

# Codefile

Newsletter of the Queensland Coding Committee

ISSUE NUMBER 14

Quarter Ending September 2003

## *QCC webpage now accessible via the Internet*

The Queensland Coding Committee (QCC) has maintained a website on the QHEPS for a number of years. This page has now also become available on the Queensland Health internet site. The QCC internet site can be located by following the below steps:

1. Go to the Queensland Health internet site located at <http://www.health.Qld.gov.au/qcc/>
2. Go to the Health Information drop down menu
3. Click on Health Professionals
4. Click on the QCC hyperlink that is listed.

In summary, the site provides information on minutes of meetings, queries, QCC yearly calendar, previous Codefile editions, QCC members' contact details, committee Terms of Reference and some useful resources (for example, additional diagnosis flowchart).

If you have any suggestions/comments for this web site, please email [DQSTD@health.Qld.gov.au](mailto:DQSTD@health.Qld.gov.au) or phone: 3234 0296.

## *Highlights included in this issue:*

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## *Coding Standards Advisory Committee (CSAC) Report*

The CSAC, convened by the National Centre for Classification in Health (NCCH), meets quarterly (as a minimum). Its overall function relates to providing advice on classification development and standards for coding of diseases and interventions for morbidity and mortality reporting. Membership comprises representatives from the following jurisdictions:

- NCCH
  - Director
  - Associate Directors (Sydney & Brisbane)
  - Classification Support Coordinator
  - Project Officer(s) as required
- State Health Authorities
- Casemix Clinical Committee of Australia
- Health Information Management Association of Australia
- Australian Private Hospitals' Association
- Australian Institute of Health and Welfare
- Department of Health and Aged Care – Acute Coordinated Care Branch
- New Zealand Ministry of Health
- Clinical Coders' Society of Australia

Meredith Shallcross (QCC Chairperson) recently attended the September meeting of this committee. Below is a brief synopsis of meeting proceedings that are relevant to Queensland coders.

### **ICD-10-AM 4<sup>th</sup> Edition**

The 4<sup>th</sup> edition will become effective as from 1 July 2004. All changes for this edition have been finalised and associated materials (eg. book sets) are currently being manufactured. A preliminary summary of scope of expected changes is attached to this edition. A more detailed account of changes will be made available by the NCCH during the 4<sup>th</sup> edition education sessions.

## *CSAC Report (cont)*

### **Public Submissions**

Results of the 4<sup>th</sup> Edition public submissions have been distributed to originators. Below are the results of QLD submissions originated by staff of the Data Services Unit:

- Accepted for inclusion in 4<sup>th</sup> Edition:
  - Labour without delivery
- Requires further investigation and held over for possible inclusion in 5<sup>th</sup> Edition:
  - Open wounds of joint cavities
  - Previous Caesarean section
  - Pre-eclampsia and hypertension in pregnancy

If you would like further information regarding the QLD submissions, please contact Meredith Shallcross on 3234 1318, via GroupWise, or at [meredith\\_shallcross@health.Qld.gov.au](mailto:meredith_shallcross@health.Qld.gov.au).

The Public Submission period is open again in early 2004 (tentatively March), a definite date will be advised in the near future. For advice regarding the submission process please visit the NCCH website (<http://www2.fhs.usyd.edu.au/ncch/>) and follow the links to Public Submissions.

### **Coding Queries**

In 2002/2003 the NCCH received a total of 175 queries. Of these 40 were received from the QCC. There are currently a total of 38 outstanding queries nationally. Staff of the Classification Support and Development Division indicated that most of the queries did not lead to CSAC proposals or addenda, but reinforced correct coding practices.

### **Good Clinical Documentation Guide**

The guide is now available for purchase from the NCCH. It is an electronic resource (CD-ROM) for clinicians that provides general information about the requirements for good documentation, coding and Diagnosis Related Groups (DRGs). This guide supersedes the Casemix, DRGs and Clinical Coding speciality books. For further information regarding this product please visit the NCCH website (<http://www2.fhs.usyd.edu.au/ncch/>). DSU are currently investigating the feasibility of purchasing a state-wide license for the guide, with a possibility that it be made available via the QCC intranet site.

### **Third Edition Coding Tutorials**

NCCH staff are currently conducting 18 tutorials nationally. 11 have been completed, with approximately 297 participants. Feedback indicates that the tutorials have been a success, with coders enjoying the face to face contact with NCCH staff and the opportunity to reinforce material first learnt during 3<sup>rd</sup> edition education sessions.

The Queensland tutorial dates and venue still to be provided are:

**Brisbane 10 & 11 November**

If you require further information regarding the tutorials please contact the NCCH. Please note that neither the QCC nor the Data Services Unit is responsible for organising these workshops and all communication should be directed to the NCCH.

Please be aware that the 12 November session initially scheduled for Toowoomba has been cancelled due to a lack of numbers. Expressions of interest for either of the two remaining workshops should be made as soon as possible to ensure that no further sessions are cancelled.

### **The Australian coder workforce survey**

Sue Walker, Associate Director, NCCH Brisbane provided committee members with copies (CD-ROM) of the final report of the Australian coder workforce survey. Sue indicated that the monograph has also been made available, free of charge for a limited period, to respondents who participated in the survey. Additional copies are available to purchase (\$11 per copy) using the NCCH products order form. The report's authors, Kirsten McKenzie and Sue Walker, are happy to answer any questions related to the report. These can be forwarded to [ncch.brisbane@qut.edu.au](mailto:ncch.brisbane@qut.edu.au). Please see survey results from a QLD perspective in the Quality Corner of this edition of Codefile.

### **Australian Classification & Terminology of Community Health (CATCH)**

The CSAC welcomed a presentation from Terry Dymmott, Project Officer, NCCH on CATCH - a terminology that reflects activities within a community based environment. Terry provided a brief history behind the classification, explained its relationship to Community Health Information Management Enterprise (CHIME) and illustrated development thus far.

## Quality Corner

The following articles summarise the QCC quality presentations for Quarter 3, 2003 (please click on the relevant hyperlink to view the entire presentation):

- July** [Kirsten McKenzie, NCCH](#), Brisbane  
**August** [Joanne Snodgrass, Perinatal Data Collection](#), DSU  
[John Harrington, Queensland Hospital Admitted Patient Data Collection](#), DSU  
**September** [Jo Buckingham, Mater Health Service](#)

### NCCH Australian Clinical Coder Workforce Survey

At the July meeting, the QCC welcomed a presentation from Dr Kirsten McKenzie, Research Fellow, NCCH Brisbane. Kirsten provided members with a comprehensive overview of the 2002 Australian Clinical Coder Workforce Survey.

#### Methodology

- The survey was distributed to all public/private hospitals/day care facilities across Australia (n=1277)
- There was separate surveys for managers and coders
- The broad survey questions address were:
  - who codes?
  - what do coders do?
  - where is coding done?
  - how is coding done?
  - how are coders supported?

#### Respondents

- National Response:
  - Managers – 33.2% response rate n=424
  - Coders – n=1031
- Queensland Response
  - Managers – 17.1% n=66
  - Coders – 15.2% n=110
    - Public – 63%
    - Private – 37%
      - Hospitals – 89%
      - Day care Facilities – 7%
      - Other – 4%
        - Metropolitan – 51%
        - Non-metro – 49%

Following are the findings of all those coders that responded:

#### Coders Educational Background

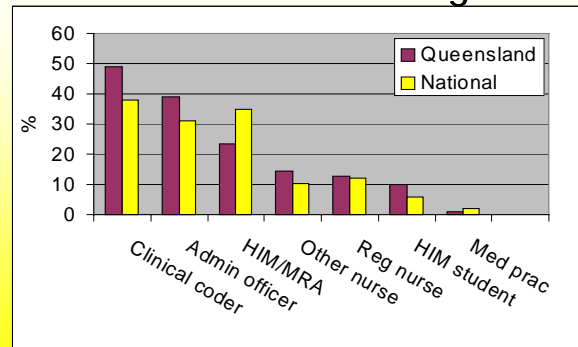
- Most common educational background of Qld coders was HIMAA distance education (Qld: 36%, National: 29%)

- 29% of Qld coders learnt to code through HIM degree (Highest percentage of any state after Victoria 75%)
- 9% of Qld coders had no formal training beyond on-the-job experience (National: 13%)

#### Coders' Professional Backgrounds



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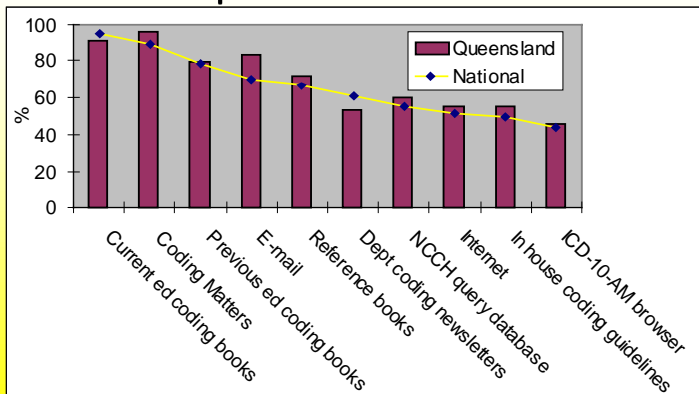


The most common professional background of Qld coders was clinical coding (49%) and administration (39%), both above national average. 24% of Qld coders had a HIM background (National: 35%).

#### Access to Resources

- 91% of Qld coders access a full set of coding books (National: 94%)
- 96% of Qld coders access Coding Matters (National: 89%)
- 44% of Qld coders access the Code-L listserver (National: 40%)
- Qld coders reported that they have better access to most resources except for:
  - Full set of coding books
  - Health department coding newsletters
  - Local coder networks

## Top 10 Resources



Coding throughput, please refer to the [QCC website](#) and view the presentation that is published under the July quality presentation details.

### Factors Affecting Coding Quality



National Centre for Classification in Health

## Factors Affecting Coding Quality

FACTOR	% Impact	
	QLD	NATIONAL
Incomplete medical record content	79	77
Principal diagnosis not identified	75	74
Illegible medical record entries	72	69
Complications/comorbidities not identified	70	71
Pressure to maintain coding throughput	48	45
Lack of contact with clinical staff	39	35
<b>Lack of continuing educ to update skills</b>	<b>40</b>	<b>32</b>
<b>Submission deadlines</b>	<b>38</b>	<b>43</b>
Medical records unavailable	36	37
<b>Lack of coding training available</b>	<b>33</b>	<b>25</b>

- 73% of Qld coders regularly undertook Quality Assurance (QA) activities (National: 67%)
- 7% of Qld coders that responded conducted QA using PICQ (National: 15%)

### Queensland Conclusions

- Higher % of formally educated coders in Qld than other States (except Vic), though perception of the adequacy of education often lower than other States
- More coders with clinical coding/admin background
- Fewer coders with HIM background in Qld than NSW/VIC
- More Qld coders than coders in other states believe lack of Continuing Education and lack of coding training affect coding quality
- Qld coders have above average access to resources and clinical staff
- Higher coding throughput requirements though no greater impact on coding quality than other States

For further information regarding the NCCH Australian Clinical Coder Workforce Survey, including Continuing Education Activities, Adequacy of Education, Years of Experience and

## QHAPDC and PDC

The Queensland Hospital Admitted Patient Data Collection and the Perinatal Data Collection are two of six data collections managed by the Data Services Unit. Jo Snodgrass, Collection Co-ordinator, and John Harrington, A/Principal Collection Officer provided the committee with an overview of these collections at the August Quality Coding Session. Following is an overview of the two collections:

### Perinatal Data Collection

The Queensland Perinatal Data Collection (PDC) is a basic source of information for research and education in obstetric and neonatal care. The PDC provides statistical information to assist in the planning and delivery of Queensland Health Services. It also monitors patterns of perinatal mortality and neonatal morbidity.

#### Scope of the collection

- All livebirths
- Stillbirths where gestation  $\geq 20$  weeks and/or birthweight  $\geq 400g$
- Includes congenital anomalies
- Includes perinatal deaths (up to 28 days)

#### Collection of Information

- Paper based
  - PDC Collection form (MR63d)
  - Congenital Anomaly/Morbidity Data Form (MR66)
- Electronic

#### Processing the Data

- Notifications are required within 35 days of the birth of the baby
- Neonatal morbidities collected up to the baby discharge or 28 days of age
- Morbidity data is coded using ICD-10-AM
- Perinatal deaths and congenital anomalies (CA) are processed in conjunction with the main collection
  - Deaths – are coded using ICD-10
  - CAs – are coded using ICD-10-AM, previously coded using British Paediatric Association Classification of Disease (BPA)

### What is the data used for?

- Ad hoc requests
- Quarterly reports
- 'The Facts of Life' Newsletter
- Feedback reports – Quality reports
- Special Research projects
- Annual report of summary statistics
- Qld data provided to the National Perinatal Statistics Unit (NPSU) of the AIHW for the compilation of Australia-wide figures. (Australia Mothers and Babies).

For further information regarding the Perinatal Data Collection please contact [Joanne\\_Snodgrass@health.Qld.gov.au](mailto:Joanne_Snodgrass@health.Qld.gov.au) or ph: 3234 0744.

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## *Queensland Hospital Admitted Patient Data Collection (QHAPDC)*

### Scope of the collection

- Demographic and clinical information are collected on all admitted patients separated from public acute and psychiatric hospitals and private hospitals and day surgeries.

### Reporting to Data Services Unit

- Each time a patient has a separation the hospital generates a record, including morbidity codes
- Records are reported to DSU within 35 days of the reference month
- These records are supplied to DSU in one of two ways:
  - Mail – either electronically or on Identification and Diagnosis sheets
  - WAN – via the Secure File Transfer Application (SFTA)

### Why do we collect data items?

- Formal Agreements
  - Australian Health Care Agreement
  - Australian Institute of Health and Welfare
- Queensland Health requirements
  - Office of the Chief Health Officer
  - Surgical Access Service
  - Pricing Strategy Team

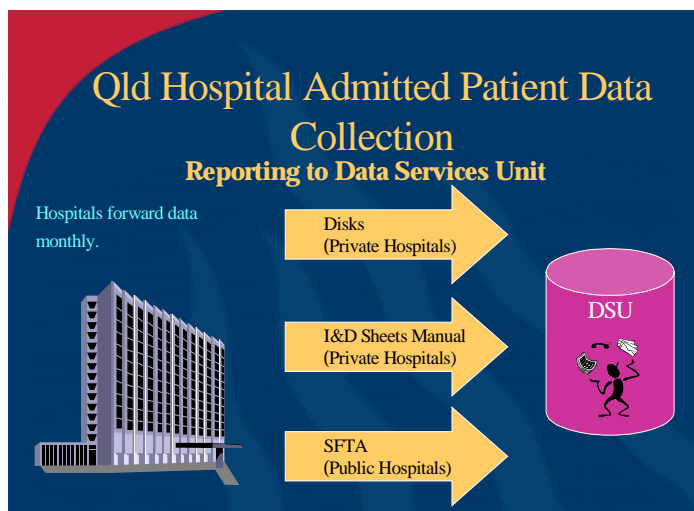
The data items are collected for use in the following ways:

- Health Service Planning
- Research into disease
- Education
- Monitoring the standard of care being provided
- Determining funding levels
- Meeting national reporting requirements

### What are the major data items collected?

- Diagnosis
- DRG
- External Cause
- Procedures
- Length of Stay
- Patient Classification
- Hospital Insurance Status
- Demographic details

For further information regarding the QHAPDC please contact [Garry\\_Thorne@health.Qld.gov.au](mailto:Garry_Thorne@health.Qld.gov.au) or ph: 3234 0734 or [John\\_Harrington@health.Qld.gov.au](mailto:John_Harrington@health.Qld.gov.au) or ph: 3234 0726



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## *Coding Bladder Catheters and Vascular Access Drug Delivery Devices*

The following information on Bladder Catheters and Vascular Access Drug Devices has been derived from the information sheets provided by Louise Steuart, Nurse Educator – Surgical Services, Mater Health Service, to the committee at the September QCC meeting. The information was presented in conjunction with 'Coding Bladder Catheters and Vascular Access Drug Delivery Devices' prepared by Jo Buckingham. This paper can be found at the QCC [QHEPS web address](#) or via the [QCC internet address](#) and provides coding examples of clinical scenarios.

### **Bladder Catheters**

#### **Overview of Bladder Catheterisation**

A catheter may be constructed of hard or soft rubber – commonly silicone latex coated. Catheters may be inserted directly into the bladder, via the urethra or via the external abdominal wall (subrapubic). They provide for artificial drainage of the urinary system.

Catheters are available in various sizes, shapes and lengths, and may have one or more openings located at the tip of the catheter. The type of catheter chosen depends on its purpose.

#### **Indications for Bladder Catheterisation**

Bladder catheters are commonly inserted to:

1. Relieve symptoms of:
  - acute or chronic urinary retention
  - urinary incontinence
  - urethral obstruction
2. Monitor urinary output:
  - pre and post operatively
  - following trauma
  - in critically ill patients
  - to determine the amount of residual following a trial of void
3. Assist in wound management:
  - pressure area sores
  - following certain gynaecological procedures
4. Provide comfort to:
  - terminally ill patients
5. Instill drugs into the bladder to treat conditions such as:
  - cancer
  - cystitis
6. Facilitate the irrigation and removal of clots and debris following:
  - a Transurethral Resection of Prostate (TURP)
  - a Transurethral Resection of Bladder Tumour (TURBT)

#### **Different types of Catheters**

- 100% silicone catheter
- Silicone elastomer-coated latex catheter (Silastic)
- Hydrogel coated latex catheter (Biocath)

#### **Catheter interior**

##### **• 1 way catheters**

The interior of a one way catheter allows for the drainage of urine from the bladder. They are usually used on a one off basis.

##### **• 2 way catheters**

The interior of a two way catheter has a central channel for urine drainage, and a smaller channel for inflation of the balloon.

##### **• 3 way catheters**

The interior of a three way catheter has the same features of a two way catheter, ie a centre channel for urine drainage and a small channel for inflation or the balloon. The third channel allows fluids to be instilled continuously into the bladder; the outlet for the third channel is at the tip of the catheter.

#### **Complications and side effects of Bladder Catheterisation**

- Trauma to the urethra, prostate
- Urethral narrowing/stricture
- Bleeding (haematuria)/haematoma associated with trauma
- Infection/Urosepsis
- Poor bladder control/'shrunken bladder'

### **Central Venous Access Devices**

#### **Overview of Central Venous Access Devices**

A central venous access device is a catheter whose tip lies within one of the central veins in the thorax or the right atrium of the heart. These veins include the superior vena cava and the inferior vena cava. The use of central venous access devices has increased as improvements have been made in the duration of dwell times and types of materials used. These improvements have resulted in reduced risk of complications and increased cost efficiency.

#### **Indications for Central Venous Access Devices**

Central Venous Access Devices allow for the:

- Long term treatment

The delivery of:

- Intravenous therapies – fluids, blood transfusions, Total Parental Nutrition
- Infusions that are hypertonic, hypotonic or infusions that have divergent pH values
- Drugs, eg. Antibiotics and chemotherapy

Monitoring of:

- Central venous pressure
- Cardiac efficiency

Obtaining of blood samples when frequent blood tests are required and there is poor venous access.

### **Different types of central venous access devices**

#### External

- Non-tunnelled catheters
- Skin-tunnelled catheters
- PICC (Peripherally Inserted Central Venous Catheter)

#### Implantable

- Port-a-caths
- CADD (Continuous Ambulatory Drug Device)

### **An overview of potential Central Venous Catheter Complications**

#### Local

- Infiltration (into surrounding tissue)
- Phlebitis (inflammation of a vessel)
- Thrombosis
- Haematoma
- Occlusions

#### Systemic

- Infection
- Pulmonary Embolism
- Air Embolism

#### Insertion-Related

- Pneumothorax
- Haemothorax
- Hydrothorax
- Malabsorption
- Extended Dwell Time

#### Extended Dwell Time

- Dislodgment
- Catheter migration
- Vessel thrombosis
- Site infection
- Skin erosion

- 0303-07 – Excision of Giant Cell Granuloma of bone of pharynx
- 0303-10 – PICC & CVL
- 0502-06 – Malnutrition documented by dietitian
- 0503-03 – Monitored Local Anaesthesia

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## *DSU Validation Specification Database*

### **Overview**

The Data Services Unit (DSU) Validation Specification Database (VSD) is a central repository that describes all DSU validations on data submitted to the Admitted Patient Data Collection. The database aims to assist users in the identification of validation errors on the Hospital Validation report and provide appropriate hints to correct errors. The Data Services Unit has initiated a trial of the database within a number of districts to determine the benefits of providing access to the database throughout the state.

Initially the VSD was distributed for trial in the Toowoomba Health Service District following a site visit from staff of the DSU Queensland Hospital Admitted Patient Data Collection (QHAPDC) team. For the August Quality Coding Session, the QCC was fortunate enough to have present John Harrington, A/Principal Collection Officer. During this session, it was suggested that the VSD be trialed throughout the districts of QCC members. The VSD was distributed via controlled CD version to QCC members in the district during August.

After a three-week period, feedback sheets were distributed to members to seek confirmation that people had been able to access the database and provided DSU with a means to review initial comments. To date, feedback has been received from a number of members of the trial hospitals.

### **Feedback Summary**

DSU has received valuable feedback from a number of QCC members.

- The database has been used for infrequent errors. A suggestion was made that HBCIS field identifiers would be an advantage and that more specific instructions on how to fix the error would be helpful
- The database has been a valuable resource tool to investigate errors
- It would be helpful to receive reports electronically
- The database is logical and understandable

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## *Responses from NCCH to QCC queries*

Following is a list of NCCH responses to QCC queries (by QCC ID number) that have been received in the last three months. Please refer to the [QCC web site](#) for the responses.

- 1202-04 – Infection Staphylococcal
- 0203-02 – Clipping of Mallory-Weiss tear
- 0203-06 – Raised Troponin/Troponin Leak
- 0203-08 – Morganella Morgannii
- 0303-02 – Lymph Node metastasis
- 0303-05 – End stage renal disease with suicidal ideation
- 0303-06 – Pulling out of IDC

- The possibility of being able to report/display common errors (graphically) would assist facilities in providing feedback to areas responsible
- It would be beneficial for an additional field to be added for 'in house' comments to be inserted by facilities eg, to identify which area of the hospital is responsible for correcting an error
- Reference to Identification and Diagnosis sheets may be confusing for electronic facilities
- All feedback indicated that the CD was an appropriate format for the trial. One facility indicated that the instructions could possibly be a little clearer.

### **Conclusions/Actions**

Following initial analysis of the trial feedback, the following conclusions have been deduced:

- The trial will be continued for further review in early December 2003 following the phase 2 HBCIS rollout and re-commencement of the monthly QHAPDC processes.
- The DSU is anticipating enhancing the feedback process.
- Further consideration will be given to include an additional field for 'in house' comments following the December 2003 review.
- The move towards removing reference to I&D sheets in validations will be raised with the DSU test team following the December 2003 review.
- DSU will investigate electronic validation reports
- DSU to investigate being able to provide common error frequencies via the database.

If you have further questions/queries related to the Validation Specification Database or the trial process, please contact Fiona Moffatt at [Fiona.Moffatt@health.Qld.gov.au](mailto:Fiona.Moffatt@health.Qld.gov.au) or phone: 3234 0185.

DSU would like to formally thank QCC members for participating in this trial.

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## *Comments, Queries and Suggestions*

All Codefile comments, queries and suggestions can be forwarded to:

QCC Convenor  
Health Information Centre  
GPO Box 48  
BRISBANE QLD 4001  
Telephone: (07) 3234 0296  
Facsimile: (07) 323 40564