

# QHAPDC Arrow

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

Issue No. 29

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### **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")

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- 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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Townsville Health Service District  
Sunshine Coast Health Service District  
Wide Bay Health Service District

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Mt Isa Health Service District  
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Darling Downs - West Moreton Health  
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**Data Collections Unit QHEPS Site**  
**<http://qheps.health.qld.gov.au/hic/dcu1.htm>**

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