Episode of admitted patient care—procedure, code (ACHI 11th edn) NNNNN-NN
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# Episode of admitted patient care—procedure, code (ACHI 11th edn) NNNNN-NN

# Identifying and definitional attributes

Metadata item type: Data Element
Short name: Procedure

METEOR identifier: 699716

**Registration status:** <u>Tasmanian Health</u>, Standard 08/04/2019

Health!, Superseded 20/10/2021

**Definition:** A <u>clinical intervention</u> represented by a code that:

is surgical in nature, and/or
carries a procedural risk, and/or
carries an anaesthetic risk, and/or
requires specialised training, and/or

· requires special facilities or equipment only available in an acute care setting.

**Context:** This metadata item gives an indication of the extent to which specialised

resources, for example, human resources, theatres and equipment, are used. It also provides an estimate of the numbers of surgical operations performed and the extent to which particular procedures are used to resolve medical problems. It is used for classification of episodes of acute care for admitted patients into

Australian refined diagnosis related groups.

# Data element concept attributes

# Identifying and definitional attributes

Data element concept: Episode of admitted patient care—procedure

METEOR identifier: 647089

Registration status: <u>Tasmanian Health</u>, Standard 10/07/2017

Health!, Superseded 20/10/2021

**Definition:** A <u>clinical intervention</u> that:

is surgical in nature, and/or
carries a procedural risk, and/or
carries an anaesthetic risk, and/or
requires specialised training, and/or

· requires special facilities or equipment only available in an acute care setting.

Object class: Episode of admitted patient care

Property: Procedure

#### Value domain attributes

# Identifying and definitional attributes

Value domain: Procedure code (ACHI 11th edn) NNNNN-NN

METEOR identifier: 699713

**Registration status:** <u>Health!</u>, Superseded 20/10/2021

**Definition:** The Australian Classification of Health Interventions (11th edition) code set

representing procedures.

# Representational attributes

Classification scheme: Australian Classification of Health Interventions (ACHI) 11th edition

Representation class: Code

Data type: String

Format: NNNNN-NN

Maximum character length: 8

### Data element attributes

# Collection and usage attributes

Collection methods: Record and code all procedures undertaken during the episode of care in

accordance with the ACHI (11th edition). Procedures are derived from and must be

substantiated by clinical documentation.

Comments: The Independent Hospital Pricing Authority advises the National Health Data

Information and Statistics Committee of relevant changes to the ACHI.

#### Source and reference attributes

**Submitting organisation:** Independent Hospital Pricing Authority

Origin: Australian Consortium for Classification Development

National Health Information Standards and Statistics Committee

#### Relational attributes

Related metadata references:

Supersedes Episode of admitted patient care—procedure, code (ACHI 10th edn)

NNNN-NN

Health!, Superseded 12/12/2018

Independent Hospital Pricing Authority, Recorded 04/08/2016

Tasmanian Health, Superseded 08/04/2019

Has been superseded by Episode of admitted patient care—intervention, code

(ACHI 12th edn) NNNNN-NN Health!, Standard 20/10/2021

Is used in the formation of Episode of admitted patient care—diagnosis related

group, code (AR-DRG v 10.0) ANNA

Tasmanian Health, Standard 19/06/2020

Implementation in Data Set Specifications:

Implementation in Data Set Admitted patient care clinical related data elements (TDLU) cluster

Tasmanian Health, Standard 18/05/2021

Admitted patient care NMDS 2019-20
Health!, Superseded 18/12/2019
Implementation start date: 01/07/2019
Implementation end date: 30/06/2020

DSS specific information:

As a minimum requirement procedure codes must be valid codes from the Australian Classification of Health Interventions (ACHI) procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Record all procedures undertaken during an episode of care in accordance with the ACHI (11th edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for the treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

#### Admitted patient care NMDS 2020–21 Health!, Superseded 05/02/2021

Implementation start date: 01/07/2020 Implementation end date: 30/06/2021

DSS specific information:

As a minimum requirement procedure codes must be valid codes from the Australian Classification of Health Interventions (ACHI) procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Record all procedures undertaken during an episode of care in accordance with the ACHI (11th edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

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- procedure performed for the treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

# Admitted patient care NMDS 2021–22

Health!, Superseded 20/10/2021

Implementation start date: 01/07/2021 Implementation end date: 30/06/2022

DSS specific information:

As a minimum requirement procedure codes must be valid codes from the Australian Classification of Health Interventions (ACHI) procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Record all procedures undertaken during an episode of care in accordance with the ACHI (11th edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

- · procedure performed for treatment of the principal diagnosis
- procedure performed for the treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

#### <u>Tasmanian Admitted Patient Data Set - 2019</u>

Tasmanian Health, Superseded 17/06/2020

Implementation start date: 01/07/2019
Implementation end date: 30/06/2020

<u>Tasmanian Admitted Patient Data Set - 2020</u> <u>Tasmanian Health</u>, Standard 10/07/2020 *Implementation start date:* 01/07/2020

# Implementation in Indicators:

Implementation end date: 30/06/2021

#### **Used as Numerator**

National Healthcare Agreement: PB f–By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2022

Health!, Standard 24/09/2021

National Healthcare Agreement: PI 18—Selected potentially preventable hospitalisations, 2022

Health!, Standard 24/09/2021

National Healthcare Agreement: PI 23—Unplanned hospital readmission rates, 2022

Health!, Standard 24/09/2021

#### **Used as Disaggregation**

National Healthcare Agreement: PI 23—Unplanned hospital readmission rates, 2022

Health!, Standard 24/09/2021

#### **Used as Denominator**

National Healthcare Agreement: PI 23—Unplanned hospital readmission rates, 2022

Health!, Standard 24/09/2021