSPITAL DATA

June 2008 data is due on 4 August 2008. As at 22 July 2008 Data Collections had received and loaded 97% of March 2008 data, 86% of April 2008 data and 56% of May 2008 data.



## ERRORS IN WORK

As at 22 July 2008 the number of errors currently in work, for all data received for 2007/08 was:

Public and Private Facilities	
Errors in Work - Public	2169
Errors in Work - Private	7193
Errors in Work - Total	9362

## REQUIREMENTS FOR 2008-2009

The requirements for the 2008-2009 Collection have been finalised with the Chief Health Officer.

A letter outlining the QHAPDC requirements for 2008-09 was forwarded to all Chief Executive Officers, Health Information Managers and software suppliers in February 2008.

If you have not received a copy of this information or your software supplier has not received a copy of the information please get in touch with your usual QHAPDC Team contact to receive a copy.

### A summary of the main changes for 2008-09 are as follows:

- The standard naming convention for extract files has been updated to enable hospitals to supply data for multiple months or a partial month in the one extract.
- The data extract number for a collection year must begin at '001' and be contiguous throughout the collection year. e.g. So the 4<sup>th</sup> admission file for Caloundra Private Hospital (facility number 00337) for collection year 2008-2009 would be named:

0033720082009004.ADM

- To improve the accuracy of admitted patient contract care being reported a new data item identifying the contracting facility will be collected.

The identifier of the contracting hospital (hospital 'A') involved in the contracted care.

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Code if contract type = 2, 3, 4, 5 and contract role is 'B'.

- Morbidity coding will be classified using ICD-10-AM 6<sup>th</sup> Edition.
- The Condition Present on Admission indicator will be collected for morphology codes. An additional category of Unknown/Uncertain has also been included.

Note: Queensland Health is able to electronically process amendments from private facilities if the facilities patient record system is capable of supplying electronic amendment records.

## **I & D SHEETS**

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Hospitals using paper Identification and Diagnosis Sheets or 'Patient Activity Forms' will need to use a new version for 2008-2009 data, as new data elements are required for patients separated after 30 June 2008.

Requests for the latest version of the Identification and Diagnosis Sheets or 'Patient Activity Forms' can be made to your usual QHAPDC team contact or to Narelle Wright, Data Collection Officer on 323 41885.

## **ELECTRONIC VALIDATION APPLICATION**

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Data Collections Unit is in the process of reviewing and implementing an Electronic Validation Application (EVA) accessible to private facilities.

If your facility has the capability to securely transfer admitted patient data electronically please contact Data Collections. We can then investigate the possibility of updating Data Collections' Unit IT environment to enable Queensland Health to receive your data.

Data Collections Unit continues to work with Queensland Health's Secure Transfer Service to investigate IT products that may be suitable as solutions for the electronic transfer of data.

## **VALIDATION ERRORS**

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New Validation Rule for 2008-2009 regarding Chargeable Status:

Where the Contracting Role = 'B' and the Contracting Hospital Facility Identifier is a recognised public hospital or public psychiatric residential facility.

**Then the Chargeable Status must be '1'.**

A Fatal error will be generated: This patient's chargeable status is not public but patient is being treated under contract to a public hospital or public health authority. Please check chargeable status.

A number of public facilities are contracting private hospitals to undertake procedures on public patients.

Contract Type 4 – (A)B – The patient is admitted as a same day or overnight (or longer) stay to a hospital (B) under contract from another hospital (A).

A number of QHAPDC system flags must be in place:  
A contract must exist with hospital A.

Hospital A does not record an admission.

Hospital B must record:

Admission Source/Source of Referral 25  
Admission date: date actually admitted at B  
Contract Type code 4 (Contract Type (A)B)

Contract Role code B (Hospital B)

Transferring from Facility (Extended Source Code) – identifier of hospital that referred the patient

Diagnosis and procedure codes

Discharge/Separation date

Appropriate Discharge Status/Mode of Separation code

Contracting Hospital Identifier is the identifier of Hospital A, the hospital contracting the admission. In the majority of cases this will be the same identifier as that provided for the Transferring from Facility data item (facility number from which the patient was transferred or referred).

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## **POST CODES/NLI ERRORS**

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If you are receiving any error reports regarding post codes/NLI Errors please contact Data Collections Unit.

## **TRAINING/FEEDBACK/INFORMATION SESSIONS**

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Data Collections Unit will be continuing to visit facilities with the aim to provide hospital staff with the opportunity to discuss in detail any issues they have regarding the collections conducted by Data Collections.

If you think staff at your hospital would benefit from a meeting with staff from Data Collections, please get in touch with your usual QHAPDC team contact.

## **THE QHAPDC TEAM & DATA COLLECTIONS**

---

If you need to talk to us, but your usual QHAPDC contact is not available, please feel free to contact any QHAPDC team member.

While we regularly monitor work flows and try to allocate a similar mix of electronic, manual, public and private facilities to each team member, 'bottlenecks' in our processing cycle can occur. Please get in touch with us if you are experiencing any problems with getting your data to us or receiving our validation reports.

## **IMPORTANT QHAPDC DATES**

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**June** data due – 4 August 2008

**July** data due – 4 September 2008

**August** data due – 5 October 2008

## **QUESTIONS / QUERIES / TOPIC IDEAS**

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The QHAPDC team encourages hospitals to forward any questions, queries or topic ideas that you would like to see in the QHAPDC Arrow. Please send these to your usual QHAPDC contact.

---

## QHAPDC TEAM CONTACTS

---

### **Liem 3234 0185**

Campbell Street Surgicentre  
Chermside Dialysis Unit  
Cooloola Community Hospital  
Eden Private Healthcare Centre  
Greenslopes Day Surgery  
Hervey Bay Surgical Centre  
Hillcrest  
Logan Endoscopy Services  
Mackay Day Surgery  
Mater Women's & Children's  
Mater Hyde Park  
Mater Centre for Haem & Oncol  
Mater Townsville  
North Brisbane Cancer Centre  
North Qld Day Surgery  
Rockhampton Surgicentre  
Pioneer Valley  
South Burnett Community Hospital  
Southport Surgicentre  
Spring Hill Clinic  
St Andrew's War Memorial  
St Stephen's (Maryborough)  
St Stephen's (Hervey Bay)  
T&G Day Surgery  
Planned Parenthood Townsville  
Wesley – Brisbane  
Wesley – Haem & Oncol

### **Kim 3234 0767**

Allamanda Private  
Allamanda Surgicentre  
Brisbane Endoscopy  
Brisbane Private  
Cairns Day Surgery  
Cairns Private  
Canossa  
Eastern Endoscopy  
Eye Tech Day Surgery  
Eye Tech Day Surgery Southside  
Friendly Society  
Holy Spirit Northside  
Logan Surgery Centre  
Nambour Day Surgery  
Northside Endoscopy Service  
Pacific Private  
Peninsula Eye Centre  
Pittsworth  
QFG Day Theatres  
Qld Eye Centre  
Roderick St Day Surgery  
South Coast Digestive Diseases  
Southside Endoscopy  
Wesley – Hyperbaric

### **Andrew 3234 0222**

Buderim Gastroenterology Centre  
Greenslopes Private  
Hopewell  
John Flynn  
Kawana  
Marie Stopes – Caboolture  
Marie Stopes - Salisbury  
Mater Bundaberg  
Mater Gladstone  
Mater Mackay  
Mater Miser. Day Unit  
Mater Rockhampton  
Mater Yeppoon  
Mt Olivett  
New Farm Clinic  
Pacific Day Surgery  
Peninsula Private  
Pindara Private  
Pindara Day  
Pine Rivers  
RiverCity Private  
Stanthorpe Endoscopy Unit  
Short Street Day Surgery  
St Vincent's – Toowoomba  
Toowoomba Surgicentre  
Toowoomba Hospice  
Vision Centre

### **Shaani 3234 1887**

Belmont  
Caboolture Private  
Caloundra Private  
Clifton Co-Operative  
Ipswich Hospice  
Mater – Brisbane  
Mater – Redlands  
Montserrat Day - Gaythorne  
Montserrat Day - Indooroopilly  
Montserrat Day - Spring Hill  
Nambour Selangor Private  
Noosa Hospital  
Noosa Surgical and Endoscopy  
North West Private  
Palm Beach – Currumbin  
Spendelove House Private  
St Andrew's Ipswich  
St Andrew's – Toowoomba  
Sunnybank Private  
Sunshine Coast Day Surgery  
Sunshine Coast Haem & Oncol  
Sunshine Coast Private  
Terrace West Endoscopy  
Toowong  
Townsville Day Surgery  
Tri Rhosen Day Surgery

### **Queensland Health Internet Site**

[www.health.qld.gov.au](http://www.health.qld.gov.au)

#### **Fax**

(07) 3234 0279

#### **Address**

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147-163 Charlotte St  
BRISBANE Q 4000  
GPO Box 48  
BRISBANE Q 4001



### **PROJECT DESCRIPTION**

The overall objective of the Non-admitted Outpatient Care Data Collection (NAOCD) Project is to implement a state-wide corporate outpatient data collection to deliver quality, timely and reliable outpatient data to support Queensland Health's strategic directions and meet local, state and national reporting requirements for occasions of service data.

### **PROJECT STATUS**

#### **HBCIS ENHANCEMENTS FOR SEPTEMBER 2008**

The NAOCD's work program on enhancements is continuing. Listed below are the two enhancements planned for release as part of the HBCIS 6.0 Phase (2) release in September 2008.

##### **1. Validation Error Report**

The need for accuracy and integrity of outpatient information is vital to ensure a quality Non-Admitted Outpatient Care Data Collection (NAOCD).

To assist hospitals to achieve a high level of data quality, and to ensure that information received from hospitals is "clean" for data analysis and reporting, an enhancement is proposed to capture and report on data validation errors.

Currently there is no data validation report available to be run on the information captured within the Appointment Scheduling Module of HBCIS.

This enhancement will provide functionality to improve to quality of information available in relation to Outpatient Care. The flow on effect is also that information for the NAOCD is accurate in relation to appointments that qualify as occasions of service ('seen' appointments).

##### **2. Automatic Linking of Subsequent Appointments to Referrals**

The linking of subsequent appointments to referrals is necessary to ensure the entire component of the patient's continuum of care can be analysed and interpreted. It will allow for benchmarking and analysis of the patient's course of care. Improved take up of linking of referrals could also take advantage of possible incentive payments linked to data quality currently being proposed for 2008/09.

Currently Appointments can be linked to a Referral manually by the user. This enhancement automates this process according for specific criteria which will minimise data entry for the user.

#### **HBCIS ENHANCEMENTS – PROPOSED FUTURE RELEASES**

##### **1. Referral Expiry Date / Period**

When referral details are entered into HBCIS, the user is required to enter an expiry date which they manually calculate. There are significant data quality issues with to entry of referral expiry dates (as suggested in the SOPD Policy) it is difficult to calculate this information manually.

This enhancement has been created to remove the requirement for the user to

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manually calculate an expiry date. The expiry date will automatically be calculated intuitively by HBCIS (when the patient's appointment is updated to the "Seen" status) providing the user has entered a new referral period field.

This enhancement will improve the data quality of referral expiry dates, ensure adherence to the SOPD Policy (out for consultation), improve referral management, and enable accurate reporting.

In addition this enhancement includes a report which can be run by the user which details expiring referrals so that administrative staff can contact patients and GPs to obtain a new referral prior to patient's future review appointments as there is no current functionality in HBCIS to effectively manage referrals.

### **3. Referral Transfer**

Referrals may need to be transferred from one Qld Health facility to another for various reasons including patient relocation, and the service for which the patient was originally referred is no longer provided at that QH facility.

Currently HBCIS does not allow for the hospital receiving the referral to record the days the patient was waiting at the previous facility, nor the name of the facility which transferred the referral. As a result, the current corporate extract (EIS Extract) is not able to accurately identify the true patient waiting time for internal and external reporting purposes.

This enhancement will allow hospitals to record the days a patient has been waiting at the previous facility and the name of the facility from which the referral has been transferred. This enhancement is beneficial as accurate information on patients who are transferred from one facility's specialist outpatient department to another including the true number of days a patient has been waiting can be accurately reported.

### **4. Enhancement of the Outpatient Activity Report**

The current Outpatient Activity Report in HBCIS requires enhancement to include existing data items (Session Type, Delivery Mode and New/Repeat status) for the NAOCDC and to improve the reporting of outpatient activity at the hospital level.

This enhancement will enable the consistent collation and reporting of SOPD appointment data (both locally and corporately) and improve data quality to enable efficient service planning and monitoring. Hospital users will benefit from a single standardised set of output reports which will increase efficiencies for the collation of statistical activity for reporting purposes.

### **5. Referral to Referral Link**

The revised SOPD Policy (currently out for consultation) recommends that when a referral has expired, a new 'continuation' referral is required in order for patients to access specialist outpatient services. In support of this recommendation, this enhancement will enable a "new" referral to be linked to an expired referral to reflect the continuation of care where patients' occasions of service exceed the length of the original referral period.

Currently a new referral is entered into HBCIS when a referral has expired as there is no functionality to enable the new referral to be linked to the original referral.

This enhancement will enable the implementation of this recommendation into current work practices and enable more accurate and efficient management and improved reporting of referral information.

### **OUTPATIENT INFORMATION SESSIONS**

The NAOCDC Project recently facilitated Outpatient Information Sessions to support the HBCIS 6.0 Phase (1) enhancements for Appointment Scheduling Module in June 2008. These enhancements extended available functionality to improve business

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processes and data quality in specialist outpatient departments.

Sessions were provided throughout Queensland Health for administrative staff of Specialist Outpatient Departments and included an overview of the NAOCDC Project, the need for data quality in outpatient data collection and hands on training for the new enhancements.

Over 400 staff attended these information sessions which were very well received. The NAOCDC Team would like to thank all staff that attended as feedback provided was

valuable in identifying further issues that require investigation.

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## **CONTACT DETAILS**

For further information regarding the NAOCDC Project contact:

*Data Collections Unit  
Health Statistics Centre  
Queensland Health  
Phone: 3234 0726*

*E-mail:*

[Rodney.leeuwendal@health.qld.gov.au](mailto:Rodney.leeuwendal@health.qld.gov.au)

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## **Indigenous Information Strategy Team (IIST) Health Statistics Centre (HSC)**

### **What is the function of the Indigenous Information Strategy Team (IIST)?**

The Indigenous Information Strategy Team (IIST) has three main functions:

- Improve the quality and timeliness of Indigenous data from Queensland health collections and other government collections such as births and deaths registration data, in particular, improving the accuracy and completeness of Indigenous identification in collections.
- Improve the availability and quality of information that is used to inform Queensland Health and whole of government planning and policy development. This includes input into developing performance indicators both for Queensland Health and for the National Closing the Gap strategy.
- Develop methods to disseminate Indigenous health and health-related information for use by health service providers and communities at a small area level.

The following project provides an example of a major project IIST has undertaken in the last year and how IIST is contributing to improving levels of measurement and accountability of districts for the better provision of services and improved outcomes for Queensland's Aboriginal and Torres Strait Islander population.

### **Queensland Health Performance Indicators in Aboriginal and Torres Strait Islander Health**

This project is concerned with the implementation and prioritisation of Key Performance Indicators (KPIs) in Aboriginal and Torres Strait Islander health throughout Queensland Health clinical and population health services. These KPIs are now incorporated into Queensland Health Service Level Agreements with Area and District Health Services.

#### **Background**

In 2007 the Executive Management Team (EMT) committed to establish measurable accountabilities in Aboriginal and Torres Strait Islander health in Queensland, starting with the key areas of chronic disease and maternal and child health. A set of eight statewide KPIs (see below) were developed following a joint forum by the Aboriginal and Torres Strait Islander Health Strategy Unit (ATSIHSU), the Health Statistics Centre (HSC) and Southern Area District Managers. These KPIs were selected on the basis of being valid and robust measures indicative of whether core health services are being delivered effectively at district level to Aboriginal and Torres Strait Islander people.

In July 2008, baseline data on the KPIs at district level were reported for the first time to Districts, Areas and EMT. District managers are now required to review the indicators for their District and consider current performance, possible explanatory factors and appropriate targets with strategies to address these over 2008-09.

Data on the KPIs will be reported on an ongoing six to twelve monthly basis, with annual reporting to EMT. The aim of addressing annual targets for these KPIs is to make progress toward closing the health gap between Aboriginal and Torres Strait Islander people and the non-Aboriginal and Torres Strait Islander community. Several of these KPIs were highlighted for the first time in the Queensland Health's Agency Service Delivery Statement (ASDS) for 2008-09. For these selected indicators, yearly targets were set for Queensland Health as a whole, as part of our accountability to Government and the Parliament in all priority areas.

Over the course of 2008 the ATSIHSU and the HSC commenced an ongoing engagement with Area and District Managers, the Population Health Branch, and Statewide and Area Clinical Networks to refine the indicators and identify best practice based strategies to address them. In the longer term, over 2008-2009, the project will also aim to engage with community and primary health care services delivered by our partners in the Aboriginal and Torres Strait Islander community controlled health sector and in private general practice.

It is intended that HSC will undertake further analysis to model medium and long term targets at a district level to provide indications of what incremental changes are required to meet State and National targets. Actual performance over time will be able to be benchmarked against these estimates.

## Key Performance Indicators (KPIs)

These indicators are drawn from routine hospital administrative data and from the Perinatal Data Collection (PDC).

- hospital separations discharged against medical advice (DAMA)
- estimated level of capture of Indigenous status in Qld acute public hospitals
- women who gave birth who had less than 5 antenatal visits during pregnancy
- low birthweight babies born (less than 2500 grams)
- women who smoked at any time during pregnancy
- women who quite smoking by 20 weeks gestation
- hospital separations for potentially preventable admissions for:
  - acute conditions
  - chronic conditions
  - vaccine preventable conditions
- hospital separations for children 0-14 years for avoidable conditions:
  - asthma
  - gastro-intestinal
  - assault
  - dental
  - influenza & pneumonia
  - all injury
  - ear, nose & throat
  - skin infections
  - epilepsy & convulsion
  - upper respiratory

For ease, most information has been presented in tables (counts, proportions, rates per 100,000 or 1,000 and rate/ratios) with an accompanying graph, supplied in PDF form. Most indicators are available by:

- Health Service District;
- Summary of all districts; and
- Queensland summary

Indicator definitions and 2006 Estimated Resident Population (ERP) figures by Indigenous status have also been provided.

To navigate from QHEPS home page select *Reference Tools* tab -> *Health Statistics Centre (formerly Health Information Centre)* link -> *Indigenous KPIs* or [http://qheps.health.qld.gov.au/hic/qhpi\\_at.htm](http://qheps.health.qld.gov.au/hic/qhpi_at.htm)

**Queensland Health Performance Indicators in Aboriginal and Torres Strait Islander Health**

In 2007 the Executive Management Team (EMT) endorsed a new Aboriginal and Torres Strait Islander health strategy for Queensland Health. The EMT's decision included a commitment to establish measurable accountability, starting with the key areas of chronic disease and maternal and child health. Queensland Health already reports at a whole of State level against a number of such measures contained in the national Aboriginal and Torres Strait Islander Health Performance Framework. EMT recognised the need to develop indicators that can be used at a district level to drive the required improvements.

This set of District and statewide indicators has been developed to support our new direction in Aboriginal and Torres Strait Islander health (consistent with the national framework) and is reported for each Health District as a stimulus to discussion between District and Area management.

These indicators are drawn principally from routine hospital administrative data and from the Queensland midwives' data collection. Therefore, no new or specific data collection is required by Districts.

In the future these indicators will be reported six monthly where data are available and numbers are sufficient for robust reporting. However it is recognized that some indicators can only be reported meaningfully on an annual basis. These indicators will create a proactive opportunity for reviewing our progress in improving Aboriginal and Torres Strait Islander health, and will form the basis of an annual discussion at both District and Area managers' performance reviews.

[Indicator definitions](#)

Northern Area Health Service	Central Area Health Service	Southern Area Health Service	Queensland	All Districts
<a href="#">Cairns and Hinterland</a>	<a href="#">Central Queensland</a>	<a href="#">Gold Coast</a>	<a href="#">Qld Summary</a>	<a href="#">Summary of All Districts</a>
<a href="#">Cape York</a>	<a href="#">Central West</a>	<a href="#">Southside</a>		
<a href="#">Mackay</a>	<a href="#">Fraser Coast</a>	<a href="#">South West</a>		
<a href="#">Milla</a>	<a href="#">Northside</a>	<a href="#">Townsville and Darling Downs</a>		
<a href="#">Torres Strait</a>	<a href="#">Sunshine Coast and Coorool</a>	<a href="#">West Moreton South Burnett</a>		
<a href="#">Townsville</a>	<a href="#">Wide Bay</a>	<a href="#">Princess Alexandra</a>		
	<a href="#">Royal Brisbane and Women's</a>	<a href="#">Major Public Hospitals</a>		
	<a href="#">Royal Children's</a>			

Review Date: 20 December, 2006

Queensland Government  
Government Health

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For information contact: CMC  
CMC@health.qld.gov.au  
Telephone: (07) 323 41953

For further information please contact the Indigenous Information Strategy Team, Health Statistics Centre on (07) 323 40050.

# Codefile

## Quarterly Newsletter of the Queensland Coding Committee

July 2008  
Issue No 30

### Inside this Issue

- 1 [Coding Auditing/ Education Update](#)
- 2 [Codefinder Update](#)
- 3 [Performance Indicators for Coding Quality \(PICQ\) Update](#)
- 4 [Coding Standards Advisory Committee \(CSAC\) Update](#)
- 5 [QCC Update](#)
- 6 [Coders' InSite](#)
- 7 [Mendelsohn's Syndrome](#)
- 8 [Contact Details](#)

Queensland Coding Committee  
Statistical Standards Unit  
Health Statistics Centre  
Queensland Health  
GPO BOX 48  
BRISBANE 4001

### 1. Coding Auditing/ Education Update

The Coding Auditing and Education team has completed audits at Ipswich Base Hospital and Townsville General Hospital. The team is currently completing audit reports for these audits and others.

Lisette Ramsden, who recently took up the role of Clinical Classification Auditor Educator, has taken a new role as Senior Health Information Manager at Toowoomba Base Hospital. Lisette was a valuable member of the Coding Auditing and Education team and will be greatly missed in her role. We wish Lisette very well in her future endeavours.

### 2. Codefinder Update [home](#)

The Statistical Standards Unit (SSU) continues to provide Codefinder support to all public hospital Clinical Coding personnel. Meegan Snell from 3M has been visiting hospital facilities to meet with Clinical Coders demonstrating the functionality and enhancements associated with the 3M Codefinder's most recent release, v4.9.2.

To date, Meegan has visited the following facilities this quarter:

- Nambour
- Cairns
- Townsville
- Gympie
- Royal Brisbane

The new 3M Codefinder v4.9.2 was progressively released to all Queensland Public Hospitals in late June 2008. Version 4.9.2 contains new features and has been redesigned to align with the ICD-10-AM Index; this has resulted in many pathway changes. Information regarding the new notes functionality and code sequencing was distributed to the Codefinder Group. We hope this documentation has helped and used to improve everyday coding.

For those public hospital Clinical Coders who may require Codefinder assistance the SSU Codefinder Support Officer (CSO) – Laura Cleator, can be contact at [Codefinder@qld.health.gov.au](mailto:Codefinder@qld.health.gov.au) or alternatively please

telephone Laura on (07) 3235 9575. Please note the new contact telephone number for your reference and update your records accordingly.

Support issues would include reporting faults with any of the coding pathways, advice and assistance with the use of certain Codefinder features and the installation process for the new releases.

### 3. PICQ Update [home](#)

The SSU has just sent out another round of PICQ reports to all major Queensland Health Hospitals. This report provides PICQ indicators on data from 1 January 2008 – 31<sup>st</sup> March 2008. SSU recognises that not all data for that period will be available in the extract.

SSU is still in negotiations with the National Centre for Classification in Health (NCCH) to purchase PICQ 2008. The plan is to purchase the PICQ product for the state and to allow for access to the product to those public hospitals that request access. This is similar to the way that the PICQ product is made available to Victorian hospitals by the Health Data Standards & Systems (HDSS). Unfortunately, the PICQ 2008 product is still unavailable for purchase at this time. We will keep you informed of any progress.

#### 4. CSAC Update [home](#)

There was discussion at the last CSAC meeting in June regarding the on-line Public Submission process. There has been an article published in June Coding Matters regarding the public submission process. This on-line public submission process for suggesting modifications to ICD-10-AM/ACHI/ACS will commence in July 2008. From then on, the NCCH will accept public submissions all year round.

##### Reasons for a Public Submission (as per Coding Matters Vol 15):

There are a number of reasons to consider modification of the disease and procedure classifications:

1. Existing ICD-10-AM/ACHI code is too general or lacks specificity
2. Existing ICD-10-AM/ACHI code assignment is outdated due to advances in medical knowledge
3. Disease, related health problem or procedure/ intervention is currently not classified in ICD-10-AM/ ACHI. For example, identification of a new disease, diseases of uncertain aetiology or a new procedure must represent a unique concept to expert clinicians in that specialty. For procedures, they must be sufficiently important and different in terms of frequency, site, procedure, technique, approach, use of technology or device, stage or invasiveness to warrant separate classification.
4. Typographical error has been found within ICD-10-AM/ACHI/ACS
5. ICD-10-AM/ACHI/ACS indexing issues

For further information:

[http://nis-web.fhs.usyd.edu.au/ncch%5Fnew/downloads/coding\\_matters/Vol15%20No1.pdf](http://nis-web.fhs.usyd.edu.au/ncch%5Fnew/downloads/coding_matters/Vol15%20No1.pdf)

As I am sure that you are aware by now, the NCCH database has been removed from public view and that Code-L services have been discontinued from 1 July 2008.

Some of the issues that influenced this decision are (as per Coding Matters Vol 15):

- Advice changes from edition to edition.
- Advice may no longer be valid.
- Lack of NCCH resources to remove or update previous advice – moreover, this is an historical document for the NCCH i.e. a working document that provides information on how decisions were made.
- Advice in the database is not ratified by CSAC and sometimes when a '10-AM Commandment' is created, the advice changes and there is risk of contradiction – possibly resulting in inconsistent coding practice.
- Advice related to specific queries may be incorrectly applied to other cases, i.e. there have been instances where a coder(s) has used previous advice to support decisions in the coding of a case which is different to the case for which the original query advice was intended.
- Possible use of the database answers as a punitive tool by auditors.
- Use of the database for purposes other than originally intended, i.e. to influence changes to the classification rather than using the public submission process. '10-AM Commandments' sometimes appears to be used as a similar tool.
- It is another source of reference for coders and there is a view that too many sources (ACS, Query database, answers to queries in Coding Matters, answers on Code-L, answers by state-based coding committees) can potentially create more confusion and therefore errors.

For further information:

[http://nis-web.fhs.usyd.edu.au/ncch%5Fnew/downloads/coding\\_matters/Vol15%20No1.pdf](http://nis-web.fhs.usyd.edu.au/ncch%5Fnew/downloads/coding_matters/Vol15%20No1.pdf)

There was more discussion at CSAC about the proposed change to Obstetric Principal Diagnosis coding. If approved by CSAC, a proposal may be made for 7<sup>th</sup> Edition.

The ICD-10-AM Sixth Edition NCCH workshops are now complete. NCCH members reported that the feedback from the workshops had been very positive. A list of 'frequently asked questions' (FAQs), has been developed and the FAQs will be published in the September/December issues of "Coding Matters".

The biennial NCCH Conference will be held next year and there will be a pre-conference coding workshop as in previous years. CSAC members were asked to discuss requirements with the coding community and get back to the NCCH with suggestions of topic areas.

For further information:

<http://nis-web.fhs.usyd.edu.au/ncch%5Fnew/2009NCCHConference.aspx>

The importance of the NCCH T code survey was re-iterated. I would encourage Queensland coders to take the time to do the T code survey where possible. Please refer to the NCCH site for further information:

[http://nis-web.fhs.usyd.edu.au/ncch\\_new/icd\\_10\\_am\\_t\\_code\\_survey\\_guidelines.aspx](http://nis-web.fhs.usyd.edu.au/ncch_new/icd_10_am_t_code_survey_guidelines.aspx)

## 5. QCC Update [home](#)

June Quarter 2008 has been a busy time for the QCC. In May, Corrie Martin announced that with a full Data Quality Team she would be passing over the Convenorship to Stephanie Ferdinands for a temporary period and the new Secretariat is Laura Cleator. QCC have welcomed Stephanie as the new acting convenor and Laura Cleator as the new acting Secretariat. Corrie Martin has fulfilled both Secretariat and Convenor position for some time and her efforts and hard work over this time has been very much appreciated. Corrie will continue to attend and contribute to the QCC meetings as a member.

QCC have reviewed 11 queries and are currently preparing 3 queries to go to the NCCH in the June Quarter.

Work is underway to review and update the QCC website. Matthew Shaw will continue to be the webmaster. A number of documents including 2008 meeting minutes, queries and the Terms of Reference for the QCC which was reviewed by the members and updated this June Quarter will be placed on the website in the near future.

QCC have provided advice on a number of issues this quarter, including the pilot collection of new data elements MRIC (Most Resource Intensive Condition Indicator) and NACSC (Non Australian Coding Standard Compliant Indicator) also known as OCOI (Other Co-morbidity of Interest).

QCC members, Kirsten Hinze, Kym Wimberley and Tracey Matthies and their coding teams conducted the pre-pilot collection of the MRIC and NACSC. A report detailing the results and recommendations of the pre-pilot collection was presented to the QCC members at the May meeting. This work was very much appreciated by the QCC. The pre-pilot report was presented to senior management along with the pilot collection proposal.

The volunteer pilot collection of the new indicators MRIC and NACSC commenced on 01 July 2008. Previous to the pilot collection commencing, there was correspondence pertaining to the voluntary nature of the collection sent to all the District Managers. District Managers were provided with the report from the trial of the new indicators and the data definitions to support their decision making. We have had 6 hospitals volunteer to pilot the data elements and we sincerely thank them for their willingness to assist us with this new data quality initiative. New volunteers are welcome. If you are interested in volunteering for the pilot please contact Corrie Martin or Stephanie Ferdinands.

The QCC continue to keenly following the progress of the Clinical Coder Work Value project. QCC members reviewed one of the outputs of this project, the Job Analysis Questionnaire (JAQ) and provided feedback to Project Officer Rob Rule at the June meeting. QCC also forwarded their response and comments in writing to the Clinical Coder Work Value Project.

## 6. Coders InSite [home](#)

Do you have a coding resource that you feel so proud of that you want to share it? Then Coders InSite is the web portal that will allow you to do so! Coders InSite is available at <http://qhcs.health.qld.gov.au/qhcs/home.htm> and contains a wealth of coding resources, plus links to manuals, publications and data repositories.

If you think you have a coding resource you would like to submit to Coders InSite, or even an event you want to advertise, please contact Stephanie at [Stephanie.Ferdinands@health.qld.gov.au](mailto:Stephanie.Ferdinands@health.qld.gov.au), or Matthew at [Matthew.L.Shaw@health.qld.gov.au](mailto:Matthew.L.Shaw@health.qld.gov.au) for more information.

There are also helpful guidelines on how to submit a resource located at [http://qhcs.health.qld.gov.au/qhcs/html/publish\\_process.htm](http://qhcs.health.qld.gov.au/qhcs/html/publish_process.htm).

## 7. Mendelson's Syndrome (Mendelsohn's Syndrome) [home](#)

Mendelson's syndrome results from a massive aspiration of gastric contents occurring during periods of altered consciousness. This can occur during intubation and extubation when a patient is having a general anaesthetic

The clinical features include cough, wheeze, cyanosis, dyspnoea and tachypnoea. The pathological changes consist of a chemical tracheobronchitis and pneumonia due to gastric acid.

Secondary bacterial infection is common and the clinical course can be complicated by pulmonary embolism and adult respiratory distress syndrome (ARDS).

**Identification, and consequent documentation, of Mendelson's Syndrome and/or Aspiration Pneumonitis due to anaesthesia is the responsibility of the clinician.**

The coding of Mendelson's syndrome is as follows:

Syndrome

- Mendelson's (due to anaesthesia) J95.4
- in labour and delivery O74.0
- in pregnancy O29.0
- postpartum, puerperal O89.0

**OR**

Pneumonitis

- aspiration J69.0
- due to anaesthesia J95.4
- during
- labour and delivery O74.0
- pregnancy O29.0
- puerperium O89.0

Remember that J85.4, being an end of chapter complication code, will require external cause codes.

**Reference:**

[http://www.medcyclopaedia.com/library/topics/volume\\_v\\_1/m/mendelsons\\_syndrome.aspx](http://www.medcyclopaedia.com/library/topics/volume_v_1/m/mendelsons_syndrome.aspx)

[http://www.asahq.org/Newsletters/1999/09\\_99/mendelson.html](http://www.asahq.org/Newsletters/1999/09_99/mendelson.html)

**8. Codefile Comments, Queries and Suggestions** [home](#)

Please forward to:

The Convenor

Queensland Coding Committee

Statistical Standards Unit

Health Statistics Centre

Queensland Health

GPO Box 48

Brisbane QLD 4001

Telephone: 07 32340134

Facsimile: 07 32340564

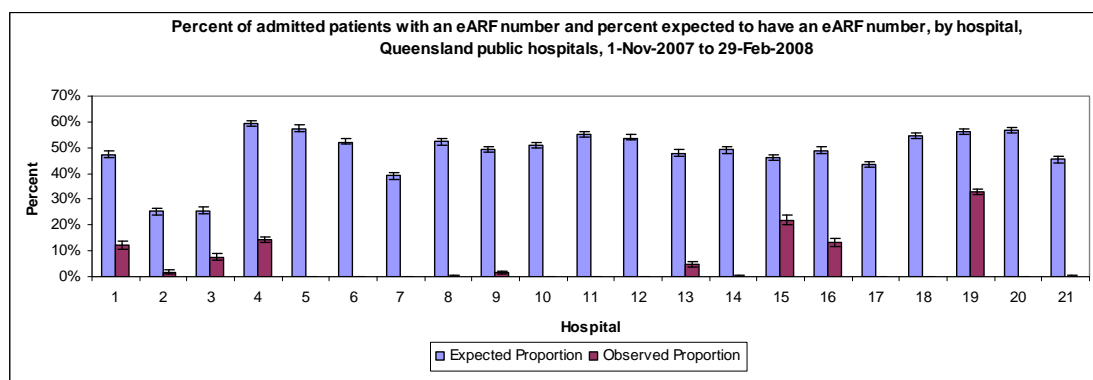
Email: [QCC@health.qld.gov.au](mailto:QCC@health.qld.gov.au)

# Statistical Analysis Unit Update

## Evaluation of the electronic Ambulance Report Form number field in emergency department and admitted patient data collections.

The electronic Ambulance Report Form (eARF) number is the number used by the Queensland Ambulance Service (QAS) to identify a patient event in their clinical data system. The eARF number is a unique identifier for patient events attended by the QAS. The eARF number was added to the HBCIS Admission, Discharges and Transfers (ADT) module, HBCIS emergency module, and Emergency Department Information System (EDIS) in public and private facilities throughout Queensland in 2007.

The Statistical Analysis Unit is conducting an evaluation of the completeness and accuracy of this data item in emergency department and admitted patient data. Results of preliminary analyses are shown below.



This graph shows the *observed* proportion of patients with an eARF number (calculated as the number of separations with an eARF number in HBCIS (admitted patient module) divided by the number of patients admitted through the emergency department for the period 1 November 2007 to 29 February 2008) and the proportion of patients *expected* to have an eARF number (calculated as the number of emergency department presentations that arrived by ambulance (as recorded in EDIS) divided by the number of emergency presentations that were admitted, for the period 1 July 2005 to 30 June 2006) for public hospitals in Queensland.

While this is a fairly rough assessment, it is obvious from the graph that completion of this data item is quite poor in most public hospitals. This analysis did not provide any information about the accuracy of information that is being entered into the eARF field.

Further work is planned to obtain a clearer picture of the completeness and accuracy of eARF data. Planned analyses include:

- Checks in EDIS data to determine whether patients coded as arriving by ambulance also had an eARF number.

- Linkage of emergency department and admitted patient data with QAS data based on patient names, addresses, date of birth and date of presentation to determine definitively which of the emergency department presentations and hospital admissions should have an eARF number and the accuracy of eARF numbers that have been entered.

This information will be used to target education and training programs regarding entry of this data item. Complete and accurate entry of this data item is important to allow Queensland Health to routinely link patient information collected in the emergency department and for admitted patients back to clinical information collections maintained by the QAS. This linkage will allow enhanced research by Queensland Health and QAS into quality of care. For example, by making use of vital signs information routinely collected by QAS, Queensland Health will be able to improve risk adjustments for severity of illness when conducting analysis to compare patient outcomes across hospitals. QAS would be able to more accurately evaluate their treatment practices and policies by assessing patients' survival to hospital discharge rather than using the criterion of survival to arrival at hospital.