

Episode of admitted patient care—procedure, code (ACHI 10th edn) NNNNN-NN

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Episode of admitted patient care—procedure, code (ACHI 10th edn) NNNNN-NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Procedure
METEOR identifier:	641379
Registration status:	Health , Superseded 12/12/2018 Independent Hospital Pricing Authority , Recorded 04/08/2016 Tasmanian Health , Superseded 08/04/2019
Definition:	A clinical intervention represented by a code that: <ul style="list-style-type: none">• 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:	Episode of admitted patient care—procedure
Value Domain:	Procedure code (ACHI 10th edn) NNNNN-NN

Value domain attributes

Representational attributes

Classification scheme:	Australian Classification of Health Interventions (ACHI) 10th 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 (10th edition). Procedures are derived from and must be substantiated by clinical documentation.
Comments:	The Independent Hospital Pricing Authority advises the National Health Information Standards and Statistics Committee of relevant changes to the ACHI.

Source and reference attributes

Origin:	Australian Consortium for Classification Development National Health Information Standards and Statistics Committee
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Relational attributes

Related metadata references:

Supersedes [Episode of admitted patient care—procedure, code \(ACHI 9th edn\) NNNNNN-NN](#)

[Health](#), Superseded 05/10/2016

[Tasmanian Health](#), Superseded 10/07/2017

Has been superseded by [Episode of admitted patient care—procedure, code \(ACHI 11th edn\) NNNNNN-NN](#)

[Health](#), Superseded 20/10/2021

[Tasmanian Health](#), Superseded 17/10/2023

Is used in the formation of [Episode of admitted patient care—diagnosis related group, code \(AR-DRG v 9.0\) ANNA](#)

[Tasmanian Health](#), Superseded 19/06/2020

Implementation in Data Set Specifications:

[Admitted patient care NMDS 2017-18](#)

[Health](#), Superseded 25/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

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 (10th 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 2018-19](#)

[Health](#), Superseded 12/12/2018

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

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.

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Record all procedures undertaken during an episode of care in accordance with the ACHI (10th edition) Australian Coding Standards.

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- 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.

[Tasmanian Admitted Patient Data Set - 2017](#)

[Tasmanian Health](#), Superseded 10/01/2018

Implementation start date: 01/07/2017

Implementation end date: 30/06/2018

[Tasmanian Admitted Patient Data Set - 2018](#)

[Tasmanian Health](#), Superseded 12/04/2019

Implementation start date: 01/07/2018

Implementation end date: 30/06/2019

Implementation in Indicators:

Used as Numerator

[Australian Health Performance Framework: PI 2.1.4—Selected potentially preventable hospitalisations, 2019](#)

[Health](#), Superseded 01/12/2020

[Australian Health Performance Framework: PI 2.1.4–Selected potentially preventable hospitalisations, 2020](#)

[Health, Standard 01/12/2020](#)

[Heavy menstrual bleeding clinical care standard indicators: 8-Hospital rate of hysterectomy per 100 episodes](#)

[Health, Standard 17/10/2018](#)

[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, 2020](#)

[Health, Standard 13/03/2020](#)

[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, 2021](#)

[Health, Standard 16/09/2020](#)

[National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2020](#)

[Health, Standard 13/03/2020](#)

[National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2021](#)

[Health, Standard 16/09/2020](#)

[Number of lumbar spinal decompression \(excluding lumbar spinal fusion\) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of lumbar spinal fusion \(excluding lumbar spinal decompression\) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of lumbar spinal fusion \(with or without lumbar spinal decompression\) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of myringotomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of potentially preventable hospitalisations - cellulitis per 100,000 people of all ages, 2014-15 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of potentially preventable hospitalisations - heart failure per 100,000 people, of all ages, 2014-15 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of tonsillectomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3a-Proportion of women who had an instrumental vaginal birth using vacuum](#)

[Australian Commission on Safety and Quality in Health Care, Standard 20/04/2021](#)

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3b-Proportion of women who had an instrumental vaginal birth using forceps](#)

[Australian Commission on Safety and Quality in Health Care, Standard 20/04/2021](#)

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3c-Proportion of women who had a vacuum-assisted birth with episiotomy](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 20/04/2021

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3d-Proportion of women who had a forceps-assisted birth with episiotomy](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 20/04/2021

Used as Disaggregation

[Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2019](#)

[Health](#), Superseded 13/10/2021

[Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2020](#)

[Health](#), Standard 13/10/2021

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2020](#)

[Health](#), Standard 13/03/2020

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2021](#)

[Health](#), Standard 19/11/2020

[Number of lumbar spinal decompression \(excluding lumbar spinal fusion\) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

Used as Denominator

[Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2019](#)

[Health](#), Superseded 13/10/2021

[Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2020](#)

[Health](#), Standard 13/10/2021

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2020](#)

[Health](#), Standard 13/03/2020

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2021](#)

[Health](#), Standard 19/11/2020

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3a-Proportion of women who had an instrumental vaginal birth using vacuum](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 20/04/2021

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3b-Proportion of women who had an instrumental vaginal birth using forceps](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 20/04/2021

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3d-Proportion of women who had a forceps-assisted birth with episiotomy](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 20/04/2021