



Queensland Coding Committee

12th June 2008

Minutes of the One Hundred and Ninety Second Meeting

1.1 Attendees

Stephanie Ferdinands (Chair)	Statistical Standards Unit
Laura Cleator (Secretariat)	Statistical Standards Unit
Corrie Martin	Statistical Standards Unit
Ruth Curnow	Rockhampton Hospital
Christine Dendle	Rockhampton Hospital
Lucy Kennedy	Logan Hospital
Kirsten Hinze	Gold Coast Hospital
Belinda Lai	Toowoomba Health Service District
Dr David Quigley	Medmin Pty Ltd
Debbie Abbott	NCCH Orthopaedic Clinical Coding and Classification Group
Kym Wimberley	Gympie Hospital
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Kellie Marshall	Mater Health Services
Ann Stewart	The Wesley Hospital
Lilian Vu	Princess Alexandra Hospital
Sophia Ovchinnikoff	Clinical Information Management, InfoInvestment Branch
Derelle Pratt	Royal Brisbane and Women's Hospital

Guests

Kirstine Sketcher-Baker	CPIC, Clinical Monitoring Team
Robert Rule	Human Resource Branch

2. Apologies

Meegan Snell	3M Representative
Lenore Berry	Northern Area Health Service
Wendy Adams	Clinical Information Management, Information Investment Branch

3. Confirmation of Minutes of the Previous Meeting

K. Wimberley and Dr. D. Quigley

4. Quality Hour Discussion Forum

No Quality Hour Presentation this month.

5. Business Arising from Minutes of the Previous Meeting

5.1 VLAD Update – K. Sketcher-Baker

Currently the VLAD team are creating a VLAD dummy guide that will explain and help with the current VLAD process.

The Patient Safety and Quality Board will be commissioning a review of VLAD indicators and processes.

K. Sketcher-Baker thanked the committee for the feedback that was provided to her in relation to the Laparoscopic Cholecystectomy Indicator. The committee was informed that this indicator may no longer exist and more surgery indicators will be reviewed.

K. Sketcher-Baker notified the committee that the Maternity Network agreed to monitor the ACHS indicators using the vlad methodology. K. Hinze informed that she currently reports the ACHS indicators for the Gold Coast Hospital. T. Matthies informed that a variety of different people in different units collect information pertaining to the ACHS indicators and that there are additional indicators based on ACHS definitions.

T. Matthies asked if VLAD results are used for benchmarking. K. Sketcher-Baker responded that VLAD is more of a monitoring tool enabling comparison against the rest of the state but are unable to provide a rate.

K. Sketcher-Baker asked the committee if they have any feedback to provide about VLAD.

- K. Hinze informed about a problem with the name of the Depression Long Stay indicator. As the indicator is based on U63A and U63B DRGs, there are diagnoses including Bipolar which will be part of this indicator and therefore the name is misleading.
- K. Hinze feels that the process of filling out each VLAD is very time consuming.
- T. Matthies would like to know if there are code sets that the VLADs are based on. K. Sketcher-Baker informed that there are and that she will look into the references to why codes were chosen.
- Dr. D. Quigley wanted to know if the VLADs are risk adjusted for those instances where events are not codable. C. Martin added on to this and mentioned instances where codes are not captured because it does not fit the standard and provided the example for patients with long standing chronic conditions. This deficit would diminish the value of reviewing risk adjustment factors. K. Sketcher-Baker told the committee that people have been encouraged to report these instances in the “write up” and they are working on the VLADs to try and capture additional clinical information.
- Dr. D. Quigley asked if there has been any positive feedback. K. Sketcher-Baker informed that there had been feedback received at hospital level,.

K. Sketcher-Baker notified the committee about “Dr Foster” which is the product of an English based company doing similar work to that of VLADs.

K. Sketcher-Baker asked for the email regarding “Dr Foster” to be forwarded to QCC Members and to please let her know if they are interested in attending.

Members were told the 2 VLAD forums for each area will be conducted in September. This forum will be for anyone having trouble completing investigations and working for VLADs and the release of the VLAD dummy guide.

ACTION ITEMS

- K. Sketcher-Baker to look at producing a document detailing why codes are chosen for each VLADs
- L. Cleator to forward Dr Foster email to QCC members

5.2 HBCIS Update – E. Skubis

No HBCIS update this month as E. Skubis was unable to attend.

5.3 CSAC Update – C. Martin

The CSAC Meeting is to be conducted on Monday (16 June 2008) in Perth.

C. Martin informed the committee that she will be participating via teleconference. This meeting is a small meeting with only 6 or 7 papers that have been sent out to QCC Members mainly about 6th edition updates and beginning work on 7th edition.

The NCCH Database will be unavailable to the public after the 1/7/2008. All coding advice will go through CSAC through out-of-session and email discussions. It will be more web-based and results will be published and released. Large changes will hopefully be addressed on a yearly basis rather than quarterly.

There has been more discussion about principal diagnosis and obstetrics coding. ACS 1515 has been removed. There will be other changes occurring for 7th Edition.

C. Martin encouraged all QCC members to please complete the External Cause survey on the NCCH website.

5.4 PICQ Update – C. Martin

PICQ 2008 is still unavailable for purchase at this point; it should be ready late October/ early November.

We will hopefully be following Victoria's example where Corporate will get a state license, individual hospitals will then apply for PICQ and will then be allowed access.

PICQ reports for the first quarter of 2008 needs to be run. C. Martin will be teaching L. Cleator and S. Ferdinands in the coming weeks.

K. Hinze asked if it is possible to manipulate the data in PICQ access database. Currently it is received in hardcopy and it can be troublesome trying to find the individual coder.

C. Martin was unsure about this and will ask L.Cleator and S. Ferdinands to look into when they start completing the PICQ reports.

K. Hinze mentioned that this is similar to HQI that provides no coder IDs. S. Ferdinands will ask E. Skubis to see if it is possible to have coder ID in HQI and PICQ reports.

ACTION ITEMS:

- C. Martin to teach L. Cleator and S. Ferdinands PICQ reports
- PICQ reports for the first quarter of 2008 to be produced.
- L. Cleator and S. Ferdinands to investigate if data can be manipulated in the PICQ access database.
- S. Ferdinands will ask E. Skubis to see if it is possible to have coder ID in HQI and PICQ reports.

5.5 **Clinical Coder Workforce Project – R. Rule**

The Job Analysis Questionnaire (JAQ) was sent to committee members prior to the meeting. The committee decided to go through this document as a group and present the recommended changes and comments to R. Rule when he arrived to present his findings.

Attachment 1 is the initial document and Attachment 2 contains the changes recommended by the QCC.

R. Rule informed the committee that more than 140 people have been contacted in relation to the Clinical Coder Workforce Project. The JAQ is a collection of information gathered by B. Griffiths and R. Rule through teleconference or face-to-face meetings.

The committee wanted to know what impact this would have on the JEMS process as the majority feel that this would only be suitable to clinical coders at a basic level and the explanations of the positions has been 'dumb downed'. R. Rule notified the committee that this was just one of the processes involved

within the JEMS process. The draft of the final report will be finished within the next week or so and will be sent to QCC members for comments.

ACTION ITEMS:

- S. Ferdinands and L. Cleator to go through the JAQ and add comments and details.

6 Other Business

6.1 New Data Elements for Implementation

The report produced by K. Hinze with assistance from T. Matthies and K. Wimberley has been sent out.

K. Hinze wondered why the report was confidential to this committee. C. Martin informed that some minor alterations needed to occur before the report could be disseminated freely.

The OCOI is now known as Non-ACS Compliant (NACSC) Indicator and the subset of codes has been removed. The NACSC Indicator will continue to be called the OCOI in both HBCIS and the 3M Codefinder.

It was agreed that the implementation of these new data elements would be proposed to the EDRDD as a pilot.

K. Hinze asked if the MRIC name had been changed and if this will be as previously suggested earlier in the development.

C. Martin informed that the name has not been changed and after approval from the EDRDD, the indicators will only be "opt in".

The issue about Casemix deadline was raised and S. Ferdinands is to investigate into this further.

ACTION ITEMS:

- C. Martin to establish if the MRIC name can be changed to something more acceptable to coders.
- S. Ferdinands to contact the QCC Casemix representative to see if an arrangement regarding data submission times can be made for the hospitals who choose to opt in to the pilot study.

E-Health – S. Ovchinnikoff

NEHTA is currently being reviewed as the CEO Dr Ian Reinecke has resigned and Andrew Howard (previous position was CIO in Victoria) is Acting CEO.

The UHI Project has progressed with Medicare Australia (MCA) being contracted on 10th December 2007 as the service builder for the Unique Health Identifier

(UHI) initiative. MCA commenced in January 2008 to build the UHI service. The UHI is made up with Individual Health Identifier (IHI) and Health Provider Identifier (HPI). The UHI will be an Opt in model and will not be mandatory. Each State and Territory have been completing Jurisdictional Impact Assessments (JIA) to identify issues and impacts on business processes, technologies etc. Queensland Health recently under took the JIA on the 29th and 30th May 2008. The UHI is dependent on the development of new legislative structure to support the UHI Services and how it will affect privacy impact.

The Shared Electronic Health Record (SEHR) is now known as Individual Electronic Health Record (IEHR). NEHTA and the jurisdictions are collaborating to finalise a business case for the implementation of a national IEHR service for COAG for consideration in the later half of 2008.

SNOMED CT has been agreed nationally by Health Ministers as the preferred standard approach to clinical terminologies. Currently NEHTA is working to extend SNOMED CT to suit Australian healthcare requirements and to deliver the clinical information specifications which will be underpinned by SNOMED CT. Queensland Health has a licence.

Standards Australia have been finalising a new programme of work for 2008-2009 IT-014. Revision of AS 2828:1999 Paper based health records remains on the agenda. Once finalised, it will be available on the Standards Australia IT-014 Website.

Health Ministers have endorsed the development of a national e-Health Strategy by National e-Health Information Principal Committee (NEHPIC) for mid 2008. A new NEHPIC subcommittee, National e-Health Strategy Committee (NEHSC), will oversee the development of a national e-health strategy. Dr Adrian Nowitzke is a member of the NEHSC subcommittee.

Ideas and Queries suggest by QCC Members

Query response time and updating QCC website

- S. Ferdinands and C. Martin have been speaking with M. Shaw (Coding Insite webmaster) about taking over these duties and merging both sites together. C. Martin has been discussing this proposal with the Director, Statistical Standards.
- T. Matthies would like an interim solution as QCC query decisions need to be published on QCC website.
- S. Ovchinnikoff informed that this can be a lengthy process.

Re-establishing Action Item List and Agenda Items

- QCC members stated there interests in re-establishing an action item list and incorporating agenda items that have disappeared.

- L.Cleator and S. Ferdinands have promised to try and do this and back date it to the beginning of the year.

Creating a letter to go to hospitals

- Members expressed interest in the creation of a letter summarising QCC meetings, query advice and interesting information. They would like this to go to both public and private facilities.

QCC Meeting Structure

- The current QCC meeting structure was queried. The suggestion of teleconference meetings was raised and to have major and minor meetings.

FAQ from NCCH

- L. Kennedy expressed interest in trying to acquire the FAQ from the NCCH. With the deletion of the NCCH database, it is believed the FAQ will provide some of the advice and direction that is now not available.

ACTION ITEM:

- L. Cleator and S. Ferdinands to investigate in a possible interim solution for coding queries.
- L. Cleator and S. Ferdinands to create an Action Item List to date back from the beginning of this year and to add agenda items back into the current agenda.
- L. Cleator and S. Ferdinands to explore the option of a letter to be sent out to facilities.
- S. Ferdinands to investigate cost of teleconference and to present findings and ideas upon completion.

7 CAEU Update

L. Ramsden has completed the draft report for Ipswich hospital and next hospital she will be auditing with be Nambour hospital in a month's time. J. Turtle is currently auditing Townsville hospital.

The Data Quality team is currently working on a strategy to put in place for the outstanding reports and to streamline the process to ensure that the reports will be delivered in a timely manner.

K. Wimberley asked if the next audits taking place would occur in fifth or sixth edition codes. S. Ferdinands responded that the Data Quality team still have this on there agenda to discuss because of the data quality effect. T. Matthies wanted to know how many hospitals had so far been audited. C. Martin informed that 6 hospitals had been audited.

ACTION ITEM:

- S. Ferdinands to organise meeting with Data Quality to discuss 6th edition auditing and current issues.

8 3M Codefinder Update

New 3M Codefinder testing is currently occurring and so far everything looks good. Some minor interface issues have been identified however they will not severely impact the coders. A communication strategy will be set up to inform users of any problems and ways to deal with them.

C. Martin informed the committee that the MSI for the 3M Codefinder is ready. Errata 1 was unable to be added into the multi-facility notes section as there will not be sufficient time before the new Codefinder version is installed.

K. Hinze was informed that the OCOI indicator will not be transferred across to Transition (TII). K. Hinze was wondering why this is the case, when this had been a major selling point for the indicator in particular with clinicians.

C. Martin thought the OCOI information was being transferred across. S. Ferdinands offered to contact the Transition administrator and to find out what is happening.

ACTION ITEM:

- S. Ferdinands to communicate with Transition administrator and sought out details relating to OCOI.
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9 Correspondence

9.1 Incoming

- 9.1.1 QCC queries
 0608-01 – When is it appropriate to use Y96
 0907-01 – Global Ischaemia
 0308-08 – Leaking Gastrostomy Tube – This query needs NCCH clarification

- 9.1.2 NCCH Response to QCC queries
 Nil

- 9.1.3 Correspondence to the Committee
 Nil

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 10th July 2008. This meeting will be held at QHB.

11 Closure of Meeting

Meeting ended at 2:30 pm.