

Queensland Coding Committee

11th September 2008

Minutes of the One Hundred and Ninety Fifth Meeting

1. Attendees

Stephanie Ferdinands (Chair)	Statistical Standards Unit
Laura Cleator (Secretariat)	Statistical Standards Unit
Corrie Martin	Statistical Standards Unit
Julie Turtle	Statistical Standards Unit
Kym Wimberley	Gympie Hospital
Tracey Matthies	Sunshine Coast and Cooloola Health Service District
Lilian Vu	Princess Alexandra Hospital
Wendy Adams	Business Support Unit
Kellie Marshall	Mater Health Services
Ruth Curnow	Rockhampton Hospital
Lucy Kennedy	Logan Hospital
Meegan Snell	3M Representative
Dr David Quigley	Medmin Pty Ltd
Belinda Lai	Toowoomba Health Service District
Jenny Nicol	Queensland University of Technology

2. Apologies

Lenore Berry	Northern Area Health Service
Derelle Pratt	Royal Brisbane and Women's Hospital
Kirstine Sketcher-Baker	CPIC, Clinical Monitoring Team
Rob Rule	Human Resource Branch
Kirsten Hinze	Gold Coast Hospital
Sophia Ovchinnikoff	Clinical Information Management, Information Division
Ann Stewart	The Wesley Hospital
Julie Garrett	Casemix Funding & Analysis Unit
Elisabeth Skubis	InfoOperations, Information Division

3. Confirmation of Minutes of the Previous Meeting

Minor amendments need to be made on the August QCC Minutes. The minutes will be amended and distributed before the October QCC Meeting. July QCC Minutes and August Queries were confirmed as true and correct by C. Martin and K. Wimberley.

S. Ferdinands informed the committee that S. Martyn reviewed the Terms of Reference (TOR) and has added a few comments. S. Ferdinands will resend the TOR, to be ratified at the October QCC Meeting.

ACTION ITEMS:

- L. Cleator to amend August minutes and distribute via email before the October QCC Meeting
- S. Ferdinands to send out TOR and distribute via email before the October QCC Meeting

4. Quality Hour Discussion Forum

Diabetes and Hypertension

K. Marshall provided the following example for discussion

*“Patient with Iron deficiency anaemia admitted for PRBC transfusion.
Patient has past history T2DM, CKD stage 5, HTN.”*

K. Marshall informed that in this case she would only code CKD, HTN and anaemia but no diabetes as there was no documentation linking the diabetes. Discussion was based around anaemia with chronic condition, the diabetes with rule code and anaemia with asterix code then the need to add the other codes. Previously if a diabetic patient came in with HTN and had 1 BSL taken then diabetes would be coded. The *question “why don’t we code diabetes?”* was asked. The response was that in the index HTN (and also Acanthosis and Dyslipidaemia) with Diabetes entry does not exist. It was noted that Victoria is currently having discussions with NCCH in relation to HTN and diabetes. The decision made by QCC was to send an indexing query to NCCH using the example of Obesity and Fatty liver with Diabetes. Before the query is sent to the NCCH it is to be approved by QCC. In the meantime QCC members are encouraged to continue their current practice

Action Items

- The decision made by QCC was to send an indexing query to NCCH using the example of Obesity and Fatty liver with Diabetes. Before the query is sent to the NCCH it is to be approved by QCC.

Renal Failure and Anaemia

J. Turtle asked if when a patient with anaemia was admitted for same-day blood transfusions, if coders are looking through the volumes to find whether the patient has renal failure. Answers varied, from depends on time and number of

volumes to those that normally always look and code renal failure. Information was obtained that normally this procedure would take place in the Oncology section. It was decided that a query would be created and sent to the NCCH.

C. Martin informed the QCC discussions regarding dagger and asterix convention are continuing for ICD-11.

Action Items

- It was decided that a query in relation to renal failure and anaemia would be created and sent to the NCCH.

Coding Matters

S. Ferdinands raised the issue of advice published 10 years ago in Coding Matters and if this is still considered current. Discussion took place around if the standard related to that particular coding matters advice has not changed then the advice can still be considered relevant. Questions were raised if NCCH deleted coding matters advice after information had been incorporated into the standards. The committee was informed that this did occur but this is not well known. It was decided that common sense should be applied. Advice from 5th and 6th edition coding matters should still be used. Anything earlier, if the coder is unsure to send in a question to have this issue clarified. J. Turtle informed the committee that some advice is not formal but is continually being taught. An example of this is suicidal ideation and self harm.

J. Turtle enquired how this data was collected for private patients in public hospitals. Committee members were unsure but the data is not entered in HBCIS.

Action Items

- Codefile article on changes with Gastroenteritis

Mechanical Ventilation – Private Hospitals

D. Quigley asked the QCC about mechanical ventilation in hospitals and how this information is calculated and entered into the Hospital Casemix Protocol field. He found out there are different ways in calculating this information - total hours of mechanical ventilation according to ACS 1006 or Hours in ICU? He informed the committee that he had been in contact with the Department of Health and Ageing in relation to this issue, and the advice was not consistent and he was trying to clarify this. QCC members responded that the ICD codes used are calculated according to advice in ACS 1006. K. Marshall was the only QCC representative from a private hospital and informed that there was an ICU data manager who managed this field at her hospital. Interest was expressed by the QCC to hear the outcome of this discussion between D. Quigley and Department of Health and Ageing.

5. Business Arising from Minutes of the Previous Meeting

5.1 VLAD Update

No VLAD update this month as K. Sketcher-Baker was unable to attend.

5.2 HBCIS Update

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

5.3 CSAC Update

C. Martin informed that the final version of FAQ's has been distributed to CSAC members but not yet released. C. Martin thanked the committee for all the feedback received on the FAQ drafts, as she believes the comments received from Queensland had a direct effect on the outcome. C. Martin raised the issue of the lack of implementation and communication plan on the time frame of when to apply the advice distributed by the NCCH.

K. Marshall asked about pharmacotherapy procedures and if it is necessary to assign the cancer code according to the new advice. K. Wimberley answered that for management codes it was no longer necessary but for chemotherapy codes were still assigned. QCC Members were asked who has taken the advice from coding matters and already incorporated into coding practice. Two facilities said that they have and another two say that they will incorporate the changes after QCC.

Again the issue of what date to act on the advice was raised. The issue was discussed and mentioned two dates being the 1 January and 1 July would be ideal. However it was noted that an implementation process/strategy should also be nationally aligned and a communication plan would be needed before proceeding with an implementation strategy. Advice should be to continue to implement as normal, until an implementation strategy has developed. The issue still comes back to the NCCH to act upon the idea. J. Turtle asked if the FAQ is part of the 10 Commandments. L. Kennedy informed that it was separate and M. Snell notified that only the commandments were contained in the E-Book. It was asked if FAQ could be incorporated into 3M Codefinder. M. Snell said it could potentially be incorporated but would have to find out about licensing and would have to flag the advice. J. Turtle said it would be better if the FAQs were incorporated into the 10 Commandments as FAQs are not easily searched and often forgotten.

Discussion moved to building a glossary that may help with identifying lead terms. C. Martin asked for QCC members to send suggestions of lead terms into her and she will collate. An abbreviation guide was mentioned and W. Adams advised that the HIMAA is to be used as a guide and the QLD one is not up to date. The difficulty with the QLD guide was trying to have only one description for one abbreviation.

Action Items

- QCC members to send lead terms to C. Martin
- C. Martin to propose release dates and implementation dates at the next CSAC meeting.

5.4 PICQ Update

L. Cleator informed the committee that the Data Quality team currently have the June Quarter data and that PICQ reports will be run and distributed between the 22nd of September and 3rd of October. L. Cleator contacted NCCH in relation to availability and cost of PICQ 2008. PICQ 2008 should be ready in November and it will be approximately the same cost as PICQ 2006. C. Martin informed the committee that HSC no longer has funding for PICQ 2008; however this does not mean that we can not purchase it. C. Martin will put in a business case for the purchase of PICQ 2008, when the cost is finalised.

5.5 Clinical Coder Workforce Project

S. Ferdinands contacted R. Rule over the phone during the meeting. R. Rule advised he was unable to attend and sent in a late apology. J. Turtle informed the QCC that she had wanted to raise some issues R. Rule. QCC was informed that in one district all A02s are now A03s and coders are concerned about the progress of outcomes of the project, also noting that EB7 negotiations have been revealed and there is nothing of particular note for coders. QCC members are asking what does this mean and what is to happen.

Action Item

- J. Turtle to forward question to S. Ferdinands to be sent from the QCC convenor to R. Rule

6 Other Business

6.1 Code Sequencing (external and morphology codes)

No discussion occurred as K. Hinze was unable to attend.

6.2 Procedures normally not coded

No discussion occurred as D. Abbott was unable to attend.

6.3 Cancelled Procedures

No discussion occurred as D. Pratt was unable to attend.

6.4 Incomplete Coding Flag

No discussion occurred as E. Skubis was unable to attend. However, a question was raised about where to send queries about this topic. S. Ferdinands informed them to send them to her; she will collate and pass it on.

Action Item

- S. Ferdinands to collate queries and pass on to E. Skubis.

6.5 Action Items

S. Ferdinands asked whether the QCC would like this Agenda item to remain a standard item. The QCC agreed that the agenda item should stay and action items from the previous meetings would continue to be reviewed. QCC members agreed that they would also highlight certain action points of interest from earlier meetings.

Coder's Insite/ QCC Website

S. Ferdinands reported that M. Shaw is helping with the QCC website update. This has progressed and the updates are just waiting for final sign off by S. Cornes. A meeting is being conducted tomorrow (12 September 2008) about potentially having a query database on the QCC Website. In relation to Coder's Insite, this has been updated by M. Shaw.

Local Coding Rules and Diabetes/Oncology Form

QCC members asked if the email has been sent from QCC, advising people that the QCC does not support the use of local coding rule or diabetes/oncology forms. S. Ferdinands informed that this had yet to be released and C. Martin said that she will draft something to be released. QCC members expressed that they believe this should be in a Codefile article. A question was raised, asking if these were identified in the audits. J. Turtle informed the QCC that local coding rules are flagged if a local rule contravenes a standard this is stated in the report and recommendation made to review the practice.

Chapter 9 of QHAPDC

C. Martin told the QCC that HSC has had a request from a hospital to completely remove the section about sequencing. A meeting will be scheduled and will not report on this action item until after the meeting.

Additional Diagnosis Flowchart

S. Ferdinands distributed the additional diagnosis flowchart. It was noted that not every district has access to a colour printer, so it would be good to test how it appears black and white. It was requested that paler colours be used within the flowchart. A number of suggestions were made, and C. Martin asked for these to be emailed to her and then amendments will be made. QCC asked for the flowchart to be distributed to them electronically.

Action Items

- Distribute flowchart via email to QCC members
- Suggestions and comments about the additional diagnosis flowchart to be sent to C. Martin

Other

S. Ferdinands and J. Nicol informed the QCC that there is currently a clinical coder student looking for a mentor. If possible, they would like someone to

mentor this student until they complete the test in early December. L. Kennedy offered to be the mentor.

6.6 Renal Dialysis

This item was not discussed as QCC is waiting for FAQ to be released.

6.7 Incidental Findings

T. Matthies informed that a draft was sent and received replies. The second draft has been finished however due to a technical malfunction this has not been received. It was decided that this would be reviewed by all QCC members and sent to the NCCH as query to finalise.

Action Item

- T. Matthies to forward Incidental Finding article to all QCC members

Queensland University of Technology – J. Nicol

J. Nicol distributed the flyer for the new course Graduate Certificate in Health Science (Clinical Classification). J. Nicol asked if everyone received the email that was distributed. A few members mentioned difficulty accessing the site. J. Nicol asked for QCC advice on ideas on how to best distribute information about the course. Ideas suggested include the Coder's Insite website, QCC Distribution email, Health Matters and the QLD Health Career Website. The QLD Health Career website needs to get permission.

Questions were raised about the costing of the course. J. Nicol informed that she is working on getting a few HECS places but they have not been confirmed, so not to rely on them. In general, it would be best to contact QUT Student Business Services as they deal with the financial side. Other questions were if you could do one subject, if the course is offered externally/on-line and if you would receive credit from previous experience/courses/working life. The answers to these questions were yes. QCC was informed that the maximum credit received would be for two subjects.

J. Nicol informed that they are still working on Graduate Diploma (HIM) that would contain no coding. QUT are still look at creating a Masters where the graduate diploma and graduate certificate will work towards it.

Action Items

- L. Cleator to email website link to QCC members

7 CAEU Update

The audits have been pulled back as L. Ramsden has moved to a position within the Toowoomba Health Service District. At the moment CAEU have a lot of reports to prepare as there was not sufficient time in between audits to write up the reports. C. Martin informed the committee that the style of report has been revamped and includes a more detailed analysis section. All audit reports will be distributed in draft before the next audit begins.

8 3M Codefinder Update

L. Cleator told the QCC that currently Errata 1, July and August Pathway errors are being entered into the multi-facility notes section for the Qld Health Codefinder release. The release is scheduled for late September/ early October. M. Snell informed that Errata 2 is soon to be released and if this was to be included in the release. L. Cleator informed that she did not know this but will try to incorporate them into the release. L. Cleator encouraged QCC members to keep sending pathway errors to the Codefinder email account.

L. Vu asked M. Snell about the 100 codes limit. L. Cleator and M. Snell are to check their interfaces to try and find the problem. L. Kennedy informed the M. Snell that she had found two errors with in the 3M Codefinder Pathway errors list. M. Snell will investigate this.

Questions were asked about who received Coding Matters. L. Kennedy informed that they are available electronically on the NCCH website but to get it in paper form you have to formally write in and ask for it.

M. Snell informed the committee that the old abbreviation list is no longer valid and that a new one will be created in the near future. Two enhancements were suggested – post nasal drip and failure to progress. NCCH queries will need to be drafted to find the appropriate code to the enhancement requests. M. Snell asked the committee what they thought about the functionality in Codefinder to enter a procedure code into the Diagnosis Keyword Prompt and then provide both diagnosis and procedures for example colonoscopy. General consensus was that this would be okay for experienced coders but not for new coders. The reason was that they would not want new coders to be dependent on Codefinder and to understand how to code from the books. J. Turtle stated that we may not want to encourage practice of entering procedures into a diagnosis field given that we advise clinical otherwise.

9 Correspondence

9.1 Incoming

9.1.1 QCC queries

0908-01	Z51.88 (Other specified medical care)
0908-02	Temporal arteritis
0908-03	Sequencing of alcohol dependence and intoxication
0908-04	Index/coding standard - Hypertension/ dyslipidaemia/ acanthosis nigricans with diabetes
0908-05	GOR for Fundoplication – post op residual urine, discharged with IDC
0908-06	GDM adm with Placenta Praevia at 36wks gestation.
0908-07	Gest DM – Augmented Vaginal Delivery
0908-08	Gest DM – admitted for elective caesarean for maternal choice
0909-09	90467-00 – Spontaneous vertex delivery
0908-10	Issue with ACS 1518 Duration of Pregnancy

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

0308-08	Leaking Gastrostomy Tube
Coding Matter Vol 15 p5	Central Venous and arterial lines

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 9th October 2008. This meeting will be held at QHB, Level 3, and Videoconference Room.

11 Closure of Meeting

Meeting ended at 2:45 pm.