APPENDIX C

Hospital Identification and Diagnosis Forms

Queensland Hospital Admitted Patient Data Collection
QHAPDC
2017-2018
V1.0

Queensland Government

Appendix C

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For more information contact:
Statistical Collections and Integration Unit, Statistical Services Branch, Strategy, Policy and Planning Division, Department of Health, GPO Box 48, Brisbane QLD 4001, email Qhipsmail@health.qld.gov.au, phone 07 3708 5679.

An electronic version of this document is available at
https://www.health.qld.gov.au/hsu/collections/qhapdc.asp

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Hospital Identification and Diagnosis Forms

Identification and Diagnosis Forms (I&D Sheets) are to be completed by private hospital facilities that are not able to report data electronically as per the required electronic file format. Refer to Appendix B for more detail on the electronic file format for private hospital facilities.

From 1 July 2016, an updated set of Identification and Diagnosis Forms has been implemented to ensure 2016-17 requirements can be met by hospital facilities reporting manually.

- PHI (1) is required to be completed for all separations from 1 July 2016. This form has been updated to allow for the recording of a Standard ward code as part of the admission ward details.
- PHI (2) has been updated to allow for the capture of additional activity information. This form is only required to be completed if an episode of care has eight or more morbidity codes reported or there are changes to any activity details such as Ward, Patient leave, Contract leave, Account variation, Mental health details (for patients admitted or transferred to a designated psychiatric unit) or Nursing home type patient details.
- PHI (3) is a new form for use for separations from 1 July 2016 and is only required to be completed for admitted contracted public sub and non-acute patients.

Publics facilities can access these forms from;
http://qheps.health.qld.gov.au/hsu/datacollections.htm

Private facilities can access these forms from;
https://www.health.qld.gov.au/hsu/collections/qhapdc.asp

For further details please send and an email to QHIPSMAIL@health.qld.gov.au.

Hospital Identification and Diagnosis Form – PHI (1) & PHI (2)

HOSPITAL IDENTIFICATION AND DIAGNOSIS FORM PHI (1)

DO NOT WRITE IN THIS BINDING MARGIN

U.R. NUMBER

ADMISSION NUMBER

QAS IDENTIFICATION NUMBER

AFFIX PATIENT LABEL

FAMILY NAME

GIVEN NAMES

SEX 1. Male 2. Female 3. Intersex or Indeterminate

DATE OF BIRTH

Estimated DOB 1. Yes

ADDRESS OF USUAL RESIDENCE

No and Street

Suburb/town

Postcode State

MEDICARE ELIGIBILITY
1. Eligible 2. Not eligible 9. Not stated/unknown

MEDICARE NUMBER

PENSION NUMBER

RELIGION

EMERGENCY CONTACT

NEXT OF KIN

ADDRESS

PHONE

NOT MANDATORY FOR QHAPDC REPORTING

MARITAL STATUS
1. Never Married 2. Married (registered and de facto) 3. Widowed
4. Divorced 5. Separated 9. Not stated/unknown

COUNTRY OF BIRTH

AUSTRALIAN SOUTH SEA ISLANDER 1. Yes 2. No 9. Not stated/unknown

INDIGENOUS STATUS
1. Aboriginal but not Torres Strait Islander Origin
2. Torres Strait Islander Origin but not Aboriginal Origin
3. Both Aboriginal and Torres Strait Islander Origin
4. Neither Aboriginal nor Torres Strait Islander Origin
9. Not stated/unknown

COMPENSABLE STATUS
1. Workers' Compensation Qld 2. Workers' Compensation (Other) 3. Compensable Third Party
4. Other compensable 5. Dept of Veterans' Affairs 6. Motor Vehicle (Qld)
7. Motor Vehicle (Other) 8. None of the above 9. Dept of Defence

DVA PATIENT DETAILS (Where compensable status = 5)

DVA FILE NUMBER

CARD TYPE G = Gold W = White

HOSPITAL INSURANCE
7. Hospital insurance 8. No hospital insurance 9. Not stated/unknown

CHARGEABLE STATUS
1. Public 2. Private Shared 3. Private Single

CARE TYPE
01. Acute
05. Newborn
06. Other care
07. Organ procurement
08. Boarder
09. Geriatric Evaluation & Management
10. Psychogeriatric
11. Maintenance
12. Mental Health Care
20. Rehabilitation
30. Palliative

PALLIATIVE CARE DETAILS Where care type is 30

FIRST ADMISSION FOR PALLIATIVE CARE TREATMENT
1. No previous admission for palliative care treatment
2. Previous admission for palliative care treatment

PREVIOUS SPECIALISED NON-ADMITTED PALLIATIVE CARE TREATMENT
1. No previous non-admitted service for palliative care treatment
2. Previous non-admitted service for palliative care treatment

SOURCE OF REFERRAL/TRANSFER
01. Private med practitioner (excl. psychiatrist)
02. Emergency dept – this hospital
03. Outpatient dept – this hospital
06. Episode change
09. Born in hospital
14. Other health care establishment
15. Private psychiatrist
16. Correctional facility
17. Law enforcement agency
18. Community service
19. Routine readmission not requiring referral
20. Organ procurement
21. Boarder
23. Residential aged care service
24. Admitted patient transferred from another hospital
25. Non-admitted patient referred from other hospital
29. Other
30. Planned emergency

If 09, mother's UR number?

If 16, 23, 24 or 25 Facility number?

ADM DATE

ADM TIME (0000-2359)

ADM WARD

ADM UNIT

STANDARD UNIT CODE

QUALIFICATION STATUS
A= Acute U= Unqualified

STANDARD WARD CODE

CONTRACT ROLE
A= Hosp A, B=Hosp B

ICU- Length of Stay Time

CONTRACT TYPE
1=B, 2=ABA, 3=AB, 4=(A)B, 5=BA

CONTINUOUS VENTILATION - Time

PURCHASER/ PROVIDER IDENTIFIER

PLANNED SAME DAY (Y OR N)

- *Code purchaser if contract type = 1, contract role = B and public chargeable status*

ELECTIVE PATIENT STATUS
1. Emergency 2. Elective 3. Not Assigned

- *Code the Other Hospital Identifier if contract type = 2, 3, 4 or 5 and contract role A or B*

BABY ADMISSION WEIGHT (WHERE <2500g or <29 days)

07/2010

FACILITY

SEPARATION DATE

SEPARATION TIME (0000-2359)

BAND

SEPARATION NO

NOT MANDATORY FOR QHAPDC REPORTING

FUNDING SOURCE
01. Health Service Budget (not covered elsewhere)
02. Private health insurance
03. Self-funded
04. Worker's compensation
05. Motor vehicle third party personal claim
06. Other compensation
07. Department of Veterans' Affairs
08. Department of Defence
09. Correctional facility
10. Other hospital or public authority (contracted care)
11. Health Service Budget (due to eligibility for Reciprocal Health Care Agreement)
12. Other
13. Health Service Budget (no charge raised due to hospital decision)
99. Not Known

MODE OF SEPARATION
01. Home/usual residence
04. Other health care establishment
05. Died in hospital
06. Episode change
07. Discharged at own risk
09. Non return from leave
12. Correctional facility
13. Organ procurement
14. Boarder
15. Residential aged care service
16. Hospital transfer
17. Medi-hotel
19. Other

If 12, 15 or 16 facility number?

PRINCIPAL DIAGNOSIS

OTHER DIAGNOSES (COMPLICATIONS AND COMORBIDITIES)

PROCEDURES

EXTERNAL CAUSE OF INJURY/POISONING

PLACE OF OCCURRENCE

ACTIVITY

MORBIDITY CODES (e.g. ICD-10-AM)
PD - Principal Diagnosis
EX - External Cause
PR - Procedure
OD - Other Diagnosis
M - Morphology

CONTRACT FLAG (CF) (if applicable)
1. Contracted admitted procedure
2. Contracted non-admitted procedure

CONDITION PRESENT ON ADMISSION INDICATOR (CP)
1. Condition present on admission to episode of care
2. Condition arises during admission
9. Unknown or uncertain

	Prefix	ICD Code	Procedure Date	CF	CP
1	P D				
2					
3					
4					
5					
6					
7					

Record additional codes on the Activity Form.

LMO

ADDRESS

NOT MANDATORY FOR QHAPDC REPORTING

Discharge Letter Summary dictated

Notification - Cancer Infectious disease

TREATING DOCTOR

SIGNATURE DATE

Any extra morbidity codes, activity details or mental health details (Y or N), complete and attach PHI (2).

Any SNAP details (Y or N), complete and attach PHI (3).

JULY 2017

PATIENT ACTIVITY PAGE

FACILITY

U.R. NUMBER

ADMISSION DATE

ADMISSION TIME (0000-2359)

ADMISSION NUMBER

SURNAME GIVEN

NAME(S)

SEX 1. Male 2. Female 3. Intersex or Indeterminate

DATE OF BIRTH

EXTRA MORBIDITY CODES
OD. Other Diagnosis, EX. External Cause, M. Morphology, PR. Procedure

CONTRACT FLAG (CF) (If applicable)
1. Contracted admitted procedure
2. Contracted non-admitted procedure

CONDITION PRESENT ON ADMISSION INDICATOR (CP)
1. Condition present on admission to episode of care
2. Condition arises during admission
9. Unknown or uncertain

	Prefix	ICD code	Procedure Date	CF	CP		Prefix	ICD code	Procedure Date	CF	CP
8						17					
9						18					
10						19					
11						20					
12						21					
13						22					
14						23					
15						24					
16						25					

WARD DETAILS – Complete the fields below for any additional admission or standard ward/unit transfers

ADMISSION WARD | ADMISSION UNIT | STANDARD UNIT CODE | STANDARD WARD CODE | DATE OF TRANSFER | TIME OF TRANSFER (0000-2359)

PATIENT LEAVE DETAILS – Complete table every time patient goes on same day and overnight leave

DATE OF STARTING LEAVE | TIME OF STARTING LEAVE | DATE RETURNED FROM LEAVE | TIME RETURNED FROM LEAVE

CONTRACT LEAVE DETAILS - Complete table when patient transferred for contract service at another hospital.

DATE TRANSFERRED FOR CONTRACT | DATE RETURNED FROM CONTRACT | FACILITY NUMBER CONTRACTED TO

ACCOUNT VARIATION CHANGE DETAILS

CHARGEABLE STATUS CHANGE | DATE OF CHANGE | COMPENSABLE STATUS CHANGE | DATE OF CHANGE

QUALIFICATION STATUS CHANGE DETAILS

QUALIFICATION STATUS | DATE OF CHANGE

MENTAL HEALTH DETAILS – Required for all admitted episodes where the standard unit code is in the range PYAA to PYZZ (Mental Health Unit).

TYPE OF USUAL ACCOMMODATION

EMPLOYMENT STATUS

PENSION STATUS

FIRST ADMISSION FOR PSYCHIATRIC TREATMENT

REFERRAL TO FURTHER CARE

MENTAL HEALTH LEGAL STATUS INDICATOR

PREVIOUS SPECIALISED NON-ADMITTED TREATMENT

NURSING HOME TYPE PATIENT DETAILS

START DATE | END DATE

NOTE: THIS FORM MUST BE COMPLETED FOR EVERY OCCASION OF PATIENT ACTIVITY OR WHERE EXTRA MORBIDITY CODES ARE TO BE REPORTED, AND MUST BE RETURNED TO THE DATA COLLECTION UNIT WITH THE CORRESPONDING IDENTIFICATION AND DIAGNOSIS SHEET. ATTACH MULTIPLE ACTIVITY FORMS AS REQUIRED.

DO NOT WRITE IN THIS BINDING MARGIN

HOSPITAL IDENTIFCATION AND DIAGNOSIS FORM - ACTIVITY PAGE PHI (2) JULY 2017

Hospital Identification and Diagnosis Form – PHI (3)

Below are the screenshots of each of the tabs within the electronic Excel document.

Cover instructions

Hospital Identification and Diagnosis Form PHI(3)

2017-2018 Sub and Non-Acute Patient (SNAP) Activity

The worksheets within this document are to be used to capture SNAP details for the **2017-2018** reporting period.

Please click on the following hyperlinks to enter SNAP data based on a particular Care Type -

09 - Geriatric & Evaluation Management (GEM)

10 - Psychogeriatric (PSG)

11 - Maintenance

20 - Rehabilitation

30 - Palliative Care

Note - If sending via email to the Statistical Collections & Integration Unit (SCI), please ensure that file is **password protected**.
Please contact SCI for the naming convention that is to be used for password protecting.

References - For more information about SNAP, please refer to section 12 of the Queensland Hospital and Admitted Patient Data Collection (QHAPDC) Manual -
https://www.health.qld.gov.au/hsu/collections/qhapdc.asp

Hospital Identification & Diagnosis Form 2017-2018
https://www.health.qld.gov.au/hsu/collections/qhapdc.asp

Contacts - (07) 3708 5679
QHIPSMAIL@health.qld.gov.au

COVER | 09-GEM | 10-PSYCHOGERIATRIC | 11-MAINTENANCE | 20-REHABILITATION | 30-PALLIATIVE CARE

Care Type 09 Geriatric Evaluation and Management

Hospital Identification and Diagnosis Form PHI(3)

2017-2018 Sub and Non-Acute Patient (SNAP) Activity

Patient Details	
Facility Name & ID	
U.R Number	
Admission Date (dd/mm/yyyy)	
Admission Time (0000-2359)	
Admission Number	
Surname	
Given Name (s)	
Sex	
Date of Birth (dd/mm/yyyy)	
SNAP Episode Details	
SNAP Episode No.	
SNAP Start Date (dd/mm/yyyy)	
SNAP End Date (dd/mm/yyyy)	
Care Type	09 - Geriatric Evaluation and Management
SNAP Type	GEM - Geriatric Evaluation and Management
ADL Type	FIM - Functional Independence Measure
MDCP Flag Required	
MDCP Date (dd/mm/yyyy)	
Proposed Principal Referral Service	

SNAP Scores	ADL Date (dd/mm/yyyy)	ADL Sub-Type		Min Score	Max Score	ADL Sub-Type Score
ADL sub-types and scores are to be provided for each SNAP episode. Do not provide more than one set of scores on the same date for the same ADL type and ADL sub type.		EAT	Eating	1	7	
		GRM	Grooming	1	7	
		BTH	Bathing	1	7	
		DRU	Dressing upper body	1	7	
		DRL	Dressing lower body	1	7	
		TLT	Toileting	1	7	
		BDR	Bladder management	1	7	
		BWL	Bowel management	1	7	
		TBC	Transfer (bed/chair/wheelchair)	1	7	
		TTL	Transfer (toileting)	1	7	
		TBS	Transfer (bath/shower)	1	7	
		LWW	Locomotion (walk/wheelchair)	1	7	
		LST	Locomotion (stairs)	1	7	
		MOT	***Motor (total)***	***13***	***91***	**0**
		CMP	Comprehension	1	7	
		EXP	Expression	1	7	
		SOC	Social interaction	1	7	
		PRS	Problem solving	1	7	
		MEM	Memory	1	7	
		COG	***Cognitive (total)***	***5***	***35***	**0**
ADL Type - (SMM) Standardised Mini-Mental Examinisation. *Optional scores to be assigned.*		ORT	Orientation - Time	0	5	
		ORP	Orientation - Place	0	5	
		MIM	Memory - Immediate	0	3	
		LAT	Language/attention	0	5	
		MSH	Memory - Short	0	3	
		LMW	Language memory - Long (wristwatch)	0	1	
		LMP	Language memory - Long (pencil)	0	1	
		LAV	Language/abstract thinking/verbal fluency	0	1	
		LNG	Language	0	1	
		LAC	Language/attention/comprehension	0	1	
		ACD	Attention/comprehension/follow commands/constructional (diagram)	0	1	
		ACP	Attention/comprehension/construction/follow commands (paper)	0	3	
		TOT	***Total***	**0**	**30**	**0**

Care Type 10 Psychogeriatric

Hospital Identification and Diagnosis Form PHI(3)
2017-2018 Sub and Non-Acute Patient (SNAP) Activity

Patient Details						
Facility Name & ID						
U.R Number						
Admission Date (dd/mm/yyyy)						
Admission Time (0000-2359)						
Admission Number						
Surname						
Given Name (s)						
Sex						
Date of Birth (dd/mm/yyyy)						
SNAP Episode Details						
SNAP Episode No.						
SNAP Start Date (dd/mm/yyyy)						
SNAP End Date (dd/mm/yyyy)						
Care Type	**10 - Psychogeriatric**					
SNAP Type	**PSG - Psychogeriatric**					
ADL Type	**HON - Health of the Nation Outcome Scales**					
MDCP Flag Required						
MDCP Date (dd/mm/yyyy)						
Proposed Principal Referral Service						
SNAP Scores	**ADL Date (dd/mm/yyyy)**	**ADL Sub-Type**		**Min Score**	**Max Score**	**ADL Sub-Type Score**
ADL sub-types and scores are to be provided for each SNAP episode. Do not provide more than one set of scores on the same date for the same ADL type and ADL sub type.		**BEH**	Behavioural disturbance	0	4	
		NAS	Non-accidental self-injury	0	4	
		DDU	Problem drinking or drug use	0	4	
		CGP	Cognitive problems	0	4	
		PID	Problems related to physical illness or disability	0	4	
		HAD	Problems associated with hallucinations and delusions	0	4	
		DPS	Problems with depressive symptoms	0	4	
		OMB	Other mental and behavioural problems	0	4	
		SSR	Problems with social or supportive relationships	0	4	
		ADL	Problems with activities of daily living	0	4	
		LVC	Overall problems with living conditions	0	4	
		WLQ	Problems with work and leisure activities and the quality of the daytime environment	0	4	
		TOT	**Total**	**0**	**48**	**0**

Care Type 11 Maintenance

Hospital Identification and Diagnosis Form PHI(3)

2017-2018 Sub and Non-Acute Patient (SNAP) Activity

Patient Details						
Facility Name & ID						
U.R Number						
Admission Date (dd/mm/yyyy)						
Admission Time (0000-2359)						
Admission Number						
Surname						
Given Name (s)						
Sex						
Date of Birth (dd/mm/yyyy)						
SNAP Episode Details						
SNAP Episode No.						
SNAP Start Date (dd/mm/yyyy)						
SNAP End Date (dd/mm/yyyy)						
Care Type	11 - Maintenance					
SNAP Type						
ADL Type	RUG - Resource Utilisation Group					
SNAP Scores	**ADL Date** (dd/mm/yyyy)	**ADL Sub-Type**		**Min Score**	**Max Score**	**ADL Sub-Type Score**
ADL sub-types and scores are to be provided for each SNAP episode. Do not provide more than one set of scores on the same date for the same ADL type and ADL sub type.		**TOT**	Total	4	18	

Care Type 20 Rehabilitation

Hospital Identification and Diagnosis Form PHI(3)

2017-2018 Sub and Non-Acute Patient (SNAP) Activity

Patient Details	
Facility Name & ID	
U.R Number	
Admission Date (dd/mm/yyyy)	
Admission Time (0000-2359)	
Admission Number	
Surname	
Given Name (s)	
Sex	
Date of Birth (dd/mm/yyyy)	
SNAP Episode Details	
SNAP Episode No.	
SNAP Start Date (dd/mm/yyyy)	
SNAP End Date (dd/mm/yyyy)	
Care Type	20 - Rehabilitation
SNAP Type	
ADL Type	FIM - Functional Independence Measure
MDCP Flag Required	
MDCP Date (dd/mm/yyyy)	
Primary Impairment Type	
Proposed Principal Referral Service	

SNAP Scores	ADL Date (dd/mm/yyyy)	ADL Sub-Type		Min Score	Max Score	ADL Sub-Type Score
ADL sub-types and scores are to be provided for each SNAP episode. Do not provide more than one set of scores on the same date for the same ADL type and ADL sub type.		EAT	Eating	1	7	
		GRM	Grooming	1	7	
		BTH	Bathing	1	7	
		DRU	Dressing upper body	1	7	
		DRL	Dressing lower body	1	7	
		TLT	Toileting	1	7	
		BDR	Bladder management	1	7	
		BWL	Bowel management	1	7	
		TBC	Transfer (bed/chair/wheelchair)	1	7	
		TTL	Transfer (toileting)	1	7	
		TBS	Transfer (bath/shower)	1	7	
		LWW	Locomotion (walk/wheelchair)	1	7	
		LST	Locomotion (stairs)	1	7	
		MOT	*Motor (total)*	*13*	*91*	0
		CMP	Comprehension	1	7	
		EXP	Expression	1	7	
		SOC	Social interaction	1	7	
		PRS	Problem solving	1	7	
		MEM	Memory	1	7	
		COG	*Cognitive (total)*	*5*	*35*	0

Care Type 30 Palliative

Hospital Identification and Diagnosis Form PHI(3)

2017-2018 Sub and Non-Acute Patient (SNAP) Activity

Patient Details	
Facility Name & ID	
U.R Number	
Admission Date (dd/mm/yyyy)	
Admission Time (0000-2359)	
Admission Number	
Surname	
Given Name (s)	
Sex	
Date of Birth (dd/mm/yyyy)	
SNAP Episode Details	
SNAP Episode No.	
SNAP Start Date (dd/mm/yyyy)	
SNAP End Date (dd/mm/yyyy)	
Care Type	30 - PALLIATIVE CARE
SNAP Type	PAL - PALLIATIVE CARE
ADL Type	RUG - Resource Utilisation Group
MDCP Flag Required	
MDCP Date (dd/mm/yyyy)	
Proposed Principal Referral Service	

SNAP Scores	ADL Date (dd/mm/yyyy)	ADL Sub-Type		Min Score	Max Score	ADL Sub-Type Score	PhaseType
A new SNAP entry is required if the Phase Type changes during the episode of care.		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		
		TOT	Total	4	18		