



Queensland Coding Committee

10th April 2008

Minutes of the One Hundred and Ninetieth Meeting

1.1 Attendees

Corrie Martin (Chair)	Statistical Data Standards & Strategy
Stephanie Ferdinands (Secretariat)	Statistical Data Standards & Strategy
Julie Turtle	Statistical Data Standards & Strategy
Derelle Pratt	Royal Brisbane & Women's Hospital
Elisabeth Skubis	HBCIS Application Specialist
John Di Gregorio	Princess Alexandra Hospital
Kellie Marshall	Mater Health Services
Kirsten Hinze	Gold Coast Hospital
Lucy Kennedy	Logan Hospital
Meegan Snell	3M Representative
Tanya Wingham	Northern Area Health Service
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Wendy Adams	Clinical Information Strategy, Info Investment Branch
Julie Garrett	Casemix Funding & Analysis Unit
Ruth Curnow	Rockhampton Hospital

Guests

Robert Rule	Human Resources Branch
Sophia Ovchinnikoff	Clinical Information Strategy, Info Investment Branch

2. Apologies

Debbie Abbott	Resolutions International
Belinda Lai	Toowoomba Health Service District – Proxy
Jenny Nicol	Queensland University of Technology
Joanne Buckland	Clinical Information Strategy, Info Investment Branch
Kirstine Sketcher-Baker	QMSU Data Management and Analysis team
Kym Wimberley	Gympie Hospital
Lisette Ramsden	Statistical Data Standards & Strategy
Anthony Smith	Prince Charles Hospital
Dr David Quigley	Medmin Pty Ltd

3. Confirmation of Minutes of the Previous Meeting

- March 2008 QCC meeting confirmed as true and correct with 2 small changes. W. Adams & T. Matthies

Discussed coding queries from Feb and March Meetings

Feb Query IDs discussed:

Small adjustments made – accepted with change

March Query IDs discussed:

Small adjustments made – accepted with change

Welcome new QCC member Anne Stewart from the Wesley
Farewell to QCC member Tanya Wingham – Maternity Leave

4. Quality Hour Discussion Forum

No Quality Hour Presentation this month

5. Business Arising from Minutes of the Previous Meeting

5.1 HBCIS Update – E. Skubis

E. Skubis informed the committee that the HBCIS team are reviewing their upgrade and support processes. An overview of the HBCIS 6.0 Release was provided. The following modules will be affected:

- Admissions, Transfers and Discharges
- Appointment Scheduling
- Medical Records Tracking
- Medical Records Morbidity
- Homer Queensland Health Interface (HQI)
- Elective Admissions Management

The HBCIS Team will receive the Software on the 28 April to test until May 23. The Beta 2 Test site will receive the software on the 26 May and use it the live environment for two weeks. Statewide rollout of the software commences on the 10 June.

Elisabeth suggested inviting a representative from the Data Collections Unit to one of the QCC meetings to talk about QHAPDC/HBCIS changes with the introduction of the new data elements (MRIC, CPOA) and also a Casemix representative to discuss implications for Casemix.

5.2 Casemix Funding in Queensland – J. Garrett

J. Garrett reported that there was a new name for the Casemix team: “Casemix Costing and Allocations Team”.

J. Garrett reported to the committee that there had been an additional 10 hospitals included in the Casemix funding model from 08/09. These are facilities with over 10, 000 Occupied Bed Days (OBD). A complete list of these hospitals can be found at:

http://casemix.health.qld.gov.au/CFM/CFM-files/CMXFact_Sheet0901.pdf

J. Garrett discussed the high percentage of qualified vs unqualified newborns in certain hospitals; some hospitals appearing to have 100% qualified newborns in the Decision Support System (DSS: <http://p5dbdsspp.health.qld.gov.au/>) and this could potentially affect funding. J. Garrett also mentioned that there appears to be different practices amongst different facilities about policies for qualified vs unqualified newborns.

J. Garrett also spoke to the team about a state wide Admission policy. There has been a suggestion at resource committee level to develop a state wide admitted policy. This suggestion is currently under review.

QCC members mentioned that there were issues with accessing a current version of the Type C exclusion list to inform admission practices.

Action:

C. Martin to seek further information/clarification regarding the Type C exclusion list.

5.3 CSAC Update – C. Martin

At the last CSAC meeting on 17th 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 are firmly committed to a standardised process of coding obstetrics.

CSAC has commenced progress toward 7th Edition. At the March meeting CSAC members 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

5.4 PICQ Update – C. Martin

C. Martin informed the committee that negotiations for PICQ 2008 with the National Centre for Classification in Health (NCCH) were ongoing. NCCH had indicated that PICQ 2008 may not be available until later in the second half of the year.

Following a report of a HBCIS bug for extraction of PICQ reports from HBCIS; HBCIS report extracts to be increased to 8000 unit records.

5.5 Clinical Coder Workforce Project – R. Rule

R. Rule informed the Committee that the Clinical Coder Workforce Project timeframes have been extended for another 6-8 weeks. It is expected that a draft report for comment and review will be available for review by consulting committees in the next few weeks. R. Rule is currently working on background information for the report and carrying out interstate comparisons.

R. Rule informed the committee that any recommendations from the report will be negotiated for in EB7 as the current EB runs out at the end of August. He told committee members that the steering committee for the project was meeting in the very near future. R. Rule asked the Committee to provide to him any position

descriptions/ duties lists that the Committee deems relevant. These position descriptions and duties lists will be sent to Corporate Link to assist in the creation of benchmarked clinical coding position description.

Committee members asked R. Rule whether progression would be upon capabilities and performance or qualifications. R. Rule indicated that performance was a Human Resources issue and not necessarily related to the position description of a role.

6 Other Business

6.1 Terms of Reference (TOR)

C. Martin informed the Committee members that the TOR had been drafted and was available for comment. C. Martin informed the committee that any comments regarding the TOR would be received until the next meeting when it was hoped that the TOR would be accepted by the committee for progression to the Senior Director of Health Statistics Centre for final approval.

Action:

C. Martin to forward Terms of reference to QCC members via email

6.2 Meeting Structure – 2008

Confirmed that this agenda item has been addressed and can be removed for next meeting

Action:

Remove Agenda Item '6.2 Meeting Structure 2008' for next meeting

6.3 New Data Elements for Implementation

C. Martin informed the committee that a trial of the new data elements (The Most Resource Intensive Condition [MRIC] Indicator and the Other Co-morbidity of Interest [OCOI] Indicator) is being carried out by the Sunshine Coast and Cooloola District. C. Martin noted that there is some Committee concern regarding not having larger metropolitan hospitals involved in the trial; it is recognised by C. Martin that this trial was voluntary and therefore participation is valued at any level.

The trial is measuring:

- Difficulty in allocating the MRIC
- Time taken to allocate the MRIC
- Number of charts coded prior to trial and during trial
- How often the MRIC was also the Principal Diagnosis
- Difficulty in allocating the OCOI
- How many conditions were coded utilising the rules for the allocation of the OCOI

Committee members raised concerns regarding coders spending too much time abstracting information to allocate codes under the rules for OCOI. C. Martin re-

iterated to committee members that the collection of the OCOI was a function of the normal abstraction process and coders would not be expected to look any further into the record than they would normally in order to allocate codes normally.

Committee members were concerned about the list for the OCOI. The committee members deemed that the list was too long and that it should not be exclusive. C. Martin confirmed that the list was not exclusive and that hospitals and districts could allocate the OCOI to other conditions outside of the current list.

A committee member raised the concern that where a load of data is sent to the Data Collections Unit late on the day that data is due that sometimes it appears as if the data was submitted late. This is causing internal issues at the hospital as the data was not late, however, according to the report it was.

Action:

C. Martin to follow up with Data Collections regarding the above.

One of the committee members informed the committee that there was an understanding that the MRIC would default to the Principal Diagnosis at the February meeting. C. Martin indicated that her perception of the data element was that it would OFTEN be the PD but it would not default.

Action:

C. Martin to confirm this with S. Martyn.

Committee members indicated that the MRIC definition was not quite clear– e.g. cost of the insertion of stents Vs an extra 3 days length of stay. Would a couple of days in ICU cost more than the insertion of the stents? C. Martin indicated that there was no need to get that involved in differentiating costs. Where there were 2 or more conditions that fulfilled the requirements of the MRIC definition; then the coder was either to consult with the clinician or allocate the indicator to the condition documented first in the record.

One of the Committee members asked where there had been a post review of the impact of the introduction of the Condition Present on Admission Indicator as this could help inform assessment of impact of the implementation of these two new data items. C. Martin responded that it was the intent of the Health Statistics Centre to assess the impact of the introduction of these new data elements and that is why the trial had been commenced. The representative from the Gold Coast Hospital volunteered to be a part of the trial process.

Action:

T. Matthies to forward the pilot trial procedures and requirements to K. Hinze

6.4 Code Sequencing (external and morphology codes)

Committee members raised concerns regarding the current Queensland Health method of code sequencing. This concern was particularly in regards to the coding of rehabilitation episodes. C. Martin informed the committee that code sequencing would continue for 08/09.

Action:

C. Martin to review the Australian Coding Standards regarding the code sequencing of codes in Rehabilitation episodes. C. Martin to provide feedback to QCC at next meeting.

Additionally, Committee members asked whether they could be provided with examples of when the sequencing is used for reporting, especially in Rehabilitation episodes of care.

6.5 Local Coding Rules – J.Turtle

Committee members had been asked where hospitals should send the local coding rules to be ratified. QCC members advised to forward all local rules to C. Martin (QCC Convenor)

QCC members expressed that a procedure for this process needs to be developed. It was suggested that a memo/email regarding local rules and the need for ratification to the directors of each Health Information Management Service/ Department.

6.6 Diabetes (and Oncology) Forms

An example of a diabetes information form that is currently in use at one of the Queensland Hospitals was given to the QCC for review. The form was in use but not yet approved for use.

QCC members indicated that the better option would be to have a separate field developed for diabetes complications in HBCIS

Action:

C. Martin to scan the diabetes form and send out to members via email

6.7 Cancelled Procedures – D. Pratt

D. Pratt informed the committee that she had noticed the number of cancelled procedures/procedures rescheduled.

According to D. Pratt, there are a number of reasons for the cancellation of the procedure and where an admission is not sameday, the episode of care often continues for many days extra waiting for a procedure to occur.

D. Pratt proposed that a working group be created to work on a solution to present to NCCH with group members corresponding via email. K. Hinze and M. Snell volunteered to be a part of the group.

It is intended that the working group discuss the creation of a process for cancelling a sameday admission if a procedure is cancelled and/or rescheduled. The group would also define the use of the z code in overnight episodes. Furthermore, the group would suggest extensions to the current cancellation codes to allow for a broader capture of reasons for cancellation.

6.8 CAEU Update - C. Martin

C. Martin informed the Committee that L. Ramsden and J. Turtle are currently out at the Logan and Ipswich Hospitals conducting audits.

6.9 Codefinder Update – C. Martin

C. Martin informed the Committee that the Code finder with 6th edition codes should be available to all public hospitals by 1 July 2008. However, due to testing timeframes and the time when QH receives production versions of the new software there are significant time pressures upon the release.

7 Correspondence

7.1 Incoming

7.1.1 QCC queries-C. Martin

0408-01 - Death certificate states Extreme prematurity

0408-02 - Partial classical caesarean conversion

0408-03 - Dressing of POC

0408-04 - Caustic soda ingestion

0408-05 - Alcohol poisoning and HI coding

0408-06 - Coding of Syndromes

7.1.2 NCCH Response to QCC queries – C. Martin

Nil

7.1.3 Correspondence to the Committee – C. Martin

Mendelson's Syndrome; An adverse effect of anaesthetic or complication of procedure?

Action:

C. Martin to write a Codefile article on when to use the code for Mendelson's syndrome

7.2 Outgoing

7.2.1 QCC Queries to the NCCH – C. Martin

1107-01 - PICQ Enhancement – 1st and 2nd degree perineal tears

1007-03 - Revision to ACS 2104 Rehabilitation

1107-05 - Indexing Request - request a Volume 2 index enhancement at "Follow-up"

1007-01 - O80- Single Spontaneous Vaginal Delivery – permissible procedures

1207-02 - Pelvic peritonitis secondary to PID - gonorrhoea

1107-01 - Indexing Request – allergy to food

1107-07 - Ventilation Acquired Pneumonia

7.2.2 QCC Grouper Anomalies to DoHA – C. Martin
Nil

7.2.3 Correspondence from the Committee- C. Martin
Nil

8 Next Meeting

Next QCC meeting 8th May 2008 – Venue TBC

9 Closure of Meeting

Meeting ended at 2:15 pm.