

Queensland Coding Committee

14 May 2009

Minutes of the 202nd Meeting

1. Attendees

Stephanie Ferdinands (Convenor)	Statistical Standards Unit
Corrie Martin (Secretariat)	Statistical Standards Unit
Andrea Chitakis	Health Statistics Centre
Julie Turtle	Statistical Standards Unit
Kellie Marshall	RBWH
Kym Wimberley	Gympie Hospital
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Lilian Vu	PA Hospital
Lisette Ramsden	Toowoomba Health Service District
Ann Stewart	The Wesley Hospital
Kirsten Hinze	Gold Coast Health Service District
Meegan Snell	3M Codefinder
Sophia Ovchinnikoff	Clinical Information Management, Information Division
Jenny Nicol	Queensland University of Technology

Guests

Robert Rule	Human Resources Branch
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2. Apologies

Debbie Abbott	Resolutionsint
Lenore Berry	Northern Area Health Service
David Quigley	Medmin Pty Ltd
Melanie Scott	Statistical Standards Unit
Ruth Curnow	Rockhampton Hospital
Anthony Smith	The Prince Charles Hospital
James Chippendale	HBCIS Application Specialist

3. Confirmation of Minutes of the Previous Meeting

QCC members agreed that queries from previous meetings will be ratified in the second half of the meeting, just before the new queries are discussed. The following minutes from previous meeting were ratified.

- February 2009 minutes confirmed by L. Ramsden and C. Martin.
- March 2009 minutes confirmed by K. Hinze and K. Wimberley
- April 2009 minutes confirmed by T. Matthies and K. Wimberley

4. Quality Hour Discussion Forum

Topic: Review of the QCC Query process & QCC database review

S. Ferdinands advised that H. Georgas has joined the Data Quality Team to work on the project of reviewing the QCC Query Database. H. Georgas is reviewing coding queries as far back as 2000. H. Georgas noted the difficulty in searching the database and has drafted a contents page/index of all queries. This will allow coders to review queries by topic and chapter. C. Martin advised that this will provide a more intuitive process for Coders. D. Abbott noted that NSW Health has developed a query database which linked to Coding Matters and the coding standards.

The QCC then discussed the recommendations for the QCC query process review. S. Ferdinands asked members to refer to the recommendations on page 8 of the April minutes.

Issue 1 - Recommendation 1: Queries that are currently answered “in-house” to be tabled as being addressed “in-house” at the next QCC meeting.

QCC agreed that all QCC queries are put forward and tabled at QCC meetings, those queries that are easily answered are done so by the Data Quality Team. The Query and answer is tabled at the QCC meeting for discussion and ratification/agreement will be sought by QCC members in relation to the query answer.

Issue 1 - Recommendation 2: QCC queries should only be accepted if submitted on a QCC query form.

- QCC agreed with this recommendation

Issue 1 - Recommendation 3: An automated response should be sent to each inquirer so that they know that QCC have received their query.

- QCC agreed with this recommendation

Issue 1 - Recommendation 4: ‘Spill over’ issues, that is, queries that come out of queries, should become new queries, where necessary.

- QCC agreed with this recommendation

Issue 1 - Recommendation 5: The interim responses should be written up by a member with a coding background and Query interim responses should be written up and agreed to at the meeting.

QCC members agreed with recommendation 5

Issue 1 - Recommendation 6: QCC query process should be clear and transparent and available for those outside of the committee to understand.

- QCC members agreed with the process map.

Issue 2 - Recommendation 1: Ensure that if ratification is going to be out of session, that a time frame for comment is clearly stated.

- QCC agreed with this recommendation

Issue 3 – Recommendation 1: The key skill requirements for members

- QCC members to consider key skill requirements for the TOR.

Issue 3 – Recommendation 2: That more than 2 members should be required for query response ratification.

- QCC members agreed that half of the quorum will be required to ratify the queries.

Issue 3 – Recommendation 3: That minimum attendance should be put in place ie 6-8 meetings must be attended and if the member is unable to attend, then a proxy should be sent.

S. Ferdinands noted that at current, the TOR states attendance requirement as 6-8 meetings in the year, and noted that consideration will be given for certain circumstances. There is facility to video conference or teleconference into the meeting. C. Martin added that teleconference/video conference option can be for the first half or the last half of the meeting.

- QCC members agreed that minimum attendance should be 7 meetings (with exceptions given under special circumstances). If the member is unable to attend, a suitable proxy should represent this member.

Issue 4 – Recommendation 1: The QCC agenda be altered so that Query Ratification is moved to the second half of the meeting, just before the query discussion. This will allow more discussion and time to give feedback on query write ups.

- QCC agreed with this recommendation

Issue 5 – Recommendation 1: Ensure that query responses are clearly formatted to highlight the QCC response, interim decision and action required (including the NCCH query).

- QCC agreed with this recommendation

Issue 5 – Recommendation 2: If an NCCH query is going to be sent, include this in the query response.

- QCC agreed with this recommendation

Issue 6 – Recommendation 1: NCCH queries to be reviewed by members before they are sent to the NCCH.

- QCC agreed with this recommendation

Issue 7 – Recommendation 1: The QCC query form should be reviewed – to cater for the answering of specific questions and to specify standards that relate to the questions.

- QCC agreed with this recommendation

S. Ferdinands asked the committee if there were any further comments in relation to the QCC Query process.

Issue 8: Holding over queries from month to month.

Recommendation:

- Changing format of the meeting and having queries at the beginning of the meeting or alternate the meeting format.

Issue 9: Length of the QCC meeting, meeting structure and how the meeting is run. There was discussion over the length of the QCC meeting and possible solutions. It was agreed the meeting format will remain as is for the time being.

5. Business Arising from Minutes of the Previous Meeting

5.1 VLAD Update

5.2 HBCIS Update

5.3 CSAC Update

C. Martin advised that Swine flu was the first topic of the previous CSAC meeting. C. Martin referred to the email sent out to committee members earlier in the week regarding how to code Swine flu, advising that suspected or confirmed to be coded as J09.

C. Martin noted that the Chemotherapy options discussion paper was a proposal to stop coding chemo therapy procedures when a patient came in for Chemotherapy. Essentially this came out of changes with version 6 DRG. With the latest COAG

indicators and changes, we are going to need more information not less about what chemo is being done. This was put forward to CSAC and it was noted that no changes at this point.

C. Martin advised that there was discussion on the principal diagnosis, if a patient comes in and delivers, regardless of what the patient has actually come into the hospital for the PD goes to O80. Where a patient comes in with an antepartum condition and they are documented as having an induction/Caesar or delivery than the O80 will be the PD. This will overcome the actual reason as to whether they are in for the induction or if they are still managing the antepartum condition. This was the consensus at the meeting, but we will have to wait until we see the paper to confirm this.

C. Martin advised that the paper on diabetes mellitus and increased glucose is coming back again because there is not agreement on this issue. There was discussion on the changes of coding diabetes. C. Martin noted that the NACSC indicator will enable us to code diabetes as we like and it will not be reported or included in DRG calculations. There was discussion on the variation of coding diabetes between members of the committee. C. Martin to send an email out to gather information on how we are currently coding diabetes to establish the variances

C. Martin noted that the combination drugs article was raised at the November meeting. The recommendation is to code out components rather than to class. There was discussion about how members of the committee code combination drugs, as there is variation amongst coders. C. Martin to resend the paper on combination drugs. D. Abbott commented that the NCCH workshop advised that combination drugs to be code out components. C. Martin advised that this paper is under consideration and has not been agreed to.

Meeting Month	Action Items	Outcome
April 2009	C. Martin to send out the committee an update on CSAC queries.	Complete
April 2009	C. Martin to send out feedback from private hospitals on chemotherapy coding options paper. –	This has not actually been sent out. CSAC do not have access to this
May 2009	C. Martin to send an email out to gather information on how we are currently coding Diabetes to establish the variances.	
May 2009	C. Martin to follow up with E-Health regarding the combination drugs article and forward the article on combination drugs to members again for review.	

5.4 PICQ2008™ Update

S. Ferdinands thanked Gympie, Nambour and RBWH for assisting with the trial and advised the committee that these sites successfully tested the Queensland Health step by step procedures for using PICQ2008™.

The QCC website will have a page on 2 PICQ2008™ the content for this website, as well as the step-by-step procedures for using PICQ need to be signed off and approved before they can be released.

S. Ferdinands advised that the Health Statistics Centre will be providing PICQ2008™ free to all public and private hospitals that supply Queensland Health with coded hospital morbidity data. Representatives from facilities can complete an online application form for PICQ2008™ that will be available at www.health.qld.gov.au/qcc. Upon approval, the users will have access to a to the PICQ2008™ product, and instructions.

M. Snell asked if private hospitals will have to get their data out of PAS. S. Ferdinands advised that this is correct, they will have to organise for a data extract to be created for them that is inline with the input file specifications for PICQ2008™. This is in the NCCH user guide and the step by step procedures for using PICQ2008™.

5.5 Clinical Coder Work Value Project

R. Rule attended the meeting and provided the following update on the project in relation to Clinical Coder Reclassification.

Recommendations were:

- AO3 should be retained as the classification of entry level coders
- The higher work value of suitably experienced and competent clinical coders should be recognised at the AO4 level

Queensland Health is in the process of reclassifying clinical coding positions. This will be achieved through a two phase process.

Phase One: Reclassification of AO3 Clinical Coders, who already satisfy the criteria for demonstrated skills and competency to code independently and have two years coding experience. Reclassification from AO3 to AO4 from 1 Sept 2009 or a subsequent date when identified as having met the criteria for reclassification.

Phase Two: Involves an ongoing process of recognising the higher work value of clinical coders as their skills and experience grow. New clinical coders with limited experience will be appointed to AO3 positions. After performing duties of an AO3 clinical coding role within Queensland Health for two years, upon demonstrated proficiency by

meeting certain criteria, their position will be reclassified and appointment to AO4 clinical coder will result. These appointments will still be required to satisfy the criteria for direct appointment as prescribed in the Recruitment and Selection Directive 03/09. Experienced clinical coders can be recruited directly to AO4 clinical coding positions if selected through an open merit process.

R. Rule asked for input on what to title each clinical coder level. General consensus was to leave at Clinical Coder AO3 and Clinical Coder AO4.

J. Nicol asked if the current competency included QUT, as they do have a certificate course intermediate and introductory coding courses. R. Rule advised no, it did not include QUT, they are using it to demonstrate a level of competency. So even someone who doesn't have any qualifications after 2 years in the role and the manager is willing to endorse the competency then they can be reclassified. Qualification is in no way mandatory in proving competency.

S. Ovchinnikoff asked about what determines competency. R. Rule advised investigations are being carried out in relation to this. J. Turtle advised that there are already some guidelines available. It was suggested that competency guidelines will be further developed over time.

S. Martyn asked about movement toward a standardised state wide competency level. R. Rule advised that this will be difficult, for example a coder who is an AO4 in a rural area would probably not be able to fulfil the competency of coding required at a larger metropolitan hospital with a larger and more varied case mix. S. Ovchinnikoff noted that there should be at least common base level of competency that can be adapted between districts. R. Rule agrees that there needs to be a body that does this work and sets these standards and this is not really the role of the HR branch.

R. Rule asked that QCC members send him any input which may be helpful with the setting of competency guidelines. R. Rule will broadcast all relevant information/forms to all and would appreciate any feedback. He advised that QCC members should be considering if there is a peak body that can work on setting standards regarding competency. K. Hinze offered to send R. Rule a copy of existing standards to assist in the interim. R. Rule advised that standards will need to be adjusted to be District specific due to the difference in systems within each hospital. S. Ovchinnikoff offered to send a state wide list of HIMs to R. Rule and advised that Jo Buckland would be a good contact for input from HIMs. R. Rule advised that a working party will be set up and anyone wishing to be involved should contact him.

R. Rule asked for any further questions to be directed to him via email.

6. Other Business

6.1 Code Sequencing (external and morphology codes)

6.2 Procedures not normally coded

D. Abbott advised that now has a list of procedures not normally coded and has also talked to the NCCH. D. Abbot was looking at whether they are a root of another procedure as there are some interesting things on the list and wondered if it would worthwhile doing scenarios of procedures that are on the list. C. Martin advised that the procedures not normally coded CSAC paper has not been finalised. S. Martyn suggested that further investigations be done in relation to the variance in recording procedures not normally coded and suggested data analysis be conducted. S.Ferdinands to do this. D. Abbott to send through the list of compiled procedures not normally coded to S. Ferdinands.

Meeting Month	Action Items	Outcome
April	J. Turtle to email S. Ferdinands list of procedures not normally coded. S. Ferdinands will then forward to D. Abbott.	Complete
May	D. Abbott to send through the compiled list of procedures not normally coded to S. Ferdinands	
May	S. Ferdinands to conduct data analysis on procedures not normally coded	

6.3 Cancelled Procedures

6.4 Incomplete Coding Flag

6.5 Action Items

Action items have been sent out to members. It is confirmed that there are no outstanding action items that members need to follow up or discuss.

Meeting Month	Action Items	Outcome
April	S. Ferdinands to create action items spreadsheet.	Complete

6.6 Incidental findings and Additional Diagnosis

K. Wimberley sent through the incidental findings articles as a set of queries and C. Martin has now forwarded them to the NCCH.

S. Ferdinands to post Additional Diagnosis flowchart on web page once signed off by Executive Director, Centre for Healthcare Improvement.

Meeting Month	Action Items	Outcome
April	C. Martin to include 'incidental findings' queries in her submission to the NCCH.	Complete
April	S. Ferdinands to post 'Additional diagnosis flowchart' on web page.	Underway

6.7 Electronic Discharge Summary

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

6.9 Proposed Codefinder Site visit schedule

6.10 Qld State Edits: Consideration of maintenance and justification of variation

6.11 NCCH in regards to our query on Central venous and arterial lines Vol 15 Page 5

6.12 Clinical Service Capability Framework

6.13 QCC Terms of Reference and Expression of interest for membership

S. Ferdinands reiterated that the TOR needs to be finalised as QCC continue to have expressions of interest in positions on the committee. S. Ferdinands noted the three recommendations made in the April meeting and also discussed during the quality hour this month, would be worked into the TOR. These were:

Issue 3 – Recommendation 1: The key skill requirements for members

- QCC members to consider key skill requirements for the TOR.

Issue 3 –Recommendation 2: That more than 2 members should be required for query response ratification.

- QCC members agreed that half of the quorum will be required to ratify the queries.

Issue 3 – Recommendation 3: That minimum attendance should be put in place ie 6-8 meetings must be attended and if the member is unable to attend, then a proxy should be sent.

- QCC members agreed that minimum attendance should be 7 meetings (with exceptions given under special circumstances). If the member is unable to attend a suitable proxy should represent this member.

Meeting Month	Action Items	Outcome
April	S. Ferdinands to send the Terms of Reference to QCC members.	Complete
May	S. Ferdinands to send further draft of TOR to QCC members for comment.	

7. CAEU Update

8. Codefinder Update

S. Ferdinands advised that Data Quality are preparing for the 1 July 2009 roll out of Codefinder v5.2.1. Testing for this new version is underway.

Meeting Month	Action Items	Outcome
April	C. Martin to send 3M Codefinder site visit list to QCC for review.	Complete

9. Correspondence

9.1 Incoming

S. Ferdinands advised she had received an email regarding the relevance of 2 Codefinder enhancements that are currently registered on the Codefinder enhancement register. Two Codefinder Enhancement related issues have been added for discussion. Details of these Codefinder enhancements issues are as follows.

1) Issue: Relevance of the following Codefinder Enhancement:

Date Registered: 27/03/2007

E0039: Enhancement Request:

S. Ferdinands advised that she had a received a Codefinder enhancement to add in an option for "fluoroscopy" with the relevant orthopaedic procedure pathways. Fluoroscopy seems to be used so widely in conjunction with these procedures now, for examples ORIF. The option for fluoroscopy could be added after the last step, before the Codefinder prompts for anaesthetics. For example, "was this procedure done under Image Intensifier" or "was fluoroscopy used in conjunction with this procedure" then yes/no?

Additional information: This issue has been the subject of two QCC queries (please see reference to these in the table below). Considering the Query and NCCH response, S. Ferdinands asked whether QCC have any comment or feedback in relation to the issues raised and gather opinion on whether we should re-evaluate the enhancement request E0039.

QCC recommendation: QCC members recommended that this enhancement request is closed.

QCC queries for reference:

Query ID	Date	Query	QCC decision	NCCH response
0406-02	06-Apr-08	Do you code fluoroscopy/image intensifier when used in surgical procedures ie reduction of fractures, reconstruction of knee? Code is 60506-00 [1999] Fluoroscopy in conjunction with surgical procedure.	Individual responses by committee members indicate that some coders would be likely to code this while others would not. The committee have referred this query to the newly established QCC working party formed to give guidance on standard practice for coding non surgical procedures that are not covered by a specific standard and not listed in the in NCCH ACS 0042 (procedures not normally coded). The guidance paper produced will be referred to the in NCCH the ratification prior to distribution to coders. Awaiting Action. In the interim coders are advised to seek local advice from their coding manager or continue current	n/a
0205/03	10-Feb-05	Should we be coding the fluoroscopic component for the insertion of an epidural catheter for pain management episodes where a contrast medium has been used or there is notation of 'image intensifier guidance'.	The QCC could not reach a decision and decided to forward the query to the NCCH.QCC Database review May 2009: the code title of 60506-00 [1999] has not yet been amended in Sixth Edition to delete the term 'surgical'.	The NCCH supports the assignment of a code for 'fluoroscopy' as this procedure is not always performed with insertion of an epidural catheter. Assign: 60506-00 [1999] 'Fluoroscopy in conjunction with surgical procedure' Note: the code title of 60506-00 [1999] will be amended in a future edition of ACHI to delete the term 'surgical'

S. Ferdinands noted that the code title of 60506-00 [1999] has not been amended in ACHI. The term 'surgical' has not been deleted

2) Issue: Relevance of the following Codefinder Enhancement

S. Ferdinands advised that in the July 09 release of Codefinder there is now a use additional prompt to code underlying disease such as anaemia as per E0059 (please see details of this enhancement below). Considering this, should we re-evaluate Codefinder Enhancement request E0079 in light of this new enhancement to Codefinder.

S. Ferdinands provided details of the enhancement requests for reference:

Codefinder Enhancement Request E0079: Create a 'Commonly occurring co-morbidities of CKD' frame on the CKD pathway.

Codefinder Enhancement Request E0059: In the anaemia pathway it prompts coders for CKD. Is it possible to include this in the CKD pathway to prompt for anaemia?

QCC Recommendation: QCC members recommended that enhancement request E0079 to be closed.

Meeting Month	Action Items	Outcome
May 2009	S. Ferdinands to advise M. Snell to close enhancement requests E0079 & E0039	Complete

9.1.1 Queries

QCC ID	Query Summary
0509-01	Gallstone pancreatitis requiring laparoscopic cholecystectomy.

For information: These queries have been sent to the NCCH after QCC discussion on the Incidental Findings Article.

- 0509-02 *Incidental finding: Patient admitted with menorrhagia for vaginal hysterectomy. Pathology result shows leiomyoma of uterus. Principle Diagnosis: Menorrhagia*
- 0509-03 *Incidental Finding: 86 year old male admitted with haematuria secondary to BPH. A TRUS biopsy was performed. Pathology shows Adenocarcinoma prostate. Documented principle diagnosis: BPH*
- 0509-04 *Incidental finding: Patient admitted with chronic ongoing pelvic pain for abdominal hysterectomy. Pathology result shows CIN III. Principle Diagnosis: Pelvic Pain*
- 0509-05 *Incidental Finding: Patient admitted for hypertrophy of breast for reduction mammoplasty as a day only procedure. Principle Diagnosis: Hypertrophy Breast
Pathology came back 2 days post discharge showing DCIS of breast.*
- 0509-06 Diabetic foot ulcer with osteomyelitis
- 0509-07 Diabetes with hypoglycaemia. Uncontrolled blood sugar levels.
- 0509-08 Infected full thickness sunburn
- 0509-09 Tumour lysis
- 0509-10 Intentional drug overdose
- 0509-11 Pseudo-obstruction (e.g. Ogilvy syndrome) and mucosal colitis

9.1.2 NCCH Response to QCC queries

Queries to the NCCH with NCCH IDs

Q2505 - Diarrhoea complicating pregnancy

Q2506 - Trends and values

Q2507 - Adhesions noted but not divided

Q2508 - Extreme prematurity as a consequence of termination

Q2509 - Alcohol poisoning

Q2510 - Procedural complications

Q2511 - ACS 1117, 0046 & 1103

QCC Queries to NCCH with QCC IDs

0509-03 – Incidental Findings – BPH

0509-02 – Incidental Findings – Menorrhagia

0509-04 – Incidental Findings – CINIII

0509-05 – Incidental Findings - DCIS

Public Submissions to the NCCH

0908-02 - Temporal Arteritis

0908-04 - Hypertension/dyslipidaemia/ acanthosis nigricans with diabetes

0908-10 - Issue with ACS 1518 - Duration of pregnancy

ACS_1530 - Revision of ACS 1530

1008-06- Pregnancy with diarrhoea

1008-03- Coding of vacuum dressing

9.1.3 Correspondence to the Committee

Nil

9.1.3.1 NCCH Public Submission Rejection

This rejection is related to public submission 0908-04.

“Further to your discussion with Vera Dimitropoulos at the 1 May 2009 CSAC meeting, I must advise that the NCCH is unable to proceed with your submission.”

This issue is already under review as part of the Seventh Edition diabetes addenda proposal (7TN798 Diabetes review).

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 11 June 2009. S. Ferdinands noted that there had just been a special broadcast announcement advising that the previous QCC meeting location will be used for H1N1 video conference announcements every Thursday of the week. This means that the QCC will have to temporarily re-locate. S. Ferdinand advised that until the previous meeting room becomes available again, the QCC will be meeting at **Forestry House, Level 14, and Conference Room.**

11. Closure of Meeting

Meeting ended at 3.00pm.