Policy Directive

NSW HEALTH

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Admitted Patient Reporting Requirements: Changes from 1 July 2004

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Summary	Describes admitted patient reporting requirements for public sector sites.
Author Branch	Demand and Performance Evaluation Branch
Branch contact	Mr B Ludvigsen 9391 9099
Applies to	Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, NSW Ambulance Service, NSW Dept of Health, Public Hospitals
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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

NSW HEALTH DEPARTMENT

CIRCULAR

	File No	03/7276
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	Contact	Mr B Ludvigsen (02) 9391 9099 Information Management & Technology Branch

Admitted Patient Reporting Requirements: Changes from 1 July 2004

A. Purpose

A.1 This circular describes changes to admitted patient reporting requirements that apply from 1 July 2004 for public sector sites. This circular should be read in conjunction with Circular 2001/73.

B. Intended Audience

B.1 This document is intended for distribution to all staff involved in public sector patient administration systems, and public sector admitted patient reporting. This includes:

- Admitted Patient Data Collection (ISC) Coordinators
- DOHRS Coordinators
- Patient Administration System Administrators
- Medical Records Staff, including Clinical Coders
- Health Information Exchange Coordinators
- Business Objects Coordinators
- Hospital & Rural Hospital and Health Service General Managers
- Area Chief Executive Officers

B.2 Recipients of this document within each Area Health Service are requested to ensure a copy of this document is received by all staff in scope of the intended audience listed above. In most cases it is assumed that the nominated Admitted Patient Data Collection Coordinator will take responsibility for the distribution of this document throughout the Area Health Service.

Distributed in accordance with circular list(s):

A 35	**B**	**C** 32	**D**	**E**
F	**G**	**H** 26	**I**	**J** 22
K	**L**	**M**	**N**	**P**

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

C. Contents

C.1 The table below shows the contents of this document.

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D. Summary of Changes

D.1 From 1 July 2004 the data collection will be known as the Admitted Patient Data Collection, rather than the Inpatient Statistics Collection. The change in name aligns with the incorporation of full admitted patient event history data, and the automated DOHRS Admitted Patient summary statistics which are now in scope of this data collection.

D.1 The table below summarises the changes to the Admitted Patient Data Collection from 1 July 2004.

Data Item	Change Description
Changes for Clinical Coding (See Section E)	
Diagnosis	Code in ICD10AM 4th Edition
Procedure	Code in ICD10AM 4th Edition
Primary Site of Cancer	Code in ICD10AM 4th Edition
Morphology of Primary Site of Caner	Code in ICD10AM 4th Edition
Diagnosis Onset Type	Additional Category – “Coded for Research”
Changes for Patient Registration Items (See Section F)	
DVA Card Colour	Additional Category - “Orange”
Aboriginal and Torres Strait Islander Origin	Additional Category - “Declined to Respond”
Marital Status	Additional Category – “Declined to Respond”
Changes for Administrative Items (See Section G)	
Bed/Unit Type	Additional Categories; Changed Category Definitions related to the creation of additional categories.
Facility Transferred To	Now mandatory for Transfers To Residential Aged Care Facilities
Facility Referred From	Now mandatory for Referrals from Residential Aged Care Facilities
Ambulance Incident Number	Increase Field Size, Replaces Ambulance Client Number

Unplanned Return to Operating Room	Clarified business rules and category definitions. Phasing out of one category.
New Mandatory Data Items (See Section H)	
Mother's Medical Record Number	Required for central reporting to Birth's, Deaths and Marriages of newborns and improved identification of Aboriginal and Torres Strait Islanders. This is only applicable to newborn admissions.
Employment Status	Required for reporting to National Minimum Data Sets under the Australian Health Care Agreement. This is only applicable to admissions to designated psychiatric units.

E. Changed Clinical Coding Items

E.1 Diagnosis and Procedures

E.1.1 For separations dated from 1 July 2004, in line with the national coding standards, clinical coding must be in ICD10AM – 4th Edition. This change applies to the following data items:

- Procedures
- Diagnosis
    - Principal Diagnosis
    - Additional Diagnoses
    - External Cause of Injury or Poisioning
    - Activity When Injured
    - Place of Occurrence
    - Morphology (Neoplasm)
- Primary Site of Cancer
- Morphology of Primary Site of Cancer

E.1.2 Details of the changes included in ICD10AM 4th Edition are issued by the National Centre for Classification in Health (NCCH). Educational programs and materials, coding manuals, and other supporting coding publications are also available from the NCCH. Areas should ensure staff receive the documentation, manuals and training they require to perform their clinical coding duties and code accurately in ICD10AM 4th Edition.

E.1.3 Further information about ICD10AM 4th Edition is available on the The National Centre for Classification in Health's web site:

- http://www2.fhs.usyd.edu.au/ncch/

E.2 Diagnosis Onset Type

E.2.1 A new category has been added to "Diagnosis Onset Type". The new category is:

- 3 – Coded for Research

Diagnosis Onset Type remains optional for reporting to the Admitted Patient Data Collection.

F. Changed Patient Registration Items

F.1 DVA Card Colour

F.1.1 A new value has been added to "DVA Card Colour". The new category is:

- O – Orange

F.2 Aboriginal and Torres Strait Islander Origin

F.2.1 A new category has been added to "Aboriginal and Torres Strait Islander Origin". The new category is:

- 8 – Declined to Respond

F.3 Marital Status

F.3.1 A new category has been added to "Marital Status". The new category is:

- 8 – Declined to Respond

G. Changed Administrative Items

G.1 Bed/Unit Type

G.1.1 New categories for "Bed/Unit Type" have been added and the category definitions of existing categories have been modified.

G.1.2 The purpose of this change is to:

- improve the calculation of occupancy rate (particularly for the calculation of occupancy of overnight wards)

- account for, and assess, activity delivered with specific funding allocations to Areas such as CAMSNET, Emergency Medical Units, Transitional Care Units, and Mobile Services

- clearly identify activity recorded on patient administration systems but does not meet the criteria of admitted patient activity

- cater for variations in hospital patient administration system builds, such as the establishment of beds representing delivery suites, operating theatre beds, and transit lounges in some hospitals.

G.1.3 The new categories are as follows:

- 02 – Rehabilitation Bed
- 03 – Palliative Care Bed
- 56 – Mental Health Social Day Program
- 57 – Aged & Disability Social Day Program
- 59 – Emergency Medical Unit
- 61 – Detoxification Units
- 62 – CAMSNET Supported Paediatric #
- 63 – CAMSNET Supported Psychiatric #
- 64 – CAMSNET Acute #
- 65 – CAMSNET Non-Acute #
- 66 – Delivery Suite
- 67 – Operating Theatre / Recovery
- 68 – Mobile Service
- 69 – Stroke
- 70 – Drug and Alcohol Community Residential
- 71 – Same Day Chemotherapy
- 72 – Sleep Disorder < 24 hours
- 73 – Same Day Mental Health #
- 74 – Same Day Drug and Alcohol
- 75 – Other Same Day
- 76 – Transit Lounge
- 77 – Transitional Care (in Hospital)
- 78 – Transitional Care (in Community/Home)

# indicates a designated psychiatric unit.

G.1.4 Some “Bed/Unit Type” categories are designated by the NSW Health Department and therefore are to be used by a limited number of facilities only. A listing of the facilities

with designated beds/units is provided in the concepts section of the Admitted Patient Data Dictionary on the NSW Health Intranet site.

G.1.5 It is important that Bed and Ward mappings to the "Bed/Unit Type" classification are correct as "Bed/Unit Type" is used to derive "Financial Program" and "Institution Type" for DOHRS reporting, and for assigning correct cost weights to activity for episode funding.

G.2 Facility Transferred To

G.2.1 From 1 July 2004, the "Facility Transferred To" field is mandatory for reporting when the patient is transferred to a Residential Aged Care facility (such as a public/private nursing home or hostel, or multi purpose service). This is required to monitor referral patterns and continuation of care across settings.

G.3 Facility Referred From

G.3.1 From 1 July 2004, the "Facility Referred From" field is mandatory for reporting when the patient is referred from a Residential Aged Care facility (such as a public/private nursing home or hostel, or multi purpose service). This is required to monitor referral patterns and continuation of care across settings.

G.4 Ambulance Incident Number

G.4.1 From 1 July 2004, the "Ambulance Incident Number" will replace the Ambulance Client Number (the number commencing with an alpha character).

G.4.2 The "Ambulance Incident Number" is a unique number assigned to an incident within NSW by the NSW Ambulance Service on a given calendar day. It must be used in conjunction with the presentation date to the Emergency Department or Formal Admission Date.

G.4.3 The move to the "Ambulance Incident Number" will support the ability to identify the Ambulance car, crew and station that brought the patient to the hospital.

G.5 Unplanned Return to Operating Room

G.5.1 From 1 July 2004, this item has clarified business rules to better align this data item with the clinical indicator.

G.5.2. Category "1 – Yes" must be assigned when there was an unplanned return to the operating room during the admission for a further operation to treat complication(s) related to a previous operation/procedure performed in the operating room.

G.5.3 As category "9 – No Theatre Procedure Performed" adds no value to the clinical indicator, it is being phased out and no longer valid for reporting from iPM or Cerner sites (instead "2 – No" should be reported). The category "9 – No Theatre Procedure Performed" may continue to be reported from HOSPAS and WinPAS sites until these systems are retired.

H. New Mandatory Data Items

H.1 Mother's Medical Record Number

H.1.1 For separations dated from 1 July 2004, it will be a requirement to report the Medical Record Number of each newborn's mother.

H.1.2 The purpose of this new data item is to improve the notification of births to Births, Deaths and Marriages Register; and facilitate improved linkage between the medical records of mother's and their newborns for the analysis of patient outcomes. In particular, it is hoped that the linkage of the mother and newborn medical record numbers will improve the identification of newborns that are of Aboriginal and/or Torres Strait Islander origin.

H.1.3 While this is a new data item for the collection, the association between the mother's medical record number and the newborn's medical record number already exists in patient administration systems. This additional reporting requirement will thus be met through a change to the admitted patient extract that is loading into the Health Information Exchange.

H.2 Employment Status

H.2.1 It is a National Minimum Data Set requirement to report Employment Status for patient's admitted to designated psychiatric beds only. This data item is to be phased in for iPM and Cerner sites within a 6 months period from 1 July 2004. Sites using HOSPAS and WinPAS are exempt from reporting this data item.

H.2.2 The classification is to be as follows:

1 – Child Not at School

2 – Student

3 – Employed

4 – Unemployed

5 – Home Duties

6 – Other, Not Elsewhere Classified

8 – Declined to Respond

9 – Unknown

I. Reporting Frequency and Fines

I.1 Data from the patient administration system to the Area Health Information Exchange should be extracted and loaded on a daily basis where-ever possible. This is required to:

- ensure Area Health Services can comfortably meet the due dates outlined above, through timely availability of data quality checks;

- ensure Area Health Services have more timely, standardised information to monitor and manage health system performance;

- to reduce the reliance on patient administration systems for ad-hoc and routine queries which could be met by the HIE and reduce the impact on the performance of operational systems;

- support more efficient and rapid data error correction;

- complete the implementation of automated HIE Admitted Patient DOHRS counts, so that VAX DOHRS may be retired.

I.2 While daily feeds as outlined above are strongly recommended, as a minimum mandatory requirement all admitted patient transactions must be extracted and loaded into the HIE once per week.

I.3 It is a minimum mandatory requirement that an Area wide submission must be supplied to the Department (using the AHS to DOH "HIE patient contact" feed) once per week following the load from the patient administration system to the AHS HIE on the day assigned by the Department.

I.3 Fines for late supply of data, as described in Section 8 of Circular 2001/73 do not apply from 1 July 2004. However, due dates still apply and it is essential that each site continues to report the previous week's patient administration system transaction to the NSW Health Department's Health Information Exchange once per week.

J. Further Information

J.1 Detailed instructions for the data items described in this document are available on the NSW Health Deparmtent's Intranet "HealthNet". See the URL below:

- http://internal.health.nsw.gov.au/im/ims/ap/

J.2 For clarification of the changes to clinical coding, contact:

- Joanne Chicco
  Senior Consultant, Clinical Data
  Phone: (02) 9391 9684
  E-mail: jchic@doh.health.nsw.gov.au.

J.3 For clarification of the changes to Bed Type, contact:

- Jillian Ashby
  Project Officer, DOHRS migration
  Phone: (02) 4734 3506
  E-mail: ashbyj@wahs.health.nsw.gov.au.

J.4 For clarification of all other instructions, including HOSPAS and WinPAS changes contact:

- Janet Kesby
  Project Officer, Patient Administration Systems
  Phone: (02) 9391 9081
  E-mail: jkesb@doh.health.nsw.gov.au.

Robyn Kruk
Director-General