

## Queensland Coding Committee

13<sup>th</sup> March 2008

### Minutes of the One Hundred and Eighty Ninth Meeting

#### 1.1 Attendees

Corrie Martin (Chair)	Statistical Data Standards & Strategy
Derelle Pratt	Royal Brisbane & Women's Hospital
Tanya Wingham	Northern Area Health Service
Kym Wimberley	Gympie Hospital
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Kellie Marshall	Mater Health Services
Anthony Smith	Prince Charles Hospital
Jenny Nicol	Queensland University of Technology
Wendy Adams	Clinical Information Strategy, Info Investment Branch
Belinda Lai	Toowoomba Health Service District – Proxy
Lilian Vu	Princess Alexandra Hospital - Proxy

#### 2. Apologies

Joanne Buckland	Clinical Information Strategy, Info Investment Branch
Kirstine Sketcher-Baker	QMSU Data Management and Analysis team
Lucy Kennedy	Logan Hospital
Ruth Curnow	Rockhampton Hospital
Julie Turtle	Statistical Data Standards & Strategy
Dr David Quigley	Medmin Pty Ltd
Elisabeth Skubis	HBCIS Application Specialist
Meegan Snell	3M Representative
Lisette Ramsden (Secretariat)	Statistical Data Standards & Strategy
Julie Garrett	Casemix Funding & Analysis Unit
Kirsten Hinze	Gold Coast Hospital

#### 3. Confirmation of Minutes of the Previous Meeting

K. Wimberley and T. Wingham

#### 4. Quality Hour Discussion Forum

No Quality Hour Presentation this month

## **5. Correspondence**

### **5.1 Incoming**

#### **5.1.1 QCC Queries**

0308-01 - Low Rectal Carcinoma ULAR with Loop Ileostomy -

0308-02 - PD -Carpal Tunnel PP – Release Carpal Tunnel (performed under LA)

0308-03 - Admission for cystoscopy with no documentation of a symptom or indication for the procedure.

0308-04 - Mucoperiosteal flap

0308-05 - Major Depressive Episode

0308-06 - Adhesions noted in operation notes not divided

0308-07 - Routine hysteroscopy, dilation & gentle sharp curette to remove polyps

0308-08 - Leaking gastrostomy tube

0308-09 - Exacerbation of COPD after treated of COPD with pneumonia

0308-10 - Thrombophlebitis and Left cephalic vein thrombosis (non occlusive) related to PICC insertion for IV antibiotics

#### **5.1.2 Incoming: NCCH Response to QCC Queries**

Q2392 - High output ileostomy

Q2393 - Acute blood loss in neoplastic disease

Q2394 - DIEP Flap for breast reconstruction

Q2397 - Monitoring and observation of newborn

Q2398 - Multi-day admission for insertion of Tenckhoff catheter for dialysis

Q2399 - Personality Trait

Q2400 - Postprocedural anaesthesia

Q2401 - Recurrent shoulder dislocation

Q2402 - Suicidal ideation

Q2404 - T-cell lymphoproliferative disorder

Q2406 - Post cholecystectomy pain

### **5.1.3 Incoming – Correspondence to the Committee**

Resignation Letter from Sarah Low

HQI query re: epigastric hernia.

Committee members agreed that there was an issue with the ACHI. This issue will be further explored by DQ&S and contact made with the NCCH.

## **5.2 Outgoing**

### **5.2.1 QCC Queries to the NCCH**

Nil

### **5.2.2 QCC Grouper Anomalies to DoHA**

Nil

### **5.2.3 Correspondence from the Committee**

Nil

## **6. Business Arising from Minutes of the Previous Meeting**

### **6.1 HBCIS Update – held over**

See attachment 1 for hand-out

### **6.2 CSAC Update**

At the last CSAC meeting on 17<sup>th</sup> March in Sydney, the CSAC members discussed further the evolution of the public submission process. It is intended that the public submission process will be on-line and accessible 12 months of the year. Due to resourcing issues in the NCCH, the project completion date has been extended to July 2008.

Currently, there are only 19 queries outstanding in the NCCH query process. The future intention regarding query responses from the NCCH is to pass queries through CSAC for ratification. Ratified queries will be then published in Coding Matters or in the 10-am Commandments.

There were further discussions regarding the principal diagnosis in obstetrics. CSAC members were firmly committed to a standardised process of coding obstetrics.

CSAC has started progress toward 7<sup>th</sup> Edition. At the March meeting we considered agenda papers on:

- Kaposi sarcoma
- Ischaemic Heart Disease
- Morphology sequencing

- STING procedure
- Uncinectomy
- Extracorporeal radiation
- Endoscopic Lothrop procedure
- Thymectomy
- Fat graft
- Meckel's diverticulum
- Laparoscopic cholecystectomy
- Correction of stenosis
- Giant cell reparative granuloma
- Premature rupture of membranes
- Hysteroscopy with replacement of IUD
- Admission for removal of contraceptive device
- Postpartum haemorrhage
- MBS updates Nov 06, May 07 and Nov 07
- Single Event Multilevel Surgery (SEMLS)
- Closed (endoscopic) drainage of pleura
- Administration of surfactant to newborn
- Changing the behaviour codes of morphology codes to indicate a secondary status of the neoplasm

The importance of the NCCH T code survey was re-iterated. I would encourage Queensland coders to take the time to do the T code survey. Please refer to the NCCH site for further information:

[http://nis-web.fhs.usyd.edu.au/ncch\\_new/icd\\_10\\_am\\_t\\_code\\_survey\\_guidlines.aspx](http://nis-web.fhs.usyd.edu.au/ncch_new/icd_10_am_t_code_survey_guidlines.aspx)

### **6.3 Casemix Funding in Queensland - held over**

### **6.4 PICQ Update**

C. Martin informed the committee that PICQ reports for the period 1/9/07-31/12/07 will be sent out shortly. DQ&S is in negotiations with the National Centre for Classification in Health (NCCH) regarding the purchase of PICQ 2008. This version of PICQ will apparently not be available for purchase until after July.

### **6.6 Clinical Coder Workforce Project – held over**

The QCC members indicated their concerns regarding the progression of this project. The members felt that time was running out and very little had actually been achieved.

*Action: QCC members asked that their concerns be relayed to the Clinical Coder Workforce Project Officer.*

## **7 Other Business**

### **7.1 Terms of Reference (TOR)**

The Committee asked that C. Martin send out draft TOR for their consideration

*Action: C. Martin to send out draft TOR to all committee members.*

### **7.2 Meeting Structure – 2008**

QCC members agreed that queries would be commenced after lunch. The queries would commence at 1pm and be completed at 3:30pm. D. Abbott asked the committee why the Victorian Coding Committee does not consider queries from audits at their coding committee meetings. The Convenor was unsure as to why this was

*Action: C. Martin to contact VICC regarding their processes as they pertain to queries that come out of coding audits.*

### **7.3 New Data Elements for Implementation**

QCC members raised concerns pertaining to the Other Co-Morbidity of Interest Indicator. The concerns were that clinical coders may code these conditions and fail to apply an indicator to them. This would mean that these codes would be incorporated into DRG calculation.

QCC members suggested that perhaps the Most Resource Intensive Condition (MRIC) Indicator and the Other Co-Morbidity of Interest (OCOI) Indicator could not be applied to same day chemotherapy and renal dialysis.

Additionally, concerns were raised about the impost on auditors to ensure that codes that do not meet ACS have the indicator attached.

QCC Members also raised issues about timely data submission with the advent of new data elements.

### **7.4 ICD Rare Codes**

QCC members reviewed the list of ICD rare codes and agreed upon the warning level of all codes. This list will be incorporated into the Corporate Reference Data System (CRDS).

### **7.5 Procedures performed in the Emergency Department (ED) prior to admission**

A QCC member asked for clarification regarding the coding of procedures performed in the ED prior to admission. It was clarified that where a procedure is done prior to admission it is not to be coded in the admitted patient care data as under the Australian Health Care Agreement (AHCA), public hospitals in Queensland are committed to provide free ED care.

**7.6 Procedures not normally Coded**

A QCC member asked that there be a working group formed to review procedures not normally coded. This was approved by the committee.

*Action: D. Abbott to email members regarding forming a working group to review this issue*

**8. CAEU Update**

C. Martin informed the committee that Lisette and Julie were very busy completing reports and preparing to go out on their next audit. This will be Lisette's first audit and she is very excited. The CAEU team will commence auditing Redland hospital on the 26<sup>th</sup> March 2008.

**9. Codefinder Update**

The DQ&S team, InfoOperations and 3M are working hard to ensure that the 1 July 2008 release of 3M Codefinder is available for coders to use on the 1<sup>st</sup> of July 2008.

Meegan has been going out on site visits and has had much positive feedback regarding the 3M Codefinder software.

**10 Next Meeting**

Next meeting will be at level 3 QHB – Training Room 1 on 10<sup>th</sup> April 2008.

**11 Closure of Meeting**

Meeting ended at 2:15 pm.

Attachment 1:

**1 Homer Queensland Health Interface (HQI)**

**2 HQI overview**

HQI is a reporting system that enables hospitals to extract admitted patient data from the HBCIS databases and sends the data to DSU via Secure File Transfer (STS).

The QLD Health reporting start and end date governs the dates for which data is to be reported. The admission data is initialised at the end of September. This process deletes the data from the previous year and retrospectively builds the selection list of discharged patients to be included in the data extract to be sent to the DCU.

Each month HQI files are generated for discharged coded and grouped episodes of care based on the extraction period start and end date. Each month the data is flagged for inclusion in the HQI extract, this includes new records and amended records since the last HQI Extract was generated.

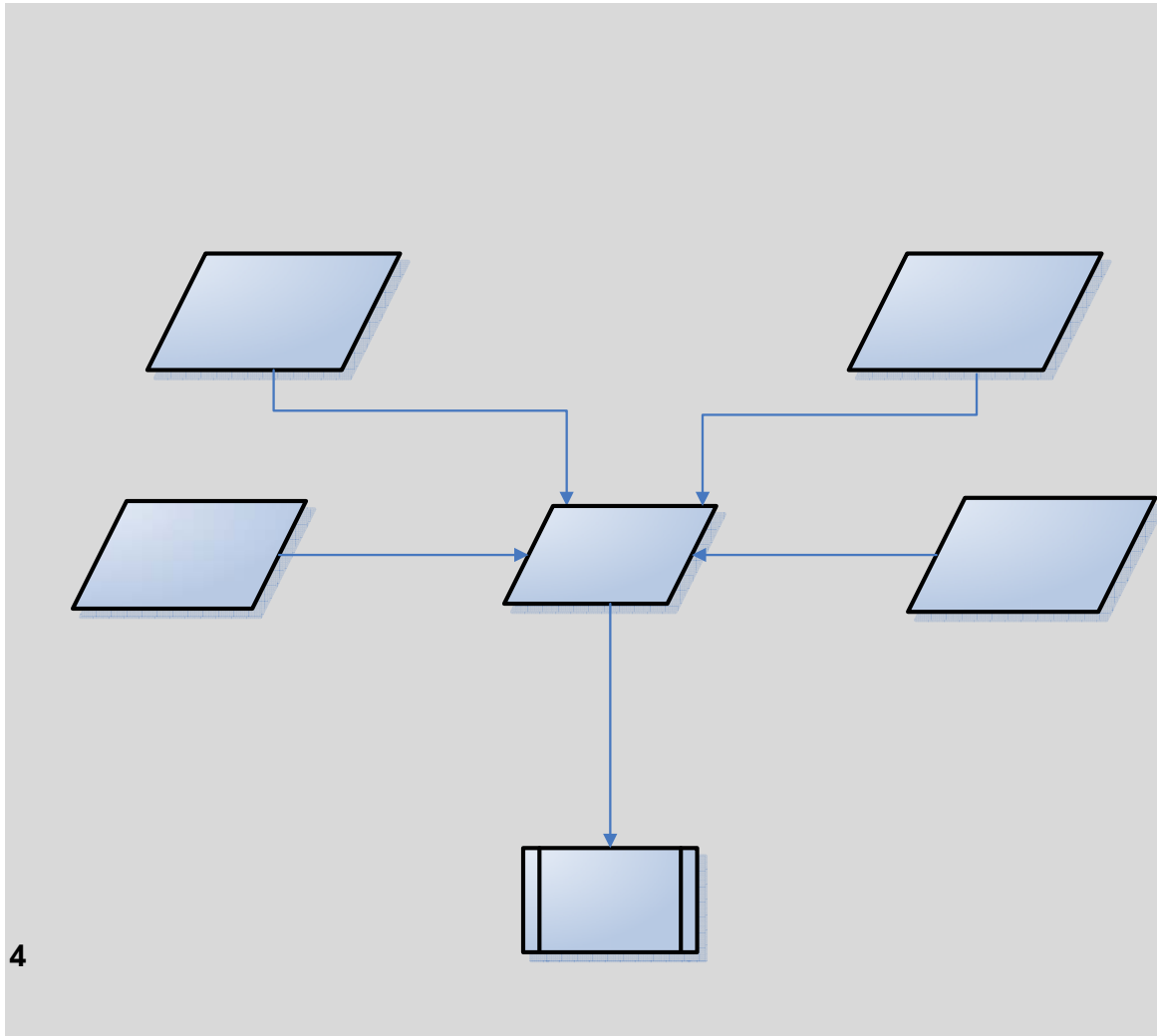
QLD Health requires HQI data to be submitted to Data Collections Unit (DCU) by the 35 day after the end of the reference month. To qualify for the Coding incentive payment, 90% of coded HQI data for all hospitals in the district is to be submitted to DCU by the 21<sup>st</sup> day after the end of the reference month. Data submitted between 22<sup>nd</sup> day and 35<sup>th</sup> day does not qualify for the incentive payment and data submitted after the 35<sup>th</sup> day will attract 50% penalty.

The following parameters govern the HQI extract:

- How many months can be extracted
- Coded data is mandatory
- Permanent address is to be extracted
- Method of transmission
- Account Classifications for which information is to be excluded from the data sent

### 3 HQI & Related Modules

- Extracts admission and morbidity data from the HOMER database.
- Translates HOMER Reference File Codes to the codes used by the Queensland Health via user defined translation tables.
- Translates each patient's suburb and Postcode to a Statistical Local Area Code (SLA) and Queensland Health State codes



## **5 HQI Files**

The Public Facility File Format developed by the DCU specifies the data requirements for the electronic submission of data by HBCIS to the DCU. The Public Facility File format is reviewed annually and incorporates both state and commonwealth reporting requirements.

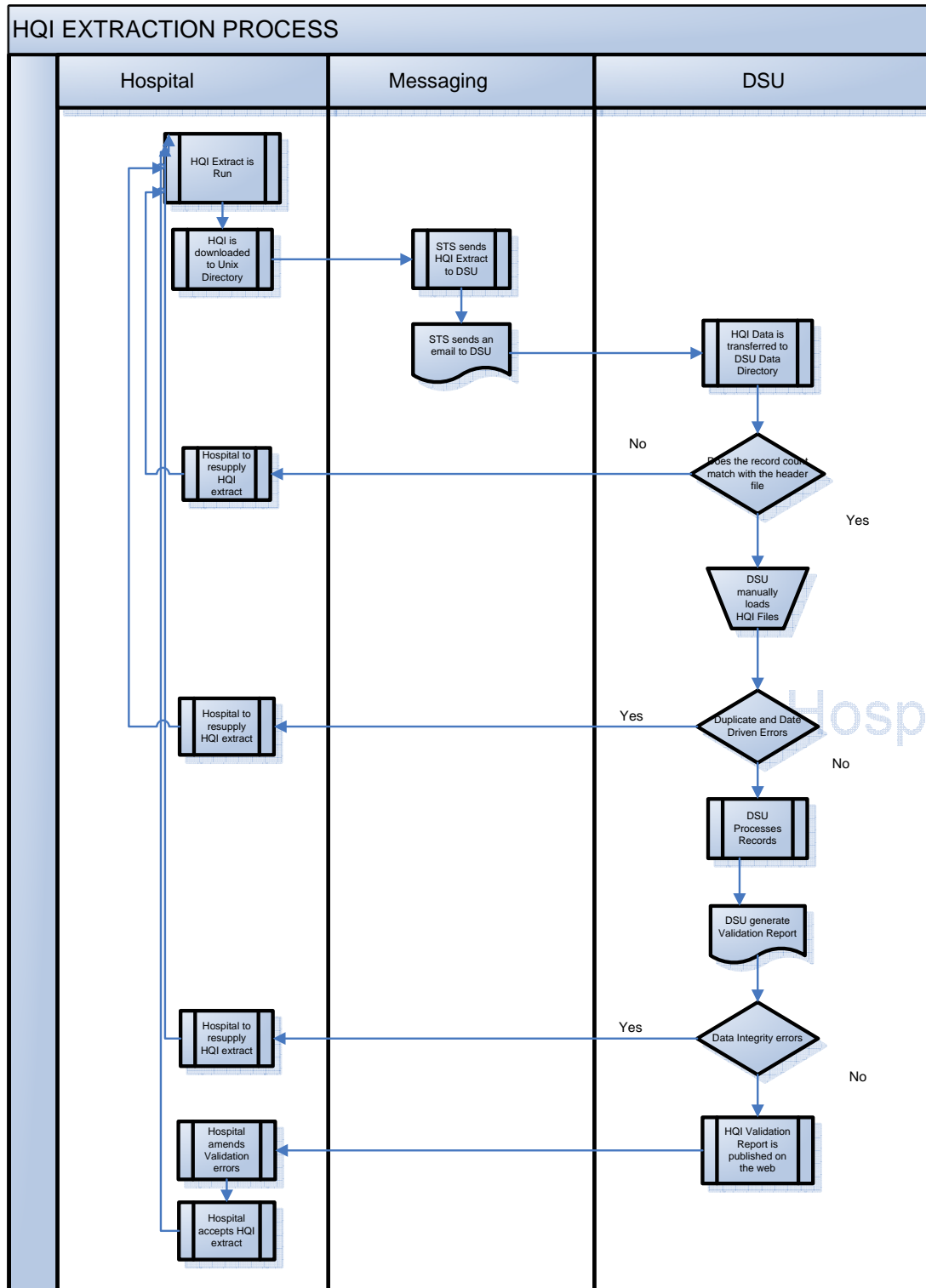
The HBCIS team meet with the DCU and other business units to confirm HQI requirements at the beginning of each calendar year.

The following information is extracted and compiled into 11 Files as per the Public Facility File Format:

1. Header Record- Facility and the period for which the data has been extracted, the data of the extract and the number and type of records in each file:
2. Patient Details- Records the patient demographics
3. Admission Details- Records Admission and Discharge details
4. Activity Details      Ward/Unit Transfers
  - Ward/Unit Changes
  - Standard Unit Code
  - Standard Ward Code
  - Leave
  - Contract Leave
  - Nursing Home Type
  - Chargeable Status Change
  - Compensable Status Change
  - Qualification Status
  - SNAP
  - DASE
  - Account Variations
5. Morbidity Details- Records all ICD Coding and Diagnosis Onset type Indicator
6. Mental Health Details
7. Elective Surgery Details
  - Wait List information
  - Not Ready for care dates
  - SPI/NPI
  - Category
8. Sub and Non Acute Patient Details
9. Department Of Veteran's Affairs
10. Pall Care Details
11. Workers Compensation Details

## **6**

## 7 HQI Extract transmission from Unix to DCU



## **8 Pre HQI Extract processes**

### **9 1. Run the Missing SLA reports**

The missing sla reports report details of patient records in the extract file that have not been allocated an SLA code.

To access the Missing SLA report, use the following menu options:

**QLD Health Interface Main Menu>SLA Codes Menu> Missing SLA/State Codes Main Menu.**

Amend incorrect suburb/postcode combinations and or manually assign an SLA or state code to a patient via the Patient SLA/State code update screen.

### **10 2. Run the Outstanding Diagnosis Report**

The outstanding diagnosis report all discharged patients whose ICD Coding details have not been entered for the specified period.

To access the Outstanding Diagnosis Report use the following menu options:

**Medical Records Main Menu> Medical Records Morbidity Menu> Morbidity Reports Menu> Outstanding Diagnosis Report**

**Enter the start date**

**Enter the end date**

**Enter the sort order**

**Enter the report type**

**Type 'F' on the command line to file the screen and enter your user id and password**

### **11 3. Run Batching Grouping**

This option allows you to allocate Diagnosis Related Group (DRG) Codes and Major Diagnostic Category (MDC) Codes to a batch of discharged patient's records.

To access DRG Batch Grouping use the following menu options:

**Medical Records Main Menu,>Casemix Analyser Main Menu, >DRG Batch Grouping.**

**Enter the start date**

**Enter the end date**

**Type 'F' on the command line to file the screen and enter your user id and password**

**Select the print destination**

If errors occur they will need to be corrected

If no errors are the following message will be displayed on screen:

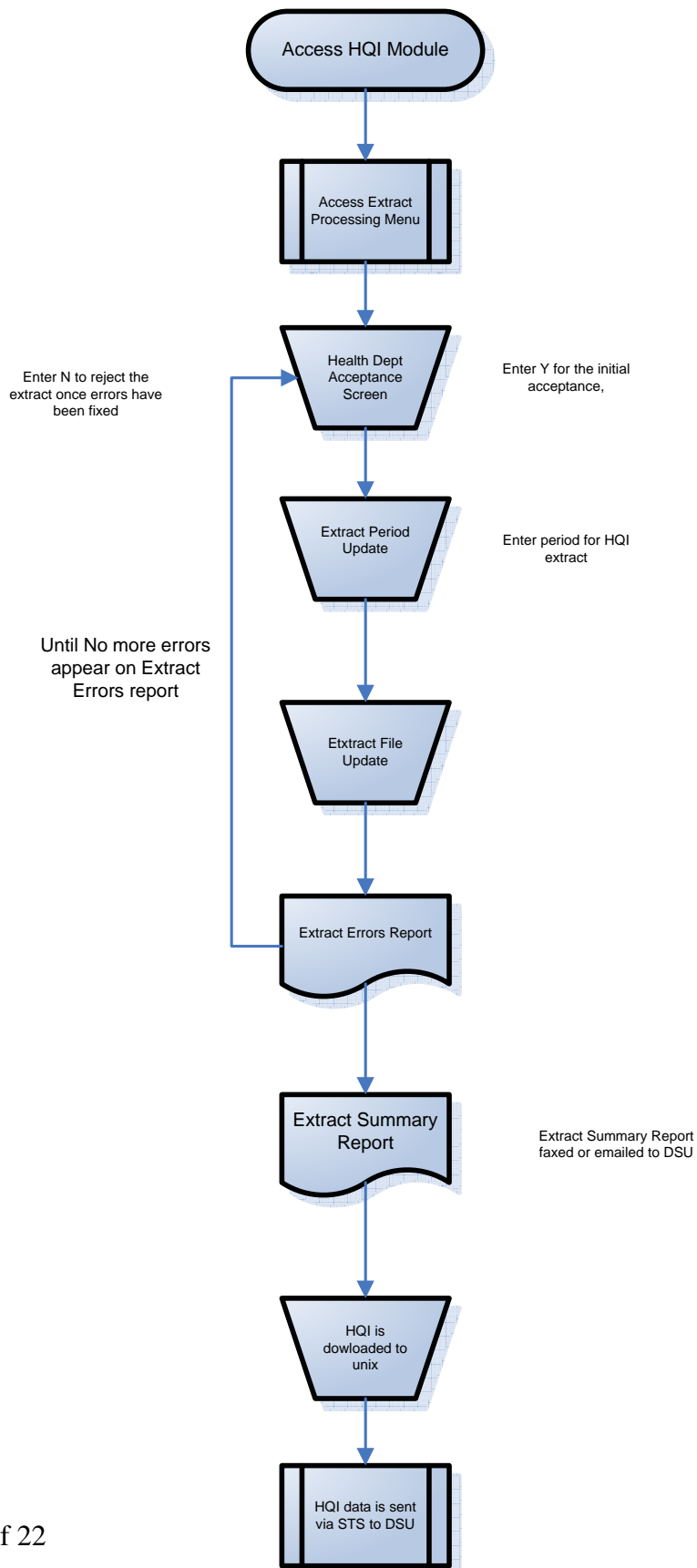
**Process has been COMPLETED**

## **12 HQI Extract Process Steps**

**13**

1. Health Department Acceptance
2. Extraction Period Update
3. Extract File Update
4. Extract Errors Report
5. Extract Summary Report
6. Extract Data Download

# HQI Processing Steps



## 1. Health Dept Acceptance

This option is to record the acceptance of the last HQI extract. You cannot create an extract file for the new period until the previous HQI extract file has been accepted. Acceptance of the current period Extract Data must be recorded before processing of data for the new period can begin.

To access the Health Department Acceptance option, follow the menu path:

### **HQI Main Menu > Extraction Processing Menu > Health Department Acceptance**

Check that the current status displayed is '**EXTRACT DOWNLOAD COMPLETE**'– This status indicates that download has been successfully completed before accepting the previous months extract.

Enter a 'Y' in field 01 Current Extract Data Accepted and file the screen. The following message will be displayed asking the user if they are sure they want to accept the previous extract. 'Are you sure (Y/N)'

Enter a Y and enter user id and password

### **Trouble shooting within the Health Department Acceptance screen**

If the current status displayed is '**DATA EXTRACTED FOR ENTIRE PERIOD**' This status indicates that the HQI extract has not been download/completed. Complete the download by filing the Extract Data Download screen.

- **[3193] Last Extraction has already been accepted or rejected.** This indicates that the user has already accepted or rejected the extract.
- **[3194] Extraction Tape has not been created.** This indicates that the current status of the extract is incomplete ie **DATA EXTRACTED FOR ENTIRE PERIOD**

## 2. Extract Period Update Screen

This Option is used to set the extraction period dates. The dates must be sequential with the start date of the new period immediately following the end date of the last period for which Health Department Acceptance has been recorded.

To access the Extraction Period Update option, follow the menu path:

## HQI Main Menu > Extraction Processing Menu > Extraction Period Update

When Calendar Month Processing is set in the System Parameters screen the extract period must be the next calendar month following the most recent period for which Health Department Acceptance has been recorded.

**Note:** Ensure the period dates are correct. They cannot be changed after Extraction processing has begun.

- Check that the current status displayed is '**EXTRACT DATA ACCEPTED**'. This status indicates that the dates for the new extraction period can be entered.
- Enter the start date
- Enter the end date
- Type 'F' at the command line to file the screen and enter your user id and password

### Trouble shooting within the Extract Period Update Screen Possible errors

[3165] Date range has not been entered for the extract period – if no date range has been entered

[2259] Date is not valid- If the date entered is not equal to the extract period end date for the most recently accepted extract plus one day

[1371] Invalid Date Range if the date range is the same as the previous extract period

[3163] accept or reject the previous extract sent- if the previous months HQI extract has not been accepted or reject.

### 3. Extract File Update Screen

This option is used to update and validate the HQI Extract File

To access the Extract File Update option, follow the menu path:

#### HQI Main Menu > Extraction Processing Menu > Extract File Update

The Extract File Update option displays:

- Current extraction period.
- Current extract status.
- Date and time of the last extract update.

- Check that the current status displayed is '**NEW EXTRACT PERIOD**'. This status indicates the user can now start extracting the HQI data.
- Access Field 01 Sleep until Midnight enter 'N'

Type 'F' at the command line to file the screen and enter your user Id and password.

Possible status messages include:

**New Extract Period** - The new period has been entered and the user can now start extracting data. **Data Extract Started** - Extracting data for the new period has been started.

**Data Extracted for Entire Period** - End of current period has been reached and the extract can be created.

**Note:** Check all errors have been corrected before downloading data.

**Extract Download Complete** - The download of data has been successfully completed.

**Accept/Reject process started** - The process started by acceptance or rejection of the extract has begun.

**Extract Data Accepted** - The Extraction Data from the last period has been accepted and the new period can now be entered.

#### **4. Extract Errors Report**

This option will list all extract errors during the most recent extract file period update.

To access the Extract Errors Report option, follow the menu path:

**HQI Main Menu > Extraction Processing Menu > Extract Errors Report**

The report can be printed or transferred to the PC.

- Select the print destination
- Correct errors identified by the extract error report.
- When there are no more errors identified repeat the extraction process from the Health Dept Acceptance screen and reject most current extract.

#### **Extract Errors Troubleshooting**

If no records have been selected, check that the extract period screen and the Extract file update screen have been filed.

#### **5. Extract Summary Report**

This option lists the details of the extraction process and summarises the contents of each HQI extract file.

To access the Extract Summary Report option, follow the menu path:

**HQI Main Menu > Extraction Processing Menu > Extract Summary Report**

- Check that the current status displayed is '**DATA EXTRACTED FOR ENTIRE PERIOD**'. This status indicates that the HQI extract can be created.
- Select print destination.
- Fax the summary report to DSU and keep original in a folder for future reference.

**Extract Summary Troubleshooting**

A message will be displayed if no records have been selected a step has been missed. Please check that the extract period dates have been entered and the Extract file update screen has been filed.

**Contents of the report**

<b>Facility</b>	Facility code for each facility is listed below this heading. The statistics for each facility are listed separately.
<b>Record Type</b>	The different types of records that can be included in the extract are listed below this heading.
<b>New</b>	Totals of New records are listed below this heading for each record type. New records contain information that is added to the Health Department's database. Activity and Morbidity records can have a new record identifier.
<b>Amend</b>	Totals of Amendment records are listed below this heading for each record type. Amendment records contain information on changes to the Health Department's database. Patient and Admission records can have an Amendment record identifier.
<b>Delete</b>	Totals of Delete records are listed below this heading for each record type. Delete records remove incorrect information from the Health Department's database. Activity, Morbidity, may have a Delete Record Identifier.
<b>Total</b>	The totals for each Record Type are listed below this heading.  The grand total of records on the extract is shown at the bottom most row of this column.
<b>Patient</b>	Totals of Patient Type records are listed beside this heading for each Record Identifier. Patient Type records contain patient details.

<b>Admission</b>	Totals of Admission Type records are listed beside this heading for each Record Identifier. Admission Type records contain information on patient admissions and discharges.
<b>Activity</b>	Totals of Activity Type records are listed beside this heading for each Record Identifier. Activity Type records contain information on changes to patient <u>Account Class</u> Contract Leave, Ward/Unit transfers and DASE records.
<b>Morbidity</b>	Totals of Morbidity Type records are listed beside this heading for each Record Identifier. Morbidity records contain coded data
<b>Mental Health</b>	Totals of Mental Health Type records are listed beside this heading for each Record Identifier.
<b>Waiting List</b>	Totals of Waiting List Type records are listed beside this heading for each Record Identifier.
<b>SNAP</b>	Totals of Sub Acute and Non Acute Type records are listed beside this heading for each Record Identifier.
<b>Palliative Care</b>	Totals of Palliative Care details are listed beside this heading for each Record Identifier.
<b>DVA</b>	Totals of DVA details are listed beside this heading for each Record Identifier.
<b>WCP</b>	Totals of Workers Compensation details are listed beside this heading for each Record Identifier.
<b>Facility Total</b>	Totals for each Record Identifier are listed beside this heading.
<b>Grand Total</b>	Grand total of records on the extract is shown at the rightmost column of this row.

## 6. Extract Data

This option is used to download the HQI extract for Transmission to the DSU via Unix to a specified SFTA outbox directory.

To access the Extract Data option, follow the menu path:

**HQI Main Menu > Extraction Processing Menu > Extract Data**

- Check that the current status displayed is '**DATA EXTRACTED FOR THE ENTIRE PERIOD**' this means the data can be downloaded.
- Access field 02 enter a Y if already not entered.
- Type 'F' at the command line to file the screen and enter your user id and password

- Enter a Y to the question 'Are sure you want to continue Y'
- Enter a Y to the question 'Aborting the process can cause serious data corruption continue Y or N'.

The following message will be displayed:

*Processing Extract Data. Please wait.*

If no errors are displayed during the download the user will be taken to the Extraction Processing Menu.

### **Extract Data Troubleshooting**

If the following statuses are displayed this indicates that the extraction process is either incomplete or has been completed.

- If the current status displayed is '**NEW EXTRACT PERIOD**' the extraction process is incomplete and the extract period update screen and the extract file update screen need to be filed.
- If the Current status displayed is '**EXTRACT DOWNLOAD COMPLETE**'. The HQI extract for the current period has been downloaded.

### **Possible errors**

[3144] Extraction Process for the current Period is incomplete.

[3143] Download has already been completed for the current extract.

## **Rejecting and rerunning a HQI extract**

- This option is used when errors occur during the HQI download process such as error [3254]  
rm:/export/home/pki/OUT/xxxxxxxxxxxxx.xxx.HQI: No such file or directory is found.
- DSU require a HQI extract to be resent as a result of the data containing a large number of errors or
- HQI data has not been sent

Start the HQI extract process via the Extraction Processing Menu, QLD Health Interface Main Menu

## **Health Department Acceptance Screen**

This option is to record the rejection of the last HQI extract. You cannot create an extract file for the new period until the previous HQI extract file has been accepted./rejected.

- Check that the current status displayed is '**DATA EXTRACTED FOR ENTIRE PERIOD**'.
- Enter N in field 01
- Type 'F' on the command line to file the screen and enter your user id and password
- Enter N to the question 'Are you sure Y/N'.

## **Extract Period Update**

- Check that the current status displayed is '**NEW EXTRACT PERIOD**'.
- Check the dates and the status
- Type 'F' at the command line to file the screen and enter your user id and password

## **Troubleshooting**

If this screen is re-entered after the Extract File Update has been run the Current status of '**DATA EXTRACTED FOR THE ENTIRE PERIOD**' and following message and [3163] Accept or Reject the Previous Extract Sent will be displayed.

## **Extract File Update**

This option is used to update and validate the HQI Extract File.

- Current status of the extract '**NEW EXTRACT PERIOD**' will be displayed.
- Access Field 01 'Sleep until Midnight' and enter the letter N.

Type 'F' on the command line to file the screen and enter your user id and password.

### **Extract Errors Report**

- Select the print destination
- If errors have been identified since the Extract File Update has been run, correct the errors and repeat the process from the Health Department Acceptance

### **Extract Summary Report**

- Select print destination
- Fax the summary report to DSU and keep the original for future reference.

### **Extract Data**

- Access Field 02 Unix and enter a Y if the field is not already populated.
- Type 'F' on the command line to File the screen and enter your user id and password
- Enter A Y to the question 'Errors have been identified' Are you sure you want to continue Y/N
- Enter A Y to the question 'Aborting the process can cause serious data corruption Continue Y/N.

The following message will be displayed:

*Processing Extract Data. Please wait.*

If no errors are displayed during the download the user will be taken to the Extraction Processing Menu.

## **Technical Assistance**

DCU will let you know that the current HQI extract files have not been received. Please log a service desk call and ask for the job to be forwarded to the O-SIM1-HBCIS resolver group.

If you have accidentally accepted a HQI extract please log a service desk job for your HBCIS system administrator who will restore the HQI component prior to when you accepted the HQI extract.

If you have accidentally rejected a HQI extract please log a service desk job for your HBCIS system administrator who will restore the HQI component prior to when you accepted the HQI extract.