

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

D18-20738

## **ACSQHC response to IHPA's consultation paper 'Australian Refined Diagnosis Related Groups classification Version 10.0'.**

The Australian Commission on Safety and Quality in Health Care ('the Commission') welcomes the opportunity to comment on IHPA's consultation paper on '*Australian Refined Diagnosis Related Groups classification Version 10.0*'. We note that the AR-DRG V10.0 classification will be approved by IHPA in November 2018 and released mid-2019.

The Commission's work streams which relate to AR-DRGs are as follows:

- 1) An integral part of the Core Hospital- based Outcome Indicators (CHBOI) toolkit .The Commission's analytics team regularly update these indicators in line with updates to AR-DRG versions.
- 2) Used in cohort definitions and exclusions for some Hospital Acquired Complications (HACs).
- 3) For analytical purposes for the two published and one draft 'Atlas of Healthcare Variation'. They are not explicitly used currently in Atlas indicator specifications, but may be in the future.

The Commission's teams who are responsible for the above work streams have reviewed IHPA's consultation paper and wish to comment on two consultation questions:

### **Consultation questions 5 & 6**

#### **Consultation questions**

5. Do you support the proposal to differentiate caesarean section types in the AR-DRG classification?
6. Do you support using in labour or not in labour as the measure for differentiating caesarean sections in the AR-DRG classification?

#### Question 5:

The Commission supports the proposal to differentiate caesarean section types in the AR-DRG classification.

#### Question 6:

The Commission supports using in labour or not in labour as the measure for differentiating caesarean sections in the AR-DRG classification.

The supporting comments are made in relation to work that the Commission has undertaken on women's health and maternity indicators in '*The Second*

*Australian Atlas of Healthcare Variation*<sup>1</sup>, in particular the data item 'Caesarean section, selected women aged 20-34 years' for the period 2012-14.

Variation in caesarean sections across local areas was seen, with the rate being three times as high in the area with the highest rate compared to the lowest rate. Rates in outer regional and remote areas tended to be higher than those in other areas.

The Commission will continue to monitor caesarean rates and consult with relevant stakeholders. Refinement of the AR-DRG classification will allow supplementary analyses to be undertaken using the Admitted Patient Care National Minimum Database along with the Australian Institute of Health and Welfare National Perinatal Data Collection, the latter being the source of data for the caesarean section data item in the second Atlas.

### Consultation question 8

#### Consultation question

8. Do you support the removal of Z60 *Rehabilitation* on the basis that this ADRG is obsolete as a result of changes to the ACS?

The Commission supports the removal of Z60 *Rehabilitation*.

AR-DRGs are an integral part of the Commission's Core Hospital-based Outcome Indicators toolkit<sup>2</sup>. This suite of indicators is used for routine safety and quality review at hospital level and by jurisdictions and private hospital ownership groups. They are generated from routinely collected administrative data. The rationale for ongoing monitoring and review by hospitals of mortality indicators is that significant variance can be a signal for quality of care issues. AR-DRGs are used extensively in the specifications for these indicators and efforts by IHPA to review and streamline them to reflect models of health care delivery are fully supported by the Commission.

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<sup>1</sup> Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare. *The Second Australian Atlas of Healthcare Variation: ACSQHC; 2017.*

<sup>2</sup> <https://www.safetyandquality.gov.au/our-work/indicators/core-hospital-based-outcome-indicators/>