

# Submission to Independent Hospital Pricing Authority

*Development of the admitted care classifications*

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## Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Independent Hospital Pricing Authority for the opportunity to comment on *the Development of the admitted care classifications*.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 66,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

The QNMU will respond to selected consultation questions.

## Response to consultation questions

1. Are there any additional requirements in coded activity data regarding the classification of COVID-19 that should be prioritised for Twelfth Edition?

The QNMU supports the proposal for current COVID-19 codes to remain emergency use codes in ICD-10-AM Twelfth Edition with updated titles, then incorporated into the AR-DRV V11.0 when COVID-19 is officially classified by the WHO.

5. What are the common terms used in clinical documentation to identify the consultation liaison psychiatry (CLP) service?

The QNMU supports the use of the term "Consultation Liaison Psychiatry" for the Twelfth Edition.

6. Is there a standard definition used to describe consultation liaison psychiatry (CLP) services?

The QNMU considers that any proposed standard definition for CLP ought to emphasise that the service uses a multidisciplinary approach and that mental health nurses are an integral part of the team. We encourage the Authority to consult the Royal College of Mental Health Nurses and the Royal Australia and New Zealand College of Psychiatrists regarding an agreed definition for CLP.

7. What is the most significant part of ACS 0002 Additional diagnoses, requiring clarification to promote consistency of application without changing the intent of the standard?

The QNMU believes that simplifying and clarifying is the most significant goal, especially in light of ongoing shortages in qualified and experienced clinical coders.

9. Do you agree with the diagnoses that are proposed for exclusion in AR-DRG V11.0 based on the guiding principles for exclusion? If not please provide evidence that may lead to the recommendation for exclusion being reconsidered.

The QNMU asserts the following diagnoses ought to remain in the AR-DRG V11.0:

- P22.1 Transient tachypnoea of newborn (TTN):  
Although this condition is often benign and resolves quickly, the treatment and monitoring of TTN requires significant staffing resources by nurses and midwives. Retaining this diagnosis in the AR-DRG V11.0 acknowledges the treatment activities provided is therefore necessary to enable continued funding for this common condition.
- E61.1 Iron deficiency:  
Given that patients may be treated for iron deficiency, with or without investigation into and treatment of the underlying causes of iron deficiency, this diagnosis should be retained. Identification of iron deficiency is especially vital in midwifery and maternal services given the potential impact of maternal iron deficiency during pregnancy on infant health. Research suggests that iron deficiency may affect up to 52% of pregnant women, many of whom are symptomatic (Abu-Ouf & Jan, 2015). The QNMU considers such rates of morbidity to be significant enough for inclusion.

13. Do you support the proposed ADRGs for the General Interventions (GIs) and principal diagnoses outlined in Appendix B.1 and B.1 on the IHPA website?

The QNMU supports the proposed ADRGs.

14. Do you support the proposal to create an ADRG specifically for endovascular clot retrieval (ECR) in AR-DRG V11.0?

The QNMU supports this proposal.

15. Do you support the proposal to reassign percutaneous cardiac valve replacement (PCVR) interventions in ADRGs F03 *Cardiac Valve Interventions W CPB Pump W Invasive Cardiac Investigation* and F04 *Cardiac Valve Interventions W CPB Pump W/O Invasive Cardiac Investigation* to F19 *Trans-Vascular Percutaneous Cardiac Intervention*?

The QNMU supports this proposal.

16. Do you support the proposal to remove PCVR interventions from ADRG F-5 *Coronary Bypass W Invasive Cardiac Investigation* and F06 *Coronary Bypass W/O Cardiac Investigation*?

The QNMU supports this proposal.

17. Do you support the proposal to create a specific ADRG for peritonectomy?

The QNMU supports this proposal.

18. Is there support for the removal of the sex conflict test in AR-DRG V11.0 and instead rely on the selection of principal diagnosis to drive group for episodes in MDC 12 *Diseases and Disorders of the Male Reproductive System*, 13 *Diseases and Disorders of the Female Reproductive System* and 14 *Pregnancy, Childbirth and the Puerperium*?

The QNMU supports this proposal.

19. Do you have any additional feedback on the proposed changes for AR-DRG V11.0?

The QNMU would like to provide additional feedback on the following points:

- 4.1.6 Analysis of gestational age for neonates:  
The QNMU supports the proposals outlined in section 4.1.6.
- 4.2.2 Socioeconomic factors:  
Socioeconomic factors are a recognised determinant of health and health complexity. Given IHPA's analysis indicating there is some impact of socioeconomic factors on the cost profile of comparable episodes, however marginal, the QNMU believes that socioeconomic factors should be considered as part of the AR-DRG complexity model, not only for mental health admitted acute episodes.

## References

- Abu-Ouf, N. M., & Jan, M. M. (2015). The impact of maternal iron deficiency and iron deficiency anemia on child's health. *Saudi Medical Journal*, 36(2), 146-149. doi:10.15537/smj.2015.2.10289