

## Queensland Coding Committee

14<sup>th</sup> February 2008

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

#### 1.1 Attendees

Corrie Martin (Chair)	Statistical Data Standards & Strategy
Lisette Ramsden (Secretariat)	Statistical Data Standards & Strategy
Julie Turtle	Statistical Data Standards & Strategy
Lucy Kennedy	Statistical Data Standards & Strategy
Elisabeth Skubis	HBCIS Application Specialist
Meegan Snell	3M Representative
Derelle Pratt	Royal Brisbane & Women's Hospital
Tanya Wingham	Northern Area Health Service
Kirsten Hinze	Gold Coast Hospital
Kym Wimberley	Gympie Hospital
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Dr David Quigley	Medmin Pty Ltd
Julie Garrett	Casemix Funding & Analysis Unit
Sarah Low	Belmont Hospital
Kellie Marshall	Mater Health Services

#### Guests:

Robert Rule	Advisor – HR Branch
Belinda Lai	Toowoomba Health Service District – Proxy
John Digregorio	Princess Alexandra Hospital - Proxy
Sharon Allen	Assistant HBCIS Application Specialist

#### 2. Apologies

Joanne Buckland	Clinical Information Strategy, Info Investment Branch
Kirstine Sketcher-Baker	QMSU Data Management and Analysis team
Anthony Smith	Prince Charles Hospital
Jenny Nicol	Queensland University of Technology
Wendy Adams	Clinical Information Strategy, Info Investment Branch
Ruth Curnow	Rockhampton Hospital
Anne Quinlan	Toowoomba Health Service District
Michelle Todd	The Royal Children's Hospital

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

T. Matthies and M. Snell

### 4. Quality Hour Discussion Forum

No Quality Hour Presentation this month

### 5. Correspondence

#### 5.1 Incoming

##### 5.1.1 QCC Queries

Committee members reviewed and made decisions on the following queries. Responses will be recorded in the QCC database and published on the QCC internet site.

0208-01 Maintenance of Vascular Access Device Codes

0208-02 Abnormal Liver Function Tests

0208-03 Neoplasm Complications found after bloods taken in same day episodes

0208-04 Coding of test values and trends

0208-06 Admission for overnight video EEG

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

Q2351 Fracture of bone following insertion of orthopaedic implant, joint prosthesis or bone plate

Q2378 Insertion of OFIP (intra-peritoneal port to deliver chemotherapy)

Q2378 Cor Pulmonale and pulmonary hypertension

Q2380 Small haematoma of groin after coronary angiography

Q2384 Endoscopy with hot biopsy

Q2385 Psychotic depression

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

- Resignation Letter – Michelle Todd
- Reinstatement to QCC – Kirsten Hinze
- Letter of Proxy – Anne Quinlan
- Letter of Proxy – Maria O’Neill

- Request to utilise Additional Diagnosis Flow Chart from the QCC website – Clinical Coder, Wellington Hospital, NZ - Approved

## **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**

E. Skubis informed the QCC that the HBCIS 5.9 Software will be released to the beta2 test Site Rockhampton on Monday 18 February and state wide from 3 March. A new date range system parameter has been developed to warn users of possible system performance issues when running the Automatic ICD coding process. A new edit will be introduced for episodes that have been coded but not grouped and the locking mechanism change when running HQI extract. A user will be able to identify who has the record locked.

E. Skubis also provided a quick overview of the HBCIS 6.0 Phase 1 enhancements for HQI and Medical Records

- ICD-10-AM 6<sup>th</sup> edition File
- DRG Grouper Update
- MRIC/OCOI and CPOA flags on the Inpatient ICD Coding Screen
- Codefinder Interface change
- File name convention change
- Contracted Hospital Identifier

The Incomplete Coding flag enhancement will be rescheduled for the HBCIS 6.0 Phase 2 Release. This enhancement will enable a site to flag a coded episode as incomplete pending further information and when the deemed complete the records status will change.

### **6.2 CSAC Update**

The next meeting of CSAC will be held in Sydney on 17<sup>th</sup> March 2008.

The 6<sup>th</sup> Edition of ICD-10-Am will be available for purchase from March 2008.

NCCH workshops are scheduled to be conducted in April/May 2008.

### 6.3 Casemix Funding in Queensland

Several components of the CFM are under review. Due to capacity issues within CFAU the reviews are being undertaken by the AHSs.

Northern - OPD mode of delivery  
Central - ED and prostheses  
Southern - Critical Care.

The reviews need to be completed by end February to enable CFAU to develop revised prices for the 08/09 model.

The question was raised re the funding for the 'error' DRGs. I've done some research which may provide some answers.

901Z and 902Z are funded. 903Z, 960Z, 961Z and 963Z have no associated cost weight, therefore appear to be non-funded. I've investigated the materiality of this, and in 04/05 there were only 10 patients across the state that fell into the unfunded DRGs, as compared to 667 in the funded DRGs. The proportion in 05/06 would be similar.

Seps 2004/05  
ProductTotal901Z503902Z164903Z1960Z0961Z0963Z9Grand Total677

### 6.4 PICQ Update

The NCCH may be changing the way PICQ is delivered, i.e. providing the Indicators. This may be used in a variety of user defined platforms.

QH are investigating the possibility of purchasing a statewide licence should NCCH be progressing toward a new version.

**Action: L. Ramsden to telephone M. Cumerlato (NCCH) regarding changes to PICQ 2008.**

### 6.6 Clinical Coder Workforce Project

Rob Rule reported to the committee that he is in the process of collating position descriptions. Rob requested to send through PD's and associated information such as duties/responsibilities not necessarily reflected as part of the position description.

Rob is currently working on a broadcast to be sent to a wide cross section of the coding community. Future planning will include seeking out common

threads at different levels to establish a corporate benchmark. This will be sent out to districts to assess their current coding positions.

Currently there has been a progression toward establishing AO4 positions. The project intends to consolidate these actions to facilitate a consistent statewide approach.

A report making recommendations will be submitted to EB7. Further consultation surrounding these issues will occur. Once position descriptions have been received, new standards will be developed and sent out to districts for further consultation and feedback.

Rob will be visiting coders up north. Rob is seeking further assistance to group/categorise position descriptions.

## **7 Other Business**

### **7.1 Terms of Reference**

It was suggested by the committee that a minimum attendance at QCC should be included in the Terms of Reference. The QCC is in mutual agreement.

It was also suggested that QCC members are to actively participate in the resolution of coding queries, and provide input into data quality activities/coding feeder systems/Casemix issues.

***Action: QCC members to review Terms of Reference and provide feedback for update.***

### **7.2 Meeting Structure – 2008**

T. Coleman suggested alternating monthly QCC meetings with videoconferencing to enable coding teams to attend.

K. Hinze suggested that the order of the meeting be re-arranged to facilitate attendance for committee members that are particularly interested in either the operational or strategic components of the meeting.

K. Wimberley enjoys the face-to-face forum and networking opportunities.

Timeframe for submission of coding queries must be tightened up and adhered to. These queries need to be received no later than two weeks prior to the QCC meeting.

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

#### **Changes to collection of the CPoA Indicator**

In the ACS 6<sup>th</sup> Edition will be a new standard regarding the Condition Onset Flag.

The values of this standard will not be adopted by Queensland Health. Representatives of SLSC will be presenting this component of the standard at the NCCH workshops.

The Qld Condition Present on Admission will remain as:

- 1. Present on Admission
- 2. Not Present on Admission

There will be an additional value of:

- 9. Unknown/Uncertain

SLSC is proposing that Other Co-morbidity of Interest (OCOI) and Main Resource Intensive Condition (MRIC) Indicators be implemented as at 1<sup>st</sup> July, 2008 **for public hospitals only**.

#### Other Co-morbidity of Interest

The Statistical and Library Services Centre (SLSC) are proposing the institution of a new data item to collect a defined set of condition codes (for conditions that are included in the Queensland Strategy for Chronic Diseases and the National Health Priority Areas) where they do not meet the criteria for coding as described by the Australian Coding Standard 0002 – *Additional Diagnosis*. A flag would be set to distinguish these conditions and to enable their exclusion from DRG calculations.

The data item suggested is similar in concept to a component of the “diagnosis typing” practice utilised by the Canadian Institute for Health Information (CIHI).

The ability to identify Other Co-morbidities of Interest (OCOs) would allow for:

1. Better ability to understand the complexity of QH patients
2. Better ability to examine the frequency of certain co-morbidities
3. Further refinement of the Australian Coding Standards

The proposed solution provides for a broader implementation of the indicator to allow hospitals to fulfil their own coding requirements and not breach the Coding Standards.

#### The Most Resource Intensive Condition Indicator

The Statistical and Library Services Centre (SLSC) are proposing the institution of a new data item to identify the condition that was the most resource intensive.

With the introduction of ICD-10-AM, the ability to identify the condition that was the most resource intensive was removed from coding practice in Australia. The concept of the main condition was replaced by the concept of principal diagnosis.

The principal diagnosis is defined as:

*“The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment.”*

The identification of the MRIC would support:

1. The identification of the condition that better explains the LOS and the resource usage of an episode of care.
2. The ability to further match with the Condition Onset Flag to allow for better risk assessment and management, where the principal diagnosis and the MRIC are not the same.
3. The ability to compare the actual DRG with potential DRG where the Principal Diagnosis and the MRIC are not the same.
4. International data comparison.
5. Further development of the Australian Coding Standard 0001 – *Principal Diagnosis*.

The SLSC has sought out support for this change from the Queensland Coding Committee, the Quality Measurement and Strategy Unit, Data Collections, InfoOperations and 3M Codefinder. In principle support has been received from these groups.

#### **8. CAEU Update**

The pilot phase of the audit has been conducted at Gold Coast, Mater Children’s Hospital and The Prince Charles Hospital by J. Turtle and L. Kennedy. Reporting on these three facilities is currently in progress.

#### **9. Codefinder Update**

The July Codefinder software is on track for implementation and installation for 1 July 2008. An implementation team from SLSC, InfoOperations and 3M are already working hard to ensure a minimum number of “hiccups” with the implementation.

**10 Next Meeting**

Next meeting will be at level 3 QHB – Training Room 1 on 13<sup>th</sup> March 2008.

**11 Closure of Meeting**

Meeting ended at 3.30pm