Question on Notice

No. 259

Asked on 19 March 2024

MR B HEAD ASKED MINISTER FOR HEALTH, MENTAL HEALTH AND AMBULANCE SERVICES AND MINISTER FOR WOMEN (HON S FENTIMAN)—

QUESTION

Will the Minister advise the number of suspected and confirmed stroke presentations at hospitals within the Callide Electorate (reported separately by hospital and year) from 2013 to date?

ANSWER

Queensland Health facilities that provide emergency services keep statistics relating to emergency presentation by patients who may have suffered a stroke. These presentations could be identified by the principal and /or additional diagnosis codes assigned to the patients' record.

Presentations like these to emergency departments are mainly treated and diagnosed symptomatically – for example, a patient may present to an emergency department with head injuries from a fall they sustained following a stroke. In this instance, the principal diagnosis on presentation may be trauma-specific, not stroke-specific. Also, the patients' condition may not be diagnosed in the emergency department, but instead identified from further investigations after the patient is admitted as an inpatient. In that case, the stroke may not be recorded in the emergency department data and therefore not included in the data below.

The Public Hospital Emergency Departments in scope for reporting purposes has varied since the inception of the Emergency Data Collection. The earliest available data for Callide electorate hospitals is from July 2015. The way data was collected changed between 2017 and 2018 and is therefore not comparable.

Table 1: Callide Electorate stroke presentations to Emergency Departments, 2018 to 2023.

Facility	HHS	2018	2019	2020	2021	2022	2023
Biggenden Hospital	WBHHS	2*	4	7	5	2	2
Biloela Hospital	CQHHS	15	22	18	13	21	16
Chinchilla Hospital	DDHHS	15	16	13	14	28	22
Eidsvold Hospital	WBHHS	1*	1	1	1	2	1
Gayndah Hospital	WBHHS	3*	2	5	8	9	13
Gin Gin Hospital	WBHHS	2*	1	8	4	9	9
Jandowae Hospital	DDHHS	4	3	2	6	5	4
Miles Hospital	DDHHS	7	3	7	7	9	4
Monto Hospital	WBHHS	6*	1	8	10	10	3
Moura Hospital	CQHHS	0	4	4	2	3	5
Mundubbera Hospital	WBHHS	0*	4	3	2	5	7
Taroom Hospital	DDHHS	5	2	3	0	1	1

denotes data available from July to Dec in calendar year.

Table 2: Callide Electorate stroke presentations to Emergency Departments, 2015* to 2017.

Facility	HHS	2015	2016	2017
Biggenden Hospital	WBHHS	n.r.	n.r.	n.r.
Biloela Hospital	CQHHS	6*	18	25
Chinchilla Hospital	DDHHS	6*	17	12
Eidsvold Hospital	WBHHS	n.r.	n.r.	n.r.
Gayndah Hospital	WBHHS	n.r.	n.r.	n.r.
Gin Gin Hospital	WBHHS	n.r.	n.r.	n.r.
Jandowae Hospital	DDHHS	n.r.	n.r.	2*
Miles Hospital	DDHHS	n.r.	n.r.	1*
Monto Hospital	WBHHS	n.r.	n.r.	n.r.
Moura Hospital	CQHHS	n.r.	n.r.	0*
Mundubbera Hospital	WBHHS	n.r.	n.r.	n.r.
Taroom Hospital	DDHHS	n.r.	n.r.	2*

denotes data available from July to Dec in calendar year. "n.r." denotes not reported.

NOTES:

1. The source of this information is the Emergency Data Collection.

2. Principal diagnosis or other diagnosis reported as in scope for this request include:

- G45.9 - Transient cerebral ischaemic attack, unspecified
- G46.4 - Cerebellar stroke syndrome (I60-I67+)
- I61.9 - Intracerebral haemorrhage, unspecified
- I63.9 - Cerebral infarction, unspecified
- I64 - Stroke, not specified as haemorrhage or infarction.
- I69.4 - Sequelae of stroke, not specified as haemorrhage or infarction

3. In keeping with National reporting, Queensland Health Emergency Departments have now moved to the ICD10 diagnostic short list. This has had a flow-on effect on the EDs that have moved onto ieMR (FirstNet) and are using SnoMed codes. These SnoMed codes can no longer be mapped to a corresponding ICD10 diagnostic code consistently, which has resulted in a decrease in counts when providing any adhoc releases relating to detailed diagnostic data requests.