

## Queensland Coding Committee (QCC)

8 October 2009

### Minutes of the 207th Meeting

#### 1. Attendees

|  |   |
|--|---|
| Stephanie Ferdinands (Chair)             | Statistical Standards Unit                            |
| Melanie Scott (Secretariat)              | Statistical Standards Unit                            |
| Julie Turtle                             | Statistical Standards Unit                            |
| Ann Stewart                              | Wesley Hospital                                       |
| James Chippendale                        | HBCIS Application Specialist                          |
| Kellie Marshall                          | Royal Brisbane and Women's Hospital                   |
| Tracey Matthies                          | Nambour Hospital                                      |
| Kym Wimberley                            | Gympie Hospital                                       |
| Bonita Findlay (proxy for Kirsten Hinze) | Gold Coast Hospital                                   |
| Ruth Curnow                              | Rockhampton Hospital                                  |
| Lenore Berry (teleconferencing)          | Cairns and Hinterland Health Service District         |
| Sophia Ovchinnikoff                      | Clinical Information Management, Information Division |

#### Guests

|               |                                     |
|---------------|-------------------------------------|
| Karen Buckley | Mater Health Services               |
| Kylie Jooste  | Royal Brisbane and Women's Hospital |
| Sandra Martyn | Health Statistics Centre            |
| Michelle Dinh | Clinical Quality Analysis Unit      |
| L. Culleton   | HR Branch                           |

#### 2. Apologies

|                                    |                             |
|------------------------------------|-----------------------------|
| Lilian Vu (Proxy for Maria O'Neil) | Princess Alexandra Hospital |
| Harry Georgas                      | Statistical Standards Unit  |
| David Quigley                      | Medmin Pty Ltd              |
| Anthony Smith                      | The Prince Charles Hospital |
| Corrie Martin                      | Statistical Standards Unit  |
| Debbie Abbott                      | Resolutionsint              |

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

- August minutes ratified by T. Matthies and K. Wimberley.
- September minutes ratified by K. Marshall and J. Chippendale.

#### 4. Quality Hour Discussion Forum

- S. Ferdinands presented the Performance Indicators for Coding Quality (PICQ2008™). S. Ferdinands explained the aim of the session was to

answer questions concerning PICQ2008™ and to run through the process for running PICQ2008™. S. Ferdinands noted that attendees should then share their knowledge with other PICQ2008™ users in their hospitals and districts.

- S. Ferdinands went through the process of installing and running PICQ2008™ utilising the Step-by-Step procedures for using PICQ2008™ and the PICQ2008™ NCCH User Guide.
- The overview of the PICQ2008™ process was examined via the process maps on page 6 and 7 (8.1 figure 1 and 2) of the Step-by-Step procedures for using PICQ2008™.
- To understand what indicators are available in PICQ2008™, S. Ferdinands first referred to Appendix A 'Indicators included in the PICQ2008™' on page 69 of the NCCH PICQ2008™ User Guide. The indicator degree is described on page 6 and 7 of the NCCH PICQ2008™ User Guide.
- S. Ferdinands stressed that the separations data extracted from HBCIS/PAS must be in the same file format (including data types) as the Separations file format specifications. As per Appendix C 'Required format for input Separations table' on page 205 of the NCCH PICQ2008™ User Guide.
- Separations with a care type of 10 (Boarders) cannot be processed by PICQ2008™ and these separations should be removed from the file before starting. Page 203 of the NCCH PICQ2008™ User Guide describes the care types that are accepted in PICQ2008™.

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

### **5.1 Variable Life Adjusted Display (VLAD) Update**

M. Dinh presented a VLAD update on perinatal indicators. Please refer to Appendix 1 for a copy of the presentation.

### **5.2 HBCIS (Hospital Based Corporate Information System) Update**

J. Chippendale presented the following points at the HBCIS update.

- The HBCIS enhancement request deadline for the March 2010 HBCIS 6.3 software release is closed. Any further enhancement requests will be progressed for the June release.
- There is a permanent hold on the enhancement request for the removal of care types 9 (Organ Procurement) and 10 (Boarders) from the HBCIS PICQ extract.
- The expanded DRG descriptions file has been sent to iSOFT for inclusion within the March release.
- The HBCIS team have received some feedback regarding the Outstanding Diagnosis by Location enhancement request. This enhancement request is funded by InfoOps and has been submitted to iSOFT for inclusion within the March release.

- Funding arrangements for the Incomplete Coding Flag Enhancement will need to be made or refinement of the enhancement will be necessary. J. Chippendale will send out the latest version of this request for feedback on potential refinements.
- There will be a staggered roll out of the 3M Codefinder v5.2.3 in the last week of October.
- The HBCIS team has commenced work on an enhancement request to change the fatal error to a warning error when a newborn is admitted to a birth suite and has an admission weight under 400g. J. Chippendale will send this enhancement to QCC for distribution and comment.
- The HSC are in the process of preparing 2008 and 2009 NLI (National Localities Index) corporate reference files to be loaded into HBCIS.

| Meeting Month  | Action Items  | Outcome  |
|----------------|---|----------|
| September 2009 | J. Chippendale to resend the Outstanding Diagnosis by Location enhancement request to C. Martin.  | Complete |
| October 2009   | J. Chippendale to send the latest version of the Incomplete Coding Flag Enhancement request to S. Ferdinands to forward to the QCC for feedback on potential refinements. |          |
| October 2009   | J. Chippendale to send the Admission Weight Enhancement request to QCC for distribution and comment.  |          |

### 5.3 Coding Standards Advisory Committee (CSAC) Update

S. Ferdinands gave the CSAC update on behalf of C. Martin. The 7<sup>th</sup> edition has been completed. The NCCH is still to send out the final version of the diabetes standard to all CSAC members.

T. Matthies asked if it was possible to get a copy of all the papers that have been approved. S. Ferdinands to follow up with C. Martin to see if this is possible. J. Turtle would also like to know what the education program is. S. Ferdinands to follow up with C. Martin about the education program.

| Meeting Month | Action Items  | Outcome |
|---------------|---|---------|
| October 2009  | S. Ferdinands to follow up with C. Martin to see if it is possible to send to QCC a copy of all the NCCH papers that have been approved |         |
| October 2009  | S. Ferdinands to follow up with C. Martin regarding the NCCH education program for 7 <sup>th</sup> edition                              |         |

## **5.4 Clinical Coder Reclassification Project**

L. Culleton presented the following update on the implementation of the career structure:

### **General update**

- Almost everything regarding the implementation has now been finalised.

### **Phase 1**

- As of the current pay period, all eligible Clinical Coders under the Phase 1 process (including temporary employees, those who utilised a limited applicant pool process and AO5's) should have now been reclassified on LATTICE and back paid in full.
- Statewide Recruitment Services is currently generating letters to all Phase 1. Clinical Coders who are still waiting on one please note that these letters are expected to be mailed out early next week.
- Once this task has been completed, Phase 1 will have been officially finalised.
- If there are any outstanding issues, please let L. Culleton know as soon as possible.

### **Phase 2 (Note: Now known as the 'Ongoing Phase')**

- Guidelines for the ongoing phase were drafted at the same time as the Phase 1 guidelines to ensure consistency, so they should be familiar to most people.
- L. Culleton has been working with the Shared Service Partner (SSP) to finalise the processing and paper flow of the ongoing phase.
- The steps in the process have been amended upon consultation with the SSP, and the effective date section has also been reworded to try and provide further clarity for managers. Essentially, the eligibility criteria are identical to that of Phase 1.
- The Performance Appraisal and Development (PAD) process will be crucial to this process, as it provides a way to keep on top of upcoming eligibility dates, and also provide evidence in the case of Clinical Coders who may be experiencing difficulties or extended delays in becoming competent.
- There is also a new application form, on which Payroll will validate that the correct number of years or hours coding experience has been obtained.
- The managers of any Clinical Coders who have become eligible for reclassification since the end of Phase 1 should be reassured they will not be in any way disadvantaged by the slight delay in finalising the process for the ongoing Phase. They will be back paid in full to the date they have become eligible for reclassification.

- Copies of the new guidelines and application form will be emailed to the QCC, Coding Managers and Unions for a short period of consultation ending next **Friday 16 October 2009**.
- Please email through any feedback you may have about the documents.
- Once the feedback period is closed, the documents will be finalised and submitted for approval within the Human Resources Branch. Once this has occurred, the documents will be uploaded to Queensland Health Electronic Publishing System (QHEPS) as a matter of priority and can be used from this date on.
- Coding Managers will be emailed to advise that the documents have been published and are now ready for use.

### Advertising

- You will need to ensure you develop separate role descriptions for both the AO3 and AO4 levels. Ideas on wording for the indicators are available on page 5 of the guidelines.

| Meeting Month  | Action Items  | Outcome  |
|----------------|---|----------|
| September 2009 | C. Martin to source AO4 and PO pay wages and send to A. Stewart | Complete |

### 5.5 Performance Indicators for Coding Quality (PICQ2008™) Update

M. Scott advised that 63 public hospitals and 26 private hospitals have registered for PICQ2008™. The Data Quality Team has provided one-on-one assistance with PICQ2008™ to a number of users over the phone. M. Scott encouraged PICQ2008™ users to share their knowledge information on running PICQ2008™ with each other and noted that the Data Quality team can be contacted if users are experiencing issues using PICQ2008™.

| Meeting Month | Action Items  | Outcome                      |
|---------------|---|------------------------------|
| July 2009     | S. Ferdinands to carry out analysis on PICQ2008™ data.            | In Progress                  |
| August 2009   | K. Marshall to send S. Ferdinands feedback about changes in PICQ. | Followed up with K. Marshall |

## 6. Other Business

### 6.1 Christmas Lunch

S. Ferdinands noted the December QCC meeting and Christmas lunch need to be organised and suggested a location for the lunch. An email to committee members regarding the lunch will be forwarded next week.

## 6.2 Code sequencing (external and morphology codes)

## 6.3 Procedures normally not coded

## 6.4 Cancelled Procedures

## 6.5 Incomplete Coding Flag

After discussion, the QCC decided that the Incomplete Coding Flag enhancement should be reviewed by the QCC to decide what is necessary before funding is discussed between HSC and the Information Division.

T. Matthies enquired if the Incomplete Coding Flag could be a priority and take the place of the Outstanding Diagnosis by Location enhancement request. As this information can be exported into MS Excel and sorted easily.

S. Ferdinands to send out the final spec for the Incomplete Coding Flag for QCC review.

| Meeting Month  | Action Items  | Outcome   |
|----------------|---|---|
| September 2009 | C. Martin to organise meeting between Information Division and HSC regarding rationalisation of costs of the Incomplete Coding Flag functionality | On hold until the Incomplete Coding Flag functionality is reviewed. |
| October 2009   | S. Ferdinands to send out the final spec for the Incomplete Coding Flag for QCC review and refinement once received from J. Chippendale           |   |

## 6.6 Emergency Department Information System (EDIS) primary diagnosis versus actual diagnosis

J. Turtle raised the topic of Emergency Department Information System (EDIS) Primary Diagnosis versus actual diagnosis.

- Whilst on audit, J. Turtle noticed a lot of new forms. One form that seemed to cause a lot of confusion was the EDIS form.
- Confusion seemed to arise from the 'Primary Diagnosis' field at the top of the form being a drop down menu rather than a free text field. This causes difficulty because the list is not comprehensive and the Clinician may have to select a less specific or more specific (but different or incorrect) code than the actual diagnosis.
- Coders at some districts have commented that they ignore some parts of the form, particularly the 'Primary Diagnosis' field. Some Coders consider that the term "Impression" implies a working diagnosis rather than a final diagnosis even though the patient may be discharged from the Emergency Department (ED).

- Difficulty arises because this practice is not always consistent for the same Coder or within/across hospitals.
- If the 'Primary Diagnosis' field states a specific diagnosis, and this doesn't appear anywhere else on the form, then this diagnosis may be used, even though it may not be correct. Some Coders use the primary diagnosis if it seems consistent with the rest of the notes.

S. Ovchinnikoff mentioned that eHealth Foundation (Information) Implementation Team (eFIT) are looking at developing diagnoses data set specifications. The contents of the data set specification will be decided by a multi-disciplinary working group. These will then go out by invitation for consultation to stakeholders who are believed to have a vested interest in it. It is very important if documents are sent out, that feedback is provided, because once established, these sets of specifications will be adopted by all systems.

J. Turtle advised she had not yet investigated the definition/guidelines for use of the primary diagnosis but it may be helpful to have a new field for final diagnosis on leaving the ED. Another possibility would be to change the existing 'Primary Diagnosis' field title to something that is less likely to be confused as a Principal Diagnosis such as 'Provisional Diagnosis', 'Working Diagnosis' or 'Admitted Diagnosis'.

S. Ovchinnikoff commented that the problem is that there is no standardised practice in the use of these systems across the State. Once a directive is made, they can't change it. Which is why once a directive is made concerning the EDIS form, it is very vital that feedback is provided.

J. Turtle noted if it is a field that should be ignored by Clinical Coders, perhaps it could be faded out and the information Clinical Coders need be bolded

S. Ovchinnikoff advised that this is a business rule. We would need to go to the districts and set some business rules on how Clinical Coders would use that field in the meantime as an interim level.

J. Chippendale recommended organising a directive that must be followed. J. Chippendale advised that in his experience working in a particular hospital, the Director of ED signed a memo stating that the Primary Diagnosis field is to be completely disregarded. The Director educated the department clinicians concerning this decision, advising them to document what they consider the principal diagnosis to be as an IMP (impression) in the free text.

S. Ovchinnikoff suggested contacting the CPIC (Clinical Practice Improvement Centre) ED network. Until eFIT has developed some data set specifications around diagnoses, there would need to be some sort of business rule at an operation level in the interim about how districts will be entering this. If people in the districts want a consistent approach, they should contact the ED network.

J. Turtle noted the ED Clinical Record diagnosis pertains only to care while in ED. The ED Clinical Record will provide a full picture if the patient is discharged when they leave ED but it should only be used as a progressive care document if the patient goes onto the ward. It would be helpful to clinical coders to introduce fields like final diagnosis (reason for admission) at discharge from the ED and working diagnosis (reason for admission) on transfer to ward.

S. Ovchinnikoff suggested leverage of the business rules that have been developed in the districts that we could share.

L. Berry mentioned that there is a misconception by data users that the codes in EDIS are applied in the same way as inpatient coded data. This has lead to concerns that the quality of that data for reporting can't be verified as some may have used information from both systems combined rather than separately.

**6.7 Australian Coding Standard (ACS) 1609 and Coding of Z76.2 and Z03.7  
(Related QCC query: 1108-07)**

S. Ferdinands noted query 1108-07: ACS 1609 & Coding of Z76.2 and Z03.7 was discussed at a previous QCC meeting. At this meeting it was agreed that this query would be discussed at a future meeting, in addition QCC would suggest to the National Centre for Classification in Health (NCCH) that Z76.2 should be assigned when the baby is well and admitted, only because the mother is admitted.

The QCC agreed that Z76.2 should be used and it should be added to the Australian Coding Standard (ACS) 1609. This would assist new, and new from interstate, Clinical Coders. A public submission will be drafted and send to the NCCH.

L. Berry added that adoption is included in both Z762 (awaiting foster or adoptive placement) and Z028 (examination for adoption). L. Berry would like the distinction between Z028 and Z76.2 to be made clear so people know what to do in each instance.

J. Turtle will draft this query to the NCCH.

| Meeting Month | Action Items  | Outcome |
|---------------|---|---------|
| October 2009  | J. Turtle to draft ACS 1609 & Coding of Z7.2 and Z037.7 query to the NCCH |         |

## 6.8 Admission Policy

- S. Ferdinands noted that the Data Quality Team, Statistical Standards Unit (SSU) had received queries about the new admission policy.
- The committee agreed that a quality hour on the admission policy at the November 2009 QCC meeting would be beneficial.
- S. Ferdinands asked that committee members send in their questions regarding the new admission policy to give to the presenter prior to the presentation.

## 6.9 Clinical Service Capability Framework

### 6.10 QCC Terms of Reference (TOR) and Expression of Interest (Eol) for membership

S. Ferdinands provided an update on the Terms of Reference (TOR):

- The QCC TOR is being edited and is to go back to the Director of SSU then back out to the QCC.
- S. Ferdinands noted that she had received many requests for QCC membership and has advised all inquirers that QCC membership is via an Expression of Interest (Eol) process. An Eol for QCC membership has not been released at current. When an Eol for QCC membership is released, all interested in joining the committee are welcome to apply.
- M. Scott has done some analysis of the QCC leave and attendance register. Members who have not attended the minimum QCC meetings as specified in the TOR will be contacted and asked if they would still like to remain members.

| Meeting Month | Action Items  | Outcome     |
|---------------|---|-------------|
| June 2009     | S. Ferdinands to send out the final draft of TOR  | In Progress |
| July 2009     | S. Ferdinands to review the QCC Attendance Register and send emails questioning the membership of those members who don't regularly attend meetings | In Progress |

### 6.11 Edits for discussion

| Meeting Month | Action Items  | Outcome            |
|---------------|---|--------------------|
| July 2009     | S. Ferdinands to research the edit on J69 and to follow up with the NCCH about the response to Mendelson's and for aspiration pneumonia queries | No longer required |

## 6.12 American Society of Anaesthesiologists (ASA) Scores

C. Martin is currently preparing the email to go to the State wide Anaesthesia & Perioperative Care Clinical Network (SWAPNET) regarding the recording of the American Society of Anaesthesiologists (ASA) Score in the Medical Record.

## 6.13 Raising awareness of coding 'Falls' - 'R' Codes

## 6.14 National Centre for Health Information Research and Training (NCHIRT)

| Meeting Month  | Action Items  | Outcome  |
|----------------|---|----------|
| September 2009 | C. Martin to arrange a meeting with NCHIRT representatives through J. Nicol in November | Complete |

## 7. Coding Auditor/Educator (CAE) Update

H. Georgas is currently on audit at Caboolture Hospital. J. Turtle is writing the audit report for Caloundra hospital and preparing for her next audit at Hervey Bay. An audit schedule has been forwarded to QCC members.

## 8. Codefinder Update

S. Martyn advised that the 3M Codefinder contract is under negotiation.

M. Scott noted that the 3M Codefinder version 5.2.3 roll out is scheduled to occur 26 October 2009 to 30 October 2009. M. Scott commented that this information has been emailed out to the QCC and the Codefinder email group.

K. Wimberley mentioned that locked ports are occurring again. Ports are taking more than 24 hours to be unlocked by Information Division. S. Ferdinands stressed the importance of following the 'Back-up and Recover Codes' Fact Sheet, available from the Start menu, All Programs, 3M HIS, Fact Sheets pathway. S. Ferdinands also noted that locked ports should be reported to the InfoService Centre. K. Wimberley noted that using the 'Back-up and Recover Codes' process has not always been successful. S. Ferdinands encouraged members to let her know if this process is not working so that it can be reported to the Codefinder Application Specialist and resolved. S. Ferdinands will invite M. Stephenson to come along to the November meeting to present a refresher on how to unlock ports.

| Meeting Month | Action Items   | Outcome  |
|---------------|--|----------|
| October 2009  | S. Ferdinands to invite M. Stephenson to the November meeting for a refresher on how to unlock ports | Complete |

## 9. Confirmation of Queries from previous meeting

- August 2009 queries were discussed. J. Turtle noted that she had a number of amendments. S. Ferdinands asked for these to be emailed in. The amendments will be made and they will be sent out again for out of session ratification.
- September 2009 queries were discussed. J. Turtle noted that she had a number of amendments. S. Ferdinands asked for these to be emailed in. The amendments will be made and they will be sent out again for out of session ratification.

| Meeting Month | Action Items   | Outcome  |
|---------------|--|----------|
| October 2009  | J. Turtle to email amendments to August 2009 queries to S. Ferdinands    | Complete |
| October 2009  | J. Turtle to email amendments to September 2009 queries to S. Ferdinands | Complete |

### 9.1 Correspondence

#### 9.2 Incoming

##### 9.2.1 Queries

| QCC_ID  | Query summary   |
|---------|---|
| 1009-01 | Type 2 DM due to haemochromatosis                         |
| 1009-02 | MRSA colonisation carrier                                 |
| 1009-03 | Multiple skin punch biopsies                              |
| 1009-04 | SC Ceph & Dex   |
| 1009-05 | Hypotensive episode whilst on antihypertensive medication |
| 1009-06 | Swine flu affecting pregnancy                             |
| 1009-07 | GH stimulation test                                       |
| 0709-02 | Difficult Intubation                                      |

The QCC decided that the following three queries are to be held over for ratification out- of-session:

|         |                                |
|---------|--------------------------------|
| 0709-06 | Obstetrics Chapter vs ACS 0002 |
| 0308-04 | Mucoperiosteal flap            |
| 1208-04 | External cause codes           |

##### 9.2.2 NCCH response to QCC queries

| QCC ID  | NCCH ID | Query summary                                    |
|---------|---------|--|
| 0509-09 | 64/09   | Tumour lysis                                     |
| 0208-04 | 2506    | Trends and values                                |
| 0408-05 | 2509    | Alcohol poisoning                                |
| 1008-02 | 2510    | Procedural complications                         |
| 0707-05 | 2518    | Central, atypical and musculoskeletal chest pain |
| 1107-06 | 47/09   | PICQ Indicator 101385                            |

##### 9.2.3 Correspondence to the Committee

##### 9.2.4 Outgoing

9.2.5 QCC queries to the NCCH

9.2.6 QCC public submissions to the NCCH

## **10 Next Meeting**

The next meeting is on the 12<sup>th</sup> of November 2009. This meeting will be held at **Forestry House, Level 14 Conference Room.**

## **11 Closure of Meeting**

Meeting ended at 3.00pm.

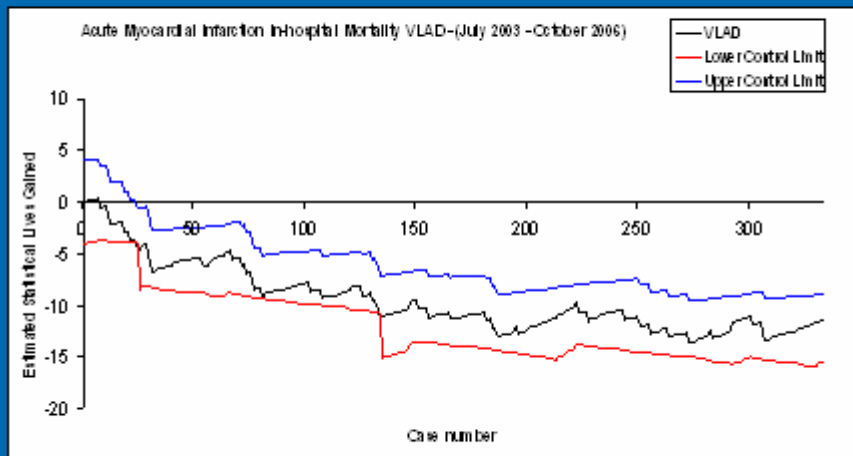
## VLAD – An update on Perinatal Indicators

### Variable Life Adjusted Display

A VLAD is a type of statistical process control chart that visually represents treatment outcomes for selected clinical indicators

- A monitoring tool of clinical indicators
- Displays trends over time within a hospital
- Compares individual hospitals with the state average
- Not punitive – a prompt to look

## Example of a VLAD chart



## Current VLAD Clinical Indicators

### Mortality

- Acute Myocardial Infarction
- Heart Failure
- Stroke
- Pneumonia
- Fractured Neck of Femur

### Readmission and Long Stay

- Acute Myocardial Infarction
- Heart Failure
- Knee Replacement
- Hip Replacement
- Depression
- Schizophrenia
- Paediatric Tonsillectomy and Adenoidectomy

### Complications of Surgery

- Laparoscopic Cholecystectomy\*
- Vaginal Hysterectomy
- Abdominal Hysterectomy
- Fractured Neck of Femur
- Colorectal Carcinoma
- Knee Replacement
- Hip Replacement
- Prostatectomy

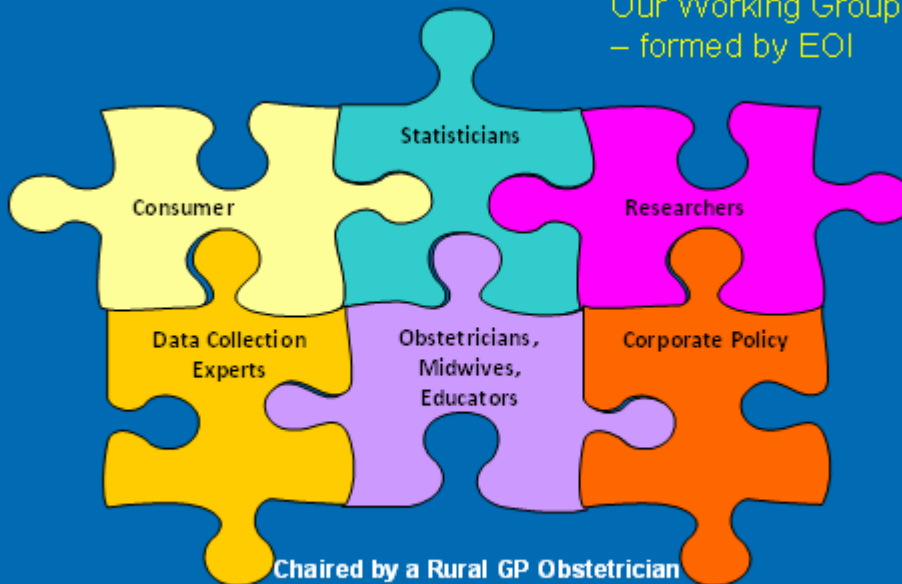
### Maternity

- Caesarean Section
- Induction of Labour
- Perineal Tears\*

## Why this collaboration?



## Our Working Group – formed by EOI



## Refining Clinical Indicators

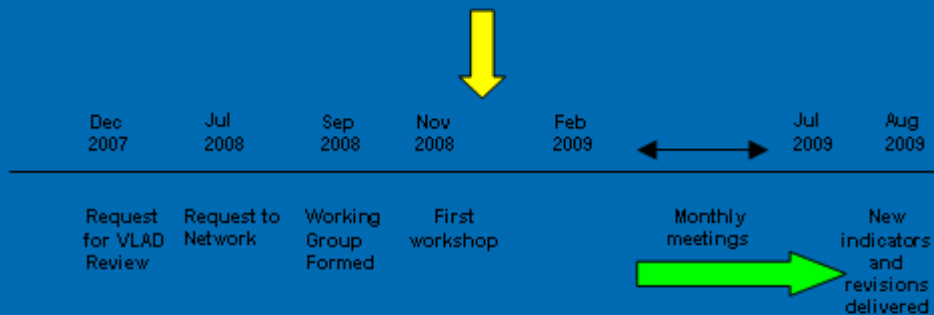
VLAD Assessment criteria of indicators

- Significance: Clinical significance
- Volume: Sufficient numbers to provide a reliable measure
- Indicator clarity: Clearly defined and reliable
- Responsive potential: Can be systematically improved
- Systematic data: Derived from systematically collected data

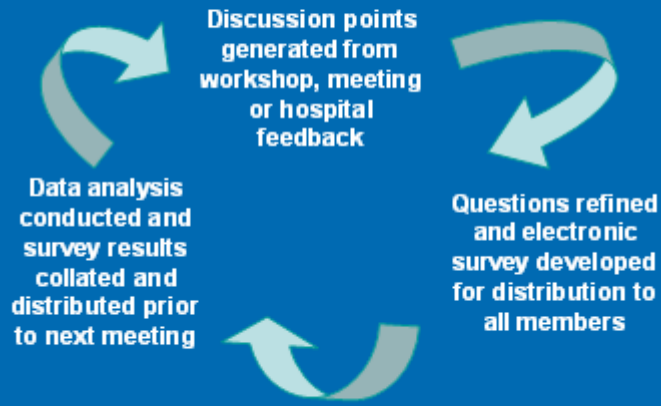
Sex, age and comorbidities used in attempt to risk-adjust for illness severity

- Frequency of occurrence
- Specialist medical advice
- Evidence in literature
- Statistical significance

## Timeline of our work together



## An iterative process of Q and A.....



## What we delivered.....

| Clinical Indicator   | Status         |
|--|----------------|
| Selected Primiparae Induction of Labour                    | Revised        |
| Selected Primiparae Caesarean Section (Public)             | Revised        |
| Selected Primiparae Caesarean Section (Private)            | Revised        |
| Selected Primiparae Third and Fourth degree Perineal Tears | Revised        |
| Selected Primiparae Episiotomy (Public)                    | New            |
| Selected Primiparae Episiotomy (Private)                   | New            |
| Instrumental Delivery (Public)                             | New            |
| Instrumental Delivery (Private)                            | New            |
| Apgar <7 at 5 minutes                                      | Review in 2010 |
| Admissions to Special Care Nursery                         | Review in 2010 |
| Post Caesarean Infection                                   | Review in 2010 |
| Vaginal Birth following Caesarean Section (VBAC)           | Review in 2010 |

## Key Changes to the VLADs

- Selected Primips only
- Revised Gestational weeks
- Revised Risk adjustment
- New indicators provide suite of indicators to be reviewed as a whole
  - Perineal Tear v Episiotomy
  - Instrumental v Caesar

[http://www.health.qld.gov.au/quality/docs/vlad\\_wrgrp\\_smry\\_0709.pdf](http://www.health.qld.gov.au/quality/docs/vlad_wrgrp_smry_0709.pdf)

## Third and Fourth degree Perineal Tears : Additional changes

- **Flagging too often - due to low outcome rate (4%)**
- **Usual control limits flag at:**
  - Level 1 50%
  - Level 2 75%
  - Level 3 100%
  - Suggested flagging levels:
    - Level 1 125%
    - Level 2 150%
    - Level 3 175%
- **Awaiting Network endorsement**

## Suggest changes to indicators:

- Talk to your clinicians
- Use online form
- Use VLAD\_Queries