



Queensland Government
Queensland **Health**

E-Bulletin

Volume 19

Produced by
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Queensland Health

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Important Notice - Change of Location

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The Statistical Standards Unit, Integration and Linkage Unit and Statistical Analysis Unit of the Health Statistics Centre have moved office.

From 8 December 2008 these Units will be located at street address:

Level 14
Forestry House
160 Mary Street
Brisbane CBD

The postal address will remain the same:

GPO Box 48
Brisbane Queensland 4001

Please note that phone numbers for contacts in these Units may have changed. All phone numbers recorded in this E bulletin have been updated to reflect the new numbers of contacts in the Forestry House location.

Corporate Reference Data System (CRDS) Update

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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 uses 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 published a list of standardised public hospital names for reporting purposes. To avoid confusion and ensure that public hospitals are described consistently, the Health Statistics Centre (HSC) has developed a standard for public hospital names to be utilised for all published media (e.g. statistical publications, etc.) from 1 July 2008. The Standardised Public Hospital Names for Reporting Purposes list can be found via the following website link http://qhps.health.qld.gov.au/hic/st_pubhosp.htm. Also contained in this list is the new Health Service Districts classification from 2008.

New Facilities

The following facilities have recently been included in the CRDS:

Name	Facility Code	Valid From
Arcare on Endeavour	03163	30/01/2008
Burke Street Community Mental Health Service	81001	15/06/2008
Helena Jones Community Correctional Centre	00803	06/05/1994
Mount Gravatt Adult Mental Health Service	81003	15/10/2007
Nundah Community Mental Health Service	81002	01/07/2008

Closed Facilities

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

Name	Facility Code	Valid To
Bedourie Clinic	00163	30/06/2005
Consultant Pathology Townsville	02000	30/09/2001
Hoogland Stock Pathology	02120	30/09/2001
Mt Gravatt Adult Community MHS	80758	30/06/2002

Change of Facility Name

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

Facility Code	Previous Facility Name	Valid To	New Facility Name	Valid From
01167	Groundwater Hostel	31/12/1999	Prescare – Groundwater Lodge	01/01/2000
03102	Mater Dei Retirement Village	30/03/2003	RSL Care Farnorha	03/12/2006
00410	Mater Misericordiae Hospital Townsville	30/09/2007	Mater Hospital Pimlico	01/10/2007

The CRDS is currently undergoing an upgrade to version 9i of Oracle. This means the search page on QHEPS will also be updated with some cosmetic changes in the design but with no major changes in the functionality. It is intended in the near future to start a review of the CRDS product. The main focus will be the completeness of its content, the adequacy of its functionality, and the effectiveness of its architecture. The aim is to further align CRDS with current client needs, increase the visibility and integrity of the data stored in CRDS, and improve data retrieval mechanisms (search engines, downloads, etc).

Any comments are welcomed in relation to improvements you would like to see included and not limited to: content, functionality and data presentation. For further information regarding the Corporate Reference Data System please contact the CRDS Administration Team:

Phone: 3234 0923 or by Email: 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

Data Standards Advisory Committee (DSAC) Update

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- *Do you deal with specification/definitions of data elements (fields in a form, screen, report, database, etc), creation of local data dictionaries or Implementation of metadata (“data about data”)?*
- *Do you collect, process, report, or analyse data?*
- *Are you developing a system, and defining data/information requirements?*
- *Do you have state or national reporting data obligations; intend to implement corporate standard reporting; have issues with data standards compliance?*
- *Are you concerned with data quality affecting the effectiveness of your data reporting; data comparison; statistical analysis; provision of accurate information?*

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

The last meeting for 2008 was held on 9 December 2008. The reassessment of DSAC Business Rules, including the Terms of Reference and Membership is a priority item in the Data Standards team’s work plan. Comments and contribution from business area representatives will be sought in due course.

Data Standard Submissions

The following data standard submissions have been recommended by DSAC for endorsement and approved by the CEO of the Centre for Healthcare Improvement 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
- Facility - Average Daily Bed equivalence number (Admitted Patient Care purchased from private hospitals)
- Facility - Average Daily Bed Equivalence number (Community Based Admitted Patient Care)

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 links to other relevant sites, submissions and other papers there. The Statistical Standards Unit chairs and provides secretariat services for DSAC.

For information regarding data standards and submissions, please contact our team: Jachson Ribeiro (07) 3406 7630, Erin Kelly (07) 3235 9451.

The Facts of Life

Newsletter of the Perinatal Data Collection

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Perinatal Data Collection Team Update

It has been a very busy time in the Perinatal Data Collection! In the last 6 weeks staff have been working hard to meet our processing deadlines. You may have noticed that monthly validation reports have been sent within a few weeks of each other.

PDC staff have also been tidying up 2007 data through the Clean Up queries that have been sent out in the last few months. It is anticipated that this process will be complete in the next few weeks. Colleen has been finalising the 2007 perinatal deaths and is currently processing 2008 deaths. A reminder that if you have information on perinatal deaths to please send it to Colleen. A perinatal form should be completed for all live births and stillbirths over 20 weeks and/or over 400 grams.

The PDC team welcomed Denise Lewis recently who has replaced Cherie. Denise and Lynelle are the contact officers for the same hospitals; Lynelle works from Monday to Wednesday and Denise works on Thursdays and Fridays.

Some hospitals have contacted PDC recently about KPIs that relate to Perinatal Data. We have been informed that these KPIs will be available on DSS (Decision Support System) in the near future, at a District level. If you would like more information please contact Neil Gardiner from the Statistical Output Unit via email address Neil_Gardiner@health.qld.gov.au or phone (07) 3234 1130.

Perinatal MR63d forms should have been received by all public hospitals that submit these forms. Please let your contact know if a MR63d is required.

Reminder everyone should be using the new July 2008 forms!

Important Perinatal Dates

Please note the following due dates for data:

OCTOBER birth data due	5 December 2008
NOVEMBER birth data due	5 January 2009
DECEMBER birth data due	4 February 2009

Note: The month in between when a birth occurs and the data is due is a good opportunity to check that the form has been completed and that the number of forms being sent to PDC is correct. The time spent at this stage will save much more time on reconciliation and validation reports later. If you are not already doing this, try implementing this at your hospital!

Quality Assurance of Data

The Perinatal Data Collection team are always working hard to improve the quality of the data that is collected. 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 them completely and return them by the due date.

Your contact officer will be following up any outstanding validation reports for January, February and March.

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 confirm the number of births with the hospital, and any missing forms will be requested, if necessary. Many of you will already have been contacted by Stacey in regard to reconciliation for April 2008. We are aiming to get this process up to date so that you will receive a query as soon as the data is loaded.

Clean Up: 2007 Jan-March 2008 coming soon!

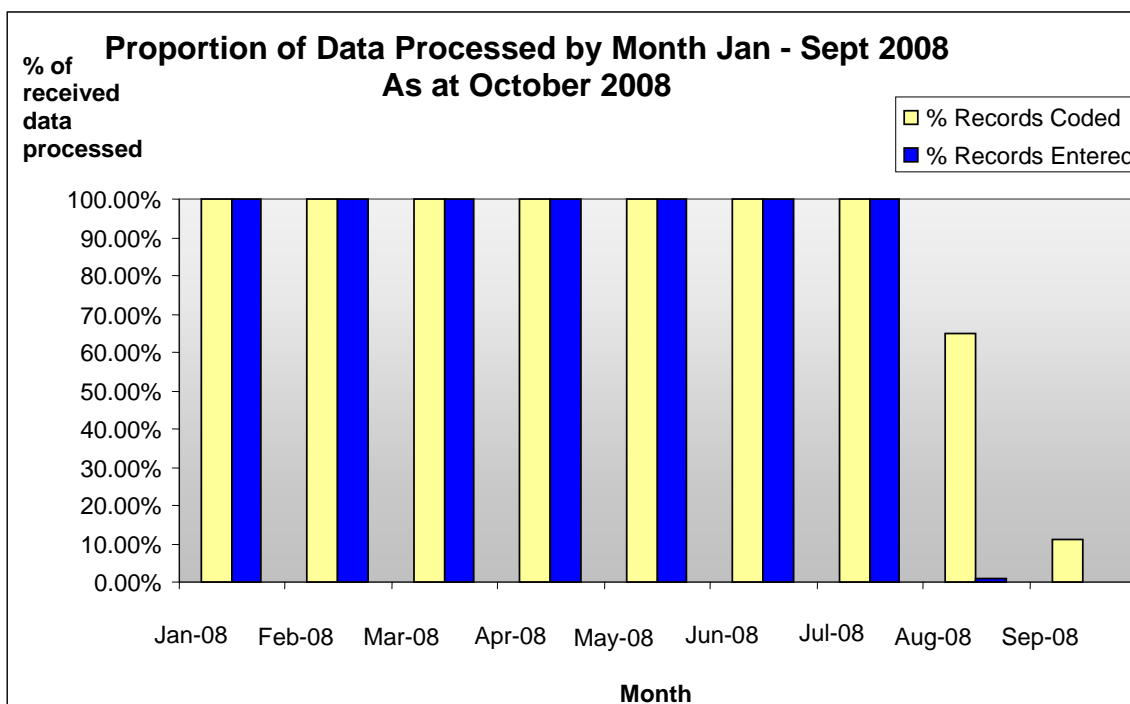
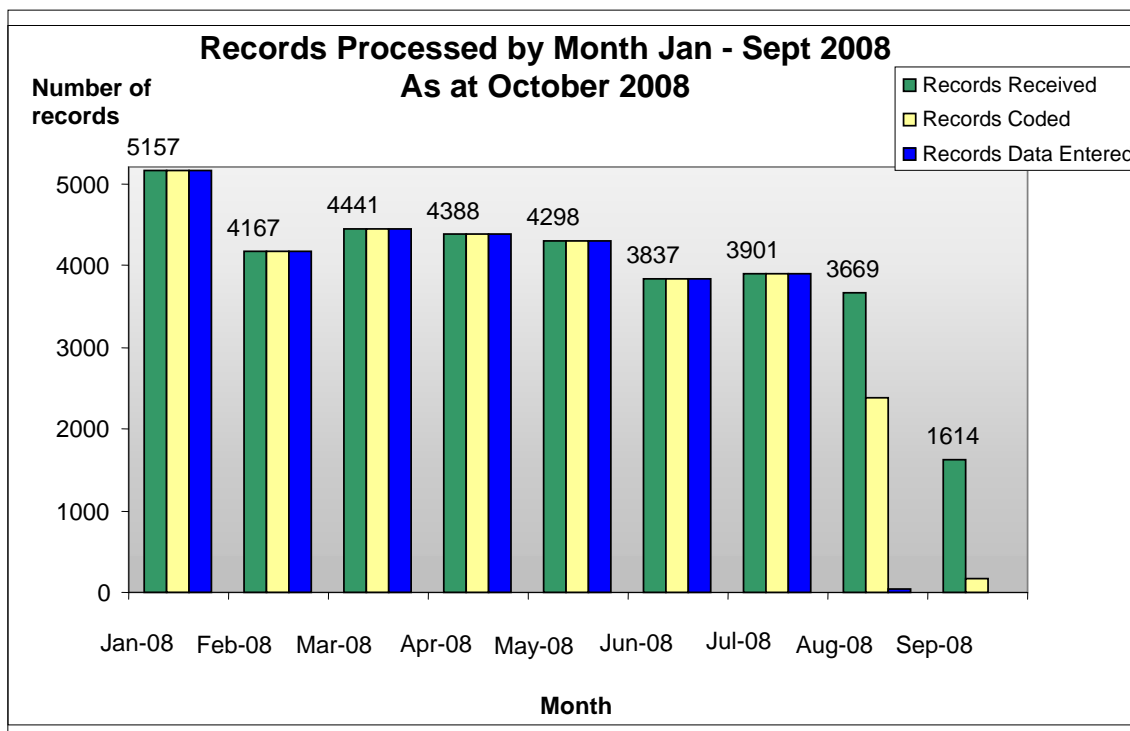
Stacey and Natasha have been cleaning up the 2007 data in the last few months. Thank you to all the hospitals that have been so helpful in sending back answers to the queries within the requested time, and in some cases quicker.

Special thank you to: Nambour General Hospital, Townsville Hospital, Mater Hyde Park Private Hospital, John Flynn Private Hospital, Royal Brisbane and Women's Hospital, St Andrews-Ipswich Private Hospital, Mareeba Hospital and Cairns Private Hospital.

There are only a few outstanding, if you still have any queries at your facility could you please finalise them in the next week. Clean Up for Jan-Mar 2008 will begin once we have received the majority of the validation reports from hospitals.

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 records received and processed.



Perinatal In-Service Workshops

PDC staff are available to undertake Perinatal In-Service Workshops. 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 maximising the quality and 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) so that a suitable date/time can be arranged.

Congratulations and WELL DONE!!



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

Ayr Hospital	For reducing the validation report
Bundaberg Hospital	For prompt return of validation reports
Caboolture Hospital	For prompt return of validation reports
Gladstone Hospital	For reducing the validation report
Hervey Bay Hospital	For prompt return of validation reports
John Flynn Private Hospital	For submitting data before the due date
Kingaroy Hospital	For submitting data before the due date
Royal Brisbane and Womens Hospital	For being up to date with data submission

Sunnybank Private Hospital	For prompt return of validation reports
St Vincent's Private Hospital	For submitting data before the due date
Thursday Island Hospital	Improving accuracy of forms
The Townsville Hospital	For catching up on their validation reports

Five Most Frequent Error Messages January - March 2008

Births between January and March 2008 generated 25,734 fatal errors and 8,505 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.	2749
PD3101	Mother's weight has not been provided or is not in valid range of 35 to 200 kgs.	1893
PD4018	What was cervical dilatation prior to caesarean?	1472
PD4006	The length of time that membranes have ruptured prior to delivery has not been provided. Please provide time in number of days, hours, minutes.	1246
PD5061	Was cord pH performed? If so, please provide cord pH results.	1128

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

HEIGHT <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> cm
--

Record the mother's height in total centimetres. This can either be measured (at an antenatal visit) or self reported (e.g. 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' or 'not documented' 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

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 or -, '???' is entered.

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?

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.

PD4006 The length of time that membranes have ruptured prior to delivery has not been provided. Please provide time in number of days, hours, minutes.

MEMBRANES RUPTURED
____days____hours____mins before delivery

Record the days hours and minutes that membranes ruptured before delivery.

A fatal error will be generated if membranes ruptured is left blank, if the rupture occurs at the time of delivery please write a note on the form to this nature.

A warning error will be generated if the membranes ruptured is a long period. If this is correct please write confirmed next to the field.

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

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

A fatal error will be generated if cord pH is blank and cord 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 cord pH value in the boxes below.

Perinatal Data Collection Team Contacts (As at October 2008)

Julie Bahr
Phone 3234 0072

00191	Ayr Hospital
00132	Baralaba Hospital
00062	Bundaberg Base Hospital
00030	Caboolture Hospital
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
00068	Gympie Hospital
00069	Hervey Bay Hospital
00094	Inglewood Hospital
00441	John Flynn-Gold Coast Private Hospital
00048	Maleny Hospital
00327	Mater Gladstone Private Hospital
00411	Mater Hyde Park Private Hospital
00249	Mornington Island Hospital
00140	Moura Hospital
00332	Nambour Selangor Private Hospital
00346	Noosa Private Hospital
00247	Normanton Health Service
00016	Redcliffe Hospital
00175	Sarina Hospital
00366	St Vincent's Private Hospital
00317	Sunnybank Private Hospital
00228	Weipa Hospital
00316	Wesley Private Hospital
00212	Babinda Hospital
00508	Campbell St Surgicentre
00220	Gordonvale Hospital
00916	Magnetic Island Health Service
00343	Noosa District Hospital
00099	Oakey Hospital
00004	Prince Charles Hospital
00118	Quilpie Hospital
00248	Richmond Hospital

Michael Danby
Phone 3234 0859

00213	Bamaga Hospital
00061	Biggenden Hospital
00153	Blackall Hospital
00134	Blackwater Hospital
00192	Bowen Hospital
00043	Caloundra Hospital
00112	Charleville Hospital
00193	Charters Towers Hospital
00064	Childers Hospital
00171	Clermont Hospital
00243	Cloncurry Health Service
00194	Collinsville Hospital
00252	Doomadgee Hospital
00136	Gladstone Hospital
00093	Goondiwindi
00196	Ingham Hospital
00095	Jandowae Hospital
00197	Joyce Palmer Health Service
00070	Kingaroy Hospital
00047	Laidley Hospital
00156	Longreach Hospital
00071	Maryborough Hospital
00401	Mater Mackay Private Hospital
00370	Mater Private Hospital Redland
00098	Millmerran Hospital
00173	Moranbah Hospital
00224	Mossman Hospital
00246	Mount Isa Base Hospital
00254	Pormpuraaw
00028	Redland Hospital
00141	Rockhampton Base Hospital
00201	Royal Brisbane and Women's Hospital
00994	Royal Women's Birthing Centre
00949	Saibai Island Primary Health Care Centre
00142	Springsure Hospital
00104	Toowoomba Hospital
00105	Warwick Hospital
00159	Winton Hospital
00145	Woorabinda Health Services
00144	Yeppoon Hospital
00131	Alpha Hospital
00111	Augathella Hospital
00230	Aurukun Primary Health Care Centre
00242	Camooweal Health Centre
00215	Chillagoe Hospital

**Lynelle McCullagh(Mon-Wed)/Denise Lewis
(Thu,Fri)
Phone 3235 2586**

00042	Boonah Hospital
00214	Cairns Base Hospital
00176	Dysart Hospital
00044	Esk Hospital
00991	Gold Coast Birthing Centre
00050	Gold Coast Hospital
00998	Homebirths
00015	Ipswich Hospital
00046	Kilcoy Hospital
00003	Mater Misericordiae Mother's Public Hospital
00309	Mater Mothers' Private Health Service
00097	Miles Hospital
00116	Mitchell Health service
00074	Munduberra Hospital
00075	Murgon Hospital
00076	Nanango Hospital
00313	St Andrew's - Ipswich Private Hospital
00334	Sunshine Coast Private Hospital
00121	Surat Hospital
00101	Tara Hospital
00102	Taroom Hospital
00103	Texas Hospital
00143	Theodore Hospital
00226	Thursday Island Hospital
00227	Tully Hospital
00077	Wondai Hospital
00229	Yarrabah Hospital
00151	Aramac Hospital
00943	Boigo Island Aid post
00117	Mungindi Hospital

Other Questions

<i>Clean-Up or Quality checks</i>	Natasha Doherty	3234 1708
<i>Deaths or Inservices</i>	Colleen Morris	3234 0744
<i>Reconciliation</i>	Stacey Ede	3234 1329
<i>Online Form</i>	Joanne Bunney	3237 1464

**Trent Quinlan
Phone 3224 0086**

00211	Atherton Hospital
00152	Barcaldine Hospital
00041	Beaudesert Hospital
00133	Biloela Hospital
00420	Cairns Private Hospital
00091	Chinchilla Hospital
00255	Coen Health Service
00113	Cunnamulla Hospital
00065	Eidsvold Hospital
00135	Emerald Hospital
00045	Gatton Hospital
00066	Gayndah Hospital
00115	Injune Hospital
00222	Innisfail Hospital
00939	Island Medical Services
00253	Kowanyama Community Hospital
00233	Lockhart River Medical Centre
00029	Logan Hospital
00172	Mackay Base Hospital
00995	Mackay Birthing Centre
00223	Mareeba District Hospital
00410	Mater Misericordiae Hospital Townsville Limited
00380	Mater Rockhampton Private Hospital
00072	Monto Hospital
00139	Mount Morgan Hospital
00049	Nambour General Hospital
00320	North West Brisbane Private Hospital
00331	Pindara - Gold Coast Private Hospital
00174	Proserpine Hospital
00119	Roma Hospital
00365	St Andrews - Toowoomba
00120	St George Hospital
00100	Stanthorpe Hospital
00200	The Townsville Hospital
00232	Wujal Wujal Community Hospital
00333	Allamanda Private Hospital
00217	Croydon Hospital
00231	Hopevale Medical Centre
00244	Hughenden Hospital
00245	Julia Creek Hospital
00022	Queen Elizabeth II Jubilee Hospital
00345	St Stephen's Private Hospital
00024	Wynnum Hospital



Project Update

Non-Admitted Patient Outpatient Care Data Collection (NAOCD) Project

PROJECT DESCRIPTION [CONTENTS PAGE](#)

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

The NAOCD Project is currently on track for a 1 July 2009 implementation. Some of the recent milestones of the Project are as follows:

- Enhancements to the HBCIS Appointment Scheduling (APP) module were released in July and September. Further enhancements are planned for March 2009 and July 2009.
- Information and Training Sessions to hospital outpatient department staff in support of the July HBCIS enhancements, improved business processes and data quality were completed. Further information and training sessions will be delivered in the first half of 2009.
- Extract Specifications have been provided to iSoft to develop a non-admitted patient data extract from Mater to SATr.
- Extract Specifications have been provided to Cerner to develop of a non-admitted outpatient data extract from RBWH and PAH to SATr.

- Business and functional requirements documentation for the NAOCD corporate data processing system has been completed.
- A revised Preliminary Business Case was submitted 'out of session' for the November ISIB and has been approved. Funds requested in the Preliminary Business Case will enable the development of the NAOCD corporate data processing system, the development of the extract from SATr to the NAOCD system, the provision of further information and training sessions to hospitals and the commencement of analysis for the development of the data output area.
- Data quality analysis using data contained in SATr compared with the Monthly Activity Collection (MAC) (at the clinic level) is on going.

Further information on the status of NAOCD sub-projects are detailed below.

5. SUB-PROJECT STATUS

5.1 Data Collection and Feeder System Enhancement

5.1.1 HBCIS Enhancements

September 2008

Two enhancements to the HBCIS APP Module were released in the September HBCIS 6.0 Phase (2) release. These enhancements were detailed in the previous E Bulletin and were:

- Validation Error Report; and
- Automatic Linking of Subsequent Appointments to Referrals.

March 2009

The NAOCDC Project is currently negotiating further enhancements to the HBCIS APP Module to be released in March 2009.

Some of these enhancements were also detailed in the previous E Bulletin and are:

- Referral Expiry Date/ Period
- Referral Transfer
- Referral to Referral Link

An additional enhancement to store patient demographics against each appointment is also being negotiated to enable accurate reporting of demographic details at the time of the patient appointment.

Enhancements which require further development will be scheduled for the July 2009 release.

Enhancements identified for development as part of the next HBCIS Release (March 2009) have been approved by the Project Steering Committee.

Workshops will be provided for hospitals using non-corporate scheduling systems (OSIM, ASIM, iPM) in the coming months to support data quality at their facilities.

5.2 Data Quality

5.2.1 Data Quality Analysis and Development of Data Elements

The NAOCDC Project has been undertaking monthly data quality and electronic coverage analysis using the data in the SATr database and the Data Collections Unit's Monthly Activity Collection. Liaison with facilities regarding anomalies has been occurring and reports have been provided to members of the Specialist Outpatient Advisory Committee (SOAC).

However, a revision of the content and format of the reports is occurring with the reports now being created using the SAS Web Report Studio application. The NAOCDC Team are in the final stages of checking the format and design of the reports and seeking approval prior to their first distribution.

The NAOCDC Project continues to coordinate data element development to establish new data elements to support

state wide key performance indicators (identified by the Specialist Outpatient Strategic Advisory Committee) through SOSAC Information Management Sub-Committee as Chair.

6. OUTPATIENT CARE NMDS (PATIENT-LEVEL) STATUS

Following review of the national information governance structure there has been no further progress of the proposed Outpatient Care Data Set Specification.

7. OUTPATIENT POLICY (FRAMEWORK) STATUS

Constraints regarding the ability to capture quality data and design system enhancements due to lack of business rules and clarity regarding policies continue to be a risk to the NAOCDC Project.

The Policy for Specialist Outpatient Services was tabled for endorsement at the Specialist Outpatient Strategic Advisory Committee (SOSAC). Members of SOSAC requested further updates. This is currently being undertaken and the updated version will be tabled at the December SOSAC meeting.

Members of the NAOCDC Team also chair the Procedures Sub-Committee of SOAC. This sub-committee has representation from a number of facilities in the state whose body of work is to design administrative procedures in support of the Policy for Specialist Outpatient Services. The implementation of these procedures will ensure consistent business processes in all facilities which will greatly contribute to the quality of data supported in the NAOCDC and therefore the effective management of the provision of Specialist Outpatient Services in Queensland.

CONTACT DETAILS

For further information regarding the
NAOCCDC Project contact:

Data Collections Unit

Health Statistics Centre

Queensland Health

Phone: 3234 0726

E-mail:

Rodney.Leeuwendal@health.qld.gov.au

QHAPDC Arrow

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

Issue Number 39

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FINALISING 2007-2008 DATA

The September 2008 extract was the last opportunity for facilities to submit 2007-2008 amendments for admitted patient data. To meet National and State reporting requirements there is a requirement to have all records out of work and finalised by November 2008.

There will be some additional follow up of records that we feel need further checking, but this should be fairly minimal.

As at 30 October 2008 the number of errors currently in work, for all data received for 2007/08 was:

Public and Private Facilities	
Errors in Work - Public	540
Errors in Work - Private	279
Errors in Work - Total	819

ERRORS IN WORK – 2008-2009

As at 28 October 2008 the number of errors currently in work, for all data received for 2008/09 was:

Public and Private Facilities	
Errors in Work - Public	3213
Errors in Work - Private	4567
Errors in Work - Total	7780

2008-2009 DATA

The standard naming convention for extract files has caused issues for some facilities when extracting their second extract for the 2008-09 processing year.

Discussions have been held with InfoOperations, Data Collections Unit and affected facilities regarding this issue and this should now be rectified.

If you are having any issues or difficulties when extracting your monthly data please contact your Data Collections Unit processing contact. The facility should also contact InfoOperations regarding the issue and log a job.

Secure Transfer System (STS) is presently the corporately endorsed secure file transfer tool. If it has been identified that your HQI extract has run successfully (i.e. you have sent your extract summary report to DCU) and DCU has confirmed that your data has not been received, you will need to log a helpdesk call with the InfoService Centre on ph: 1800 198 175.

To assist in tracking the transfer of your HQI extracts via HBCIS, Security Services, Information Division has advised that access to the 'STS Applet' is available by contacting the InfoService Centre and advising:

- . Configuration Item: Secure Transfer
- . Group to action request: DTS Messaging
- . Novell login name: (eg: "bloggsj")
- . Name of instance: (eg: Townsville HBCIS).

Once you have access to the STS Applet you will be able to monitor the transfer of your HQI files to DCU.

2008-2009 VALIDATION ERRORS

In an endeavour to improve the quality of facilities' data the top 3 errors for 2008-2009 so far are:

H96 - Care type or adm source or mode of sep indicates the patient is a boarder, but the other codes (incl. fund source) are not boarder codes. Please check all fields. (If the patient is a boarder then episode type, source of referral, mode of separation and funding source should indicate that the patient is a boarder. Hospital staff should check all details relating to a boarder admission and make the required amendments. The hospital can find the relevant codes for boarders in the QHAPDC manual).

H439 - Patient is Medicare eligible, public, not compensable - therefore funding source should be Australian Health Care, or Reciprocal Health Care Arrangements.

(The Funding Source code must be provided for all patients, to allow accurate tracking of the patient's payment source. Hospital staff should ensure the Funding Source is provided, and is not null. If a Funding Source of 01 (Australian Health Care Agreements, public patients) is recorded, then the patient is not contracted or not covered by reciprocal health care arrangements. Therefore the patient should be in a Public Facility. Valid codes for Funding Source can be found on the Patient I & D form or in the QHAPDC manual. Rules and guidelines for the allocation of Funding Source can be found in the QHAPDC manual).

H565 - ICD code || must be provided with a code in the range |.

(The code provided in the message must be provided a code in the range specified (sequence order is not applicable). For further information, see the ICD Coding Standards or consult with DCU).

ELECTRONIC VALIDATION APPLICATION - EVA1A

The redevelopment of the Electronic Validation Application has commenced –

EVA1a. EVA1a will benefit from improved web design technologies and will align with existing DCU applications (most notably BARA). From a user's perspective however, EVA1a will be fundamentally the same as its predecessor, requiring no major shift in workflows and practices.

EVA1a will be developed, controlled and managed by DCU, whereas this task previously sat with Online Information Management. As a result, DCU will now have the ability to review the functionality and performance of EVA1a and our ability to respond to your suggested improvements will improve as a result.

Initial EVA1a Enhancements:

- Improved response times.
- Export to CSV functionality – this allows you to export edit checks for manipulation outside of the application.
- Improved look, feel and useability.
- Records tracking – on submission of a hospital action, you will remain at the same record point.
- Intra hospital comment functionality.

Site testing and training will commence in November and all going-to-plan EVA1a will be released in early December 2008. If your District/facility would like access to EVA1a training or more information on EVA1a please contact your Data Collections Unit contact or send an email to Leigh Roberts, Collection Liaison Officer, Data Collections Unit.
(leigh_roberts@health.qld.gov.au).

2008- 2009 QHAPDC MANUAL

The updated QHAPDC Manual for 2008/09 is available via QHEPS or the Qld Health internet site:

http://www.health.qld.gov.au/hic/qhapdc2008/qhapdc_manual_0809.pdf

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.

HOSPITAL ACTIVITY DATA ON THE WEB

The Health Statistics Centre publishes 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

Activity on the website includes: episodes of care for admitted patients, non-admitted patient occasions of service and accrued patient days. The current suite of reports 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/>

POSTCODES/NLI ERRORS

If you are receiving any error reports regarding post codes/NLI Errors please contact Data Collections. Data Collections will then liaise with InfoOperations regarding these errors.

TRAINING/FEEDBACK/INFORMATION SESSIONS

Data Collections Unit will be continuing the Health Service District visits as well as establishing training/ feedback/ information sessions using video conferencing.

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

Collections Unit, 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.

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

IMPORTANT QHAPDC DATES

October data due – 5 December 2008

QUESTIONS / QUERIES / TOPIC IDEAS

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.

STAFFING

Paul McKean has returned to work fulltime and he is the proud father of Oscar. Congratulations Paul and Janene.

Cassandra Metcalfe has been temporarily appointed to the DCU.

Andrew Vo will be on leave from Mid November to be married in Vietnam. We wish Andrew and Trinh all the best.

CHRISTMAS – NEW YEAR

Data Collections will be closed from close of business on **Wednesday 24 December 2008** and re-open on **Monday 5 January 2009**. We wish everyone a very merry and safe Christmas.

Merry Christmas & have a Happy New Year

QHAPDC TEAM CONTACTS

Andrew Vo
3234 0222

Shaani Faulkner
3234 1887

Central Queensland
Children's Health Services
Darling Downs-West
Moreton
Metropolitan North
Sunshine Coast-Wide Bay

Darling Downs-West
Moreton
Metropolitan North
Metropolitan South
South West
Torres Strait-Northern
Peninsula

Cassandra Metcalfe
3234 0185

Kim Wyvil
3234 0767

Cairns and Hinterland
Cape York
Gold Coast
Mackay
Mater
Mount Isa

Central West
Metropolitan South
Sunshine Coast-Wide Bay
Townsville

DATA COLLECTIONS QHEPS Site

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

Fax

(07) 3234 0279

Address

Data Collections Unit
Health Statistics Centre

14th Floor
Forestry House Building
160 Mary Street
Brisbane CBD

GPO Box 48
BRISBANE Q 4001

QHAPDC Arrow

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

Issue Number 39

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FINALISING 2007-2008 DATA

All data has been received and loaded for all private facilities for 2007-2008.

To meet National and State reporting requirements there is a requirement to have all records out of work and finalised by November 2008.

There will be some additional follow up of records that we feel need further checking, but this should be fairly minimal.

As at 30 October 2008 the number of errors currently in work, for all data received for 2007/08 was:

Public and Private Facilities	
Errors in Work - Public	540
Errors in Work - Private	279
Errors in Work - Total	819

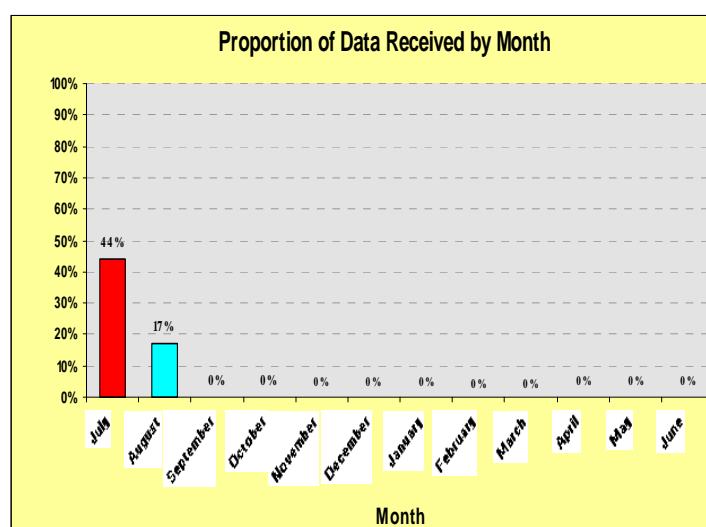
ERRORS IN WORK – 2008-2009

As at 28 October 2008 the number of errors currently in work, for all data received for 2008/09 was:

Public and Private Facilities	
Errors in Work - Public	3213
Errors in Work - Private	4567
Errors in Work - Total	7780

SUBMITTING 2008-2009 PRIVATE HOSPITAL DATA

August 2008 data was due on 5 October 2008. As at 7 October 2008 Data Collections had received and loaded 44% of July 2008 data and 17% of August 2008 data.



REQUIREMENTS FOR 2008-2009

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

2008-2009 DATA

Data Collections Unit circulates the file formats to software companies and private facilities to ensure the changes can be made to software systems to ensure new data items for National and State reporting can be captured.

In 2008-2009 the Data Collections Unit has had to reject a number of facility's data due to software not being upgraded to the new file format.

A number of facility's July 2008 data has also been rejected due to the number of fatal errors created when loading this data.

As you would be aware, under the Private Health Facilities Act 1999 and the Private Health Facilities Regulation 2000, private hospitals are required to supply each month, data for the Admitted Patient Data Collection on those patients who separated from the hospital during the month. It is vital that this data be supplied in a timely manner so that information can be provided to the Commonwealth and for health-care monitoring, evaluation and planning.

The process Data Collections Unit undertakes for data not received on time or data that is rejected is:

- Processing staff ring the facility
- Processing staff email the facility
- Processing staff update a database with comments from the facility as to when their system/data will be rectified/ submitted.
- Processing staff advise senior Data Collection Unit staff of the processes undertaken to obtain the data.
- A letter is prepared to the Chief Executive Officer of the facility requesting their assistance in ensuring that outstanding data from the facility for the Admitted Patient Data Collection is supplied to Queensland Health as soon as possible.
- At times, processing staff can identify fatal errors that can be mapped or updated by the Data Collections Unit.

If facilities are having problems with the new file format or have difficulty understanding and explaining the errors to their software supplier the facility can give the OK for the software company to contact the Data Collections Unit.

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 4th 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.

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

- Morbidity coding will be classified using ICD-10-AM 6th 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 patient record system is capable of supplying electronic amended records.

2008- 2009 QHAPDC Manual

The 2008 - 09 QHAPDC manual has been amended Chapter 9 – Morbidity in particular and is available on the Queensland Health Internet site.

The new QHAPDC Manual for 2008-09 is available via QHEPS or the Qld Health internet site:

http://www.health.qld.gov.au/hic/qhapdc2008/qhapdc_manual_0809.pdf

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.

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 DATA TRANSFER

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.

We believe we are getting closer. Data Collections is now maintaining a register of facilities interested in transferring their data electronically.

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.

POST CODES/NLI ERRORS

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

TRAINING/FEEDBACK/INFORMATION SESSIONS

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 Unit.

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

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*Merry Christmas and have a
Happy New Year*

QHAPDC TEAM CONTACTS

Cassandra 3234 0185

Campbell Street Surgicentre
Chermside Day Hospital
Chermside Dialysis Unit
Eden Private Healthcare Centre
Greenslopes Day Surgery
Gympie Private Hospital
Hervey Bay Surgical Centre
Kingaroy Private Hospital
Logan Endoscopy Services
Mackay Day Surgery
Mater Women's & Children's Hyde Park
Mater Townsville
Mater Mother's Private Hospital
Mater Centre for Haem & Oncology
North Qld Day Surgical Centre
Pioneer Valley
Rockhampton Surgicentre
Southport Surgicentre
Spring Hill Clinic
St Andrew's War Memorial
St Stephen's Private Hospital
Sunshine Coast Day Surgery
T&G Day Surgery
Wesley Clinic for Haematology & Oncology
Wesley – Brisbane
Townsville Surgicentre

Andrew 3234 0222

Buderim Gastroenterology Centre
Chasley Day Surgery
Hillcrest Private Hospital
HOCA Gold Coast Cancer Centre
Holy Spirit Northside
Hopewell
John Flynn
Kawana
Marie Stopes – Caboolture
Marie Stopes – Salisbury
Mater Day Unit
Mater Bundaberg
Mater Gladstone
Mater Mackay
Mater Rockhampton
Mater Yeppoon
Mt Olivett
North Brisbane Cancer Centre
Pacific Day Surgery
Peninsula Private
Pindara Private
Pindara Day
Pine Rivers
RiverCity Private
Short Street Day Surgery
St Stephen's Hospital (Hervey Bay)
St Vincent's – Toowoomba
Toowoomba Surgicentre
Toowoomba Hospice
Vision Centre

Kim 3234 0767

Allamanda Private
Allamanda Surgicentre
Brisbane Endoscopy
Cairns Day Surgery
Cairns Private
Canossa
Eastern Endoscopy
Eye Tech Day Surgery
Eye Tech Day Surgery Southside
Friendly Society
Greenslopes Private
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
Stanthorpe Endoscopy
Wesley – Hyperbaric

Shani 3234 1887

Belmont
Brisbane Private
Caboolture Private
Caloundra Private
Clifton Co-Operative
Currumbin Clinic
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
Spendelove House Private
St Andrew's Ipswich
St Andrew's – Toowoomba
Sunnybank Private
Sunshine Coast Haem & Oncol
Sunshine Coast Private
Terrace West Endoscopy
Toowong
Townsville Day Surgery
Tri Rhosen Day Surgery

Queensland Health Internet Site

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BRISBANE Q 4001

[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 Pilot collection of MRIC & NACSC \(Known in HBCIS as OCOI\)](#)

[7 Coders InSite](#)

[8 Gastroenteritis / diarrhoea – changes to coding in 6th Edition](#)

[9 Contact Details](#)

Queensland Coding Committee
Statistical Standards Unit
Health Statistics Centre

Queensland Health
GPO BOX 48
BRISBANE 4001

Codefile

Quarterly Newsletter of the Queensland Coding Committee

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1. Coding Auditing/ Education Update

The Coding Auditing and Education team is currently completing audit reports for Townsville General Hospital, The Prince Charles Hospital, Gold Coast Hospital and Redland Hospital. Audits will re-commence upon the completion and distribution of these reports.

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 completed all site visits for 2008 to hospital facilities. During these visits Meegan met with Clinical Coders to demonstrate the functionality and enhancements associated with the 3M Codefinder release v4.9.2.

Testing on 3M Codefinder v4.9.3 has been finalised. Thank you for all pathway errors that were reported. The 6th edition pathway errors as well as Errata One and Two have been incorporated into the corporate notes functionality. These updates will be available to all Queensland Health sites with the next Queensland Health upgrade in December 2008.

Codefinder Support Officer, Laura Cleator, has resigned from Queensland Health and is off to try her luck working overseas. Thank you Laura for all your hard work in providing this service and we wish you all the best. Any Clinical Coders in Public Queensland Health facilities who may require Codefinder

assistance should contact the acting Codefinder Support Officer Corrie Martin at Codefinder@qld.health.gov.au or alternatively please telephone Corrie on (07) 323 41001.

Support issues 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 have prepared and forwarded the June Quarter 2008 PICQ reports to all major Queensland Health Hospitals. This report provides PICQ indicators on data from 01 April 2008 – 30 June 2008. Not all data for that period will be available in the extract.

PICQ 2008 was released for purchase on 27 October 2008. A business case has been approved to purchase this product for State-wide distribution. If you have any queries in regards to PICQ 2008 please contact Corrie Martin on (07) 323 41001.

4. CSAC Update [home](#)

The CSAC meeting was held in Sydney from 6-7 November. At the meeting there were ongoing discussions about the progression of 7th Edition changes. Included in these are proposed changes to obstetrics principal diagnosis coding and diabetes coding.

The NCCH representatives informed CSAC members that the on-line public submission process was now up and running. It is hoped that the on-line coding query process will be completed by March 2009.

An NCCH representative informed members that the "Good Clinical Documentation Guide" is currently being reviewed for another version release and that the PICQ 2008 product is complete and is now available for purchase on their web-site.

In addition, the Chronicle has been updated to include 6th Edition and is available on the NCCH website. The Chronicle is free of charge however you need to register prior to gaining access to it. For further information about the Chronicle and to register, please visit the NCCH website (http://nis-web.fhs.usyd.edu.au/ncch_new/2.5.aspx)

The T code survey that the NCCH has been running has now closed and the results are being analysed. At the meeting NCCH expressed their thanks all participants.

5. QCC Update [home](#)

September Quarter 2008 has been a busy time for the Queensland Coding Committee. QCC have reviewed 15 queries and have prepared 8 queries to go to the NCCH. QCC have also updated the Additional Diagnosis decision flowchart and have forwarded this to NCCH for review and approval before distributing.

The QCC website has been updated and is now available on <http://www.health.qld.gov.au/qcc/> A number of documents including 2008 meeting minutes and queries have been ratified by the committee and are now available on the website. Thank you to all the hard work by Matthew Shaw in assisting with the development of the new look QCC website. We will continue to progressively review and update documents and information provided on the website.

The QCC continue to keenly follow 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.

Two QCC members will be resigning from the Committee this quarter. They are Lucy Kennedy and Wendy Adams. Secretariat Laura Cleator will also be leaving QCC. Lucy and Wendy have resigned due to current work commitments and Laura is going overseas. Thank you to Lucy, Wendy and Laura for your contributions during your time on the QCC and we wish you all the best.

6. Most Resource Intensive Condition (MRIC) Indicator and Non-Australian Coding Standard Compliant (NACSC) Indicator Pilot [home](#)

The volunteer pilot collection of the new indicators Most Resource Intensive Care (MRIC) indicator and Non Australian Coding Standard Compliant (NACSC) indicator (Known in HBCIS as OCOI) commenced on 01 July 2008, and continued through the September Quarter.

Please note that only hospitals that have been permitted (by their District Managers / Chief Executive Officers) to take part in the pilot of the MRIC and NACSC, are able to collect these indicators. All other hospitals are **not** to collect these indicators.

We need to “iron out” any issues with the collection prior to any other hospitals collecting the MRIC and the NACSC (known in HBCIS as OCOI) indicators. I know you are all keen to be able to collect these indicators; but Health Statistics Centre needs to know that everything is fine with the collection before we go “live”.

Overall, 10 hospitals have volunteered to pilot the data elements and we sincerely thank them for their willingness to assist us with this new data quality initiative. There were some technical issues encountered in HBCIS with the applications of the NACSC and MRIC, these have now been resolved. Thank you to all volunteer sites for your patience as these issues are resolved and fixes were rolled out. More pilot volunteers are welcome. If you are interested in volunteering please ensure that your facility has permission from District Managers / Chief Executive Officers) to take part in the pilot of the MRIC and NACSC. Once permission has been confirmed please contact Corrie Martin (Sabina.Martin@health.qld.gov.au) or Stephanie Ferdinands (Stephanie.Ferdinands@health.qld.gov.au).

7. Coders InSite [home](#)

The Coders InSite website <http://qheps.health.qld.gov.au/qhcs/home.htm> is being reviewed and updated. If you have a coding resource that would like to share on the website, please send your ideas through.

If you have a coding resource you would like to submit to Coders InSite, or even an event you wish to advertise, please contact Matthew Shaw at Matthew.L.Shaw@health.qld.gov.au or Stephanie Ferdinands at Stephanie.Ferdinands@health.qld.gov.au. There are also helpful guidelines on how to submit a resource, located on the Coders InSite website: http://qheps.health.qld.gov.au/qhcs/html/publish_process.htm.

8. Gastroenteritis / diarrhoea – changes to coding in 6th Edition [home](#)

From 6th Edition (implemented 1 July 2008) the following applies when coding gastroenteritis:

Where *unspecified* gastroenteritis/diarrhoea is documented, regardless of age, the coder is to allocate A09.9

Index Example:

Gastroenteritis (acute) (see also Enteritis) A09.9

Or

Diarrhoea, diarrhoeal (disease)

(infantile) (summer) A09.9

Where infectious gastroenteritis/diarrhoea (and the organism is not described) is documented, the coder is to allocate A09.0

Index Example:

Gastroenteritis (acute) (see also Enteritis) A09.9

-

-

- acute, due to Norwalk agent A08.1

- infectious A09.0

Or

Diarrhoea, diarrhoeal (disease)

(infantile) (summer) A09.9

-

-infectious A09.0

Where gastroenteritis/diarrhoea is documented and a specific organism is described; the coder is to follow the index.

Index Example:

Gastroenteritis (acute) (see also Enteritis) A09.9

-

-

- rotaviral A08.0

- salmonella A02.0

Or

Diarrhoea, diarrhoeal (disease)

(infantile) (summer) A09.9

-

-

- due to

-- bacteria A04.9

--- specified NEC A04.8

-- Campylobacter A04.5

-- Clostridium perfringens (F) A04.8

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

Please forward your Codefile comments, queries or suggestions to:

The Convenor
Queensland Coding Committee
Statistical Standards Unit
Health Statistics Centre
Queensland Health
GPO Box 48
Brisbane QLD 4001

Telephone: (07) 323 41001.

Facsimile: 07 3234 0564

Email: QCC@health.qld.gov.au

Statistical Analysis Unit update: Release of the StatBite

E-Bulletin Vol.19

[Contents Page](#)

The Statistical Analysis Unit (SAU) has developed a new type of publication to allow faster communication of the results of projects conducted in SAU and in other units in the Health Statistics Centre. StatBites are brief reports (1 to 4 pages) designed to give a summary of the key points of the health or methodological issue being investigated. More detailed results of projects summarised in StatBites are available:

- In some peer reviewed journals (see http://qheps.health.qld.gov.au/hic/sau_journal.htm for a list of recent journal articles produced by SAU)
- Reports such as the Chief Health Officer report http://www.health.qld.gov.au/cho_report/
- Upon request by contacting the Director of SAU, Trisha Johnston on trisha_johnston@health.qld.gov.au .

The first five StatBites are available on the publications section of the Health Statistics Centre website (<http://qheps.health.qld.gov.au/hic/products.htm>).

Topics included in the first five StatBites are:

1. Calculation of Indigenous infant mortality– a summary of the implications of using birth registration data versus the Queensland Perinatal Data collection as the denominator when calculating infant mortality for Indigenous babies.
2. Risk adjustment of comparisons between hospitals – a summary of the results of a study comparing current methods used by Queensland Health with risk adjustment models including vital signs information.
3. Rehabilitation in Queensland hospitals – an analysis of sub- and non-acute patient data included in the Queensland Health Admitted Patient Data Collection in public and private hospitals
4. Hospital readmissions amongst patients with chronic illnesses – an analysis of hospital use by patients with chronic diseases.
5. Indigenous trends in population-based indicators of perinatal health – an update of a previous information circular released by SAU looking at trends in perinatal mortality and birth weight by Indigenous status.

Topics covered in StatBites soon to be released are:

- Trends in caesarean section deliveries
- Pregnancy characteristics of women delivering by caesarean section
- Trends in hip and knee replacement surgery
- Trends in the use of public and private sectors for birthing
- Trends in same day care
- Potentially preventable hospitalisations

Indigenous Information Strategy Team (IIST) Update

E-Bulletin Vol.19

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Project: Identification of Current Training in Indigenous Identification

The Indigenous Information Strategy Team (IIST) conducted a one day workshop in Brisbane in June 2008 with attendees from across the State to identify training and protocols for improving Indigenous identification in Queensland Health Public Hospital data collections.

The workshop included representatives from Patient Support Services, Administration, Training and Development, and other registration or admission areas, e.g. the Emergency Department as well as the Indigenous Hospital Liaison Officers from major Public Hospitals across the State.

Workshop participants recommended that an assessment be undertaken of the current status of training in Indigenous identification being used in Queensland public hospitals.

Currently IIST is conducting a brief electronic survey on the current level of training being used in the identification of Indigenous patients in Queensland public hospitals and the Mater.

The primary object of undertaking this assessment is to inform the development of a policy paper which will make recommendations on improving the consistency and quality of Indigenous identification across Queensland Health.

If you have any questions or would like further details regarding this project, please do not hesitate to contact Nancy at Nancy_Collins@health.qld.gov.au or alternatively ring her on (07) 3234 0573.