

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

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

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 8-Hospital rate of hysterectomy per 100 episodes
<b>METEOR identifier:</b>	667347
<b>Registration status:</b>	<a href="#">Health</a> , Standard 17/10/2018
<b>Description:</b>	Hospital rate of hysterectomy per 100 episodes.
<b>Indicator set:</b>	<a href="#">Clinical care standard indicators: heavy menstrual bleeding</a> <a href="#">Health</a> , Standard 17/10/2018

## Collection and usage attributes

<b>Population group age from:</b>	Females 15 to 55 years.
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**Computation description:** Note that this indicator only applies to principal referral hospitals, hospitals in public acute groups A, B and C, and Specialist Women's Hospitals (see AIHW 2015). It does not apply to the smaller acute hospitals (i.e. group D) due to the very low numbers of hysterectomies undertaken in these hospitals.

The national reference population is available from the Australian Commission on Safety and Quality in Health Care: <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/heavy-menstrual-bleeding/>.

**Computation of the numerator:**

1. Obtain episodes of admitted patient care for the hospital that meet all the following criteria:

- acute care type
- overnight stay episodes only
- principal or additional diagnoses are not codes O80.- to O84.- Delivery (ICD-10-AM 10th edition).

2. Obtain number of hysterectomy episodes for the hospital:

- Using the data from step 1, count the number of episodes of admitted patient care with a procedure code in Table 1 (see *Numerator data elements*), and exclude episodes with a principal or additional diagnosis in Table 2 (see *Numerator data elements*).

3. Calculate age-specific hospital rates for hysterectomy:

- Stratify the episodes from step 1 into five-year age groups, and do the same for episodes from step 2.
- For each five-year age group, divide the number of episodes from step 2 by the number of episodes in step 1.

4. Obtain the national reference population for the peer group of the hospital from the Australian Commission on Safety and Quality in Health Care website. The national reference population is the number of episodes by hospital peer group, stratified by five-year age groups, meeting the following criteria:

- acute care type
- overnight stay episodes only
- principal or additional diagnoses are not codes O80.- to O84.- Delivery (ICD-10-AM 10th edition).

5. Apply the age-specific hospital rates for hysterectomy by five-year age group (from step 3) to the national reference population (see step 4).

6. From the data obtained at step 5, sum the number of episodes in each five-year age group to derive the total sum of episodes of hysterectomy that would have occurred if the hospital age rates were experienced amongst hospitals in the national reference population (for the hospital peer group).

**Computation of the denominator:**

1. Sum the number of episodes from the national reference population for the hospital peer group, from step 4 above.

**Computation:**  $(\text{Numerator} \div \text{Denominator}) \times 100$

**Numerator:** The number of hysterectomy episodes that would occur if the age-specific rates of hysterectomy from the reporting hospital were applied to the national reference population (for the hospital peer group)

**Numerator data elements:**

**Data Element / Data Set**

[Episode of admitted patient care—admission date, DDMMYYYY](#)

**Data Element / Data Set**

[Episode of admitted patient care—separation date, DDMMYYYY](#)

**Guide for use**

Excludes all episodes of care where the patient was admitted and separated on the same date i.e. same-day.

#### Data Element / Data Set

[Hospital service—care type, code N\[N\]](#)

#### Guide for use

Inclusion code: 1 Acute care.

#### Data Element / Data Set

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

#### Guide for use

Table 1: Hysterectomy procedure codes and descriptions:

ACHI (10th edition) block	ACHI (10th edition) code	Description
1268	90448–00	Subtotal laparoscopic abdominal hysterectomy
1268	35653–00	Subtotal abdominal hysterectomy
1268	90448–01	Total laparoscopic abdominal hysterectomy
1268	35653–01	Total abdominal hysterectomy
1268	90448–02	Total laparoscopic abdominal hysterectomy with removal of adnexa
1268	35653–04	Total abdominal hysterectomy with removal of adnexa
1268	35661–00	Abdominal hysterectomy with extensive retroperitoneal dissection
1268	35670–00	Abdominal hysterectomy with radical excision of pelvic lymph nodes
1268	35667–00	Radical abdominal hysterectomy
1268	35664–00	Radical abdominal hysterectomy with radical excision of pelvic lymph nodes
1269	35750-00	Laparoscopically assisted vaginal hysterectomy
1269	35753-02	Laparoscopically assisted vaginal hysterectomy with removal of adnexa
1269	35657–00	Vaginal hysterectomy
1269	35673–02	Vaginal hysterectomy with removal of adnexa
1269	35667–01	Radical vaginal hysterectomy
1269	35664–01	Radical vaginal hysterectomy with radical excision of pelvic lymph nodes
989	90450–00	Anterior pelvic exenteration
989	90450–01	Posterior pelvic exenteration
989	90450–02	Total pelvic exenteration

#### Data Element / Data Set

[Episode of care—additional diagnosis, code \(ICD-10-AM 10th edn\) ANN{.N\[N\]}](#)

**Guide for use**

Table 2: Excluded principal or additional diagnosis codes and descriptions:

ICD-10-AM (10th edn.) code*	Description
C53.- to C58.-	Malignant neoplasms of female genital organs (excluding of vulva and vagina) (primary)
C79.6	Secondary malignant neoplasm of ovary
C79.82	Secondary malignant neoplasm of genital organs
O00.- to O08.-	Termination of pregnancy
S37.6	Injury of uterus
S37.7	Injury of multiple pelvic organs

\* Note that three-character codes followed by a dash in the fourth or fifth position mean that the code includes all codes with a fourth or fifth character.

**Data Element / Data Set**

[Episode of care—principal diagnosis, code \(ICD-10-AM 10th edn\) ANN{.N\[N\]}](#)

**Denominator:**

The number of episodes from the national reference population (for the hospital peer group).

**Denominator data elements:****Data Element / Data Set**

[Episode of admitted patient care—admission date, DDMMYYYY](#)

**Data Element / Data Set**

[Episode of admitted patient care—separation date, DDMMYYYY](#)

**Guide for use**

Excludes all episodes of care where the patient was admitted and separated on the same date i.e. same-day.

**Data Element / Data Set**

[Hospital service—care type, code N\[N\]](#)

**Guide for use**

Inclusion code: 1 Acute care.

**Data Element / Data Set**

[Episode of care—additional diagnosis, code \(ICD-10-AM 10th edn\) ANN{.N\[N\]}](#)

**Data Element / Data Set**

[Episode of care—principal diagnosis, code \(ICD-10-AM 10th edn\) ANN{.N\[N\]}](#)

**Comments:**

This indicator can be used to screen for potentially inappropriate hysterectomies. If a hospital has a rate that is as high or higher than the peer group rate, it should investigate hysterectomies undertaken to assess their appropriateness.

## Representational attributes

**Representation class:** Rate

**Data type:** Real

**Unit of measure:** Episode

**Format:** N[NN]

## Accountability attributes

**Other issues caveats:** Applicable settings: Public and private hospitals.

## Source and reference attributes

**Submitting organisation:** Australian Commission on Safety and Quality in Health Care

**Reference documents:** AIHW (Australian Institute of Health and Welfare) 2015. Australian hospital peer groups: Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW.