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Registration status:	Health, Superseded 20/10/2021 Tasmanian Health, Superseded 17/10/2023
Definition:	A **clinical intervention** 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Registration status:	Health, Superseded 20/10/2021 Tasmanian Health, Superseded 17/10/2023
Definition:	A **clinical intervention** 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Registration status:	Health, Superseded 20/10/2021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 Health and Aged Care Pricing Authority advises the National Health Data and Information Standards Committee of relevant changes to the ACHI.

Source and reference attributes

Submitting organisation:	Independent Health and Aged Care 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) NNNNN-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 Twelfth edition) NNNNN-NN](#) [Health](#), Standard 20/10/2021 [Tasmanian Health](#), Standard 17/10/2023 Is used in the formation of [Episode of admitted patient care—diagnosis related group, code (AR-DRG v 10.0) ANNA](#) [Tasmanian Health](#), Superseded 16/10/2023 Is used in the formation of [Episode of admitted patient care—diagnosis related group, code (AR-DRG v 11.0) ANNA](#) [Tasmanian Health](#), Standard 16/10/2023
Implementation in Data Set Specifications:	[Admitted patient care clinical related data elements (TDLU) cluster](#) [Tasmanian Health](#), Superseded 10/11/2023 [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.

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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.

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

Tasmanian Admitted Patient Data Set - 2019

[Tasmanian Health](#), Superseded 17/06/2020
Implementation start date: 01/07/2019
Implementation end date: 30/06/2020

[Tasmanian Admitted Patient Data Set - 2020](#)
    [Tasmanian Health](#), Superseded 22/11/2023
Implementation start date: 01/07/2020
Implementation end date: 30/06/2021

[Tasmanian Admitted Patient Data Set - 2021](#)
    [Tasmanian Health](#), Superseded 22/11/2023
Implementation start date: 01/07/2021
Implementation end date: 30/06/2022
Conditional obligation:

	Required if episode of care meets the data elements criteria

Implementation in Indicators:

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