

SURGICAL DAY CARE REPORTING STANDARD

Approved by the
Provincial Health Information Management Leadership Committee
September 14, 2012

EFFECTIVE APRIL 1, 2012 SEPARATIONS

Coders are referred to the Day Surgery Abstracting section of the core Discharge Abstracting Database (DAD) Manual for details regarding the abstracting requirements for SDC abstracts. All interventions performed during the SDC encounter should be coded in accordance with the Canadian Coding Standard *Selection of Interventions to Code for Ambulatory Care (Emergency, Clinic and Day Surgery Visits)*. This document will provide guidance to coders on the selection of hospitalizations (cases) for which a Surgical Day Care (SDC) abstract must be submitted to the Discharge Abstract Database (DAD).

- Surgical Day Care abstracts should be created and submitted to the DAD for patients who are registered in Meditech with a visit status of SDC regardless if scheduled or un-scheduled cases. The intervention location may be the main Operating Room, SDC suite, endoscopy unit, procedure room, etc. There is no intent to admit as an in-patient and the patient is discharged within a 24 hour period.
- Scheduled SDC cases are pre-booked cases for which an intervention was performed. Unscheduled SDC cases are emergent cases from other areas within the reporting facility (e.g. Emergency Department, Ambulatory Clinic) that have an intervention performed.
- Cancelled interventions occur when the patient is registered as SDC but the planned intervention was not performed. An abstract **is** created for a registered SDC patient who has a Diagnostic Imaging (DI) Intervention from Section 3 of the Canadian Classification of Health Interventions (CCI) performed prior to a cancelled planned intervention. All applicable DI interventions in Section 3 of the CCI are to be entered on the abstract. Diagnosis code assignment should be in accordance with the Canadian Coding Standards.

Note: When a patient's intervention is cancelled the visit must remain in the Meditech Admission/Discharge/Transfer System. The visit status should be changed from 'SDC' to 'Clinic'. The abstract should automatically be deleted from the 3M Health Data Management (HDM)

- An abstract is not created for a registered SDC patient when a planned intervention is cancelled, and no Diagnostic Imaging Intervention from Section 3 of the CCI has been performed.
- Abandoned and failed interventions or interventions where there is a change of plans/converted are to be coded according to the Canadian Coding Standards when applicable.

- When a patient is transferred within the same facility from SDC to an inpatient bed, two abstracts are created; an abstract for the SDC encounter and an abstract for the inpatient encounter.
- When a patient has two or more interventions on the same calendar day and there is a change in the intervention location; create one abstract that includes all the required intervention codes to describe each intervention episode.

Questions regarding this standard can be directed to:

Clinical Standards and Information
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