

Queensland Coding Committee

9th July 2009

Minutes of the 204th Meeting

1. Attendees

Stephanie Ferdinands (Convenor)	Statistical Standards Unit
Melanie Scott (Secretariat)	Statistical Standards Unit
Harry Georgas	Statistical Standards Unit
Julie Turtle	Statistical Standards Unit
Kellie Marshall	Royal Brisbane & Women's Hospital
Lilian Vu	Princess Alexandra Hospital
Ruth Curnow	Rockhampton Hospital
Meegan Snell	3M Codefinder
Sophia Ovchinnikoff	Clinical Information Management, Information Division
Debbie Abbott (Teleconferencing)	Resolutionsint
Lenore Berry (Teleconferencing)	Northern Area Health Service
Kirsten Hinze	Gold Coast Health Service District
James Chippendale	HBCIS Application Specialist

Guests

Liz Culleton	Workplace Relations Unit
Fiona Heap	Workplace Relations Unit
Maraea Barker	HBCIS Application Specialist

2. Apologies

David Quigley	Medmin Pty Ltd
Lisette Ramsden	Toowoomba Health Service District
Anthony Smith	The Prince Charles Hospital
Kym Wimberley	Gympie Hospital
Andrea Chitakis	Health Statistics Centre
Corrie Martin	Statistical Standards Unit
Ann Stewart	The Wesley Hospital
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Jenny Nicol	Queensland University of Technology

3 Confirmation of Minutes of the Previous Meeting

- May minutes ratified by H. Georgas and K. Hinze
- June minutes ratified by R. Curnow and L. Vu

4. Quality Hour Discussion Forum

5. Business Arising from Minutes of the Previous Meeting

5.1 VLAD Update

5.2 HBCIS Update

J. Chippendale welcomed M. Barker who will be acting in J. Chippendale's role while he is on leave.

J. Chippendale informed the committee that HBCIS 6.2.1 software release has been deployed across the state. If you notice any software issues, please contact the HBCIS team. The HBCIS team would like to thank the PA, QEII, Redlands and Moreton Bay Nursing Home for their assistance in being the pilot sites for this release. An issue was discovered that was due to iSOFT failing to change their HQI effective date perimeter setting when the software was installed. This has now been resolved. Thanks to everyone who was involved in rejecting and rerunning their HQI extracts.

The Incomplete coding flag has been deferred from the September release along with the Outstanding Diagnosis by Location Report.

There was a late Q-patch that was deployed with the 6.2.1 release. This was to do with suffixes with warning edits. Warning edits used to say 'Continue' and didn't have the option for 'Y' or 'N'. Some coders were getting stuck in the loop of hitting 'Enter' and it wasn't doing anything. The HBCIS team have added to the suffixes of all the warning codes to say 'Continue Y/N' so this should save some confusion.

The HBCIS team have done some analysis of the first month of data since releasing the locked port template. The HBCIS team is still compiling data to identify the fault.

There have been a couple of issues with some of the reference files within HBCIS that have been updated where EVA has not updated their parameters. Some sites have contacted the HBCIS team about potential SLA queries. These are correct from a HBCIS perspective; however, the EVA report keeps sending the edit back to the site for validation. J. Chippendale is currently working with Leigh Roberts from DCU to ensure those parameters within the EVA being updated so that these errors aren't being reported by EVA.

The deadline for enhancement request submissions has closed for the September HBCIS release. The March deadline for any HBCIS enhancement requests still needs to be decided with iSOFT.

5.3 CSAC Update

Held over as C. Martin was an apology for the meeting.

5.4 Clinical Coder Reclassification Project

L. Culleton is currently acting as Senior Advisor at the Workplace Relations Unit while R. Rule is on a 3 month secondment.

Information Sessions

- At the recent Clinical Coder Reclassification Information Sessions there was about a 50% attendance rate.
- An email summarising the information was sent to those afterwards.
- As a result of the questions asked at the information sessions, F. Heap has developed an extensive list of frequently asked questions that will be uploaded to QHEPS in the next 2 weeks.

Clinical Coder Reclassification Applications

- Applications have already been received. An email was sent on Tuesday to Clinical Coder Managers outlining the basic process and deadlines. S. Ferdinands asked L. Culleton to forward this to her so she could distribute it to the QCC.
- All application documents need to be sent to L. Culleton or F. Heap.
- L. Culleton will collate all documentation and forward to payroll.
- Please inform L. Culleton if anyone thinks there might be a delay with an application so she can negotiate deadlines with payroll.
- The spreadsheets attached to the email listing all clinical coders applying for the process must be filled out, as this spreadsheet will be used to collate a master spreadsheet to be sent to Payroll. This is considered the most crucial document from Payroll's point of view as it will be used to calculate all the classifications and back pay.

Main Deadlines

- The Workplace Relations Unit needs to receive all reclassification applications by COB 24th July 2009 for those receiving the direct appointment.
- All limited application pool recruitment processes and applications need to be received by 31st August 2009.
- These deadlines must be adhered to so that all the paperwork can be passed on to payroll to ensure back pay and classifications are paid at the correct time. If these

deadlines are adhered to, HR has agreed to process all these applications by 2nd October 2009.

Meeting Month	Action Items	Outcome
July 2009	L. Culleton to send email outlining basic process and deadlines to S. Ferdinands	
July 2009	S. Ferdinands to distribute this email to the QCC	

5.5 PICQ2008™ Update

The PICQ2008™ was rolled out 2 weeks ago. If you haven't applied, please fill out an application form on the QCC website:

http://www.health.qld.gov.au/qcc/html/qcc_picq.asp.

There are 59 hospitals registered so far with no major issues reported.

M. Snell asked if facilities share their results with the SSU. S. Ferdinands advised that this is not currently set up to occur. M. Snell stated it would be interesting to see how many errors were first picked up across the state as opposed to how many errors SSU pick up once errors had been amended.

J. Turtle commented that this would be of particular benefit if there is a specific indicator that's flagging across hospitals as this may indicate something about the way the standards have been written. It could indicate that the NCCH believe a certain standard means one thing, but it may be read by coders in a different way. M. Snell commented that it could also indicate that a new edit is needed.

S. Ferdinands will carry out some analysis on data that has come in prior to the release of PICQ2008™ and data that has come in after the release of PICQ2008™. M. Snell noted that it will be interesting to know what errors SSU are still getting and how they can be potentially eliminated. Some hospital contacts say that 'A' errors in PICQ2008™ are incorrect, so hospitals are just ignoring these errors. This may cause complications when SSU receive hospital data as they might not understand the hospital's logic. S. Ferdinands noted that if facilities identify issues with the PICQ indicators to email picq@health.qld.gov.au and report the issue.

S. Ferdinands will send out a reminder email about applying for PICQ2008™ to all facilities that haven't applied and then follow-up with phone calls. It is the intent of the SSU that PICQ2008™ will be made available to all hospitals. S. Ferdinands will also send out an email asking people to report any significant or recurring errors/issues with the PICQ2008™ indicators.

Meeting Month	Action Items	Outcome
July 2009	S. Ferdinands to carry out analysis on PICQ2008™ data	
July 2009	S. Ferdinands to send out a reminder email about applying for PICQ2008™ and follow-up with phone calls	
July 2009	S. Ferdinands to send out an email asking people to report PICQ2008™ errors	

6. Other Business

6.1 Coding up/down arrows

K. Marshall raised the issue relating to coding up/down arrows for QCC discussion and to consider an interim response.

The March 08 query (0208-04) concerning coding arrows has been sent to the NCCH. The QCC are still waiting for a response from the NCCH. This query was also raised at a recent meeting. The latest QCC Interim decision from the April 2009 QCC Meeting (0409-03) states:

The Committee advises until clarification is received from NCCH, with the exception of those instances specifically cited in an Australian Coding Standard, (e.g. ↑chol, eGFR), not to assign a diagnosis code solely on the basis of documentation of an abbreviation using an arrow or a value (regardless of whether there is an associated intervention).

QCC advises that until NCCH advice is provided, clinical clarification should be sought in all cases where it is likely that this would result in substandard capture of information (e.g. where there is an intervention such as treatment change or where documentation seems to imply the trend or value is problematic).

There was discussion about this interim decision.

H. Georgas mentioned a Coding Matters article from 2005/2006 that went against Victorian coding suggestion. He commented that Queensland has always said 'No' to arrows.

J. Turtle believes if there is an intervention for a condition, then the condition should be coded. K. Marshall asked if coders should then code anything with an arrow. K. Hinze stated that coders have to have a certain amount of clinical knowledge to code. L. Vu observed that coders have to be careful when coding arrows as different clinicians consider some readings a diagnosis where others don't. So making a state wide decision about coding arrows is a big decision to make. L. Vu thought it was best to wait

for the NCCH to make a decision. K. Hinze used anaemia as an example when low haemoglobin may be reported, but it doesn't necessary mean the patient had anaemia.

J. Chippendale suggested a consistent approach was needed. This may be achieved through doctor education on the use of arrows, which usually occurs on orientation. J. Turtle would like the summary/end statement to be arrow free and contain diagnoses. K. Hinze commented that some patients have such large episodes that some conditions may not be a factor on discharge and thus would not be mentioned in the summary.

K. Hinze mentioned it is important to get a response from the NCCH and asked if we could get some timeframes on when queries would be answered from the NCCH. H. Georgas will try and chase up outstanding queries with the NCCH to get a definite decision on this query.

S. Ovchinnikoff stated that there is no corporate list of approved abbreviations, acronyms and symbols. Each district makes their own decisions and has their own lists of these. There is no standardisation or consistency across the state. J. Turtle confirmed that a state and national approach is needed.

S. Ferdinands remarked that it is important to gather information and analyse the data before making decisions.

J. Turtle mentioned that another issue is changing practice after July as it will affect the data representation. At the moment everyone is coding differently. It might be best to continue what we are doing until we have a reasonable date to make such a change.

It was agreed that the current QCC interim advice will stand until the QCC receives a response from the NCCH.

Meeting Month	Action Items	Outcome
June 2009	S. Ferdinands to send out action item spreadsheet.	To resend
July 2009	H. Georgas to follow up with the NCCH	
July 2009	S. Ferdinands to look into anaemia data to search for coding trends	

6.2 Code sequencing (external and morphology codes) - Not discussed at the July meeting

6.3 Procedures normally not coded - Not discussed at the July meeting

6.4 Cancelled Procedures - Not discussed at the July meeting

- 6.5 Incomplete Coding Flag - Not discussed at the July meeting
- 6.6 Action items spreadsheet - Not discussed at the July meeting
- 6.7 Electronic Discharge Summary - Not discussed at the July meeting
- 6.8 Central venous and arterial lines Vol 15 Page 5 - Not discussed at the July meeting
- 6.9 Clinical Service Capability - Not discussed at the July meeting

6.10 QCC Terms of Reference and Expression of interest for membership

The following points were discussed and agreed upon.

Meeting Attendance

- The minimum number of meetings QCC members should attend each year was discussed.
- The number of members permitted in the committee was discussed and members who fail to regularly attend meetings was questioned.
- K. Hinze suggested the QCC Attendance register be reviewed and emails sent to those who don't regularly attend meetings to ascertain if they still want to be a member of the committee. It was recommended this QCC membership review occur annually.

EOI for membership

- QCC considered sending out an EOI for audit/educators to join QCC for the query section of the meeting, but decided to delay this until results of the QCC Attendance Register Review were available.
- S. Ovchinnikoff recommended contacting HR (once all the clinical coder reclassifications has been finalised) to obtain an up to date list of who has been appointed to what roles within each district.

Observers

- S. Ovchinnikoff suggested considering the option of observers that can teleconference in. She also suggested tapping into the clinical networks to use as a reference and get subject matter expertise to resolve queries. This information is available on QHEPS.
- It was included in the TOR that the QCC will seek advice from clinical networks to access subject matter expertise when required. QCC will also maintain a key contact list.
- There was discussion about the role of observers, options for teleconferencing and definition of observer as someone with a particular interest in QCC business or

clinical coded data. Observers may contribute to questions and discussion, however agreed outcomes and decisions are to be finalised by committee members.

- J. Chippendale suggested guests nominate when they would like to attend a meeting – when there is a topic of interest for them.

Membership by proxy

- L. Berry brought up the issue of membership by proxy. S. Ferdinands confirmed that when an original committee member resigns, their proxy needs to apply for QCC membership before they can be considered a full member.
- S. Ferdinands reiterated that membership is linked to the individual and their skills and knowledge in coding, not their role or hospital.

Meeting Month	Action Items	Outcome
June 2009	S. Ferdinands to send out the final draft of TOR	In Progress
July 2009	S. Ferdinands to review the QCC Attendance Register and send emails questioning the membership of those members who don't regularly attend meetings	

6.11 Edit on J69 Aspiration Pneumonia

D. Abbot would like clarification on the instructional note on J69 on external causes. It states 'use external cause code when required'. There is an edit on this that comes up on the hospital validation report. S.Ferdinands asked for the edit ID as she could not locate an edit under J69 on CRDS during the meeting. D. Abbot inquired why the edit was put on this code, if this edit is still needed and whether there is an edit on it because of the coding query or for some other reason.

S. Ferdinands advised that we need to know the details of the edit, the ID and what code it is stored with in order to progress. D. Abbott agreed and noted that if the edit exists because of the coding query, this is not correct, because the standards give you the option not to code external causes. There are other codes like acute renal failure that also has this instructional note. However, these do not have edits. Does there need to be edits on the other codes this applies to? Does the instructional note need to be changed? D. Abbot would like there to be some consistency. L. Berry believes a lot of coders get around this edit by coding unspecified external cause codes so the edit doesn't appear.

J. Turtle referred to the previous NCCH edition which stated code external cause codes only if you knew what they were. J. Turtle commented that the standards need to state to code external cause codes only if it adds value.

Past queries were searched and discussed, but none referred particularly to the assigning of external cause codes that don't add information. S. Ferdinands advised that more investigations need to be carried out to find out what the edit says and to research the other codes/edits. An edit number is also needed.

J. Turtle referred to a NCCH query and response from 09/12/2004 in the 4th edition:

Our query relates to the use of the instructional notes in the tabular list of Diseases, (Volume 1) of ICD-10-AM... Our discussion centred on whether an additional code should be assigned if that code was a non-specific code... It became apparent that there were significant inconsistencies in the way in which these instructional notes are generally applied.

Our question is: Should the instructional notes be followed in every case, or should the coder make a decision regarding whether or not the additional code adds further information and only assign an additional code when this is the case? Some of these are easily identified as instructions that are applied only when certain conditions exist (identify all manifestation of HIV), (identify presence of hypertension). Others however imply that a code should be added even if no specific information is available ('add additional external cause code to identify the drug' appears at L27.0 generalised skin eruption due to drugs and medicaments)

The NCCH decision stated that: *Coders should decide on an individual case basis if the assignment of an additional code is necessary to translate the medical statement into code.*

J. Turtle would like the standards to state that this refers to all instructional notes of this nature.

S. Ferdinands will find out what the edit on J69 says and locate if it applies to any similar codes. S. Ferdinands will also follow up with the NCCH about the response to Mendelson's and for aspiration pneumonia

Meeting Month	Action Items	Outcome
July 2009	D. Abbot to send S. Ferdinands edit number on J69	
July 2009	S. Ferdinands to research the edit on J69 and to follow up with the NCCH about the response to Mendelson's and for aspiration pneumonia queries	

7. CAEU Update

J. Turtle has finished the coding audit at Nambour. J. Turtle's next planned coding audit is at Gympie. However she is still waiting on approval for this visit.

8. Codefinder Update

S. Ferdinands advised that Codefinder V5.2.2 was rolled out to all sites yesterday. An email was sent out that stated that Codefinder V5.2.1 failed roll out due to an issue with the MSI. The issue with the MSI has been fixed, but because the system can't handle a re-rollout with the same number, the version number had to be changed to V5.2.2. V.5.2.1 and V.5.2.2 are the same version.

On the Coders InSite web page, some of the documentation from 3M still refers to it as V5.2.1. S. Ferdinands has updated all QH documentation, but can not change 3M documentation, so she will add a note on the QCC website stating that V5.2.1 and V5.2.2 are the same product. S. Ferdinands noted that anything that is July is the current version of Codefinder. The version in use on your computer can be checked by clicking on the Start icon, selecting All Programs, then 3M HIS and the version installed on your computer will appear on that list. Once the new roll out has been implemented, all documentation on your screens should say V5.2.2. S. Ferdinands will send out instructions on how to confirm the version using the right Codefinder.

The Codefinder contract hasn't started negotiations yet as we are still waiting for CIO's approval.

9. Confirmation of Queries from previous meeting

9.1 Correspondence

9.2 Incoming

9.2.1 Queries

QCC_ID	Query summary
0709-01	Crush & Compression fractures
0709-02	Difficult Intubation
0709-03	Use of Z35.5x as Pdx
0709-04	Gestational Trophoblastic Disease
0709-05	Newborns and meeting the criteria for coding under ACS 0002
0709-06	Obstetrics Chapter vs ACS 0002
0709-07	Zonular Dehiscence
0709-08	Errata 3, March 2009 – ICD-10-AM Index: Place of Occurrence - Highway Y92.49
0709-09	T2DM with Renal Impairment/Failure NOS
0709-10	Sedation with Ventilation

9.2.2 NCCH response to QCC queries

Queries to the NCCH with NCCH IDs

0308-08	Q2485	Leaking gastrostomy tube
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9.2.3 Correspondence to the Committee

9.2.4 Outgoing

9.2.6 QCC queries to the NCCH

10 Next Meeting

The next QCC meeting is on 13 August 2009. This will be held at **Forestry House, Level 14, and Conference Room.**

11 Closure of Meeting

Meeting ended at 3.00pm.