



**Queensland Government**  
Queensland **Health**

# E-Bulletin

Issue No. 29

Produced by  
Health Statistics Centre  
Performance & Accountability Division  
Queensland Health

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# Corporate Reference Data System (CRDS) Update

Issue No. 29

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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?*

### **Reference Data Sets**

#### **Facilities**

##### 1 – CRDS Web end (APEX)

The Facility Search page has undergone some exciting enhancements recently. A summary of changes include:

- Additional attributes to search on (Suburb and Postcode)
- Basic and Advanced search tabs (basic search includes the capacity to search by Facility Group, which can be further specified by selecting Public or Private, and includes ability to search by multiple Facility Types within the group; advanced search includes the capacity to search by multiple Facility Types)
- Inclusion of Long Name and Short Name (standardised names for reporting purposes) for public hospitals in the output
- Inclusion of all address (both physical and postal) information in the output
- Inclusion of current Statistical Local Area (SLA) code, SLA name and version from the localities data set in the output
- Removal of the outdated Standardised Public Hospital Names for Reporting Purposes excel file; a date stamped Excel file with current facility information can be extracted at any time from the Facility Search page

##### 2 – Facility Audit Project

Updates resulting from the Queensland Health facilities audit continue to be added to CRDS. Oral Health facilities are now up to date with the exception of a small number that require further checking and possible closure.

A comprehensive analysis of corporate facilities has been undertaken and Statistical Standards Unit will shortly consult with the Data Standards Advisory Committee (DSAC) regarding the hierarchy/composition of these facilities in CRDS.

### 3 – Updated Facilities

#### New facilities:

Facility ID	Facility name	Valid from	Facility type
81083	PALM ISLAND DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81084	KIRWAN HEALTH CAMPUS DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - COMMUNITY BASED
81085	CHARLEVILLE HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81086	CUNNAMULLA HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81087	INJUNE HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81088	MITCHELL HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81089	MUNGINDI HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81090	QUILPIE HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81091	ROMA HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81092	ST GEORGE DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81093	DIRRANBANDI HOSPITAL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
81094	MATER EVOLVE CHILD AND YOUTH COMMUNITY MENTAL HEALTH SERVICE	18/10/2010	PUBLIC CHILD & ADOLESCENT MENTAL HEALTH - COMMUNITY
03188	BLUE CARE - GLENMEAD VILLAGE (LOW CARE)	11/01/1989	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03189	DOMAIN AUCKLAND PLACE	19/10/2010	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03190	PARKLANDS RETIREMENT HAVEN	01/11/2010	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03191	REGIS VENNER PLACE	01/06/1981	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03192	SHERIDAN GARDENS CARE FACILITY	02/02/2011	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03193	VILLA CARRAMAR	09/08/2010	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03194	INJILINJI AGED CARE SERVICE	01/10/1997	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03195	SANDY BOYD HOSTEL	01/10/1997	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY

Facility ID	Facility name	Valid from	Facility type
81114	CHERMSIDE COMMUNITY HEALTH CENTRE	01/01/1900	PUBLIC COMMUNITY HEALTH FACILITIES
81113	INGHAM COMMUNITY MHS	01/07/2010	PUBLIC COMMUNITY MENTAL HEALTH FACILITY
81141	NORMANTON COMMUNITY MHS	01/07/2010	PUBLIC COMMUNITY MENTAL HEALTH FACILITY
81112	NUNDAH STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81115	WOODRIDGE NORTH STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81116	HARRIS FIELDS STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81117	ALEXANDRA HILLS STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81118	WYNNUM WEST STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81119	BEAUDESERT STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81120	BIRKDALE STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81121	CLEVELAND STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81122	CAPALABA STATE COLLEGE DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81123	MANLY WEST STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81124	BEENLEIGH STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81125	SLACKS CREEK STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81126	SPRINGWOOD ROAD STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81127	CAMP HILL STATE INFANTS AND PRIMARY SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81128	CANNON HILL STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81129	DURACK STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81130	INALA STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81131	ST MARK'S SCHOOL (INALA) DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED

Facility ID	Facility name	Valid from	Facility type
81132	JINDALEE STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81133	MACGREGOR STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81134	MOUNT GRAVATT EAST STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81135	ROCHEDALE STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81136	RUNCORN STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81137	SERVICETON SOUTH STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81138	HOLLAND PARK STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81139	YERONGA STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81140	RICHLANDS EAST DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - COMMUNITY BASED
01176	GEORGINA MARGARET DAVIDSON-THOMPSON HOSTEL	01/01/1900	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
01287	SHALOM ELDERS VILLAGE	01/01/1900	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
81095	NORTH WEST COMMUNITY MHS	13/09/2005	PUBLIC COMMUNITY MENTAL HEALTH FACILITY
81096	HUMPYBONG STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81097	KIPPA-RING STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81098	ALBANY CREEK STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81099	ASPLEY STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81100	BOONDALL STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81101	BRACKEN RIDGE STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81102	CLONTARF BEACH STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81103	FERNY HILLS STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED

Facility ID	Facility name	Valid from	Facility type
81104	GEEBUNG STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81105	KALLANGUR STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81106	MITCHELTON STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81107	NASHVILLE STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81108	SANDGATE STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81109	SCARBOROUGH STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81110	STRATHPINE STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED
81111	THE GAP STATE SCHOOL DENTAL CLINIC	01/11/2010	PUBLIC FIXED DENTAL CLINICS - SCHOOL BASED

Note: 201 new mobile dental vans have also been added but not included in this list. For a complete list of mobile dental vans search the CRDS facilities webpage:

[http://oascrasprod.co.health.qld.gov.au:7900/pls/crd\\_prd/f?p=144:12:3065522640036598](http://oascrasprod.co.health.qld.gov.au:7900/pls/crd_prd/f?p=144:12:3065522640036598)

Facility Group: Oral Health

Facility Type: PUBLIC MOBILE DENTAL CLINIC

Note: The open date of some 'new' facilities is unknown so 01/11/2010 has been used in the absence of an exact date.

#### Closed facilities:

Facility ID	Facility Name	Closed date	Facility type
01339	WHELLER GARDENS - ST LUKE'S HOUSE	01/05/2010	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
01345	PRESCARE - HOPETOUN (LOW CARE)	01/06/2010	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
01449	JIMBELUNGA HOSTEL	01/09/2009	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY
03184	SHALOM TOOWOOMBA	01/01/2010	PRIVATE RESIDENTIAL AGED CARE SERVICE FACILITY

#### Change in facility type:

Facility ID	Facility Name	Previous facility type	Current facility type
00904	BRISBANE DENTAL HOSPITAL	RECOGNISED PUBLIC HOSPITAL - DENTAL	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
00906	CHILDREN'S ORAL HEALTH SERVICE	RECOGNISED PUBLIC HOSPITAL - DENTAL	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED

Facility ID	Facility Name	Previous facility type	Current facility type
00927	SOUTH BRISBANE DENTAL HOSPITAL	RECOGNISED PUBLIC HOSPITAL - DENTAL	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
00989	THE TOWNSVILLE HOSPITAL BIRTH CENTRE	OTHER PERINATAL CODES	PUBLIC BIRTHING CENTRES
00990	TOOWOOMBA HOSPITAL BIRTH CENTRE	OTHER PERINATAL CODES	PUBLIC BIRTHING CENTRES
00991	GOLD COAST HOSPITAL BIRTHING CENTRE	OTHER PERINATAL CODES	PUBLIC BIRTHING CENTRES
00994	ROYAL BRISBANE & WOMEN'S HOSPITAL BIRTHING CENTRE	OTHER PERINATAL CODES	PUBLIC BIRTHING CENTRES
00995	MACKAY BASE HOSPITAL BIRTHING CENTRE	OTHER PERINATAL CODES	PUBLIC BIRTHING CENTRES
00996	BUNDABERG HOSPITAL BIRTHING CENTRE	OTHER PERINATAL CODES	PUBLIC BIRTHING CENTRES
80884	AYR HOSPITAL DENTAL CLINIC	PUBLIC COMMUNITY HEALTH FACILITIES	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
80895	CHARTERS TOWERS DENTAL CLINIC	PUBLIC COMMUNITY HEALTH FACILITIES	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
80905	HUGHENDEN HOSPITAL DENTAL CLINIC	PUBLIC COMMUNITY HEALTH FACILITIES	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
80909	INGHAM HOSPITAL DENTAL CLINIC	PUBLIC COMMUNITY HEALTH FACILITIES	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
80951	RICHMOND HOSPITAL DENTAL CLINIC	PUBLIC COMMUNITY HEALTH FACILITIES	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED
80942	NORTH WARD HEALTH CAMPUS DENTAL CLINIC	PUBLIC COMMUNITY HEALTH FACILITIES	PUBLIC FIXED DENTAL CLINICS - HOSPITAL BASED

**Change in name:**

<b>Facility ID</b>	<b>Previous facility name</b>	<b>Current facility name</b>
80884	AYR DENTAL HEALTH CLINIC	AYR HOSPITAL DENTAL CLINIC
80895	CHARTERS TOWERS DENTAL HEALTH CLINIC	CHARTERS TOWERS DENTAL CLINIC
80905	HUGHENDEN DENTAL HEALTH CLINIC	HUGHENDEN HOSPITAL DENTAL CLINIC
80909	INGHAM DENTAL HEALTH CLINIC	INGHAM HOSPITAL DENTAL CLINIC
80951	RICHMOND DENTAL CLINIC	RICHMOND HOSPITAL DENTAL CLINIC
80942	TOWNSVILLE DENTAL CLINIC	NORTH WARD HEALTH CAMPUS DENTAL CLINIC
03163	ARCARE ON ENDEAVOUR	ARCARE ENDEAVOUR
<b>Facility ID</b>	<b>Previous facility name</b>	<b>Current facility name</b>
03161	ARCARE AT LOGAN	ARCARE LOGAN
01027	BETH-EDEN	BETH EDEN
01581	BETHLEHEM HOME	BETHLEHEM NURSING CENTRE
01198	BLUE CARE - GIRRAWEEEN RESIDENTIAL AGED CARE FACILITY	BLUE CARE GIRRAWEEEN RESIDENTIAL AGED CARE FACILITY
03015	BLUE HAVEN LODGE	BLUEHAVEN LODGE
03167	BUDERIM VIEWS	BUDERIM VIEWS ASSISTED AGED CARE
01085	WARRINA VILLAGE	CAIRNS AGED CARE CENTRE
01241	ROCKINGHAM CARDWELL SHIRE HOME FOR THE AGED	CARDWELL CARE INC - ROCKINGHAM HOME
00614	DR E.A.F. MCDONALD NURSING HOME	DR E A F MCDONALD NURSING HOME
01379	MORNINGTON ISLAND AGED PERSONS HOSTEL	KUBA NATHA HOSTEL
01584	MAREEBA GARDEN SETTLEMENT	MAREEBA GARDEN SETTLEMENT HOSTEL
01585	MOUNT KOOYONG CONVALESCENT HOME	MT KOOYONG CONVALESCENT HOME
00611	MOUNT LOFTY NURSING HOME	MT LOFTY NURSING HOME
01641	P M VILLAGE	P.M. VILLAGE
01360	PINESHAVEN RESIDENTIAL CARE FACILITY	PINESHAVEN RESIDENTIAL CARE CENTRE
03172	PRESCARE VELA	PRESCARE - VELA
01240	PYRAMID RETIREMENT CENTRE HOSTEL	PYRAMID RESIDENTIAL CARE CENTRE
01404	REDLAND RESIDENTIAL CARE	REDLAND RESIDENTIAL CARE FACILITY

03108	REGIS GRANGE - WELLINGTON POINT	REGIS GRANGE WELLINGTON POINT
03006	SINNAMON VILLAGE JACOBS COURT	SINNAMON VILLAGE - JACOBS COURT
03007	SINNAMON VILLAGE KENTISH COURT	SINNAMON VILLAGE - KENTISH COURT
03008	SINNAMON VILLAGE KNOWLES COURT	SINNAMON VILLAGE - KNOWLES COURT
03009	SINNAMON VILLAGE NASH COURT	SINNAMON VILLAGE - NASH COURT
03010	SINNAMON VILLAGE REID COURT	SINNAMON VILLAGE - REID COURT
03128	SINNAMON VILLAGE WILLIAM MOORE COURT	SINNAMON VILLAGE - WILLIAM MOORE COURT
03139	SOUTHERN CROSS AGED CARE FACILITY CALOUNDRA	SOUTHERN CROSS CARE FACILITY CALOUNDRA
<b>Facility ID</b>	<b>Previous facility name</b>	<b>Current facility name</b>
01087	SPIRITUS ST MARTINS NURSING HOME	SPIRITUS ST MARTIN'S NURSING HOME
01230	SPIRITUS SYMES THORPE HOME FOR THE AGED HOSTEL	SPIRITUS SYMES THORPE HOME FOR THE AGED
01376	ST ANDREW'S LUTHERAN AGED CARE HOSTEL	ST ANDREWS LUTHERAN AGED CARE (HOSTEL)
01216	ST PAUL'S LUTHERAN HOSTEL	ST. PAUL'S LUTHERAN HOSTEL
00621	WAROONA MULTI PURPOSE CENTRE	WAROONA MULTIPURPOSE CENTRE
03120	BLUE CARE - GLENMEAD VILLAGE	BLUE CARE - GLENMEAD VILLAGE (HIGH CARE)
00484	PENINSULA EYE CENTRE	PENINSULA EYE HOSPITAL
01405	BUPA TOOWOOMBA	SHALOM TOOWOOMBA

#### 4 – New attribute PEERAHS

A new attribute has been created in CRDS called PEERAHS. In the Australian Hospital Statistics publication, the AIHW uses peer groups to explain variability in the average cost per casemix adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity and geographical location. The peer group names are broadly descriptive of the types of hospitals included in each category. This attribute will shortly be added to the search output on the CRDS Facility Search page.

Another attribute for Activity Based Funding (ABF) peer groups will be added once approved.

#### **Localities**

The Statistical Standards Unit (SSU) is continuing the process of updating the localities data set to align with the 2010 Australian Standard Geographical Classification. The date of effect will be 1<sup>st</sup> July 2011.

#### **ICD-10**

The second edition of ICD-10 is available from CRDS.

## **General Reference**

Health fund codes and Country of Birth reference sets have been updated with some minor adjustments effective from 1<sup>st</sup> July 2011.

## **Language**

A new CRDS data set, the Language Coding Index, is under development and will be implemented from 1<sup>st</sup> July 2011. The Language Coding Index is a modified version of the Australian Bureau of Statistics Australian Standard Classification of Languages (ASCL), Second Edition (ABS Cat. No. 1267.0) and allows the use of synonyms and sub-languages which map to a core language category (e.g. Sardinian to Italian). The data set includes mapping from new 6 digit language codes to 2 digit language codes that have historically been used in HBCIS. The Language Coding Index will be part of the HBCIS 6.6 release, phase 1.

This enhancement will greatly improve how preferred language is recorded in Queensland Health systems and facilitate better supply of interpreter services in public health care facilities.

## **Contact Details**

Phone: 3036 0937 or 3235 9451

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

Web page:

[http://oascrasprod.co.health.qld.gov.au:7900/pls/crd\\_prd/f?p=144:1:1724587953379597](http://oascrasprod.co.health.qld.gov.au:7900/pls/crd_prd/f?p=144:1:1724587953379597)

# Data Standards Advisory Committee (DSAC) Update

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### Data Standards Advisory Committee (DSAC) Update

The last DSAC meeting was held on Wednesday 30<sup>th</sup> March 2011, two weeks after the National Health Information Standards and Statistics Committee (NHISSC) meeting.

### Current Data Standard Development work

The following data standard submissions have been distributed to DSAC members for endorsement:

- Perinatal Statistics (1 data element)
  - Birth-congenital anomaly diagnosed prior to birth indicator
  
- Outpatient Data Collection (Hospital Access Unit - 23 data elements)
  - Outpatient clinic (data element concept)
  - Outpatient clinic service request (data element concept)
  - Outpatient clinic service request-type of request
  - Outpatient clinic referral (data element concept)
  - Outpatient clinic referral-issue date
  - Outpatient clinic service request-receipt date
  - Outpatient clinic service request-source of request
  - Outpatient clinic service request-activity status
  - Outpatient clinic service request-activity status date
  - Outpatient clinic service request-clinical urgency category
  - Outpatient clinic service request-clinical urgency categorisation date
  - Outpatient clinic referral-waiting time to receipt
  - Outpatient clinic service request-waiting time to clinical urgency categorisation
  - Outpatient clinic service request-waiting period
  - Outpatient clinic service request-waiting time to census
  - Outpatient clinic service request-not ready for care start date
  - Outpatient clinic service request-not ready for care end date
  - Outpatient clinic service request-not ready for care period
  - Outpatient clinic appointment (data element concept)
  - Outpatient clinic appointment-activity status
  - Outpatient clinic appointment-scheduled attendance date
  - Outpatient clinic occasion of service-chargeable status
  - Outpatient clinic-principal funding source
  
- Health funds (3 data elements)
  - Health insurance fund (data element concept)
  - Episode of care-health insurance fund abbreviation
  - Episode of care-health insurance fund code

The following data standard submissions are currently under development:

- TeleHealth (Statewide Health Services Branch - 17 data elements)
  - TeleHealth session (data element concept)
  - TeleHealth session-session identifier

- TeleHealth session-start date
  - TeleHealth session-start time
  - TeleHealth session -end date
  - TeleHealth session-end time
  - TeleHealth session-total duration of session
  - TeleHealth session-admitted patient TeleHealth event count
  - TeleHealth session-average duration of admitted patient TeleHealth event
  - TeleHealth session-admitted patient TeleHealth event number
  - TeleHealth session-admitted patient TeleHealth event identifier
  - TeleHealth session-Retrieval Service Queensland (RSQ) participation indicator
  - TeleHealth session-admitted patient TeleHealth provider facility code
  - TeleHealth session-admitted patient TeleHealth provider unit code
  - TeleHealth session-admitted patient TeleHealth event type
  - TeleHealth event (admitted patient) (data element concept)
  - TeleHealth event (admitted patient)-patient identifier
- Elective Surgery Data Collection (4 data elements)
    - Elective procedure (surgical) waiting list entry (data element concept)
    - Elective procedure (surgical) waiting list entry-surgical speciality (of scheduled doctor)
    - Elective procedure (non-surgical) waiting list entry (data element concept)
    - Elective procedure (non-surgical) waiting list entry-non-surgical speciality (of scheduled doctor)
- Facility (6 data elements)
    - Facility-facility type
    - Facility-facility identifier
    - Facility-facility name
    - Facility-facility long name
    - Facility-facility short name
    - Facility-facility NAPS identifier
    - Facility-facility peer group (AIHW)
    - Facility-facility peer group (ABF)
- DRG (4 data elements)
    - Episode of care-diagnosis related group (HSC calculated)
    - Episode of care-diagnosis related group (facility calculated)
    - Episode of care-major diagnostic category (HSC calculated)
    - Episode of care-major diagnostic category (facility calculated)
- HBCIS incomplete coding flag (1 data element)
    - Episode of care-incomplete coding reason

## Review of the DSAC terms of reference

DSAC member comments on the update to the terms of reference (TOR) were discussed at the meeting. Members agreed that a general tidy up of the TOR be carried out and the new version released.

At a future date the Data Management Sub Committee will be consulted as part of a wider review of the TOR.

Work on broadening the DSAC membership will continue to be progressed.

## Contact Details

The DSAC meet approximately quarterly and the Data Standards team chairs and provides secretariat services for the committee. For further information please contact any of the following:

Sue Wood  
 A/Principal Statistical Data Standards Officer (A/DSAC Chair)  
 Phone (07) 3234 1854  
[Susan.Wood@health.qld.gov.au](mailto:Susan.Wood@health.qld.gov.au)

Eve Sheridan  
Statistical Data Standards Officer (DSAC Secretary)  
Phone (07) 3235 9451  
[Eve\\_Sheridan@health.qld.gov.au](mailto:Eve_Sheridan@health.qld.gov.au)

DSAC page on QHEPS: <http://qheps.health.qld.gov.au/hic/dsac.htm>

# The Facts of Life

## Newsletter of the Perinatal Data Collection

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### Perinatal Data Collection Team Update

The Perinatal Data Collection team welcomes readers to the 29<sup>th</sup> edition of the Facts of Life. The team has returned from a much deserved Easter break for what promises to be another busy yet rewarding year.

Please note that this will be the last time The Facts of Life will be circulated via the E-Bulletin. From now on the Perinatal Data Collection Team will circulate information relating to our collection via e-mails to our hospital contacts.

### Team Movements

Perinatal Data Collection warmly welcomes Marnie McNulty to the team in the role of Data Collections Officer. Marnie comes to us from Department of Justice and is enjoying the challenge. Suzanne Milne has returned to the Outpatient Data Collection and we farewell Raymond Daniel who has taken his expertise into the Admitted Patient Data Collection. Denise Lewis and Lucinda Norris have ended their contracts with PDC and we wish them well in their future endeavours. Congratulations to Colleen Morris on her successful appointment as Senior Data Collection Officer.

### Clean-Up

Clean-up queries are generated from a combination of unusual data items and errors that may have slipped through the validation process. They are run each quarter after most of the validation reports for that period have been returned and updated. This ensures Queensland Health maintains high quality data for dissemination. Perinatal data clean-up for Quarter 3 2010 is nearly complete with most facilities having returned their queries. Thank you for your ongoing support, with special thanks to facility staff who have responded promptly to the queries. It would be very much appreciated if facilities with outstanding queries please respond as soon as possible. If you have any questions about the clean-up process, please contact Shoshana Davies on 3254359 or email [shoshana\\_davies@health.qld.gov.au](mailto:shoshana_davies@health.qld.gov.au)

### Availability of Customised Perinatal Data

The Health Statistics Centre (HSC) holds perinatal information collected via the PDC and is the central reference service for perinatal information enquiries, including requests for customised data. Within HSC, Statistical Output Unit provides a high quality statistical information service to internal and external clients, and provides an ad hoc data extraction service for clients. If you have a request for custom perinatal data or statistics, please contact the Health Statistics Centre on 3234 1875 or email [HlthStat@health.qld.gov.au](mailto:HlthStat@health.qld.gov.au)

For more information regarding customised data requests, please refer to <http://qheps.health.qld.gov.au/hic/cdr.htm>.

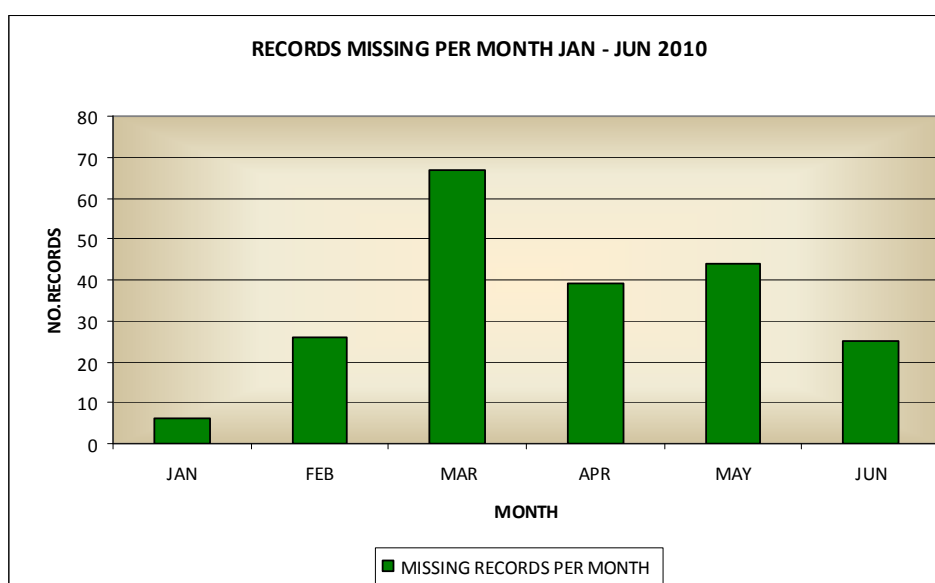
## Reconciliation

Reconciliation for 2010 is almost complete with only missing December records to be identified. All requests for missing records have been sent, with most facilities having sent in the required records. There are still a small number of requests that are outstanding. Could those facilities please provide the necessary records as soon as possible to allow adequate time for the validations to be actioned and updated. If you have any questions regarding reconciliation, please contact Shoshana Davies on 3254359 or email [shoshana\\_davies@health.qld.gov.au](mailto:shoshana_davies@health.qld.gov.au)

Below is a graph identifying the number of missing records each month for January – June 2010. Identifying these missing records is a time consuming process. Once the missing records have been received, each of the records needs to be manually processed and inserted into the data base. If records are received from a facility who routinely supplies their records electronically, the header on the following months extract then needs to be amended by PDC to prevent the load from aborting.

### Helpful Hint:

To reduce the time spent in checking reconciliation lists by hospital staff, if your hospital has a birth registrations list, please forward this when you submit your records each month.



## Important Perinatal Dates

Please note the following due dates for data:

MARCH birth data due	05 May 2011
APRIL birth data due	06 June 2011
MAY birth data due	05 July 2011

### Helpful Hint:

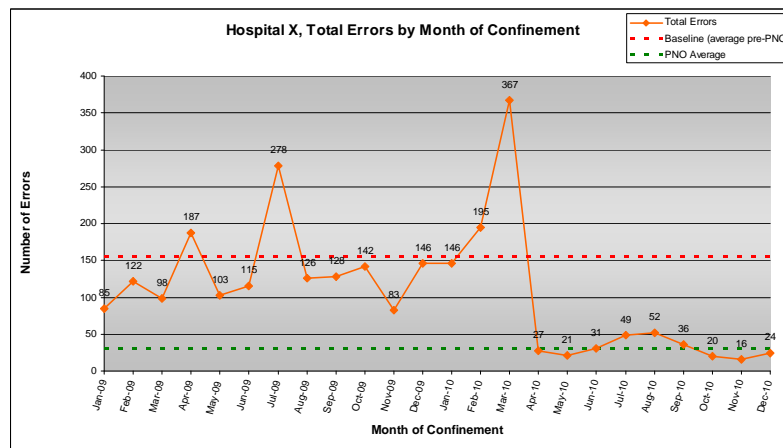
The month between when a birth occurs and when the data is due is an opportunity to check that your records have been accurately completed and that the *number of records being sent to PDC equals your facility births* for that month. This will save you time spent on future reconciliation and validation reports.

## Perinatal Online Form

As of May 2011, thirty-five (35) facilities are supplying their data to the PDC using the Perinatal Online Application (PNO).

Feedback from hospitals using PNO continues to be positive. Common benefits of the application are improved data quality, noticeably reduced data validations, and reduced associated time required by the facility to investigate and respond to the validation reports.

Below is a graph of Hospital X with their pre PNO validation error rate compared with the post PNO validation error rate.



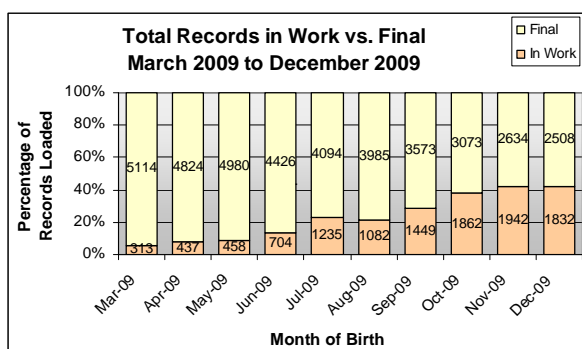
PDC provides onsite training and support for those facilities that choose to use PNO. Changes to the on-line form will be updated and maintained by PDC with maintenance and operating costs of the application being met by PDC. For more information regarding PNO, please contact Joanne Bunney on 3237 1464 or email [joanne\\_bunney@health.qld.gov.au](mailto:joanne_bunney@health.qld.gov.au).

## Quality Assurance of Data

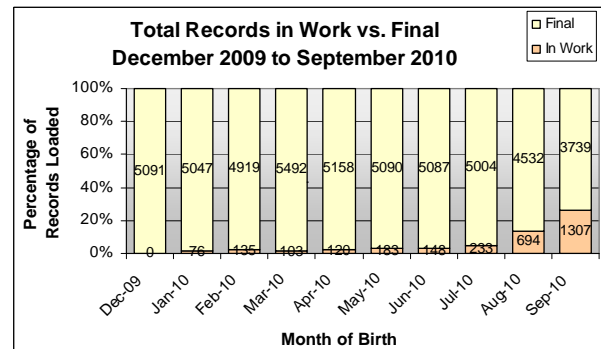
The Perinatal Data Collection team is focused on improving the quality of the perinatal data collected. With the majority of facilities now supplying their data electronically, PDC is now able to provide cleaner data in a more acceptable time frame. Data is received from electronic facilities the day it is extracted, with the resulting validation report being sent within 48 hours of the extract being processed.

The consistent improvement in the percentage of records in Final (complete and accurate) suggests an ongoing improvement in the timeliness of the data received, improved accuracy of the data received, prompt responses by hospital staff to validation reports, and timely updating of records by the PDC.

The PDC team would like to thank facility staff who have helped improve data quality and responded promptly to validation reports; your efforts are sincerely appreciated.



1. as at 13/04/2010



2. as at 24/01/2011

A variety of internal processes, checks and improvement activities are performed by the PDC team to ensure high quality perinatal data is available. Ongoing staff training and information sessions, regular coding and data entry quality audits, comprehensive procedures, and frequent use of performance data are used to assist in minimising coding and data entry errors. Data quality is a prime focus of the PDC team.

### **Validations**

After records have been entered either manually or electronically into the PDC system, a validation report is generated. This report lists any inconsistent, incomplete, illogical or out of the ordinary responses in the record. If your facility receives a validation report it is important that you read the questions carefully, answer them completely and return the report by the due date. The PDC team would like to thank facility staff who have assisted in improving data quality by responding promptly to validation reports. Your contact officer will communicate any outstanding validation reports for records submitted.

### **Perinatal In-Service Workshops**

PDC staff are available to facilitate Perinatal In-Service Workshops. Where possible, the in-service will be provided at a major facility with smaller facilities either sending staff to the major facility or linking up via video conference where available. Below is an outline of what staff at your facility will be provided with should you wish our staff to visit.

### **Target Audience**

Any staff involved with the perinatal data, including clinicians that complete records and Health Information Managers.

### **Objectives**

To provide information aimed at maximising data quality and reducing the errors generated on the facility validation report.

### **Structure**

The structure and content of the training will be designed 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 facility would benefit from meeting with staff from the Perinatal Data Collection team please contact Colleen Morris on Ph 3234 0814 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.

## Congratulations and WELL DONE!

The PDC would like to generally thank staff at those facilities who are assisting the collection in achieving clean data for 2010, enabling PDC to meet its deadlines. Specific thanks also go out to staff at the following facilities:

Atherton	Very prompt responses to validation reports.
Bundaberg	Continued effort to reduce outstanding validation errors; prompt responses to validation reports; timely submission of data.
Caboolture	Continued effort to reduce outstanding validation errors; prompt responses to validation reports; timely submission of data.
Cairns	Continued reduction in validation reports.
Cairns Private	Prompt responses to validation reports, promptly catching up after Cyclone Yasi.
Ingham	Prompt responses to validation reports.
Innisfail	Prompt responses to validation reports, improved data quality (low validation error rates).
Gold Coast	Committed effort to reduce outstanding validation errors.
Goondiwindi	Improved data quality (low validation error rates); prompt responses to validation reports.
Home Birth Midwives	Improved data quality (low validation error rates); timely submission of data.
Logan	Proactive assistance of the Perinatal Data Collection.
Longreach	Improved data quality (low validation error rates), nil validations on latest extract, timely submission of data.
Mater Misericordiae Women's & Children's Private Health Service	Prompt responses to validation reports.
Mater Rockhampton	Prompt receipt of records, prompt responses to validation reports.
Mater Private Hospital Redland	Timely submission of data, very prompt responses to validation reports.
Mareeba	Prompt responses to validation reports.
North West	Prompt responses to validation reports.
Redcliffe	Continued improvement of data submission; efforts to reduce outstanding validation errors.
Royal Brisbane and Women's Hospital	Timely submission of data extracts, proactive communication.

St Andrew's – Ipswich Private Hospital	Timely submission of data, very prompt responses to validation reports.
Stanthorpe	Very high quality data, very prompt responses to validation reports
Sunnybank	Timely submission of data, very prompt responses to validation reports.
Thursday Island	Prompt responses to validation reports.
Warwick	Very prompt responses to validation reports, low validation error rates, timely submission of data extracts.

### Top Five Most Frequent Error Messages, October to December 2010 Births Data

Error Message		Frequency
PD5000	Gestation days have not been provided.	1155
PD3146	Gestation at first antenatal visit is after 28 weeks. Please confirm.	1117
PD3145	Gestation at first antenatal visit is less than 06 weeks. (NB Visit to confirm pregnancy should not be included). Please confirm.	842
PD4190	Method of birth is caesarean but antibiotics received at time of caesarean has not been provided or is not valid. Please state if therapeutic or prophylactic.	482
PD5041	Indigenous status of the baby has not been provided or is not valid.	471

PD5000 Gestation days have not been provided.

<b>GESTATION</b> <input type="text"/> <input type="text"/> weeks <input type="text"/> days (clinical assessment at birth)
--

Enter the estimated gestational age of the baby in completed weeks and days, as determined by clinical assessment after birth. Do not use 'T' for term, or 'K'.

Gestational age is a key outcome of pregnancy and an important risk factor for neonatal outcomes.

PD3146 Gestation at first antenatal visit is after 28 weeks. Please confirm.

PD3145 Gestation at first antenatal visit is less than 06 weeks. (NB Visit to confirm pregnancy should not be included). Please confirm.

<b>GESTATION AT FIRST ANTENATAL VISIT</b> <input type="text"/> <input type="text"/> Weeks
---

Record the number of completed weeks of the current pregnancy when the mother had her first contact for antenatal care. The first contact for antenatal care is the first contact with a doctor or nurse where actual pre-birth maternity care was provided. It does not include a contact if it was to confirm the pregnancy only or those contacts that occurred during the pregnancy that related to other non pregnancy related issues.

PD4190 Method of birth is caesarean but antibiotics received at time of caesarean has not been provided or is not valid. Please state if therapeutic or prophylactic.

**ANTIBIOTICS RECEIVED AT TIME OF CAESAREAN**

Tick one box only

None	<input type="checkbox"/>
Prophylactic antibiotics received	<input type="checkbox"/>
Antibiotics already received	<input type="checkbox"/>

When the method of birth is either a lower segment caesarean section or a classical caesarean section, tick the box (one box only) that corresponds to the administration of antibiotics to the mother in relation to the caesarean.

If antibiotics were not received at the time of LSCS or classical caesarean section, tick the 'None' box.

If antibiotics have been received for prophylaxis of infection specifically associated with the caesarean, tick the 'Prophylactic antibiotics received' box.

If antibiotics have been received for a known condition (eg, chorioamnionitis, pneumonia, etc) at the time of LSCS or classical caesarean, tick the 'Antibiotics already received' box. This does not include antibiotic prophylaxis.

This information is used to assist the identification of adverse outcomes in relation to maternal health and wellbeing.

PD5041 Indigenous status of the baby has not been provided or is not valid.

**INDIGENOUS STATUS – BABY**

Aboriginal	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>
Aborig. & Torres Str. Is.	<input type="checkbox"/>
Neither Aboriginal nor Torres Str. Is.	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the Indigenous status of the baby.

Note that a baby's Indigenous status cannot be determined simply by observation and therefore this question must be asked of all mothers. For further information regarding determining Indigenous status, please refer to the 'Are you of Aboriginal or Torres Strait Islander origin?' pamphlet. If you require copies of this publication, please contact the National Centre for Aboriginal and Torres Strait Islander Statistics (Australian Bureau of Statistics) on the free call number 1800 633 216.

## Perinatal Data Collection Team Contacts (as at May 2011)

Lynelle McCullagh(Mon-Wed) Phone 3224 1708	
00944	Darnley Island Primary Health Care Centre
00991	Gold Coast Birthing Centre
00050	Gold Coast Hospital
00998	Homebirths
00222	Innisfail Hospital
00015	Ipswich Hospital
00029	Logan Hospital
00172	Mackay Base Hospital
00995	Mackay Birthing Centre
00411	Mater Hyde Park Private Hospital
00173	Moranbah Hospital
00224	Mossman Hospital
00247	Normanton Health Service
00331	Pindara - Gold Coast Private Hospital
00949	Saibai Island Primary Health Care Centre
00366	St Vincent's Private Hospital
00145	Woorabinda Health Services

Lauren Kennedy Phone 3235 4354	
00063	Cherbourg
00064	Childers
00091	Chinchilla
00135	Emerald
00327	Mater Gladstone Private
00411	Mater Hyde Park Private Hospital
00380	Mater Rockhampton Private
00994	RBWH Birthing Centre
00201	Royal Brisbane and women's Hospital

Julie Bahr Phone 3234 0744	
00214	Cairns Base Hospital
00176	Dysart Hospital
00069	Hervey Bay Hospital
00197	Joyce Palmer Health Service
00156	Longreach Hospital
00370	Mater Private Hospital Redland
00098	Millmerran Hospital
00072	Monto Hospital
00246	Mt Isa Base Hospital
00049	Nambour General Hospital
00028	Redland Hospital
00141	Rockhampton Base Hospital
00317	Sunnybank Private Hospital
00334	Sunshine Coast Private Hospital
00200	The Townsville Hospital
00989	The Townsville Hospital Birthing Centre

Narelle Wright Phone 3234 0086	
00133	Biloela Hospital
00134	Blackwater Hospital
00113	Cunnamulla Hospital
00092	Dalby Hospital
00136	Gladstone Hospital
00093	Goondiwindi Hospital
00068	Gympie Hospital
00244	Hughenden Hospital
00196	Ingham Hospital
00253	Kowanyama Community Hospital
00223	Mareeba District Hospital
00401	Mater Mackay Private Hospital
00249	Mornington Island Hospital
00139	Mount Morgan Hospital
00320	North West Brisbane Private Hospital
00313	St Andrew's – Ipswich Private Hospital
00365	St Andrew's - Toowoomba
00100	Stanthorpe Hospital
00143	Theodore Hospital
00226	Thursday Island Hospital
00990	Toowoomba Birth Centre
00104	Toowoomba Hospital
00227	Tully Hospital
00228	Weipa Hospital
00229	Yarrabah Hospital

<b>Shoshana Davies</b> <b>Phone 3235 4359</b>	
00003	Mater Misericordiae Mothers' Public Hospital
00318	Mater Mothers' Private Health Service

<b>Stacey Ede</b> <b>Phone 3836 0969</b>	
00211	Atherton Hospital
00191	Ayr Hospital
00041	Beaudesert Hospital
00192	Bowen Hospital
00062	Bundaberg Base Hospital
00030	Caboolture Hospital
00420	Cairns Private Hospital
00112	Charleville Hospital
00193	Charters Towers Hospital
00171	Clermont Hospital
00194	Collinsville Hospital
00216	Cooktown Hospital
00114	Dirranbandi Hospital
00252	Doomadgee Hospital
00025	Dunwich Health Service
00045	Gatton Hospital
00066	Gayndah Hospital
00441	John Flynn-Gold Coast Private Hospital
00070	Kingaroy Hospital
00097	Miles Hospital
00074	Munduberra Hospital
00332	Nambour Selangor Private Hospital
00174	Proserpine Hospital
00016	Redcliffe Hospital
00119	Roma Hospital
00120	St George Hospital
00101	Tara Hospital
00105	Warwick Hospital
00316	Wesley Private Hospital
00144	Yeppoon Hospital

**Other Queries:**

Quality Checks or In-Services Colleen Morris	3234 0814
Clean-up or Reconciliation Shoshana Davies	3235 4354
Deaths Processing Shoshana Davies	3235 4359
Perinatal Online Form Joanne Bunney	3237 1464

# QHAPDC Arrow

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

Issue No. 29

## [Contents Page](#)

### **2010-2011 DATA RECEIVED**

As at 19 April 2011, 483,639 records for the 2010-2011 collection period have been received from public facilities and loaded by DCU. Of these, 2,246 still have a 'fatal' error.

<b>Public Facilities</b>	
<b>Records with a fatal error</b>	<b>2,287</b>
<b>Records with no fatal errors</b>	<b>685,944</b>
<b>Total</b>	<b>688,231</b>

If you are having any problems in meeting reporting timeframes please contact DCU.

### **2011- 2012 CHANGES**

DCU have finalised the changes for 2011-2012. The Public File Format has been amended and memos to the Health Service District Chief Executive Officers sent out. You can also find an electronic copy of the file format at the following web address:  
<http://qheps.health.qld.gov.au/hic/products.htm#manuals>

These changes are being incorporated to the 2011-2012 QHAPDC Manual and should be available by mid June 2011 on the website.

Changes include:

- **TeleHealth Inpatient Details (TID) - new HQI file**
- **Preferred Language Field – reference file update**
- **Interpreter Required Field - reference file update**
- **Public hospitals will be required to group to and report version 6.0 DRGs**

#### **TeleHealth Inpatient Details (TID)**

An additional file will be provided to the DCU through the HBCIS HQI extract process from 1 July 2011. It will contain TeleHealth events provided within an episode of care.

The additional file will contain:

- Record identifier
- Unique number
- Patient identifier
- Admission number
- TeleHealth event ID
- RSQ
- Provider facility
- Provider Unit
- Event Type
- Start Date
- Start Time
- End Date
- End Time
- Event Count
- Total Duration
- Average Duration

A TeleHealth session is a successful videoconference connection for the purpose of enabling one or more TeleHealth events. A TeleHealth event is an interactive, real-time clinical consultation provided to an admitted patient/s during a TeleHealth session.

A TeleHealth session may involve one or more admitted patient/s each patient having a TeleHealth event. A TeleHealth event may occur more than once during an admitted patient episode of care.

A TeleHealth session begins when a successful connection via videoconference systems is established between the videoconference systems at the participating facilities.

A successful connection between videoconference systems is when real-time audio and visual data is transmitted and received by videoconference systems at participating facilities involved in a TeleHealth session and interactive real-time clinical activity for an admitted patient commences. If the videoconference systems are unintentionally disconnected and a successful reconnection is made, then the time of successful

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reconnection should not be allocated as the start time of a TeleHealth session.

A TeleHealth session ends when the connection via videoconference system is intentionally disconnected between the videoconference systems at participating facilities.

If the videoconference systems are unintentionally disconnected and a successful reconnection is made, then the time of disconnection should not be allocated as the end time of a TeleHealth session.

More than one TeleHealth session and TeleHealth event may occur on the same day for the same admitted patient.

TeleHealth event types can include a:

- Ward round;
- Clinical consultation;
- Discharge planning case conference;
- Cancer care case conference;
- Psychiatric case conference; and
- Multidisciplinary team case conference.

A TeleHealth event should be captured in the TID entry screen, when the following criteria are met:

- Videoconference technology was used to deliver clinical activity for an admitted patient;
- The patient was an admitted patient at the facility;
- The service delivered was a substitute for face-to-face activity;
- Clinical notes were recorded in the admitted patient's medical record;
- The patient or patient representative must be present during a ward round, clinical consultation or consultation with Retrieval Services Queensland; and
- The patient or patient representative may, or may not, be present during a case conference. However there must be a minimum of two formal care providers from different disciplines, each of whom provides a different kind of care or service to the patient.

TeleHealth activity that is not eligible for capture in the TID screen includes videoconferences for the purposes of:

- Clinical education; and
- Any activity related to non-admitted patients (outpatients)\*

\* Note: Non-admitted patient TeleHealth/Telemedicine activity can be captured in the Monthly Activity Collection (MAC).

#### **Preferred Language Field**

The existing 2 digit HBCIS language field has run out of available codes and there is a requirement to expand the code set to cater for the operational need to record additional languages.

The Queensland Health Multi-cultural Team (MCT) with support from the Statistical Standards Unit (SSU), Health Statistics Centre (HSC) are mandating changes to the collection and reporting of 'Preferred Language' data for business need and greater data integrity. The scope of the change includes all Queensland Health's public hospital facilities.

The code set (reference file) for the 'Language' field has been updated from a 2NUM to a 6NUM code set [comprised of a 4NUM classification code and a 2NUM index code]. The admission, appointment scheduling and patient registration screens will display the 4NUM classification code with the more detailed index level descriptor.

Benefits include administration staff being able to more readily find a language as described by the patient in the extended list of languages. This should assist the language code allocation process. The capability of HBCIS is expanded to meet business needs when additional principal, minority languages or regional dialects need to be added to the existing code set. Also Queensland Health's enterprise patient administration system will be compliant with the national standard in relation to collection of language data.

#### **Interpreter Required Field**

Queensland Health Multicultural Services has approved the collection of 'Unknown' as an acceptable reference file value for the data element 'Interpreter Required'.

Currently only 'Yes' and 'No' are collected in HBCIS. However, they are translated to a 1NUM for the QHAPDC file format (1 = Yes, 2 = No). For 2011-12 data the file format will be updated to include a '9' for Unknown. Effectively the 'U' in the HBCIS data entry field will be translated on extract to DCU.

#### **Grouping version 6.0 DRG's**

From 1 July 2011 hospitals be required to group to and report version 6.0 DRGs.

### **SECURE TRANSFER SYSTEM (STS)**

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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 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.

## **I & D SHEETS**

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There will be no changes to the Identification and Diagnosis Sheets for 2011-2012.

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

## **HOSPITAL ACTIVITY DATA ON THE WEB**

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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](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.

## **CODER'S INSITE**

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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, as it is a very informative site and it may assist in answering some of your coding questions.

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

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

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DCU will be continuing 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 DCU.

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

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

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

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 DCU to ensure that processing staff are aware that your data has been extracted.

## **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 future Collection updates via e-mail to QHIPSMAIL, or by contacting your usual QHAPDC team member.

## **STAFFING**

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Vanessa Cull has been appointed as a permanent Senior Data Collection Officer to the QHAPDC team.

Emma Gavarotto, Samantha Lowry and Shane Bunney have all left the QHAPDC team.

Raymond Daniel has joined the Team in the Data Collection Officer role.

The recruitment and selection process is currently being undertaken for a number of other positions in DCU.

## **E-BULLETIN**

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Please note that this will be the last time the QHAPDC Arrow will be circulated via the E-Bulletin. From now on the QHAPDC Team will circulate information relating to our collections via direct e-mails to our key hospital contacts.

## **QHAPDC TEAM CONTACTS**

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**Andrew Vo**  
**3234 0185**

Central West Health Service District  
Townsville Health Service District  
Sunshine Coast Health Service District  
Wide Bay Health Service District

**Elissa Scriven**  
**3234 0731**

Metro North Health Service District  
Cairns and Hinterland Health Service District  
Cape York Health Service District  
Central Queensland Health Service District  
Torres Strait and Northern Peninsula Area  
Health Service District

**Ray Daniel/Kim Wyvill**  
**3234 1887/3234 1885**

Mt Isa Health Service District  
Metro South Health Service District  
Darling Downs - West Moreton Health  
Service  
South West Health Service District  
Mackay Health Service District

**Data Collections Unit QHEPS Site**  
**<http://qheps.health.qld.gov.au/hic/dcu1.htm>**

**Fax**  
(07) 3234 0279

**Address**  
Data Collections Unit  
Health Statistics Centre

13th Floor  
Forestry House Building  
160 Mary Street  
BRISBANE Q 4000

GPO Box 48  
BRISBANE Q 4001

# QHAPDC Arrow

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

Issue No. 29

## [Contents Page](#)

### **2010–2011 DATA RECEIVED**

As at 19 April 2011, 559,155 records for the 2010-2011 collection period have been received from private facilities and loaded by the Data Collections Unit (DCU). Of these, 2,109 still have a 'fatal' error.

<b>Private Facilities</b>	
<b>Records with a fatal error</b>	<b>2,109</b>
<b>Records with no fatal errors</b>	<b>557,046</b>
<b>Total</b>	<b>559,155</b>

### **COLLECTION REQUIREMENTS**

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 for health-care monitoring, evaluation and planning.

If you are having any problems in meeting reporting timeframes please contact DCU.

### **2011-2012 COLLECTION REQUIREMENTS**

Private Hospitals should now have received a copy of the QHAPDC file format for the 2011-2012 financial year.

There are no structural changes for the 2011-2012 year. However, if sites choose to supply DRG data to Qld Health, please ensure that you are using version 6.0. Please ensure that your software company makes the necessary adjustments.

Queensland Health is also able to electronically process amendments from private facilities if the

facility's patient record system is capable of supplying electronic amendment records.

If facilities require assistance in relation to the new file format or have difficulty understanding and explaining problems with the file being generated by their patient administration system to their software supplier, please request your software company to contact DCU directly.

### **ELECTRONIC VALIDATIONS**

DCU have had their Electronic Validation Application (EVA) security-tested in anticipation of providing private facilities access to the application as soon as possible.

While work is continuing on the application so that it can be made securely available to private facilities, any facilities that would like to be involved in piloting the application should contact DCU.

Whilst work is continuing on EVA, DCU intends to phase out paper validations. Electronic validation reports (via excel) will be sent from the July 2011 submission of data.

### **ELECTRONIC SUBMISSION OF DATA**

Most hospital staff should now be aware of DCU's new SEAP (Secure External Application Portal). SEAP is a secure Queensland Health website that allows you to easily upload data files that are currently being supplied to the Data Collections Unit (DCU) via email or disk.

SEAP was created to improve timeliness of data provision by allowing designated private hospital users to directly upload their QHAPDC files and is currently serving its purpose well.

SEAP is the Queensland Health endorsed secure application to submit data files securely to the DCU.

Data providers are encouraged to ensure that they are uploading **all** of the nine files required to ensure that their data can be loaded in a timely fashion.

If you wish to have an account set up, or need instructions on how to use SEAP please contact Liem Vo on (07) 3234 0731.

## **SUBMITTING DATA BY E-MAIL**

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It should be noted that as SEAP is the endorsed means of submitting electronic data files to the DCU; submission by e-mail should no longer be used. Private facilities still utilising secure e-mail should contact Liem Vo in order to use SEAP.

## **2011-2012 QHAPDC MANUAL**

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The 2011-2012 QHAPDC Manual is currently being updated and should be available from mid June 2011 on the Queensland Health Internet Site.

The current 2010-2011 QHAPDC Manual is available on the Queensland Health Internet Site at:

<http://www.health.qld.gov.au/hic/manuals/10-11QHAPDC/MANUAL10-11.pdf>

## **I & D SHEETS**

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The Patient Identification and Diagnosis Sheets for the 2011-2012 collection year will be available in the coming weeks.

It should be noted that sites are asked to indicate if the patient's DOB is an estimate (in line with the collection requirements specified in the QHAPDC Manual) when completing these forms.

Once the completed I&D forms are received at DCU they are batched and data entered onto our data collection processing system where the data is subsequently validated. The final step in the process is sending a validation report back to your facility for checking.

This is a very manual and lengthy process that has been gradually replaced with electronic data submission over the last few years as most private health facilities have introduced computerised patient administration systems.

The DCU has contacted facilities using I&D forms seeking advice regarding plans to phase in electronic submission of data in the future. Advice provided by those facilities is much appreciated.

Requests for the latest version of the Identification and Diagnosis Sheets can be made to your usual

QHAPDC team contact, or to Liem Vo, Data Collection Officer on 323 40731.

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

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DCU will be continuing to visit facilities with the aim to provide hospital staff with the opportunity to discuss in detail any issues/feedback they may have regarding the collections.

If staff at your hospital would like to meet with staff from DCU, 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.

Please get in touch with us if you are experiencing any problems with getting your data to us or receiving our validation reports.

## **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 future Collection updates via e-mail to QHIPMAIL, or by contacting your usual QHAPDC team member.

## **STAFFING**

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Vanessa Cull has been appointed as a permanent Senior Data Collection Officer to the QHAPDC team.

Emma Gavarotto, Samantha Lowry and Shane Bunney have all left the QHAPDC team.

Raymond Daniel has joined the Team in the Data Collection Officer role.

The recruitment and selection process is currently being undertaken for a number of other positions in DCU.

## **E-BULLETIN**

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Please note that this will be the last time the QHAPDC Arrow will be circulated via the E-Bulletin. From now on the QHAPDC Team will circulate information relating to our collections via direct e-mails to our key hospital contacts.

## QHAPDC TEAM CONTACTS

### Andrew Vo – 3234 0185

302 Belmont  
490 Brisbane Endoscopy  
307 Brisbane Private  
304 Canossa Hospital  
528 Chermside Day Hospital  
446 Eastern Endoscopy  
323 Eye-Tech Day Surgery  
340 Friendly Society  
1195 Hopewell Hospice  
1162 Ipswich Hospice Care  
424 Mackay Day Surgery  
308 Mater Brisbane  
370 Mater Redland  
318 Mater Women's and  
Childrens  
519 Montserrat - Gaythorne  
481 Montserrat - Indooroopilly  
324 Montserrat - Spring Hill  
448 Noosa Surgical  
495 North Queensland Day  
Surgical  
447 Pacific Day Surgery Centre  
321 QFG Day Theatre  
489 Queensland Eye Hospital  
533 Robina Procedure Centre  
513 South Coast Digestive  
496 Southside Endoscopy  
313 St Andrew's Ipswich  
365 St Andrew's Toowoomba  
312 St Andrews War Memorial  
526 St Stephen's (Hervey Bay)  
345 St Stephen's Private  
338 Sunshine Coast Day  
334 Sunshine Coast Private  
316 The Wesley  
314 Toowong Private Hospital  
520 Toowoomba Hospice  
423 Vision Centre Day Surgery

### Kim Wyvill/Raymond Daniel – 3234 1885/3234 1887

333 Allamanda  
482 Caboolture Private Hospital  
531 Cairns Central  
498 Cairns Day Surgery  
420 Cairns Private  
337 Caloundra  
530 Canossa Day  
361 Clifton Co-Operative  
335 Currumbin Clinic  
371 Eden Healthcare Centre  
522 Eye-Tech Day Surgery  
Southside  
529 Gold Coast HOCA  
341 Gympie Private Hospital  
524 Hervey Bay Surgical  
368 Holy Spirit North Side  
443 Ipswich Day  
441 John Flynn  
1166 Kingaroy Private Hospital  
488 Mater HOCA  
518 Nambour Day Surgery  
332 Nambour Selangor  
527 North Brisbane HOCA  
320 North West  
507 Northside Endoscopy  
364 Pittsworth Private Hospital  
369 Spendelove House Private  
511 Spring Hill Clinic  
366 St Vincent's Toowoomba  
310 St Vincent's Brisbane  
317 Sunnybank Private  
486 Sunshine Coast HOCA  
445 T & G Day Surgery  
444 Terrace West Endoscopy  
485 The Wesley Hyperbaric  
494 Wesley HOCA

## QHAPDC TEAM CONTACTS

### Elissa Scriven – 3234 0731

449 Buderim Gastroenterology  
508 Campbell Street Surgicentre  
523 Chermerside Dialysis Unit  
391 Greenslopes Private  
506 Greenslopes Day Surgery  
381 Hillcrest Private  
1210 Kawana Private Hospital  
510 Logan Endoscopy Services  
514 Marie Stopes - Salisbury  
342 Mater - Bundaberg  
327 Mater - Gladstone  
401 Mater Mackay  
325 Mater Day Unit  
383 Mater - Yeppoon  
410 Mater Pimlico  
380 Mater Rockhampton  
411 Mater Women's Hyde Park  
311 New Farm Clinic  
346 Noosa Boot  
349 Pacific Private  
484 Peninsula Eye Hospital  
319 Peninsula Private Hospital  
487 Pindara Day Surgery  
331 Pindarra Gold Coast  
442 Pine Rivers Private Hospital  
1193 RiverCity Private Hospital  
517 Rockhampton Surgicentre  
497 Roderick Street Day  
483 Short Street Day Surgery  
532 Southport Day Hospital  
339 Southport Surgicentre  
1212 The Cairns Clinic  
491 Toowoomba Surgicentre  
521 Townsville Day Surgery  
509 Townsville Surgicentre

**Queensland Health Internet Site**

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

**Fax**

(07) 3234 0279

**Address**

Data Collections Unit  
Health Statistics Centre

13th Floor  
Forestry House Building  
160 Mary Street  
BRISBANE Q 4000

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BRISBANE Q 4001

# Codefile

Quarterly Newsletter of the Queensland Coding Committee

Issue No. 29

E-Bulletin Volume 28

Issue No. 41

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Queensland Coding  
Committee  
Statistical Standards Unit  
Health Statistics Centre

Queensland Health  
GPO BOX 48  
BRISBANE 4001

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### 1. Coding Auditing/ Education Update

Ava Wong has resigned as the Clinical Classification Auditor/Educator. The Statistical Standards Unit (SSU) would like to thank Ava for her exceptional work in this position.

The CAE team have just completed an audit at Toowoomba.

The SSU are continuing to review and finalise the Audit reports from the last round of audits.

### 2. Codefinder Update

The SSU continues to provide Codefinder pathway support to all public hospital clinical coding personnel.

Codefinder 5.2.6 release has been rolled out across the state.

The Codefinder 6.4.1 release is expected to be rolled out by the end of April.

If you encounter an error with a Codefinder pathway that is not on this list or require Codefinder assistance, please contact the Codefinder Support Officer at [Codefinder@health.qld.gov.au](mailto:Codefinder@health.qld.gov.au) or phone (07) 3224 7833.

### 3. Performance Indicators for Coding Quality (PICQ2008™) Update

The Health Statistics Centre will not be pursuing a state wide licence for subsequent releases of the PICQ software.

The HSC will continue to provide support for PICQ2008™ for those hospitals that have previously obtained this software.

PICQ2008™ is based on ICD-10-AM 6<sup>th</sup> edition. Over 190 of the 302 indicators are still valid when running the software over data coded using ICD-10-AM 7<sup>th</sup> edition.

A list of valid indicators can be obtained from the Statistical Standards Unit.

Please contact the Statistical Standards Unit with any queries or issues with PICQ2008™ on (07) 3234 7833 or via email: [picq@health.qld.gov.au](mailto:picq@health.qld.gov.au)

### 4. The ICD Technical Group (ITG) Update

The first meeting of the ICD Technical Group (ITG) was held in February.

The National Casemix and Classification Centre (NCCC) has over 200 outstanding submission/queries with most of the outstanding National Centre for Classification in Health (NCCH) queries carried over to NCCC.

The Coding Matters (hard copy) is no longer being produced but replaced by a Coding Q&A which will be published periodically on the NCCC website:

<http://nccc.uow.edu.au/productservices/casemixmatters/index.html#qa>

## 5. QCC Update

The Queensland Coding Committee continues to meet monthly. In the last 3 months since the December meeting, the QCC has reviewed **18** queries.

If you are interested in being informed of a response to a query that is not yet available on the QCC website, please email your request to [QCC@health.qld.gov.au](mailto:QCC@health.qld.gov.au). We will email you the query response if it has been ratified by the Committee.

## 6. QCC Queries of Interest

### 6.1 What is the correct code for chronic diarrhoea? Is it A09.9 or K52.9?

#### **QCC Response:**

The QCC considered that diarrhoea specified as either non infective or chronic should be coded to K52.9 *Noninfective gastroenteritis and colitis, unspecified*.

However, diarrhoea NOS should be coded to A09.9 *Other gastroenteritis and colitis of infectious origin*.

Coders should not infer diarrhoea to be non infective or chronic from documentation of duration (e.g. stated recurrent presentations over a period of time) or the 'clinical picture' only.

If the diarrhoea is not specified, and the Coder suspects the diarrhoea may be chronic or non infective, the Coder should clarify with the clinician (supported by documentation) before coding to K52.9 *Noninfective gastroenteritis and colitis, unspecified*.

### 6.2 Can the QCC advise what the correct procedure code for ProOsteon bone graft is?

#### **QCC Response:**

As per the ACHI interventions table, a bio-implant is included in internal fixation as per the start of Chapter 15.

Chapter 15

PROCEDURES ON MUSCULOSKELETAL SYSTEM

(Blocks 1360–1579)

Internal fixation – **Includes:**

bio-implant

cerclage

intramedullary nail

nonsegmental fixation (Harrington rod)

pin

plate

ring fixator

rod

screws (facetal)

segmental fixation (CD)(Dwyer)(Luque)(Zielke)

sliding nail

wire

Therefore an additional code to identify the ProOsteon bone graft is not required.

### 6.3 Intrathecal Administration of Chemotherapy

Intrathecal administration of chemotherapy under General Anaesthetic performed on more than one occasion during an admission.

Under ACS 0044 Chemotherapy “When a patient receives pharmacotherapy a number of times during an episode of care and the same procedure code applies; assign the procedure code only once.”

Under ACS 0042 / 0031 Procedures normally not coded / Anaesthesia “The listed procedures (procedures normally not coded) should be coded if anaesthesia (except local) is required for the procedure.”

Do we code the intrathecal chemotherapy as many times as there is a general anaesthetic or do we just code it once according to the standard?

#### **QCC Response:**

The QCC recommend coding the procedure once and the General Anaesthetics as many times as they occur.

When coming to the above decision, the QCC considered the following:

1. ACS 0031 Anaesthesia indicates at Classification point 2 that: “If the same anaesthetic is administered more than once **during different 'visits to theatre'**, within the total episode of care (eg two general anaesthetics), it should be coded as many times as performed.”

In addition, ACS 0044 Chemotherapy states that: “When a patient receives pharmacotherapy a number of times during an episode of care and the same procedure code applies, assign the procedure code only once.”

Where a lumbar puncture or a bone marrow aspiration are carried out as separate procedures to the chemotherapy (i.e. they are not considered an approach), these procedures should be coded out as many times as they occur.

#### **6.4 Coding of a procedure relating to care given by a Nutrition(al) Assistant**

ACS 0032 provides Clinical Coders with 14 allied health interventions (as stated) represented in ACHI. For the purposes of Clinical Coding and Classification, codes are required to be assigned for the general allied health interventions in block [1916].

In our clinical notes there are entries documented by ‘Nutrition Assistant’. Essentially a nutrition assistant is akin to a therapy assistant in other allied health disciplines, however in this case these ‘nutritional assistants’ are solely involved in the area of Nutrition/Dietetics.

Their roles are to undertake screening of patients and feedback to the dietician for further instruction. Where required, the dietician will review the patient.

Should we be capturing this data by assigning the dietician allied health intervention code?

#### **QCC Response:**

ACS 0032 Allied Health interventions states that:

“A key principle of procedure classification development is that interventions should be ‘provider neutral’, that is, the same code should be assigned for a specific intervention regardless of which health professional performs the intervention.”

Therefore, where an allied health intervention is carried out by another health professional, a code from the block [1916] can be allocated.

Further information from the enquirer indicated that the nutrition assistants were not clinical health professionals. Consequently, no code would be assigned to reflect this procedure.

Hospitals should ascertain on a case by case basis as to the professional capacity of nutritional assistants prior to adopting this advice.

#### **6.5 Mixed Bipolar affective disorder with psychotic features**

Can the QCC advise on how to code mixed bipolar affective disorder with psychotic features i.e. do we need to identify ‘psychotic features’ with another code or consider it part of the F31.6.

There are codes for hypomania and depression under block F31 to distinguish with or without psychotic symptoms but not for mixed.

Can we assume psychotic features are the same as psychotic symptoms?

**QCC Response:**

At the rubric F31 Bipolar affective disorder the includes note states:

Includes: manic-depressive:

- illness
- psychosis
- reaction

Therefore, the QCC suggests coding out F31.6 Bipolar affective disorder, current episode mixed.

This recommendation is based on the assumption that there is documentation within the current episode of care of the “current” or “most recent” affective episode.

Where there is no documentation in the current episode of care of the “current” or the “most recent” affective episode; then according to Coding Matters Volume 16 No. 3, the correct code allocation would be: F31.9 Bipolar affective disorder, unspecified

## 7. NCCC Q&A and FAQs of Interest

### 7.1. Open reduction and internal fixation (ORIF) proximal femur

Q. The index lookup below assigns ORIF femur to 47528-01 Open reduction of fracture of femur with internal fixation, which has an excludes note ‘for that of proximal femur (47519-00 [1479])’. However, 47519-00 [1479] Internal fixation of fracture of trochanteric or subcapital femur does not capture that this was an open reduction. Is this excludes in the correct spot? Is it correct that for ORIF of the proximal femur (subcapital, trochanteric etc) that code 47519-00 be assigned instead of 47528-01? The indexing doesn’t seem to support the excludes notes as the proximal femur sites are not indexed under the open reduction?

Reduction

- fracture (bone) (with cast) (with splint)
- - femur (closed) 47516-01 [1486]
- - - with internal fixation (cross) (intramedullary) 47531-00 [1486]
- - - - neck 47519-00 [1479]
- - - - proximal 47519-00 [1479]
- - - - subcapital 47519-00 [1479]
- - - - trochanteric 47519-00 [1479]
- - - epiphysis (capital) (slipped) 47525-00 [1493]
- - - open 47528-00 [1486]
- - - - with internal fixation (cross) (intramedullary) 47528-01 [1486]
- - - - epiphysis (capital) (slipped) 47525-01 [1493]

A. This is an example of where ACS 0041 *Conventions used in the alphabetic index of interventions* is applied:

“When a procedure description includes terms listed under a prepositional subterm and an alphabetic subterm, the prepositional subterm takes precedence when there is no default code listed.”

Therefore, the correct code assignment for ORIF of the proximal femur (subcapital, trochanteric etc) is 47519-00 [1479] *Internal fixation of fracture of trochanteric or subcapital femur*, following the prepositional subterm ‘with’ in the index pathway:

Reduction

- fracture (bone) (with cast) (with splint)
- - femur (closed) 47516-01 [1486]
- - - with internal fixation (cross) (intramedullary) 47531-00 [1486]
- - - - proximal 47519-00 [1479]

### 7.2. Type I and type II respiratory failure

#### Q. What is the correct code to assign for type I and type II respiratory failure?

A. Respiratory failure occurs when gas exchange at the lungs is sufficiently impaired to cause a drop in the levels of oxygen (hypoxaemia). This may occur with or without an increase in carbon dioxide levels (hypercapnia). Respiratory failure is divided into type I and type II.

Type I respiratory failure – involves low oxygen and normal or low carbon dioxide levels. Type II respiratory failure – involves low oxygen, with high carbon dioxide.

Both type I and type II respiratory failure may be either acute or chronic.

ICD-10-AM does not classify respiratory failure according to type I or II. It can only be specified by acute, chronic or unspecified. Therefore, the correct code assignment for respiratory failure (type I or type II) is by selecting the appropriate code from the following index pathway:

#### **Failure, failed**

- respiration, respiratory J96.9
- - acute J96.0
- - chronic J96.1

Changes are being considered internationally for the classification of type I and type II respiratory failure.

### **7.3. Resternotomy for valve replacement**

**Q.** Is 38640-00 [664] Reoperation for other cardiac procedure, not elsewhere classified intended to be used only when re-performing the same operation? Or can it be assigned, for example, when a resternotomy is performed for a heart valve replacement following a previous coronary artery bypass graft (CABG) operation?

ACS 0909 Coronary artery bypass grafts and ACS 0934 Cardiac revision/reoperation procedures indicate that the procedure code is assigned when re-performing the same procedure, but do not provide advice about reopening of the same site for another (new) procedure.

**A.** A resternotomy performed for a valve replacement following a previous CABG is not considered a reoperation (redo) of a procedure. It is a reopening of a previous operative approach to perform a different procedure.

The classification advice in ACS 0909 *Coronary artery bypass grafts* and ACS 0934 *Cardiac revision/reoperation procedures* provides advice for the assignment of 38637-00 [680] *Reoperation for reconstruction of coronary artery graft* and 38640-00 [664] *Reoperation for other cardiac procedure NEC*, when it is necessary to 'redo' or revise the same cardiac procedure, either due to complication of the initial procedure or progression of the disease.

Code 38656-01 [562] *Reopening of thoracotomy or sternotomy site* cannot be assigned when a resternotomy is performed, as per the advice in ACS 0039 *Reopening of operative site*: "These codes should not be used for a subsequent opening of the operative site for treatment of a recurrent or unrelated condition."

### **7.4. Condition onset flag for additional diagnosis O80-O84 Delivery**

**Q.** What 'condition onset flag' should be assigned if a code from category O80-O84 *Delivery* is assigned as an additional diagnosis?

**A.** The NCCC advise that when a code from category O80-O84 is assigned as an additional diagnosis to assign a condition onset flag value of 2 *Condition not noted as arising during the episode of admitted patient care*.

As Queensland uses different flag values to the national standard for the condition onset flag, use the **Queensland equivalent** value of 1 – **Present on Admission** for any delivery code (O80-O84) assigned as an additional diagnosis.

### **7.5 Registering for Access to the NCCC Information Portal**

#### **NCCC Information Portal - NIP**

The NCCC has been working towards improving the electronic distribution of information about coding and classification, specifically through the NCCC Information Portal (NIP).

The next step to fulfil that aim is for you to **register at the NIP if you have not done so already**.

Because the NCCC will no longer be delivering information through mail (like Coding Matters newsletter) or email, it is very important that you register in order to be up-to-date with coding advice.

- If you have previously registered on NIP **you don't need to register again**
- If you have previously sent your details to the NCCC but have not registered **you do need to register now**.

Some important information about the changes:

1. What used to be called the 'ICD-10-AM Commandments' will be known as the 'Coding Q&A'.
2. Coding advice published in October 2010 on the NCCC website will be included at the Coding Q&A on the NIP
3. Coding Q&A will be posted on the NIP as follows:
  - a. April 2011
  - b. June 2011
  - c. Thereafter twice a year in December and June (this timing will mean that the advice will be effective from January and July each year)
4. From NIP, you will be able to:
  - a. search the Q&A by publication date or text
  - b. print the Q&A
5. The NCCC will advise you by email when there is an update to Coding Q&A available
6. Errata for ICD-10-AM/ACHI/ACS will be provided through the NIP.

The NCCC is aware that, at their request, many of you forwarded your contact details to them over the last few months. At the start of this project they had anticipated that they would be circulating information via email. However, the benefits of providing access to you directly through the NIP have outweighed that approach.

According to the NCCC, security would be compromised if they tried to 'auto register' any people who've already sent their details.

The NCCC Information Portal (NIP) is a web-based information system that will allow you to:

1. Submit public submissions for ICD-10-AM/ACHI/ACS or AR-DRG
2. Submit query requests
3. Register for NCCC events
4. Subscribe to NCCC correspondence list
5. Maintain your contact details
6. Download software, products and information
7. Development of NIP will continue to provide more services online over the coming months. This will include document access, online discussion and voting for committee members and registration for events.

For all sorts of other information relating to ICD-10-AM/ACHI/ACS, please refer to:

<http://nccc.uow.edu.au/productservices/casemixmatters/index.html#qa>

## 8. Disaster classification

During the recent floods and cyclones, there were many people who were deeply affected by these disasters and a number of those either presented to hospital with injuries relating to the disasters or were inpatients at the time of the disasters and were required to be moved to another hospital for ongoing care.

Within ICD-10-AM there are a few codes that can be used to reflect the impact of disasters.

Within the code range X30-X39 *Exposure to forces of nature*, there are several codes that could be assigned as external cause codes for injuries incurred during these disasters:

X37 *Victim of cataclysmic storm*

X38 *Victim of flood*

X36 *Victim of avalanche, landslide and other earth movements*

Z65.5 *Exposure to disaster, war and other hostilities* could be used to reflect that a patient was admitted due to an adverse affect of the flood that was not specifically related to an injury. This could include mental health issues that may have arisen due to the emotional impact from exposure (direct or indirect) to the disasters.

There are also codes within the following rubrics which may be assigned to reflect individual impacts of the disasters:

Z58 *Problems related to physical environment*

Z59 Problems related to housing and economic circumstances  
Z61 Problems related to negative life events in childhood  
Z63 Other problems related to primary support group, including family circumstances  
Z73 Problems related to life-management difficulty  
Z75 Problems related to medical facilities and other health care\*

\*Being mindful that, according to 0012 Suspected conditions that Z75.3 Unavailability and inaccessibility of health-care facilities is for use “as a flag to identify patients transferred because of a suspected condition”.

Please note that the above list is not inclusive of all codes that could be allocated to appropriately reflect the impact of the disaster, it is meant as a guide only.

## 9. ACS 0042 – Procedures normally not coded

The Statistical Standards Unit (SSU) was recently asked to review an increase in validation reporting due to a suspected issue with waiting list details (EAS H623). This validation occurs when a patient who had a waiting list entry number linked to a particular episode and within the coded data for that episode, no procedure has been reported.

The SSU has identified that this is related to the 1 July 2010 7<sup>th</sup> Edition change to ACS 0042 *Procedures normally not coded*. In 7<sup>th</sup> Edition, this standard was updated to include:

**“Imaging services** – all codes in ACHI Chapter 20 Imaging services and block [451] Dental radiological examination and interpretation **except** transoesophageal echocardiogram (TOE) (55118-00 [1942]).”

At the commencement of this standard, there are over-arching comments that should be applied when deciding which procedures would not normally be coded:

“• Some codes on this list may be required in certain standards elsewhere in the Australian Coding Standards. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.

• The listed procedures should be coded if cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 Anaesthesia).

• These procedures should be coded if they are the principal reason for admission in same-day episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (eg elderly patients, those who live in remote locations).”

Therefore all procedures noted in ACS 0042 should be coded in the following scenarios (at the minimum):

- When a procedure on the list is required to be coded within another standard e.g. where a procedure is carried out under a contract as described in ACS 0029 *Coding of contracted procedures*;
- Where a procedure on the list is carried out under cerebral anaesthesia e.g. when a child is admitted for an MRI and is required to have a cerebral anaesthetic to have the procedure performed;
- Where a procedure on the list is carried out for a patient and the procedure is the principal reason for admission in a same day episode or where the patient is admitted the day before or separated on the day after the procedure because same-day is not practicable or possible e.g. a patient from Roma is admitted for a peripheral angiogram the day before the procedure as they could not arrive in time for surgical admission on the day of admission.

This validation has been discussed by the Queensland Coding Committee and as there will be occasions where a waiting list patient will not have a procedure recorded; the Data Collections Unit has been advised the change the error level to a “warning”.

## 10. Anchoring tendons

Anchoring tendons after a traumatic, non-traumatic or surgical rupture/detachment requires alternate surgical approaches dependent upon the injury and the surgeon’s personal preference.

Tendons can be anchored by pinning, suturing and other surgical techniques or by a combination of different techniques.

When a surgeon documents that a tendon has been anchored and no other information regarding the technique is documented, the clinical coder should consult with the clinician regarding the technique used to ensure that the correct code selection is made.

## **11. Coders InSite**

If you have a coding resource you would like to submit to Coders InSite, or even an event you wish to advertise, please contact the Data Quality team at [qcc@health.qld.gov.au](mailto:qcc@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](http://qheps.health.qld.gov.au/qhcs/html/publish_process.htm)

## **12. Codefile Comments, Queries and Suggestions**

Please forward your Codefile comments, queries or suggestions to:

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

Telephone: (07) 3234 1001 | Facsimile: 07 3234 0564 | Email: [QCC@health.qld.gov.au](mailto:QCC@health.qld.gov.au)

# Outpatient Data Collection Project

Issue No. 29

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### **Description**

The Outpatient Data Collection (ODC) is a corporate data collection managed by the Data Collections Unit, Health Information Centre (HSC). The purpose of this data collection is to deliver quality, timely and reliable outpatient data (at the patient-level) to support Queensland Health's strategic directions and to meet local, State and emerging national reporting requirements.

The scope of the ODC includes (patient-level) activity data from public hospital specialist outpatient clinics (including cancer care and allied health).

The ODC's corporate data collection (ODC) and processing system (OPS) is situated within the HSC's existing IT infrastructure. The source data is extracted from the Surgical Access Team repository (SATr) database and processed and validated by the OPS.

Currently, the OPS receives data from hospitals using the HBCIS and ASIM (Logan and Beaudesert Hospitals) appointment scheduling systems. Extracts are still to be received from hospitals using the OSIM and iPM appointment scheduling systems as well as cancer care systems (MOSAIQ and CHARM).

The OPS is able to validate data for completeness and data quality and will ensure that Queensland Health is well positioned to meet State and emerging National reporting requirements.

### **Outpatient System Extracts**

#### **HBCIS**

The ODC is receiving data for outpatient clinics from hospitals who are scheduling appointments in the 'enterprise' appointment scheduling system (HBCIS). Data quality and coverage reports of the ODC data have been provided to the accountable officers and other hospital outpatient contacts to monitor data quality and coverage of their outpatient clinic occasions of service data.

#### **OSIM**

#### **PAH**

The PAH have continued to investigate a suitable operational version of the Cerner Build. The ODC team are continuing to provide advice to them on this issue.

#### **RBWH**

The Access Improvement Service (AIS) are continuing to work with the RBWH on an extract and have advised that they are very close to the release of the extract to the production environment.

#### **iPM**

The Access Improvement Service (AIS) has advised that due to a number of UAT issues, work by the vendor is still continuing on the development of the extract from the iPM System.

### **Cancer Care Systems**

Following the ODC's analysis of a sample of 'cancer care' data from the Townsville Cancer Centre's MOSAIQ System, it was identified that mapping will be required from local fields in MOSAIQ in order to normalise the data for statistical reporting.

In order to ensure correct mapping can be attained the ODC has supplied a data dictionary document to the Townsville Centre Centre for completion. The ODC is continuing to liaise with the Data Manager as to the status of the completion of the data dictionary.

### **Practice Management Program (PMP)**

The Practice Management Program has recently loaded the software which will facilitate provision of private practice data. It is envisioned that Officers from the PMP will be in a position to discuss ODC extract design in early June 2011 (following their software application training).

### **ASIM extract**

The OPS receives data from the ASIM systems at Logan and Beaudesert Hospitals.

### **Data Quality**

#### **Electronic Validation Application (EVA Plus)**

The EVA Plus application has been promoted and is working successfully in the Production environment.

The ODC has been granting the initial hospital user access privileges to this application and initial hospital feedback has been very positive. Some facilities have incorporated the results of their validation analysis in their weekly Outpatient Committee meetings, local data quality activities and also in staff training.

This patient-level information in conjunction with the high-level data quality reports is assisting facilities to identify specific issues / causes effecting their data quality.

#### **Update on the Non-Admitted Patient NMDS (NAP-NMDS)**

Representatives from the HSC, Queensland Health are continuing to work with the Australian Government on the development of the NAP-NMDS. A cross-jurisdictional NAP NMDS working group developed a Phase 1 NMDS but due to the implementation concerns, recommended that a NAP DSS be put forward for NHISSC (National Health Information Standards and Statistics Committee) approval, rather than an NMDS. The working group indicated jurisdictions would make their best effort to collect and supply information to further inform the development and refinement of the costing model.

When fully implemented, this NMDS will encompass all public outpatient services provided by Queensland Health (specialist, cancer care and allied health).

A phased approach for the implementation of this DSS has been recommended and is as follows:

- 1 Phase 1 will include the reporting of specialist outpatient and allied health non-admitted patient data for Peer Group A & B hospitals (largest 32 hospitals in Queensland) commencing from 01 July 2011.
- 2 Phase 2 will be the reporting of non-admitted patient data classified by the proxy NHCDC (National Hospital Cost Data Collection) Tier 2 Clinic list from 1 July 2012.

The time-frame for implementation of the NAP-DSS has been referred to the Health Reform Implementation Group (HRIG) with an expectation they will seek NHISSC endorsement of the DSS as an NMDS. In the short term the HRIG has indicated that jurisdictions will be requested to provide interim reporting against the newly established Non-admitted Patient Data Set Specification (DSS) from September 2011 for the first quarter of data that is available.

### **E-BULLETIN**

Please note that this will be the last time the Outpatient Data Collection (ODC) Update will be circulated via the E-Bulletin. From now on the ODC Team will circulate information relating to our collections via direct e-mails to our key hospital contacts.

### **CONTACT DETAILS**

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For further information regarding the ODC 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)

# VLADs Update

## (Variable Life Adjusted Display)

Issue No. 29

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# VLAD Bulletin

## March 2011



### Upcoming VLAD Release dates

**1 April, 29 April, 27 May**

*Private hospitals will receive  
CDs in the week following*

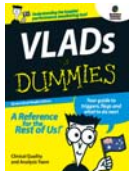
Notification of flag release dates allows hospital coordinators to book monthly appointments with key staff. Review of new and outstanding flags can occur within a week of flag release.

### VLAD CM access for new users:

Staff wishing to have access to the VLAD CM information system need to first seek approval from their District VLAD Authorising officer. This approval along with details on the level of access requested (i.e. facilities, indicators) should then be forwarded to the VLAD\_Queries email account.

The Clinical Monitoring Team will setup a new account once information from the new user has been returned.

Turn around time for this process is usually within seven calendar days.



*Please contact the VLAD team if you need any copies of VLADs for Dummies or if your facility requires further support with education and advice regarding VLADs.*

### Indicator Working Groups:

It is important that the VLAD indicators reflect clinical priorities, and we are grateful for your input to this important work.

The Clinical Monitoring Team are currently reviewing indicators from:

- Mental Health, Acute Myocardial Infarction, Heart Failure, Orthopaedic, Stroke, and Laparoscopic Cholecystectomy.

### Your feedback matters

Please contact us on 3636 9888 or use the email address [VLAD\\_Queries@health.qld.gov.au](mailto:VLAD_Queries@health.qld.gov.au) if you have any questions about VLADs. Questions the VLAD Team can answer: do you need advice about a review, to compile a flag response, determine the selection of cases to review, VLAD methodology, why control limits change when a flag occurs or do you have a suggestion about how to improve VLADs. The VLAD Queries email account is checked daily by the VLAD team.

### TIP...

The 30 day response time is easier to meet when key staff are aware of the timeframe and the reviews that are required to be completed.

### Clinical Monitoring Team

Graham Hall (Manager), Michael Findlay, Michelle Dinh, Brendan Farthing, Scott Taylor

Visit the website: <http://www.health.qld.gov.au/quality/vlad.asp>

Contact us: [VLAD\\_Queries@health.qld.gov.au](mailto:VLAD_Queries@health.qld.gov.au)

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strong, green, smart, healthy and fair

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