

E Bulletin

Volume 12

October 2006

Produced by: Queensland Health
Data Services Unit

DSU Update

DSU Collections

- Queensland Hospital Admitted Patient Data Collection (QHAPDC)

The QHAPDC collects demographic and diagnostic information on all admitted patients separated from both public and private hospitals and private day surgeries in Queensland.

- Perinatal Data Collection

The Perinatal collection collects data on all births, including non-hospital births, in Queensland. It includes information on neonatal morbidity, antenatal history, labour & delivery details, and outcomes of confinements, congenital abnormalities, and mother's demographics.

- Monthly Activity Collection (MAC)

The MAC collects summary data relating to activities of health facilities in Queensland. It collects data on admitted and non-admitted patient activity and bed utilisation. The data is collected from public and private acute hospitals, private day facilities, public residential alcohol and drug facilities, public residential psychiatric hospitals, public nursing homes/hostels/independent living units, and public trading facilities.

- Financial and Residential Activity Collection (FRAS)

FRAS is an annual collection that collects public hospital expenditure, revenue, staffing level and other related hospital data.

- Labour force

DSU collects data in conjunction with the Registration Boards on the registration and re-registration of health professionals.

- Queensland Cancer Registry (QCR)

The QCR is a register of all cases of cancer diagnosed in Queensland and cancer mortality. The QCR collects information from public and private hospitals, nursing homes and pathology laboratories.

Corporate Reference Data System (CRDS)

What's New for CRDS Data Sets??

Facility Data Set Update

New Facilities

The following facilities are now included in CRDS.

Name	District	Facility Code	Valid From	Facility Description
RSL – CARE TALBARRA	LOGAN-BEAUDESERT	03155	6/9/2006	Private Nursing Home – non for profit
SOUTHPORT NURSING CENTRE	GOLD COAST	03156	3/04/2006	Private Nursing Home – profit
RAYNBIRD PLACE	THE PRINCE CHARLES HOSPITAL	03154	14/8/2006	Private Nursing Home – profit
EDENVALE	GLADSTONE	03153	14/8/2006	Private Nursing Home – profit
EDEN IN GLASSHOUSE COUNTRY	SUNSHINE COAST	03152	14/6/2006	Private Nursing Home – profit
AMARINA COOLUM BEACH	SUNSHINE COAST	03151	9/5/2006	Private Nursing Home – profit

Locality data set Update

- The Australian Bureau of Statistics (ABS), National Localities Index, Australia Post Postcodes and Australian Standard Geographical Classification (ASGC) for 2006 have been loaded into the CRDS.
- Reference files have been prepared and distributed to appropriate Queensland Health Information Systems, including HBCIS.

CRDS Web Pages Update

- There has been some updating of the CRDS web page information and documentation.
- The Age and Sex Rule Type definitions are available for ICD Code Rule search results.

For further information regarding the Corporate Reference Data System please contact: Christine Coleshill phone 3836 0598 or by email Christine_Coleshill@health.qld.gov.au.

The Facts of Life

Newsletter of the Perinatal Data Collection

ISSUE NUMBER 12

October 2006

Scope of the Perinatal Data Collection

There has been some discussion recently in regard to the scope of the Perinatal Data Collection so below is a reminder for all data suppliers on what is to be provided to the PDC.

The Perinatal Data Collection Form (MR63d) is required to be completed (or in the case of hospitals providing electronic extracts, an extract is required) by all public hospitals, private hospitals, and private midwifery or medical practitioners who deliver babies outside hospitals, for all births occurring in Queensland. The scope of the Collection includes all live births regardless of birth weight or gestation, and all stillbirths of at least 20 weeks gestation and/or at least 400 grams in weight. Information relating to neonatal morbidity is collected up until the baby is discharged from the birth admission or until the baby reaches 28 days of age.

The quality of information produced from the PDC depends on the accurate, consistent and timely completion of the forms. Completed forms and electronic extracts are validated and queries relating to missing, contradictory or ambiguous data are directed back to the hospital or independent practitioner.

Congratulations

The Data Services Unit would like to thank the staff from those facilities who continue to promptly complete and return the Hospital Validation report. These validations are a necessary activity, designed to ensure quality data for reporting purposes. A special mention to those facility staff who continue to return their reports promptly, which help to reduce any backlogs in processing:

Bundaberg Base	Logan	Redland
Warwick	Caboolture	Charters Towers
Mater Rockhampton Private Hospital	Mt Isa Base	Proserpine
St Vincent's Private Hospital	Mater Mothers' Private Misericordiae	St George
Sunshine Coast Private	Innisfail	Stanthorpe
St Andrew's – Ipswich Private Hospital		

Perinatal Deaths

In accordance with the Health Act, Perinatal deaths are also processed along with the main collection. This includes stillbirths of at least 20 weeks gestation and/or at least 400grams in weight and all neonatal deaths (up until 28 days of age). These babies are identified either through receipt of the MR63d from the hospital or notification from the Registrar General's Office. The processing of these deaths can be a time consuming process as the MR63d has to be matched with the Cause of Death Certificate, Perinatal Supplement to Cause of Death Certificate, histopathology report and autopsy report. These documents frequently arrive at the PDC over a period of many weeks.

Regular communication with the Registrar General's Office, Senior Coronial Officer and various Magistrates Courts across the State is invaluable in ensuring the timely completion of this data/information in the Collection. Sincere thanks also to staff from those facilities who have already assisted with 2005 perinatal death queries. Their assistance ensures Queensland's Perinatal Death data is available for dissemination at an appropriate time.

The PDC also works in close contact with Leah Martin, A/Secretariat, Queensland Quality Councils. Leah collates all of the perinatal deaths for the Council. The Perinatal Mortality Review Committee then classifies these deaths according to the information they have. Leah notifies the PDC of the classifications which are then entered into the DSU Perinatal data base, where a series of validations occur. These discrepancies are returned to her for action as the Council has access to additional information. This process ensures that the PDC data base is precise as well as ensuring the accuracy of the data supplied to the National Perinatal Statistics Unit (NPSU) each year.

As Leah obtains all perinatal death details directly from the Registrar Generals Office, PDC is able to easily identify any inconsistencies in the numbers each year and subsequently is able to obtain the necessary documentation prior to the dissemination of the data. Similarly, Leah also obtains the number of maternal deaths from the Registrar Generals Office which also enables PDC to ensure accuracy when reporting maternal deaths.

International Students

A large group of International students visited Queensland Health in July to learn more about various aspects of data collection, including perinatal. Most of them were from Asia and included clinical coders, staff from medical records and administrative departments as well as an Obstetrician. They were particularly interested in the depth of information that is collected on the MR63d and MR66 and the processing cycle that follows upon receipt of these forms. The procedures used to maintain data quality were discussed in detail. Due to the confidential nature of the data collected, this aspect of the collection was also addressed.

A visit to the secure area in Data Services Unit where the perinatal processing occurs was incorporated in their visit to allow them some insight into the day to day workings as well as storage issues involved. The visitors found their visit extremely informative as they were interested in initiating/improving their own collections at their hospitals.

Perinatal Inservice Workshops

Staff from the PDC are happy to perform our Perinatal Inservice Workshops during 2006 to clarify the 1 July 2006 changes to your hospital staff. Where possible, inservices would be provided at a major hospital site with smaller sites either sending staff to the major hospital or linking up via video conference where available. Below is an outline of what staff at your hospital will be provided with should you wish our staff to visit.

Target Audience

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

Objectives

1. To understand the purpose of the Perinatal Data Collection.
2. To clarify the changes which commenced on 1 July 2006
3. To provide information aimed at reducing the errors generated on the hospital validation report.
4. To provide information on the National Core Maternity Indicators Project.

Structure

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

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

Five Most Frequent Error Messages July to September 2006

Confinements between July and September 2006 continue to generate a large number of errors. The five most frequent error messages together with advice on how to reduce these errors are listed below.

Error Message	Frequency
PD4013 Was there any anaesthesia given for delivery? If so, please specify.	965

PD3040 Were there any procedures or operations during this pregnancy?	903
PD4006 The length of time that membranes have ruptured prior to delivery has not been provided. Please provide time in number of days, hours and minutes.	747
PD4018 What was cervical dilatation prior to caesarean?	655
PD5019 Hepatitis B Vaccination status has not been provided or is not valid. Was baby vaccinated for Hep B?	577

PD4013 Was there any anaesthesia given for delivery? If so, please specify.

Analgesia during labour/delivery	Anaesthesia for delivery	
(You may tick more than one box)		
<input type="checkbox"/>	None	<input type="checkbox"/>
<input type="checkbox"/>	Nitrous oxide	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Narcotic (IM/IV)	<input type="checkbox"/>
<input type="checkbox"/>	Epidural	<input type="checkbox"/>
<input type="checkbox"/>	Spinal	<input type="checkbox"/>
<input type="checkbox"/>	Caudal	<input type="checkbox"/>
<input checked="" type="checkbox"/>	General anaesthetic	<input type="checkbox"/>
<input type="checkbox"/>	Local to perineum	<input type="checkbox"/>
<input type="checkbox"/>	Pudendal	<input type="checkbox"/>
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

Anaesthesia administered for delivery refers to any anaesthesia administered for the operative/instrumental delivery of the baby (caesarean, forceps or vacuum extraction). Staff completing the MR63d form should tick the box(es) under the Anaesthesia heading that correspond to the anaesthesia administered to the mother for delivery. If the anaesthesia used was other than those listed, tick 'Other' and specify the anaesthesia in the space provided. If no anaesthesia was administered, tick 'None'.

Note that Nitrous Oxide and Narcotics are methods of analgesia, not valid methods of anaesthesia for PDC purposes and hence they cannot be ticked on the form. Note also that local to the perineum for the sole purpose of repair of tear or episiotomy is not considered anaesthetic for delivery, and therefore should not be included. However, if local to the perineum is given to make the delivery more comfortable for the mother, then this should be recorded.

PD3040 Were there any procedures or operations during this pregnancy?

PROCEDURES AND OPERATIONS
(during pregnancy, labour, delivery and delivery)
You may tick more than one box

None	<input type="checkbox"/>
Chorionic Villus Sampling	<input type="checkbox"/>
Amniocentesis (diagnostic)	<input type="checkbox"/>
Cordocentesis	<input type="checkbox"/>
Cervical suture (for cervical incompetence)	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box(es) that correspond to any medical or surgical procedure and/or operation that was performed on the mother or fetus while in utero or during the current pregnancy. If a procedure and/or operation was performed other than those listed, tick 'Other' and specify in the space provided. If no procedures or operations were performed during this pregnancy, tick 'None'.

Where procedures are reported that may be performed via different approaches please provide as many details as possible. For example, cholecystectomy may be open or laparoscopic; please report as either 'open cholecystectomy' or 'laparoscopic cholecystectomy'.

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

Membranes ruptured _____days _____hours _____mins before delivery

Enter the number of days, hours and minutes before delivery the membranes were ruptured. If membranes ruptured at delivery, then record 'at delivery' or enter '0'. If a 'no labour' caesarean section occurs, it cannot be assumed that the membranes ruptured at delivery. Record the actual time or write 'at delivery' or enter '0' as above. If the length of time is unknown, please document as such.

PD4018 What was cervical dilatation prior to caesarean?

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

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

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

PD5019 Hepatitis B Vaccination status has not been provided or is not valid. Was baby vaccinated for Hep B?

HEPATITIS B (birth dose vaccination)
No <input type="checkbox"/> Yes <input type="checkbox"/>

This field is mandatory for all births. Staff completing the MR63d should tick the box (one box only) that corresponds to whether or not the birth dose Hepatitis B vaccination was given. Note that this is not exclusive to doses given immediately after birth or whilst still within the delivery room and therefore includes doses given prior to discharge. This field does not refer to administration of Hepatitis B immunoglobulin, which should be reported in neonatal treatment.

ADDITIONAL FACTS FROM THE FORM

Born Alive/Stillborn Status

Since the new forms have been in use it has come to the attention of the PDC staff that the 'born alive' field is not being completed. Please be aware that this field is situated directly underneath the 'sex' field.

2005 Data Clean Up

The PDC is continuing its clean up of the 2005 data. Staff from the PDC may be approaching your facility with queries or confirmations over the next few months. We would like to thank staff at those facilities that have already assisted with these queries for their help and support in helping PDC to answer/confirm these queries. This will ensure that Queensland can continue to provide high quality data at a State and National level.

MR63d Forms from 1 July 2006

The new (2006) MR63d's have now been sent out to all hospitals and are now in use for all confinements. All 2005 forms should be destroyed and should no longer be used. If any are supplied to the PDC, errors will appear on validation reports with requests to supply information in relation to those fields new to the 2006 form.

If you have any queries or questions relating to this document or to the Perinatal Data Collection, please contact the Collection Coordinator. Extra copies of the forms can be obtained either through the Collection Coordinator or your usual PDC contact.

Perinatal Data Collection Instruction Manual from 1 July 2006

All hospitals that provide MR63d forms to the Perinatal Data Collection have also received their copy of the 2006 Perinatal Data Collection Instruction Manual. Further hard copies of the Manual are available from the Collection Coordinator or your usual PDC contact. This manual is available as a reference source for those staff requiring clarification when completing the MR63d. It is also available in an electronic format on QHEPS and via the Qld Health internet site.

The manual also describes the data items that are collected as part of the Queensland Perinatal Data Collection. It is available to all public and private hospitals, and private midwifery or medical practitioners who deliver babies outside hospitals, as well as Central Office personnel who are involved in the collection and use of perinatal data. If you have any difficulties in accessing or using this manual please contact your usual PDC contact for assistance.

The current 2006/2007 manual can be found at the following web address:
http://www.health.qld.gov.au/hic/manuals/PDC_Manual_%20July05.pdf

Perinatal Statistics - Queensland 2004 (preliminary)

The **Perinatal Statistics - Queensland 2004 (preliminary)** report was released by the Client Services Unit in December 2005. The report can be viewed at <http://www.health.qld.gov.au/hic/PERI04/29931dmp.htm>.

The statistics shown in this report relate to confinements/births that occurred in Queensland during 2004 and were reported to the Perinatal Data Collection. The scope of the collection ceases at the point of formal separation - (discharge, transfer or death) or up until the baby reaches 28 days of age.

A number of quality control procedures have been employed to ensure that the statistics produced are reliable. These include check coding, computer edit checks and checks on the statistical output. Any identified problems associated with data items are outlined in the text associated with the relevant tables. In general, problems result from under-reporting.

Management of the Data Services Unit would like to express their thanks to those staff at hospitals/clinics and staff of the Perinatal Data Collection Unit for all of your valuable contributions in ensuring that data for the 2004 year was made available in such a timely manner.

For any queries associated with this report, contact the Client Services Unit on 07 3234 1875 or email hlthstat@health.qld.gov.au.

Australia's Mothers and Babies 2004

Australia's Mothers and Babies 2004 will be the fourteenth in the annual series prepared by the Australian Institute of Health and Welfare's (AIHW) National Perinatal Statistics Unit (NPSU). This report will be released in December 2006. The report provides national information on the pregnancy and childbirth of mothers and the characteristics and outcomes of their babies. It is a collaborative effort of the NPSU and states and territories and is for use by researchers, academics, students, policy makers and health service planners and those providing services in reproductive health.

The purpose of *Australia's Mothers and Babies 2004* is to provide Australia with statistics on women who gave birth to liveborn or stillborn babies in 2004, and statistics on their babies.

PDC Staff News

Lynelle McCullough has settled back into work job sharing with Cherie Stokes. Over the last few months we have been lucky to have Samantha Wells join us from England. Sam is in Australia on a working holiday and is thoroughly enjoying discovering the delights of Brisbane, the Gold Coast and the Sunshine Coast. We wish her well for the rest of her stay in Australia.

For an updated list of PDC staff contacts please refer to the list at the end of this edition of The Facts of Life.

Feedback

DSU continues to provide a PDC specific e-mail address perimail@health.qld.gov.au. This central electronic contact is available for any perinatal related questions, concerns or comments. We are also seeking your ideas on how we can best meet your inservice needs and keep you informed of the latest changes within the data collection.

Facts from the Form...

The **Perinatal Statistics - Queensland 2004 (preliminary)** report was released in December 2005. The report can be viewed at <http://www.health.qld.gov.au/hic/PER104/29931dmp.htm>.

For queries associated with any of these reports contact the Client Services Unit.
E-mail – HlthStat@health.qld.gov.au Phone – (07) 3234 1875

Examples of tables included in the **Perinatal Statistics - Queensland 2004 (preliminary)** report are seen on the following page. Please note that these tables contain preliminary data only, and as such are subject to change until such time as the the final annual report is published.

TABLE 6.08 BIRTHS, QUEENSLAND, 2004 (preliminary)
METHOD OF DELIVERY BY METHOD OF ANAESTHESIA FOR DELIVERY

Method of Anaesthesia for delivery ^(a)	Method of delivery								Total ^(b)	
	Spontaneous Vertex		Forceps/Vacuum		Caesarean Section		Other			
None reported	25,135	83.1	1,517	37.9	-	-	223	79.1	26,876	52.9
At least one method	5,112	16.9	2,486	62.1	16,243	100	59	20.9	23,900	47.1
Epidural	2,769	54.2	1,578	63.5	5,672	34.9	32	54.2	10,051	42.1
Spinal	97	1.9	114	4.6	11,849	72.9	7	11.9	12,067	50.5
Caudal	5	0.1	5	0.2	9	0.1	1	1.7	20	0.1
General Anaesthesia	39	0.8	9	0.4	1,193	7.3	10	16.9	1,251	5.2
Local to perineum	2,369	46.3	882	35.5	11	0.1	11	18.6	3,273	13.7
Pudendal	31	0.6	152	6.1	7	0	-	-	190	0.8
Other	11	0.2	1	0	2	0	-	-	14	0.1
Total ^(c)	30,248	100	4,003	100	16,243	100	282	100	50,777	100

(a) Reporting of multiple methods of anaesthesia permitted

(b) Includes births with a not stated method of delivery

(c) Includes births with a not stated method of anaesthesia

TABLE 6.15 MOTHERS DELIVERING IN QUEENSLAND, 2004 (preliminary)
SELECTED PROCEDURES AND OPS PERFORMED DURING PREGNANCY, LABOUR & THE PUERPERIUM

Procedures and Operations ^(a)	Mothers	
	No.	%
Obstetric ultrasound	49,414	98.9
Monitoring of fetal heart during labour	26,870	53.8
Amniocentesis	1,308	2.6
Removal of retained placenta	661	1.3
Administration of blood and gamma globulin	287	0.6
Chorionic villus sampling ^(b)	173	0.3
Manipulation of fetal position and presentation	114	0.2
Female sterilisation	87	0.2
Encirclement suture of cervix	83	0.2
Postpartum evacuation of uterus by dilation and curettage	79	0.2
Pelvimetry	2	0
Other	634	1.3
Total mothers	49,947	

(a) Reporting of multiple procedures was permitted so numbers cannot be cumulated.

(b) May also include other diagnostic procedures on fetus.

Perinatal Data Collection Team Contacts

As at 3 July 2006

LAUREN 3234 0086
Alpha Hospital
Aurukun Primary Health Care Centre
Bamaga Hospital
Biggenden Hospital
Blackall Hospital
Blackwater Hospital
Boigo Island Aid post
Boonah Hospital
Bowen Hospital
Caboolture Hospital
Caloundra Hospital
Camooweal Health Centre
Charleville Hospital
Charters Towers Hospital
Childers Hospital
Chillagoe Hospital
Clermont Hospital
Cloncurry Health Services
Collinsville Hospital
Doomadgee Hospital
Gold Coast Hospital
Gold Coast Birth Centre
Ingham Hospital
Jandowae Hospital
Joyce Palmer Health Service
Laidley Hospital
Logan Hospital
Longreach Hospital
Maryborough Hospital
Mater Private Hospital Redland
Mater Rockhampton Private Hospital
Millmerran Hospital
Moranbah Hospital
Mount Isa Base Hospital
North West Brisbane Private Hospital
Proserpine Hospital
Rockhampton Base Hospital
Saibai Island Primary Health Care Centre
Springsure Hospital
St Vincent's Private Hospital
Warwick Hospital
Woorabinda Health Services
Yeppoon Hospital

CHERIE/LYNELLE 3234 0854
Allamanda Private Hospital
Atherton Hospital
Ayr Hospital
Barcaldine Hospital
Beaudesert Hospital
Biloela Hospital
Chinchilla Hospital
Coen Health Service
Eidsvold Hospital
Emerald Hospital
Esk Hospital
Gatton Hospital
Gayndah Hospital
Hopevale Medical Centre
Hughenden Hospital
Injune Hospital
Innisfail Hospital
Ipswich Hospital
Island Medical Services
Julia Creek Hospital
Kilcoy Hospital
Lockhart River Medical Centre
Mareeba District Hospital
Mater Mackay Private Hospital
Mater Misericordiae Mother's Public Hospital
Mater Mother's Private Health Service
Mount Morgan Hospital
Queen Elizabeth II Jubilee Hospital
St Andrew's - Ipswich Private Hospital
St Andrew's - Toowoomba Private Hospital
St George Hospital
St Stephen's Private Hospital
Stanthorpe Hospital
Sunshine Coast Private Hospital
Tara Hospital
Taroom Hospital
Tully Hospital
Wynnum Hospital

JULIE 3234 0072

Babinda Hospital
 Baralaba Hospital
 Bundaberg Base Hospital
 Campbell St Surgicentre
 Cherbourg Hospital
 Cooktown Hospital
 Dirranbandi Hospital
 Dunwich Health Service
 Dysart Hospital
 Friendly Society Private Hospital
 Gin Gin Hospital
 Gladstone Hospital
 Gordonvale Hospital
 Gympie Hospital
 Hervey Bay Hospital
 Inglewood Hospital
 Mater Townsville Private Hospital
 Moura Hospital
 Nambour General Hospital
 Nambour Selangor Private Hospital
 Normanton Health Service
 Oakey Hospital
 Prince Charles Hospital
 Quilpie Hospital
 Redcliffe Hospital
 Redland Hospital
 Richmond Hospital
 Sarina Hospital
 Sunnybank Private Hospital
 Surat Hospital
 Texas Hospital
 Thursday Island Hospital
 Weipa Hospital
 Wesley Park Haven Private Hospital
 Yarrabah Hospital

KARIN 3836 0969

Aramac Hospital
 Cairns Base Hospital
 Cairns Private Hospital
 Croydon Hospital
 Cunnamulla Hospital
 Dalby Hospital
 Goondiwindi Hospital
 Homebirths
 John Flynn - Gold Coast Private Hospital
 Kingaroy Hospital
 Kowanyama Community Hospital
 Mackay Base Hospital
 Mackay Birth Centre
 Magnetic Island Health Service
 Maleny Hospital
 Mater Gladstone Private Hospital
 Mile Hospital
 Mitchell Hospital
 Monto Hospital
 Mornington Island Hospital
 Mossman Hospital
 Mundubbera Hospital
 Mungindi Hospital
 Murgon Hospital
 Nanango Hospital
 Noosa Private Hospital
 Pindara - Gold Coast Private Hospital
 Roma Hospital
 Theodore Hospital
 Toowoomba Hospital
 Wesley Private Hospital
 Winton Hospital
 Wondai Hospital
 Wujal Wujal Community Hospital
 Unknown

TRENT 3234 0859

The Townsville Hospital

MELANIE 3225 2586

Royal Brisbane and Women's Hospital
 Royal Brisbane and Women's Birth Centre

Codefile

Quarterly Newsletter of the Queensland Coding Committee

October 2006
Issue No 24

Inside this Issue

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Queensland Coding Committee
Data Quality and Standards
Data Services Unit
Health Information Branch
Queensland Health
GPO BOX 48
BRISBANE 4001

Clinical Classification Management Project (CCMP)

The CCMP is nearing completion (November 2004-October 2006) and it is notable that 24 audits (>4500 patient episodes) have been conducted both at large and small hospitals across the state. Additionally, the auditors have been invited to develop and deliver coding education at 10 hospital hosted forums. Gratifyingly, the post audit and education surveys have indicated a high level of satisfaction. The auditors have also given coding advice and informal training during the audits and outside the audit framework.

The auditors have assisted with the rollout of the new data element, the Condition Present on Admission (CPoA) Indicator. The auditors have provided coding advice to support Health Information Centre (HIC) activities. Furthermore, they have represented the CCMP as members of the Queensland Coding Committee (QCC).

The auditors identified several coding quality and standardisation issues where there was scope to address the area of difficulty at a corporate level. Some of these are collaborative development of forms, tools and processes that facilitate the capture of:

1. Anaesthetic ASA scores
2. Dental conditions and procedures
3. Diabetes complications
4. Oncology complications
5. Care type changes
6. Documented clinician liaison outcomes
7. Guidance for coding practice of procedures performed at 'other' hospitals and facilities.

Work with regard to these issues continues and specific outcomes will be published in Codefile as each is finalised.

The auditors have generated QCC queries and submissions potential improvements were identified that clarification (e.g. coding of minor procedures not covered by a standard and use of clinician documentation other than that by doctors) and modification of indexes, tabular lists and coding pathways would improve standardisation.

Due to the success of the CCMP, DSU has established two permanent auditor/educator positions. Further coding audit, education and activities to assist in the improvement of coded data quality are currently being planned.

Codefinder Update

The September release of the Codefinder has been delayed due to issues with functionality within the iSOFT interface that transfers the CPoA indicator information into HBCIS. Since this is a QH driven update, and was initiated to facilitate the allocation of the CPoA in Codefinder, DSU has decided to hold back the update until such time as the interface issues are resolved. DSU will contact all Codefinder contacts when a timeframe for resolution has been agreed.

Since the last Codefile, the 3M Clinical Support Officer, Meegan Snell and the Codefinder Support Officer from DSU, Corrie Martin, have been out visiting various sites. They have been to the QEII, Logan, Cairns, Townsville, Mt Isa, Gympie, Nambour and the Royal Children's Hospitals. They were made very

welcome at all the sites and they would like to thank all involved for the enthusiasm with which they were met. It has

been so valuable to get out to the hospitals and get a feel for the issues at the site. Meegan and Corrie are planning to visit Royal Brisbane and Women's, Maryborough, Ipswich and the Mater in the near future. They are looking forward to meeting the people that use the 3M Codefinder product.

Thanks again, to all the coders and Health Information Managers (HIMs), for reporting issues and enhancements for the Codefinder. It is through this reporting that we can make valuable improvements to the Codefinder.

The Codefinder Support Officer in DSU is available to answer any questions coders or HIMs may have about Codefinder. The contact number is (07) 34025255 or email Codefinder@health.qld.gov.au

PICQ Update

DSU is continuing investigations into the purchase of a PICQ 2006 enterprise licence and wish to address the following concerns before releasing PICQ:

- Security of data extracts for PICQ which are extracted to the C:drive
- PICQ is a MS Access database application which is not supported within a SOE environment
- The tool requires users to have a working knowledge of MS Access
- Business processes surrounding centrally and site managed reporting
- Continued usage of the tool after implementation

DSU would like to thank Kym Wimberley for allowing PICQ to be trialed at Gympie Hospital to assist with assessing the tool further.

CSAC Update

Continuing on from previous discussions in CSAC, there were more discussions regarding ACS 0002. The Additional Diagnosis Standard has been reviewed and changes suggested from all states. The effect of changes to ACS 0002 has been referred to the Statistical Information Management Committee (SIMC) for their consideration.

CSAC members have spent significant time reviewing public submissions for 6th Edition, assessing index entry changes for 6th Edition, considering future editions of Coding Matters and suggesting recommendations to WHO URC.

The National Centre for Classification in Health (NCCH) has commenced a pilot study into the proposed changes to the coding of chronic kidney disease in 6th Edition. This study should highlight any implementation issues with the new code-set and rules. This will assist all Coders and HIMs in the application of these new codes and rules. DSU would like to thank the Gold Coast, Nambour, Toowoomba, Princess Alexandra and Cairns Hospitals for volunteering to take part in this important study.

Currently, there are 169 pending tasks on the NCCH database. Of these 169 tasks, 96 of these tasks are of a high priority. There are also 51 tasks in progress. This is a significant work load. This work load not only applies to the NCCH and CSAC, members of CSAC send out these queries and tasks to all members of their State Coding Committees for their review. This ensures that consensus is achieved on changes and updates. This practice allows States to have significant input into the development of ICD-10,ACHI and the Standards.

Additionally, there are 33 outstanding queries on the NCCH query database. Since the last edition of Codefile, the NCCH has answered 38 queries and placed them onto the query database. You can review the responses at the NCCH Query database website on <http://www3.fhs.usyd.edu.au/ncchwww/site/4.3.htm>

QCC Update

The Queensland Coding Committee (QCC) has continued to meet monthly. Clinical Representative positions have been created and two doctors currently sit as members on the committee. This is a very important progression for the QCC as we now have in-house clinical advice that we can follow. The Clinical Representatives attend the Committee in a voluntary capacity and we thank these clinicians for their time and effort on behalf of Queensland Coding. We hope to appoint another Clinical Representative in the near future.

Since July we have viewed the following presentations:

1. "Variance Analysis in Practice" from the Clinical Practice Improvement Centre
2. "Privacy and Confidentiality" from the Legal Unit
3. "The Challenges of Coding Injury Surveillance Data" from the Queensland Injury Surveillance Unit
4. "Variable Life Adjusted Display" from the Quality Measurement and Strategy Unit.

All these presentations are available by emailing QCC@health.qld.gov.au. Please be aware that these presentations are neither peer-reviewed nor checked for referencing or copyright issues.

At the last 4 meetings we have reviewed 36 coding queries. Of those 36, we have recommended forwarding 13 to the NCCH (thus adding to the number of outstanding queries on the NCCH coding query database) and forwarded one

onto the Department of Health and Aging (DoHA) for DRG review. We would like to thank all those coders and HIMs who took the time to send us these queries.

ICD and DRG Mappings						
Financial Year July to June	ICD Edition Used in QLD	ICD Edition Release Date in QLD	DRG Version	DRG Release Date in QLD	DRG Model	DRG Phase
1992/1993	ICD- 9 CM (US)	Oct-92	V1.0 AN-DRG			
1993/1994	ICD- 9-CM (US)	Oct-93	V2.0 AN-DRG			
1994/1995	ICD- 9-CM (US)	1/07/1994	V2.0 AN-DRG		Hospital Funding Model for Queensland Public Hospitals Technical Paper and Supplement Jul 1994 to 31st Dec 1994	
1994/1995	ICD-9-CM (Aust) 1st Edn	1/07/1995	V2.1 AN-DRG	1/01/1995	The Casemix Model for Queensland Public Hospitals Jan 1995-June 1995	1
1995/1996	ICD-9-CM (Aust) 1st Edn		V2.1 AN-DRG	1/07/1995	The Casemix Model for Queensland Public Hospitals Technical Papers Phase 2 - 1995/1996	2
1996/1997	ICD-9-CM (Aust) 2nd Edn	1/07/1996	V3.1 AN-DRG	1/07/1996	Hospital Funding Model for Queensland Public Hospitals Policy and Technical Papers Phase 3	3
1997/1998	ICD-9-CM (Aust) 2nd Edn		V3.1 AN-DRG	1/07/1997	Hospital Funding Model for Queensland Public Hospitals Policy and Technical Papers 1997/1998	4
1998/1999	ICD-9-CM (Aust) 2nd Edn		V3.1 AN-DRG	1/07/1998	Hospital Funding Model for Queensland Public Hospitals Policy and Technical Paper 1998/1999	5
1999/2000	ICD-10-AM 1st Edn	1/07/1999	V4.1 AR-DRG	1/07/1999	Hospital Funding Model for Queensland Public Hospitals Technical Paper and Supplement 1999/00	6
2000/2001	ICD-10-AM 2nd Edn	1/07/2000	V4.1 AR-DRG	1/07/2000	Hospital Funding Model for Queensland Public Hospitals Technical Paper and Supplement 2000/01	7
2001/2002	ICD-10-AM 2nd Edn		V4.1 AR-DRG		Hospital Funding Model for Queensland Public Hospitals Technical Paper and Supplement 2000/01	7
2002/2003	ICD-10-AM 3rd Edn	1/07/2002	V4.2 AR-DRG	1/07/2002	Queensland Health Hospital Benchmarking Prices Model 2002/2003	8
2003/2004	ICD-10-AM 3rd Edn		V4.2 AR-DRG		Queensland Health Hospital Benchmarking Prices Model 2002/2003	8
2004/2005	ICD-10-AM 4th Edn	1/07/2004	V5.0 AR-DRG	1/07/2004	Queensland Health Public Hospital Cost Benchmarks 2004/2005	9
2005-2006	ICD-10-AM 4th Edn	1/07/2004	V5.0 AR-DRG	1/07/2004	Queensland Health Public Hospital Cost Benchmarks 2004/2005	9
2006-2007	ICD-10-AM 5th Edn	1/07/2006	V5.0 AR-DRG	1/07/2004	Queensland Health Public Hospital Cost Benchmarks 2004/2005	9

Note

01 July 1998 Victoria, New South Wales, Australian Capital Territory and Northern Territory implemented ICD-10-AM

01 July 1999 Queensland, South Australia, Tasmania and Western Australia implemented ICD-10-AM

01 July 2000 DRG phase 7R Renal Dialysis costweights ran concurrently with DRG phase 7 costweights

Codefile Comments, Queries and Suggestions

Please forward to:

The Convenor

Queensland Coding Committee

Data Services Unit

Queensland Health

GPO Box 48

Brisbane QLD 4001

Telephone: 07 34055255

Facsimile: 07 32340564

Email: QCC@health.qld.gov.au

QHAPDC Arrow

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

Issue Number 32

September 2006

FINALISING 2005-2006 DATA

Thank you to all hospital staff involved in the processing and submission of data for the Admitted Patient Data Collection.

All data for the 2005-2006 collection has been received from all public hospitals and validation errors are being corrected.

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

SUBMITTING 2006-2007 DATA

Data Services Unit (DSU) has updated the Queensland Hospital In-patient Processing System, reference files and validations to take into account changes for the 2006/07 collection.

July & August 2006 data has been extracted following the HBCIS phase two upgrade which was scheduled for completion at all sites in mid October 2006.

Please note that when a facility does not submit data within the required reporting timeframe of 35 days after the end of the reference month, DSU will:

- Contact the hospital by phone or e-mail to identify why the data has not been submitted by the due date.
- Try to assist in resolving any problems that may be preventing the data from being submitted by the due date.
- Obtain a date for when the data will be submitted.
- Maintain and update a database with the hospital's response.
- Provide a report to the Area Health Service Teams highlighting that the hospital has not met the required reporting timeframe.

HQI EXTRACT & SECURE TRANSFER SERVICE (STS)

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

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

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

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

IDENTIFICATION AND DIAGNOSIS SHEETS

For those of you still using I&D Sheets and Patient Activity Forms, please check that you have enough to last until 30 June 2007. If you need more, please contact your usual QHAPDC team member.

VALIDATION REPORTS

Please ensure that the response you provide under each error on the validation report being returned contains enough information to clearly indicate what action, if any, you have been able to undertake to correct the error.

VALIDATION ERRORS

DSU has received a number of follow up queries from hospitals in relation to current data validation checks.

H445 - A number of hospitals have identified that the mode of separation for correctional patients may not always be '12 – Correctional facility'. A review of data submitted for 2005/06 indicates approximately 5% of correctional patient episodes will fail this edit where the mode of separation is not '12 – Correctional facility' but is correct.

This validation is there to ensure that the recording of correctional patient attributes is consistent for an episode of care in the main.

It is intended not to change this validation at this stage as the frequency of this occurring is considered within a reasonable limit with no individual facility impacted adversely.

When these anomalies occur hospitals are requested to confirm them as correct in the validation process. DSU will then map these episodes from the work to final area of our processing database.

2007-08 DATA COLLECTION CHANGES

The process of reviewing DSU's data collections including the Admitted Patient Data Collection has already begun.

Business Areas within Queensland Health were invited to submit proposals to add new data items or recommend changes to current data items or collection rules via a widely distributed memo dated 23 September 2006 from Sue Cornes, A/Senior Director, Health

Information Centre. Proposals are to be provided to DSU by 27 October 2006.

Business Areas requesting changes must obtain approval from each of the Area Health Service General Managers and any other effected areas before any changes will be accepted.

Following approval of any data collection changes InfoOperations will be provided with all the requirements for 2007-08 so that HBCIS can be updated.

THE QHAPDC TEAM

Please note for the 2006/07 collection there has been a minor change to the distribution of Districts. Please refer to the table in this Arrow for your current QHAPDC Team contact person. Liem Vo has joined our team in the Assistant Collection Officer position on a temporary basis.

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

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

IMPORTANT QHAPDC DATES

SEPTEMBER data due – 4 November 2006

OCTOBER data due – 5 December 2006

QHAPDC TEAM CONTACTS

Liem Vo
3234 0222
Banana
Central West
Central Highlands
Gladstone
Redcliffe-Caboolture
Rockhampton
Royal Children's
West Moreton

Narelle Wright
3234 1887
Charleville
Princess Alexandra
Mackay
Moranbah
Northern Downs
Roma
Royal Brisbane & Women's
Southern Downs
Toowoomba

Stacey Ede
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Cairns
Cape York
Gold Coast
Mater
Mount Isa
The Prince Charles
Tablelands
Torres

Kim Wyvill
3234 0767
Bayside
Bundaberg
Bowen
Charters Towers
Fraser Coast
Gympie
Innisfail
Logan-Beaudesert
QEll
South Burnett
North Burnett
Sunshine Coast
Townsville

DSU QHEPS Site

http://qheps.health.qld.gov.au/hic/dsu_new.htm

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QHAPDC Arrow

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

Issue Number 32

September 2006

FINALISING 2005-2006 DATA

Thank you to all hospital staff involved in the processing and submission of data for the Admitted Patient Data Collection.

All data for the 2005-2006 collection has been received from private hospitals, and validation errors are being corrected.

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

SUBMITTING 2006-2007 DATA

July 2006 data has been received from most private hospitals, so the 2006-2007 Collection is now well and truly under way.

Please note that when a hospital does not submit data within the required reporting timeframe of 35 days after the end of the reference month, DSU will:

- Contact the hospital by phone or e-mail to identify why the data does not meet the reporting requirements.
- Try to assist in resolving any problems that may be preventing the data from being submitted in the correct format.
- Obtain a date for when the data will be submitted.
- Maintain and update a database with the hospital's response.
- Provide a report to the Chief Health Officer highlighting that the hospital has not met its reporting requirements.

IDENTIFICATION AND DIAGNOSIS SHEETS

For those of you still using I&D Sheets and Patient Activity Forms, please ensure that you have enough to last until 30 June 2007. If you need more, please contact your usual QHAPDC team member.

ELECTRONIC SUBMISSION OF DATA

Data Services Unit has finished internal testing of its secure website with Queensland Health's PKI consultants. John Flynn Hospital at Tugun has expressed interest in being the first trial site.

The Haematology and Oncology Clinics of Australasia have expressed interest in trialling secure email as their preferred option for the electronic submission of data and have submitted their application for HeSA digital keys and certificates.

Timely access to data and more efficient business practices surrounding this medium of data delivery are just some of the benefits.

We will keep you posted of its progress. Any other private providers that may be interested in this initiative should contact their usual QHAPDC team member.

VALIDATION REPORTS

Please ensure that the response you provide under each error on the validation report being returned contains enough information to clearly indicate what action, if any, you have been able to undertake to correct the error.

In conjunction with investigating secure e-mail/website functionality, DSU is in the early stages of a project investigating options for developing an electronic validation report. We will keep you posted of its progress.

VALIDATION ERRORS

DSU received a number of queries for validation error 'H565' relating to various ICD combination rules. DSU has now extended the valid ranges for this edit.

2007-08 DATA COLLECTION CHANGES

The process of reviewing DSU's data collections including the Admitted Patient Data Collection has already begun.

Business Areas within Queensland Health were invited to submit proposals to add new data items or recommend changes to current data items or collection rules via a widely distributed memo dated 23 September 2006 from Sue Cornes, A/Senior Director, Health Information Centre. Proposals are to be provided to DSU by 27 October 2006.

DSU will also be notified of any changes to National requirements by January 2007.

DSU will subsequently provide all private hospitals and their software providers with the requirements for the 2007-08 Collection, so that electronic patient record systems can be updated.

THE QHAPDC TEAM

Please note for the 2006/07 collection there has been a minor change to the distribution

of hospitals. Please refer to the table in this Arrow for your current QHAPDC Team contact person. Liem Vo has joined our team in the Assistant Collection Officer position on a temporary basis.

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

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

IMPORTANT QHAPDC DATES

SEPTEMBER data due – 4 November 2006

OCTOBER data due – 5 December 2006

QHAPDC TEAM CONTACTS

Stacey 3234 0185

Chasely Day Surgery
Chermside Dialysis Unit
Cooloola Community Hospital
Hillcrest
Killarney & District
Logan Endoscopy Services
Mackay Day Surgery
Mater Children's
Mater Mothers
Mater Centre for Haem & Oncol
Mater Townsville
North Qld Day Surgery
Pioneer Valley
South Burnett Community Hospital
Spring Hill Clinic
St Andrew's War Memorial
St Andrew's Ipswich
St Andrew's – Toowoomba
St Stephen's (Maryborough)
St Stephen's (Hervey Bay)
Sunshine Coast Private
Sunnybank Private
T&G Day Surgery
Toowong
Wesley – Brisbane
Wesley – Haem & Oncol
Wesley-- Townsville

Liem Vo 3234 0222

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

Narelle 3234 1887

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

Kim 3234 0767

Belmont
Caboolture Private
Caloundra Private
Campbell Street Surgicentre
Clifton Co-Operative
Eden Private Healthcare Centre
Greenslopes Day Surgery
Hervey Bay Surgical Centre
Ipswich Hospice
Mater – Brisbane
Mater – Redlands
Montserrat Day - Gaythorne
Montserrat Day - Indooroopilly
Montserrat Day - Spring Hill
Nambour Selangor Private
Noosa Hospital
Noosa Surgical and Endoscopy
North West Private
Planned Parenthood Rockhampton
Planned Parenthood Townsville
Southport Surgicentre
Spendelove House Private
Sunshine Coast Day Surgery
Sunshine Coast Haem & Oncol
Terrace West Endoscopy
Townsville Day Surgery
Tri Rhosen Day Surgery

Queensland Health Internet Site

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BRISBANE Q 4001

DSU Contact Details

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Ms Sue Cornes
Acting Senior Director
Health Information Centre

If you require any information concerning the Data Services Unit please contact one of the following officers:

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Cancer Registry
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Queensland Hospital Admitted Patient Data Collection
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