Clinical coded data – where does it go?

Brief overview of where and how clinical coded data is used in Australia

Clinical coded data – where does the data go?

- Clinical coded data is collected for all public and private facilities that provide admitted patient episodes of care in Australia.

- Coding data is part of the Admitted Patient Care National Minimum Data Set (APC NMDS) which is a national data collection.

- The purpose of the APC NMDS is to collect information about care provided to admitted patients in Australian hospitals.

Clinical coded data – where does the data go?

- The scope of the APC NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia.

- Further information about the APC NMDS can be found at:
  http://meteor.aihw.gov.au/content/index.phtml/itemId/641349

Clinical coded data
– where does the data go?

- While hospital boarders, still births and posthumous organ procurement are not included at part of the APC NMSA as these patients are not admitted to hospital, many states and territories require this data so as to fully understand hospital occupancy and resource utilisation.

Clinical coded data – where does the data go?

- Reporting of APC NMDS data – including clinical coding, for public hospitals is a state/territory reporting requirement.

- For private hospitals reporting of to the state/territory admitted patient data collection is a requirement under *Private Health Facilities Act (1999).*

Clinical coded data – where does the data go?

Accurate, timely, and complete admitted patient data is also critical to ensure that states and territories fulfil their obligation under the National Healthcare Agreement[1].

The objective of the Agreement is: 'Through this Agreement, the Parties commit to improve health outcomes for all Australians and ensure the sustainability of the Australian health system' (clause 12).

[1] National Healthcare Agreement (2017). Available at http://meteor.aihw.gov.au/content/index.phtml/itemId/629963 (Accessed 15 October 2017)

Clinical coded data – where does the data go?

- Coded data is provided and used by many different organisations, bodies and users.

- Coded data is used at many levels including:
  - Local hospital level
  - Local Health Area or Private Organisational Group
  - State/Territory
  - National
  - International.

Clinical coded data – where does the data go?

1. Inpatient data collected and coded by the hospital providing the care.

Step 1

This occurs for all hospitals (public and private) and Day Surgeries providing admitted patient care.

Clinical coded data
– where does the data go?

1. Inpatient data collected and coded by the hospital providing the care.

2. Data is extracted from hospital systems and sent to the state/territory Departments of Health

Step 2
All hospitals send data to the state/territory Departments of Health. Private hospitals and where required Day Surgeries also submit HCP data.

Clinical coded data – where does the data go?

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Step 3
The data is used by state/territory Departments of Health. This includes Ministerial briefs, media inquiries and external research.

3. Data is used by the state/territory Departments of Health for activities including:
- Strategic planning
- Monitoring standards of care
- Epidemiology and research
- Funding allocation.

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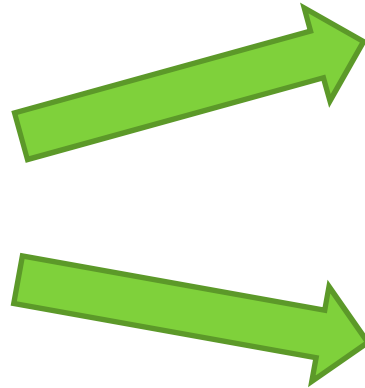- Epidemiology and research
- Funding allocation.

4. The data is also sent from the state/territory Departments of Health to:

AIHW
Australian Institute of Health and Welfare

Australian Government
Department of Health

IHPA

nhpa
National Health Performance Authority

National Health Funding Body

Clinical coded data
– where does the data go?

Commonwealth Department of Health
- Private Hospital Data Bureau (PHDB)

For private hospitals, data is also extracted from the hospital system and sent to:

Private health funds
- Hospital Casemix Protocol (HCP)

Clinical coded data – where does the data go?

Private facilities supply their data to Private Health Insurers via HCP (Hospital Casemix Protocol) data submission. HCP data includes the financial, clinical coded and demographic data that hospitals must provide private health insurers and private health insurers must provide the Department, in respect of each episode of admitted hospital treatment for which a benefit has been paid.

More information about HCP can be found at https://www.health.gov.au/internet/main/publishing.nsf/Content/1A61745E0B296274CA257BF0001B5EC4/$File/HCP%20data%20specifications%20(hospital%20to%20insurer)%202017-18.pdf

Clinical coded data – where does the data go?

Data collected for an admitted patient – including clinical coding data, in public and private hospitals is used for many purposes and by many people – within the originating organisation, statewide, nationally and internationally.

Clinical coded data – where does the data go?

The data must be of high quality as this data may be used for:

- facilitating continuity of patient care and effective analysis, prioritisation and planning of health services at a local hospital level

- health surveillance and funding allocation at a state level

- development of national health priorities and policy

- collaboration with international research.

Clinical coded data
– where does the data go?

Example of hospital level use of clinical coding data:

Analysis of coded data to identify adverse blood and blood product incidents to support organisational Australian Commission on Safety and Quality in Health Care Standard 7 Blood and Blood Products accreditation process.

Clinical coded data – where does the data go?

Example of state/territory level use of clinical coding data:

Reporting and monitoring of rare and notify able conditions such as:

- A05.1 *Botulism*
- A80.9 *Acute Poliomyelitis, unspecified*

Data validations associated with these diagnosis codes can assist with ensuring high data quality.

Clinical coded data – where does the data go?

Example of national level use of clinical coding data:

National Healthcare Agreement potentially avoidable deaths (PAD) indicator uses selected ICD-10-AM diagnosis codes to identify deaths that are potentially avoidable within the present health system, such as:

- potentially preventable deaths that are amenable to screening and primary prevention, such as immunisation

- deaths from potentially treatable conditions are those amenable to therapeutic interventions.

Clinical coded data
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Example of international level clinical coding data:

Coded Australian admitted patient data may be used for international research and studies as ICD-10-AM is a derived version of the World Health Organization (WHO) ICD-10. This allows for reliable and high quality mapping between classifications.

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Always remember ....

to be proud to be a clinical coder!

None of these examples could happen without clinical coders.

Like all the other members of the team (Nurses, Doctors, Administration Officers, Maintenance) hospitals would not be able to function without us!