

Queensland Coding Committee

**13th November 2008
Minutes of the One Hundred and Ninety Seventh Meeting**

1. Attendees

Stephanie Ferdinands (Chair)	Statistical Standards Unit
Laura Cleator (Secretariat)	Statistical Standards Unit
Corrie Martin	Statistical Standards Unit
Julie Turtle	Statistical Standards Unit
Kym Wimberley	Gympie Hospital
Lilian Vu	Princess Alexandra Hospital
Kellie Marshall	Mater Health Services
Meegan Snell	3M Representative
Belinda Lai	Toowoomba Health Service District
Ann Stewart	The Wesley Hospital
Derelle Pratt	Royal Brisbane and Women's Hospital
Sophia Ovchinnikoff	Clinical Information Management, Information Division
Jenny Nicol	Queensland University of Technology
Debbie Abbott	Resolutionsint
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Kirsten Hinze	Gold Coast Hospital
Christine Dendle	Rockhampton Hospital

Guests

James Chippendale	HBCIS Team
Andrew Klisanin	Logan & Redland Hospitals

2. Apologies

Lenore Berry	Northern Area Health Service
Elisabeth Skubis	InfoOperations, Information Division
Dr David Quigley	Medmin Pty Ltd

3. Confirmation of Minutes of the Previous Meeting

QCC September 08 Minutes were confirmed as true and correct by Kellie Marshall and Corrie Martin.

QCC September 08 Queries with meeting response was confirmed as true and correct by Corrie Martin and Ann Stewart.

Amendment is required to the October 08 Queries. The QCC October 08 queries will be amended and distributed before the December QCC Meeting.

The 2009 QCC Meeting Schedule was ratified by QCC members, and confirmed as true and correct by Jenny Nicol and Kym Wimberley.

S. Ferdinands welcomed two guests J. Chippendale from the HBCIS team and A. Klisanin from Logan and Redland Hospitals. S. Ferdinands also advised the committee members present that

L. Kennedy and W. Adams had forwarded their resignations from the committee and also announced that this would be L. Cleator's last meeting as she is resigning from Queensland Health.

ACTION ITEMS:

- S. Ferdinands to amend October queries and distribute via email before the December QCC Meeting

4. Quality Hour Discussion Forum

No quality hour presentations this month.

5. Business Arising from Minutes of the Previous Meeting

5.1 VLAD Update

No VLAD update this month as K. Sketcher-Baker was unable to attend.

5.2 HBCIS Update

J. Chippendale from the HBCIS team gave the HBCIS update on behalf of E. Skubis. J. Chippendale advised that there have been a number of staffing movements within the HBCIS Team:

- The Team Leader has temporarily moved to another position and E. Skubis is acting Team Leader.
- Megan O'Driscoll from Logan Hospital, Aleeta Spedding from Gold Coast Hospital and James Chippendale from Redcliffe have joined the HBCIS Team to back fill positions.
- James Chippendale is the Application Specialist for the Medical Records Morbidity Module, HQI, Codefinder Interface and DRG Grouper.

The ICD Coding Edits and the alteration to the PICQ extract will be included in the HBCIS software release in March.

The ICD coding Edits functionality will apply for patients discharged on or after 10 Mar 2009:

1. New warning edits will be applied when newborn, rehabilitation or palliative episodes are coded without expected outcome codes;
2. All errors will display a unique error code

C. Martin asked if QCC members could view the ICD-10 edit specifications. J. Chippendale advised that he will investigate if it would be possible for QCC members to view the Inpatient ICD Coding Edits Specification. J. Chippendale will advise S. Ferdinands if Inpatient ICD Coding Edits Specification is available for QCC members to review.

The PICQ extract logic will be enhanced to include the Coder Id and select coded and grouped discharges within the start and end dates on the PICQ download screen.

The incomplete Coding Flag enhancement will be progressed for the June HBCIS Release and will be discussed again at the December Coding Committee Meeting.

Action Item

- J. Chippendale to advise S. Ferdinands if the inpatient ICD coding edit specifications are available for QCC members to review.

5.3 CSAC Update

C. Martin informed the committee that she attended the CSAC meeting in Sydney on Thursday 6 and Friday 7 November 2008. C. Martin advised that she now has the 6th Edition workshop time schedule for 2009. The dates are to be published in the December Coding Matters. There is currently a minimum of 15 people per workshop and the cost is \$198 per person. C. Martin suggested that if members wanted to hold a workshop in their district that they would need at

least 15 participants. C. Martin then ran through suggested topics for discussion at the workshops.

C. Martin reported on some of the outcomes of the CSAC meeting but advised that minutes have not been released yet. Public submission process is now all online and the coding query process has been delayed until March 2009. The Mental Health Manual is still not published and cost is still under negotiation.

C. Martin advised the committee that she asked at CSAC whether we have to implement the FAQ's. In response, the NCCH advised that FAQ's will now be published with the 10-AM Commandments. J. Turtle queried the decision on the roll out of timing and advice. C. Martin advised that advice will be rolled out quarterly and noted that QCC advice should be aligned with this timeframe.

C. Martin advised that there was a suggestion for future edition changes that online education will be provided prior to the education sessions. There will also be post implementation sessions to allow people time to look over the changes and work through the bugs and issues.

K. Hinze asked about the inclusion of Diabetes in FAQ's. C. Martin advised that diabetes advice had been withdrawn from FAQ's.

5.4 PICQ Update

NCCH have advised that PICQ 2008™ will be available for purchase. C. Martin advised that a business case for the purchase of PICQ 2008™ is currently being put together for purchasing approval.

5.5 Clinical Coder Workforce Project

R. Rule advised the committee that the 1st draft Clinical Coder Workforce Report has been completed and will be sent out for feedback for just over a month. R. Rule asked for QCC members to provide feedback on the report. R. Rule noted that there are amendments to be made in terms of clarification of some sections of the report.

R. Rule advised that some of the feedback he had received so far in response to the report was that the report did not show an understanding as to whether coders should be at A04 level or in the professional stream. R. Rule advised that he needs to clarify that the industrial reality is that clinical coders will remain in the Admin stream at this point in time.

According to feedback, there were issues raised in regards to the comment in the report suggesting that clinical coding was fundamentally data entry. R. Rule offered his apologies for any offence taken. R. Rule reiterated that he was referring to coders that do not have a great depth of experience and are frequently audited and under supervision. An AO4 position would represent those coders who can work more independently and have greater experience.

The clinical coder report has been written into the in-principle agreement for EB7. For HIMS there is provision for a review of HIM classification subject to the outcome of the coder's evaluation.

T. Matthies asked if a general statement for an AO4 is available. R. Rule advised her to look at the Award in the first instance as it has a generic reference in it and warned to be careful with these as they are very general and don't really have much that applies specifically to coders. J. Turtle asked if the JEMS documents contained Position Descriptions. R. Rule replied no, and that the Position Descriptions were not benchmarked for coders. There are some in existence for AO4 coders, but the big issue remains in defining at what point an AO3 coder gains enough experience to be classified at AO4.

K. Wimberley noted the date 31 December as a deadline in the EB7 report and asked what this was in reference to. R. Rule advised that this meant that there would need to be a final version of the report delivered to the Deputy Director-General of Corporate Services who commissioned the report by this date.

R. Rule advised that he is looking for volunteers to be part of this process to put together a mechanism that is robust, transparent and legitimate for the purpose of defining what constitutes an AO4.

It will most probably include a set of modules, training, some level of accreditation; period of time in the role and experience will also be taken into account. J. Turtle asked if there will be an appeals process. R. Rule advised that “yes” there will be. M. Snell asked who will develop the modules. R. Rule advised that the plan is to borrow and build on what has already been done in other areas.

QCC members indicated to R. Rule that HIMAA is not the only option for accreditation. J. Nicol noted that accreditation should be given to courses, not institutions and noted that there are a few institutions/courses to consider including HIMAA, QUT, OTEN and the QUT Grad Cert. R. Rule advised that he would only be looking at HIMAA.

M. Snell asked if there was a limit to how many AO3/4 positions you can have. R. Rule advised that the roles will be transitional AO3/4 positions. J. Turtle asked if this could be extended to an AO5. R. Rule said this would probably be more viable once we have a defined process in place, and AO5 positions will probably become accessible once they become vacant.

R. Rule asked for volunteers for the group to put together the mechanism.

Action Item:

- QCC members to send S. Ferdinands an email if they would like to volunteer for R. Rule's group to put together the mechanism
- S. Ferdinands to send list of volunteers to R. Rule

6 Other Business

6.1 Code Sequencing (external and morphology codes)

C. Martin has been investigating the usage of external cause sequencing. George Bodilsen from AIHW is putting together a paper on external cause linkage which may be released in November. Before there is a decision to review the practice of code sequencing from QHAPDC, the HSC will review George Bodilsen's paper and assess the way forward. When the paper is released, C. Martin will table the paper at QCC if appropriate. M. Snell agreed that a national approach is needed. K. Hinze added that it is also useful to have the data in the 'correct' coding order.

Action Item:

- C. Martin to forward findings on code sequencing to K. Hinze.

6.2 Procedures normally not coded

D. Abbot advised that there is a need for guidelines for consistency in the application of procedures not normally coded and asked committee members if they could comment on why different facilities code differently?

M. Snell noted that the use of the procedure integration screen in the 3M Codefinder created a difference in reporting between states.

D. Abbott advised that certain procedures are coded more frequently in private hospitals and that there generally seems to be a difference in coding habits.

D. Abbot asked if QCC members feel it is worthwhile to look into this. J. Turtle said it would assist with addressing inconsistencies in coding between facilities. K. Wimberley advised that it would be good to have guidelines on this. K. Hinze suggested putting codes in different font types, i.e. italics in theACHI index. D. Abbott asked QCC members to put together their examples of what they would code routinely. S. Ferdinands to collate.

Action Item

- QCC members to put together examples of what they would routinely code in procedures not normally coded.
- S. Ferdinands to collate QCC members response and forward to D. Abbott

6.3 Cancelled Procedures

This item was not discussed at the meeting. Awaiting feedback from D. Pratt. Refer to October 2008 QCC minutes

6.4 Incomplete Coding Flag

S. Ferdinands advised that QCC member's feedback on the Incomplete Coding Flag had been forwarded on to HBCIS team. Because of the changes suggested, roll out of the incomplete coding flag will be released in the March 09 update.

6.5 Action Items

QCC reviewed the action items from the October QCC Meeting.

Coder's InSite/ QCC Website

S. Ferdinands advised the committee that the new look QCC website has been uploaded onto the Queensland Health Website: <http://www.health.qld.gov.au/qcc/>. S. Ferdinands thanked members for their feedback when the website was released and asked members to continue to send in comments and feedback on any issues found on the website. There are still documents including the queries to be uploaded. These are being collated to undergo the approval process to be uploaded onto the internet.

E-Bulletin

S. Ferdinands informed that the latest E-bulletin has been released, is available on the HSC website and notification has been sent out. Preparation for the next E-bulletin is underway for release in November.

2009 Meeting Calendar

The 2009 QCC Meeting Calendar was ratified at the meeting by QCC members present. This other business item can now be removed.

Local Coding Rules

C. Martin advised the committee that an email from QCC had been sent this morning advising that QCC does not support the use of local coding rules. C. Martin advised that the email said local coding rules diminish standardisation of data and create data variation across facilities. In addition, they are difficult to maintain and retain as live and current. Local coding rules may also not be consistent with Australian Coding Standards. Any established local coding rules should be forwarded to the QCC for review. If there are any issues that require revision and updating of the coding standards, ICD-10-AM or the ACHI, the QCC will forward to the NCCH for their consideration.

6.6 Renal Dialysis

This item was not discussed at the meeting as QCC are waiting for FAQ's to be released

6.7 Additional Diagnosis Flowchart & Incidental Findings Article

S. Ferdinands advised that both the Additional Diagnosis flowchart and the Incidental Findings article had been forwarded to NCCH. The response from NCCH was that the documents are not supported by NCCH and that a public submission would need to be made to request any further explanation to the standards required e.g. incidental findings and examples.

QCC members at the meeting were disappointed at this response from the NCCH. There was discussion on whether or not to continue with the distribution of the Additional Diagnosis flowchart and the Incidental Findings.

QCC members agreed that they see value in both documents. The decision was made to distribute the Additional Diagnosis flowchart and submit it for approval to be posted on the website. J. Turtle clarified that suggestions for the Additional Diagnosis flowchart could continue to be made but the document should only be updated periodically. J. Turtle also suggested that we keep to members' recommendation that the Additional Diagnosis flowchart be kept to an A4 page. J. Turtle suggested that you could have supplementary pages for explanatory notes.

There was discussion about how to proceed with the Incidental Findings article. K. Wimberley suggested that QCC put in each example from the Incidental Findings article as an NCCH query. QCC members at the meeting agreed with this and K. Wimberley offered to put these queries together.

Action Item:

- S. Ferdinands to forward on the Additional Diagnosis flowchart for coders to start using
- K. Wimberley to write up the Incidental Findings article as a series of queries for NCCH review.

6.8 Electronic Discharge Summary

This agenda item was suggested by K. Hinze.

K. Hinze advised that the doctor completes the PD field, from a pre-set drop down menu. K. Hinze noted that she does not agree with the drop down list.

S. Ovchinnikoff informed the committee that that the Electronic Discharge summary is not for the purpose of reporting to anyone other than via Secure Transfer Service (STS) to the General Practitioner. It is only for the General Practitioner for information about continued care.

K. Hinze expressed her concern that this allows for something to be picked from a list and would allow for generalised and non accurate data. S. Ovchinnikoff said that this won't be an issue once Snomed comes online and said that the list was discussed at the Data Standards Advisory Committee (DSAC) meeting. S. Ovchinnikoff asked if this list can be reviewed at DSAC. J. Turtle said that as a coder, you would look at the discharge summary and take the provided Principal Diagnosis into account when coding. While Coders must also use notes, if they do not know the background to the Diagnosis provided they would take a certain amount of credence in it. NCCH ICD-10-AM introduction states *"The responsibility for recording accurate diagnosis and procedures, in particular principal diagnosis, lies with the clinician, not the clinical coder."*

S. Ovchinnikoff recommended that the list be resubmitted to DSAC for review. K. Hinze agreed to email the list to C. Martin to be taken to the next DSAC meeting.

Action Items:

- K. Hinze agreed to email the list to C. Martin to be taken to the next DSAC meeting.

6.9 'S' codes used to add additional information to 'T' codes

J. Turtle advised that she had received a query from a member of the Health Statistics Centre, Statistical Analysis Unit and she would like to seek advice from QCC members about this.

Julie advised that the query was in regards to episodes where the gallbladder was accidentally cut/perforated during surgery. There were some episodes where T81.2 'Accidental puncture and laceration during a procedure, not elsewhere classified' and S36.17 'Injury of gallbladder' were both coded (with Y60.0 'During surgical operation' and Y92.22 'Health service area') but that others had no 'S' code. ACS 1904 states an additional code from Chapters 1 to 19 may be assigned to provide further specification of the condition.

Coding Matters Vol 15, No 2: Discusses spilled stones and states where a cut is *unintentional*, the codes that should be used are:

T81.2 *Accidental puncture and laceration during a procedure, not elsewhere classified*

S36.17 *Injury of gallbladder*

Y60.0 *Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care, during surgical operation*

Y92.22 *Health service area*

3M Codefinder for accidental cut during surgery gives a choice whether or not to add a chapter code.

CRDS current edits for T81.2 are:

Companion codes between ICD V00 and Y9199 are required After ICD T812

Companion codes between ICD Y94 and Y9899 are required After ICD T812

J. Turtle suggested an edit - T81.2 requires:

Companion codes between ICD S00 and S99 are required After ICD T812

Companion codes between ICD Y600 and Y609 are required After ICD T812

Companion codes between ICD Y9222 and Y9222 are required After ICD T812

J. Turtle asked QCC members for their advice on this. K. Marshall said that she thinks it is optional and we would not always know the injury. J. Turtle stated that it would be a documentation problem. C. Martin said that usually if there was a perforation it would be documented. J. Turtle said that from a VLAD perspective we would want to know about this and we probably ask if the site is not stated. L. Vu asked what if they repaired a serosal tear. C. Martin suggested that you would code the appropriate S code for the specific injury. J. Turtle suggested that ASC1904 under example 9 should say additional code "xx" should be assigned where possible to provide information about the injury. C. Martin suggested a warning edit. QCC members discussed making it a fatal edit but consensus was to suggest a warning edit for this code.

Action Items:

- C. Martin to investigate implementing a warning edit for T81.2

7 CAEU Update

C. Martin advised the committee that they are still writing reports. C. Martin clarified that no audits will start until the completion of all outstanding reports.

8 3M Codefinder Update

S. Ferdinands advised that testing was underway for the Codefinder V4.9.3. Testing should be completed by the end of the week and released by the end of November 08.

9 Correspondence

9.1 Incoming

- 9.1.1 QCC queries
- 1108-01 Codefinder code also when performed frame - LLETZ
 - 1108-02 Foreign body found in heart post removal of IVC filter
 - 1108-03 Coronary CTA and CT calcium score
 - 1108-10 Atrial Fibrillation
 - 1108-12 Urinary Retention
 - 1108-04 Bipolar Affective Disorder 'Current or Most Recent Episode'
 - 1108-05 Cystic Fibrosis
 - 1108-06 MRSA and VRE
 - 1108-07 Z76.2 Health supervision and care of other healthy infant and child

Held over for next meeting as there was not a quorum to make a decision

- 1108-08 Mendelson's Syndrome
- 1108-09 Admission for Insulin Pump
- 1108-10 Atrial Fibrillation
- 1108-11 External Cause Codes
- 1108-13 NCCH Workshop handout & Coding Matters Vol. 15 No. 2 Page 8
- 1108-14 RSV bronchiolitis with NG feeding

- 9.1.2 NCCH Response to QCC queries
Response was received on the Incidental Findings Article and the Additional Diagnosis Flowchart

- 9.1.3 Correspondence to the Committee
Nil

9.2 Outgoing

- 9.2.1 QCC Queries to the NCCH
Nil

- 9.2.2 QCC Grouper Anomalies to DoHA
Nil

- 9.2.3 Correspondence from the Committee
Nil

10 Next Meeting

Next QCC meeting is on 11th December 2008. This will be a shorter meeting and will be held at QHB, Level 3, Videoconference Room followed by a 12.30pm QCC Christmas lunch at Charlotte's Bar and Bistro.

11 Closure of Meeting

Meeting ended at 2:00 pm