Admitted Patient Care Data

ACT Government Health Directorate

## Background

The ACT Admitted Patient Care (APC) data records all inpatient separations (discharges, transfers and deaths) from all public hospitals in ACT.

Public hospital APC data are recorded in terms of episodes of care (EOC). An episode of care ends with the patient ending a period of stay in hospital (e.g. by discharge, transfer or death) or by becoming a different “type” of patient within the same period of stay. The categories of types of care are listed under the variable “Service Category”. For private hospitals, each APC record represents a complete hospital stay. APC data are based on the date of separation (discharge) from hospital.

## Tips for using APC data in linkage studies

* Data is available from the 2004/05 financial year.
* Data are available from all public hospitals in the ACT.
* Access to data from each public hospital in the ACT (Canberra and Calvary) needs to be approved via separate processes. Please see the CHeReL website ‘Apply for linked data’ page for more information (<http://www.cherel.org.au/apply-for-linked-data>) or speak to the CHeReL Research Project Manager ([cherel.mail@moh.health.nsw.gov.au](mailto:cherel.mail@moh.health.nsw.gov.au)).

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## Admitted Patient Care Data – Variable information

| Variable | Description/Notes | Codes |
| --- | --- | --- |
| Age (years) | The age in years of the patient derived from subtracting the date of birth from the date of admission |  |
| Age (months) | The age in months of the patient derived from subtracting the date of birth from the date of admission. |  |
| Date of birth | Full date of birth will only be supplied if sufficient justification is supplied that age is insufficient. Date of birth may otherwise be supplied as MMYYYY. |  |
| Sex | The biological sex of the patient.  Post and Pre Sex Redefining Procedures are coded to the biological sex at birth, not their newly assigned sex. Transvestites are coded to their biological sex, not their gender role | 1 = Male  2 = Female  3 = Indeterminate  9 = Not stated/inadequately described |
| Indigenous status | Whether the person is Aboriginal or Torres Strait Islander, based on the person’s own self-report | 1 = Aboriginal but not Torres Strait Islander origin  2 = Torres Strait Islander but not Aboriginal origin  3 = Both Aboriginal and Torres Strait Islander origin  4 = Neither Aboriginal nor Torres Strait Islander origin  9 = Unknown or not stated |
| Country of birth | The country in which the patient was born | Codes are the Australian Bureau of Statistics 4 digit country of birth names  <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0> |
| Marital status | The marital status of the patient on admission to the episode of care | 1 = Never married  2 = Widowed  3 = Divorced  4 = Separated  5 = Married (including de facto)  6 = Not stated/inadequately described |
| State of residence | Indicates the Australian state of residence for the patient. | 0 = not applicable, o/s, at sea. no fixed address  1 = NSW  2 = Vic  3 = Qld  4 = SA  5 = WA  6 = Tas  7 = NT  8 = ACT  9 = Other/Territories |
| Postcode of residence | Postcode of residence | ACT – 2600-2620; 2900-2915. Postcodes 2600, 2611, 2618, 2619, 2620 are shared with NSW.  NSW – 2000-2599; 2618-2899  VIC – 3000-3999  QLD – 4000-4999  SA – 5000-5999  WA – 6000-6999  TAS – 7000-7999  NT – 0800-0899  O/S – null or 9999 |
| Statistical Local Area of residence | The geographical boundary assigned to the patient’s area of residence | Codes are according to the Australian Standard Geographical Classification (ASGC) issued by the Australian Bureau of Statistics <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1216.0> |
| Hospital Identifier | The specific hospital reporting the inpatient episode of care. | 82 = Canberra Hospital  83 = Calvary Public Hospital – Bruce  85 = Calvary John James Hospital  86 = Calvary Private Hospital – Bruce  88 = National Capital Private Hospital |
| Date and time of admission | The date and time on which an admitted patient commences an episode of care, by either a formal admission to the hospital or a type change to a subsequent episode within the one stay in hospital. |  |
| Date and time of separation | The date and time on which an admitted patient completes an episode of care, by either a formal discharge from the hospital or by a statistical type change to a subsequent episode. |  |
| Length of stay (LOS) | The number of days the patient spends in the hospital i.e. the number of days between the admission date and separation date (inclusive) minus the number of leave days i.e. los = sepdate - admdate - leaveday. Patients who are admitted and separated on the same calendar day have los = 1 and stayflag ='1'. Patients admitted on one day and separated the next day also have los = 1, yet have stayflag='0'. As los = sepdate - admdate - leaveday, often los = 1 and stayflag='0' for other admdate/sepdate/leaveday combinations. It is therefore wise to request admission date, separation date and leave days to calculate LOS |  |
| Number of leave days | The total number of days the patient was not at the hospital between the date of admission and separation. Periods of leave may only be up to 7 days, however there is no limit to the number of periods of leave a patient can take during an episode of care. A large number of leave days are common for psychiatric patients. |  |
| Day stay flag | Indicates whether or not the patient was admitted and separated from the episode of care on the same calendar day. | 1 = Admitted and discharged same day  2 = Admitted and discharged different days |
| Neonate only: admission weight | Admission weight of infant (grams) |  |
| ICD-10-AM Edition | International Classification of Diseases Edition and Version of diagnosis, procedure and morphology codes | 1 = ICD-10-AM Ed 1  2 = ICD-10-AM Ed 2  3 = ICD-10-AM Ed 3  4 = ICD-10-AM Ed 4  5 = ICD-10-AM Ed 5  6 = ICD-10-AM Ed 6  7 = ICD-10-AM Ed 7  8 = ICD-10-AM Ed 8 |
| Primary diagnosis | The primary diagnosis for the episode of care | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| Additional diagnoses | The additional diagnoses affecting treatment or length of stay. Up to 99 additional diagnoses may be provided | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| External cause of injury or poisoning | The circumstances in which the injury or poisoning occurred. | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| Activity when injured | The activity of the injured person at the time the event occurred | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| Place of occurrence | The place where the injury or poisoning (external cause) occurred. | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| First procedure | First procedure performed | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| First procedure date and time |  |  |
| Other procedures | Up to 49 additional procedures may be provided | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| Cancer morphology |  | ICD Edition and Version as noted in “ICD-10-AM Edition” variable |
| Admitted to psychiatry ward | Indication of whether or not the patient was admitted to a designated psychiatric unit during the episode of care. |  |
| Days in a Designated Psychiatric Unit | If a patient has been admitted to a designated psychiatric unit at any time during the episode of care, enter the number of days the patient was accommodated in the designated psychiatric unit. |  |
| Principle source of funding | (Valid from 1/7/2004 to 30/6/2013)  This information should be determined by the hospital based on the patient’s Medicare eligibility, election to be treated by a hospital or hospital doctor, election of single or private room accommodation, Compensable status, DVA status, same day/overnight status, etc. | 01 = Australian Health Care Agreements  02 = Private health insurance  03 = Self-funded  04 = Worker's compensation  05 = Motor vehicle third party personal claim  06 = Other compensation (e.g. public liability, common law, medical negligence)  07 = Department of Veterans' Affairs  08 = Department of Defence  09 = Correctional facility  10 = Other hospital or public authority (contracted care)  11 = Reciprocal health care agreements (with other countries)  12 = Other  13 = No charge raised  88 = Unqualified Newborn infant – NO qualified days  99 = Not known |
|  | (Valid from 1/7/2013 to 30/6/2015)  This information should be determined by the hospital based on the patient’s Medicare eligibility, election to be treated by a hospital or hospital doctor, election of single or private room accommodation, Compensable status, DVA status, same day/overnight status, etc.  RHCA = Reciprocal Health Care Agreement | 01 = Health service budget (not covered elsewhere)  02 = Health service budget (due to eligibility for RHCA)  03 = Health service budget (no charge raised due to hospital decision)  04 = Department of Veterans' Affairs  05 = Department of Defence  06 = Correctional facility  07 = Medicare Benefits Scheme  08 = Other hospital or public authority (contracted care)  09 = Private health insurance  10 = Workers compensation  11 = Motor Vehicle third party personal claim  12 = Other compensation (e.g. public liability, common law, medical negligence)  13 = Self-funded  88 = Other funding source  98 = Not Known |
| Insurance status | Indicates whether the person receiving the inpatient service is insured or not insured at the time of admission. This variable is not intended to indicate whether or not the person utilises hospital benefit entitlements. | 1 = Hospital insurance  2 = No hospital insurance  9 = Unknown |
| Cost weights | The cost weight of the episode of care provided | From 2000-01 onwards |
| Major Diagnosis Category (MDC) | Major Diagnosis Category (MDC) for Australian National Diagnosis Related Group (ANDRG) | See attachment 1 – Major Diagnostic Category |
| Australian Refined Diagnosis Related Group |  | www.health.gov.au/internet/main/publishing.nsf/content/health-casemix-ardrg1.htm |
| Hospital service—care type | This item is used to record the principal clinical intent or treatment goal of the care provided to the patient for the episode of care. | 10 = Acute care (Admitted care)  20 = Rehabilitation care (Admitted care)  21 = Rehabilitation care delivered in a designated unit  22 = Rehabilitation care according to a designated program  23 = Rehabilitation care is the principal clinical intent  30 = Palliative care not further described  31 = Palliative care delivered in a designated unit  32 = Palliative care according to a designated program  33 = Palliative care is the principal clinical intent  40 = Geriatric evaluation and management  50 = Psychogeriatric care  60 = Maintenance care  70 = Newborn care not further described  71 = Newborn care – qualified days only  72 = Newborn care – qualified and unqualified days  73 = Newborn care – unqualified days only  80 = Other admitted patient care  90 = Organ procurement - posthumous (Other care)  100 = Hospital boarder (Other care) |
| Service Related Group | This variable classifies patients according to the type of speciality service they principally receive. | See attachment 9 – Service Related Groups |
| Separation mode | The method (discharge, death, transfer, etc) by which the patient separates from the episode of care. | 1 = Discharge/transfer to (an)other acute hospital  2 = Discharge/transfer to a residential aged care service, unless this is the usual place of residence  3 = Discharge/transfer to (an)other psychiatric hospital  4 = Discharge/transfer to other health care accommodation (includes mothercraft hospitals)  5 = Statistical discharge - type change  6 = Left against medical advice/discharge at own risk  7 = Statistical discharge from leave  8 = Died  9 = Other (includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services)) |

## Attachment 1 – Major Diagnostic Codes

Code Description

|  |  |
| --- | --- |
| 01 | Nervous System |
| 02 | Eye |
| 03 | Ear, Nose and Throat |
| 04 | Respiratory System |
| 05 | Circulatory System |
| 06 | Digestive System |
| 07 | Hepatobiliary System and Pancreas |
| 08 | Musculoskeletal System and Connective Tissues |
| 09 | Skin, Subcutaneous Tissue and Breast |
| 10 | Endocrine,Nutritional and Metabolic |
| 11 | Kidney and Urinary Tract |
| 12 | Male Reproductive System |
| 13 | Female Reproductive System |
| 14 | Pregnancy,Childbirth and the Puerperium |
| 15 | Newborns/Neonates with conditions originating in perinatal period |
| 16 | Blood & Blood Forming Organs & Immunity |
| 17 | Myeloproliferative Disorders & Poorly Differentiated Neoplasms |
| 18 | Infectious and Parasitic Diseases |
| 19 | Mental Diseases and Disorders |
| 20 | Substance Use & Substance Induced Organic Mental Disorders |
| 21 | Injury,Poisoning and Toxic Effects of Drugs |
| 22 | Burns |
| 23 | Factors Influencing Health Status & Other Contacts with Health Services |
| \*\*OTHER\*\* | Invalid Data |

## Attachment 9 – Service Related Groups

(Valid from 1/7/2006 to 30/6/2013)

Code Description

1 Cardiology

2 Interventional Cardiology

3 Cardiothoracic Surgery

4 Respiratory Medicine

5 Gastroenterology

6 GIT Endodoscopy

7 Neurology

8 Neurosurgery

9 Endocrinology

10 Renal Medicine

11 Renal Dialysis

12 Haematology

13 ENT

14 Ophthamology

15 Medical Oncology

16 Chemotherapy and Radiotherapy

17 Rheumatology

18 Dermatology

19 Head and Neck Surgery

20 Dentistry

21 Upper GIT Surgery

22 Colorectal Surgery

23 Orthopaedics

24 Urology

25 Vascular Surgery

26 General Medicine

27 General Surgery

28 Breast Surgery

29 Plastic and Reconstructive Surgery

30 Gynaecology

31 Obstetrics

32 Babies

33 Transplantation

34 Tracheostomy

35 Drug & Alcohol

36 Burns

37 Psychiatry

38 Acute Rehabilitation

39 Ungroupable

40 Non-acute

## Attachment 9 – Service Related Groups

(Valid from 1/7/2013)

Code Description

NULL NULL

11 Cardiology

12 Interventional Cardiology

13 Dermatology

14 Endocrinology

15 Gastroenterology

16 Diagnostic GI Endoscopy

17 Haematology

18 Immunology and Infection

19 Medical Oncology

20 Chemotherapy

21 Neurology

22 Renal Medicine

23 Renal Dialysis

24 Respiratory Medicine

25 Rheumatology

26 Pain management

27 Non Subspecialty Medicine

41 Breast surgery

42 Cardiothoracic Surgery

43 Colorectal surgery

44 Upper GIT Surgery

45 Head and Neck surgery

46 Neurosurgery

47 Dentistry

48 Ear,Nose and Throat

49 Orthopaedics

50 Ophthalmology

51 Plastic and Reconstructive

52 Urology

53 Vascular Surgery

54 Non Subspecialty Surgery

61 Transplantation

62 Extensive Burns

63 Tracheostomy

71 Gynaecology

72 Obstetrics

73 Qualified Neonate

74 Unqualified Neonate

75 Perinatology

76 Definitive paediatric medicine

81 Drug and Alcohol

82 Psychiatry-Acute

88 Acute Definitive Geriatric

99 Unallocated