2015-2016 Queensland Hospital Admitted Patient Data Collection

Public Facilities

From 1 July 2015 the following changes will take effect in the Queensland Hospital Admitted Patient Data Collection (QHAPDC):

- The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI), Australian Coding Standards (ACS) 9th Edition
- Version 8.0 diagnosis related groups (DRGs) and major diagnostic categories (MDCs)
- Additional mandatory procedure block ranges
- New care type – mental health
- New Standard Unit Codes
- New Standard Ward Codes
- Treating doctor at admission of episode of care
- Treating doctor at separation of episode of care
- Smoking cessation pathway
- Provision of 'Site procedure indicator code' replaced by 'Primary planned procedure code'
- Updated instructions for the recording of continuous ventilatory support (CVS).

ICD-10-AM/ACHI/ACS 9th Edition

Morbidity details are collected using codes from ICD-10-AM/ACHI/ACS. The Ninth Edition has been released and will be implemented as of 1 July 2015.

The ICD-10-AM and ACHI classifications enable the translation of diagnoses and procedures and other health problems from words in the primary clinical record into an alphanumeric code. All diagnoses (conditions), procedures and other health problems should be coded as per the ACS.

ICD-10-AM Ninth Edition includes new supplementary codes for chronic conditions (U78-U88). Please refer to ACS 0003 Supplementary codes for chronic conditions for further information.

From 1 July 2015, other co-morbidities of interest (OCOI) and the most resource intensive condition (MRIC) will no longer be captured for public facilities.

ACS 2104 Rehabilitation has been revised for Ninth Edition. Diagnosis codes in the range Z50.0 – Z50.9 Care involving use of rehabilitation procedures will no longer be able to be assigned as the principal diagnosis. Z50.9 Care involving use of rehabilitation procedure, unspecified can also now be assigned as an additional diagnosis where rehabilitation services are provided, regardless of care type.

In alignment with ACS 2116 Palliative care for Ninth Edition, Z51.5 Palliative care should never be assigned as a principal diagnosis and can now be assigned as an additional diagnosis - independent of the admitted patient care type.

All ICD Coding Sets used for auto-coding will need to be updated to account for the changes related to rehabilitation, palliative care and other ICD-10-AM/ACHI/ACS changes.

A number of new and amended validations have been developed to continue to assist with ensuring the data quality of the QHAPDC.

Version 8.0 DRGs and MDCs

Public hospitals will continue grouping to Version 7.0 DRG for 2015-2016, though the new grouper will be implemented from 1 July 2015 for all hospitals due to the implementation of ICD-10-AM/ACHI Ninth Edition. The Health Statistics Branch will be upgrading to the new grouper for Version 8.0 but will continue to group to multiple versions. For 2015-2016 Versions 8.0, 7.0, 6.0X, 6.0, 5.2, 5.1 and 5.0 DRGs will be generated for time series analysis.

1 Includes Mater Health Services
Additional mandatory procedure block ranges
If a procedure falls within the mandatory block range, the date the procedure was performed is required. Two additional procedure block ranges will require the procedure date from 1 July 2015. The block ranges are:
- Block [1580] Single event multilevel surgery [SEM/S]
- Block [1907] Electroconvulsive therapy.

New care type – mental health
The term ‘care type’ refers to the nature of the treatment/care provided to a patient during an episode of care.

The National Health Information Standards and Statistics Committee (NHISSC) approved a new care type for mental health for use from 1 July 2015.

The new care type code is 12 - Mental health.

All patients admitted to hospital (both formally and statistically) from 1 July 2015 where the primary clinical purpose or treatment goal is mental health care should be assigned the new mental health care type.

Please note that in relation to the new care type for Mental Health care, hospitals will not be required to statistically discharge and readmit any patients remaining in hospital as at 1 July 2015. However, this does not preclude hospitals from reviewing the type of care that their patients are receiving and reassigning the most appropriate care type. This would be particularly beneficial in designated mental health units to support a range of initiatives, including development of the national mental health classification.

The ‘New Care Type 12 - Mental health Information Sheet’ is now available. This information can be obtained at the following link:

Standard Unit Code
Additional standard unit codes are required to improve the identification of Psychiatric Adult Residential units and amendment to an existing code to allow for improved ability to identify Pain Management.

The new unit codes are:
- PAIN – Persistent Pain
- PYRA – Psychiatric Adult Residential.

The following code has been renamed:
- ‘ANAE – Anaesthetic/Pain Management’ will become ‘ANAE – Anaesthetic’.

Standard Ward Code
Three additional standard ward codes are required to improve the identification of specialised clinical wards.

The new unit codes are:
- CIC4 - Children's Intensive Care Service - Level 4
- CIC5 - Children's Intensive Care Service - Level 5
- EDSS - Emergency Department Short Stay Unit.

Treating doctor at admission of episode of care
For all separations from 1 July 2015, it will be mandatory for all public hospitals to provide the code to identify the doctor (up to 6 characters) who is chiefly responsible for treating the patient on admission.

Treating doctor at separation of episode of care
For all separations from 1 July 2015, it will be mandatory for all public hospitals to provide the code to identify the doctor (up to 6 characters) who is chiefly responsible for treating the patient on separation.

Smoking cessation pathway
The smoking cessation pathway is an evidence-based decision support tool for staff to assist patients to quit smoking. For in scope patients, two new data elements are being implemented. To be in scope, patients must:
- have a care type of Acute (01)
- be 18 or greater years of age at the time of admission
- have a length of stay >= 2 overnight (i.e. episode includes two midnights).

Patients who died in hospital or where their episode of care is auto-coded are excluded.

The two new data elements are:
- Smoking status:
  - 1 = Reported as a current smoker within last 30 days
  - 2 = Reported not a current smoker
  - 9 = No smoking status reported or documented.
• Smoking Pathway Completed (indicates where a Smoking Cessation Clinical Pathway has been completed):
  - Y = Yes
  - N = No.
This information is to be included as part of public hospital reporting (to the QHAPDC) for separations from 1 July 2015. Please see Section 7.43 in the QHAPDC Manual 2015-2016 for more information.
Note that patients assigned to the mental health care type (12) that meet the smoking cessation pathway criteria will be in scope for reporting of these elements from October 2015.

Provision of ‘Site procedure indicator code’ replaced by ‘Primary planned procedure code’
For elective surgery patients, the planned procedure as at the date the patient was placed on a waiting list must be recorded.

From 1 July 2015, the provision of ‘Site procedure indicator code’ will be replaced by the ‘Primary planned procedure’ code.
The primary planned procedure code is a seven character ACHI code.

Availability of updated Continuous Ventilatory Support information sheet
The ‘Continuous Ventilatory Support Information Sheet 2015-2016’ can be obtained at the following link:

Queensland Health Data Dictionary (QHDD)
The data elements representing the above changes are currently going through the data governance process and will be published in the QHDD
The link to the QHDD is:
Enter search text into Data Element Name (e.g. standard ward code) and click Search. Note that the new data elements will have a status of ‘draft’ until officially approved by the Chief Health Information Officer.