

Codefile

Quarterly Newsletter of the Queensland Coding Committee

July 2005
Issue No 20

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Queensland Coding
Committee
Data Quality and Standards
Data Services Unit
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3M Codefinder Training

3M in conjunction with Queensland Health travelled throughout Queensland to provide Codefinder training. Codefinder is an electronic code assignment tool developed by 3M. It has coding, grouping and editing components.

The first training session commenced on the 24th of May with the final session concluding on the 17th of June.



Training Photo from
Maryborough

New Codefinder users came from surrounding areas to attend sessions in Roma, Toowoomba, Bundaberg, Rockhampton, Mackay, Maryborough, and Cairns.

The Codefinder training sessions were welcomed by the participants. The training provided new users with valuable hands on experience in using the codefinder software. In particular using specialty pathways to code scenarios as well as utilising features such as the reference section, the AR-DRG grouping options, accessing the help function, direct code entry, using the summary window, printing and how to access Codefinder via the interface from HBCIS.

The training sessions also covered the Qld Health technical and functional support arrangements. Qld Health is now providing the first tier support for Codefinder users and technical staff. Previously this was undertaken by 3M.



Training Photo from Cairns

Codefinder Project Update

The Data Services Unit (DSU) would like to thank Mary-Ellen Vidgen, Codefinder Implementation Project Officer for her hard work in ensuring a smooth transition to the new corporate setup.

Queensland Health has negotiated a state-wide licence for the 3M Codefinder (encoder) software. This new licence arrangement will allow for all public hospital admitted patient episodes to be coded using the software. 89 public hospitals have Codefinder installed to allow for coding of admitted patient episodes.

From July 1 2005 Qld Health are now providing the first tier support for Codefinder users and technical staff. As part of the centralised management of the software, Qld Health has identified Codefinder Support Officers to provide assistance to coders and technical staff. These Qld Health Support Officers have been thoroughly trained in the application, however if they are unable to respond appropriately to your requests, 3M will provide the assistance required.

If coders are experiencing any of the following they are required to log a

helpdesk call on **1800 198 175**

- HBCIS interface not working
- PC crashes
- Slow response time
- New installation requests
- Incorrect version of the software

If coders are experiencing Codefinder functionality and/ or coding problems such as:

- Pathway assigns incorrect code
- Forgotten how to use a feature
- Suggestions for improvements to Codefinder
- Codefinder 'Notes' issues
- Cost weight display

- Codefinder printouts
- General queries on Qld Health Codefinder licence

Please contact

Elisabeth (Liz) Skubis on 3234 1886
or

Elisabeth.Skubis@health.qld.gov.au

The July software update version 3.25b has been released. An email was distributed to all District Codefinder contacts informing them of the release and the need for them to log a helpdesk call to have the new version of Codefinder installed.

Site visits are being scheduled in August for Cairns, Townsville, Mount Isa, Gold Coast and The Prince Charles Hospitals. Further site visits are planned for September. These will be attended by 3M and a staff member of DSU.

Margaret Duncan has been seconded from the Princess Alexandra Hospital to develop a set of corporate notes for Codefinder. These corporate notes will replace notes that were previously only locally. The aim of this project is to present notes that aim to standardise the collection of coded data across the state, as well as identify pathway errors.

Reports on the progress of the project will be published in future issues of Codefile.

HBCIS Edits

As of 1 July 2005, a number of new edits were introduced at the point of data entry upon filing the screen for the inpatient ICD Coding Screen in HBCIS. In 2004, the QCC made recommendations for a number of additional edits to be included in HBCIS to validate particular admission type and source of referral data online with the aim of improving the accuracy of coded data as

well as reducing these types of errors in the QHAPDC Validation reports.

Admission type edits:

1. **Rehabilitation- ICD codes** -Z50.0, Z50.1 and Z50.4 – Z50.9 must be used with the admission type 21,22, 23 – rehabilitation
2. **Newborn- ICD codes in the range** Z38.0 – Z38.9 or Z76.2 must be used with the admission type of 05 – newborn
3. **Organ Procurement ICD code** must be used with 07 -organ procurement
4. **Boarder- ICD codes** Z76.3 and Z76.4 must be used with the admission type 08 – boarder
5. **Maintenance ICD code** Z75.5 must be used with the admission type 11 - maintenance

Source of referral edits:

1. **Born in Hospital- ICD codes** Z38.0, Z38.3 and Z38.6 must have source of referral of 09 – born in hospital
2. **Born Outside Hospital- Outborn ICD codes** Z38.1, Z38.2, Z38.4, Z38.5, Z38.7 and Z38.8 must have source of referral of 02 – emergency department. **The source of referral edit for codes Z38.1, Z38.2, Z38.4, Z38.5, Z38.7 and Z38.8 edit will be amended in the August release to include 08 Outborn.**

Additional diagnosis code linkage edits for principal diagnosis codes:

1. T20.0 – T25.3 and T29.0 – T29.9 (additional diagnosis code from the range T31.00-T31.99 must be assigned)

Same day admission edits for diagnosis codes:

1. Z51.0 and Z51.1 may only be used as PD against same day admission.

Note:

Z51.0 Radiotherapy session and Z51.1 Pharmacotherapy session for a neoplasm should not be assigned as an additional diagnosis code for an overnight stay.

For further information on these edits, please contact the Senior Business Product Officer on 3234 0366.

Elective and Emergency Caesarean ACS 1541

At a recent QCC meeting, the committee addressed a query in relation to the interpretation of the elective vs emergency caesarean section procedure codes and developed scenarios to guide coders when coding such procedures.

The following definitions have been extracted from ACS1541 Elective and Emergency Caesarean.

An **elective** caesarean is defined as a caesarean section carried out as a planned procedure before the onset of labour or following the onset of labour, when the decision was made before labour. It does not include caesarean section after failed trial of scar (see **ACS 1506 Malpresentation, disproportion and abnormality of maternal pelvic organs**).

An **emergency** caesarean is defined as a caesarean required because of an emergency situation (eg obstructed labour, fetal distress). It is best described as 'when the caesarean section is performed having not been considered necessary previously'. Caesarean section after failed trial of scar would be an emergency caesarean section.¹

¹ Extracted from NCCCH ICD-10-AM, July 2004, Pregnancy, Childbirth and the Puerperium.

Scenario 1

A woman presents, not in labour but has an antepartum haemorrhage (APH) needing urgent action – a caesarean was performed under GA. This woman planned to deliver vaginally. **This would be coded to an emergency caesarean as the caesarean had never been planned previously as the woman intended to deliver vaginally.**

Scenario 2

A woman presents, in labour with an APH needing urgent action. A caesarean section was performed under GA. Throughout the pregnancy the woman planned to deliver by caesarean. **This would be coded as an elective caesarean as the caesarean section had always been planned.**

Scenario 3

A woman presents in labour, with a ruptured uterus, proceeds to a caesarean section. This woman had always planned to deliver vaginally. **This would be coded as an emergency caesarean section as this woman had always intended to deliver vaginally.**

Scenario 4

A woman presents in labour, with a ruptured uterus, proceeds to caesarean section. This woman planned to deliver by caesarean section. **This would be coded as an elective caesarean as the caesarean section had been planned previously.**

Note the above scenarios have been ratified by the NCCH.

Reference

National Centre for Classification in Health, (2004) International Statistical Classification of Diseases and Related Health Problems, Tenth Revision Australian Modification (ICD-10-A)

Queensland Coding Committee Website Update

All comments or suggestions regarding the website can be forwarded to the QCC Convenor, Data Quality and Standards, Data Services Unit, Queensland Health, GPO Box 48, BRISBANE 4001 or via Email DQSTD@health.qld.gov.au

NCCH Query Database

The NCCH query database was last updated on the 17th of February 2005. The NCCH query database can be found via the quick links on the NCCH website, or at the ICD-10-AM drop down list or at the following URL

<http://www3.fhs.usyd.edu.au/ncchwww/site/4.3.htm>

NCCH Responses to the QCC's Queries

Following is a list of NCCH responses to QCC queries (by QCC ID number) that have been received recently. Responses will be added to the QCC website in the near future.

QCC Query No.	Query Description
0204-09	Index Entry for Elevated PSA
0502-03	Fluoroscopic guidance for epidural catheter
0305-01	Abbreviation of CA
0305-09	Multiple heart valves/ Meaning of Clinically Significant
0305-14	Subcapital, trochanteric fracture of femur
0405-05	Patellar Resurfacing
0405-06	Index Entries

0405-07	Cerebral Palsy with HIE
0405-08	Hemi Hepatectomy
1104-07	Confusion
1204-02	PROM

For any enquires about the ObsData, please contact Melinda Scott on 36368851 or Lissette Hoareau on 36363757.

Clinical Classification Management Project (CCMP) Update

Quality Hour Presentation

The Queensland Coding Committee welcomed Lissette Horeau and Melinda Scott from the Royal Brisbane and Womens' Hospital who presented an information session on their Obstetric Database 'Obs Data' at the July QCC meeting.

Their first obstetrics database was implemented in 1990 in Dbase III. After numerous changes, including the decommissioning of ObiCare, ObsData is the current system used by the RWBH today.

Health Information Managers (HIMs) perform the data abstraction, coding and data entry into ObsData. They are also responsible for data validation/quality, reports and posting of the discharge summaries to the referring doctor.

Data from HBCIS are uploaded into ObsData, the patient's antenatal care, labour and delivery and postpartum care details are abstracted from the medical record and entered into Obsdata retrospectively. At this time the patient's record is also coded and entered into HBCIS. The coding performed for ObsData is done for the purposes of the Qld Perinatal Data Collection (PDC), while the coded data recorded in HBCIS becomes part of the Qld Hospital Admitted Patient Data Collection (QHAPDC).

On a monthly basis, the RBWH performs a monthly extract containing all PDC data requirements from ObsData and sends an extract electronically to the PDC.

Sharon Wiseman and Julie Turtle have completed nine audits to date representing over 1500 episodes at both regional and metropolitan hospitals. Formal education has been provided at five forums covering topics that included additional diagnosis, diabetes, post procedural complications, dental and vascular access devices. Informal education was incorporated into the feedback sessions provided at the conclusion of each audit. Julie and Sharon have identified a number of opportunities for standardisation as a result of their auditing experiences and are putting forward their ideas to Queensland Coding Committee for discussion.

The project team has identified an auditing and education schedule for the next six months which will see Julie and Sharon working with coding teams from 7 hospitals spread throughout the State. The Clinical Classification Management Project remains focused on developing partnerships with coding teams to improve the quality of coded data. The project team looks forward to receiving feedback from the hospitals that have been audited on their progress against audit recommendations, providing support where possible to assist hospitals in achieving outcomes.

The project team continues to be overwhelmed by the support shown for the project and the project team at the hospitals visited. We look forward to the continued opportunity to work together to improve the quality of the coded data.

For any enquires about the CCMP project please contact Ellen Logan on 3405 56017 or ellen_logan@health.qld.gov.au

Coding Standards Advisory Committee (CSAC) Report

The last quarter has been an extremely busy one for CSAC members as the NCCH was finalising the 5th edition of ICD-10-AM. The 5th edition is scheduled for implementation in Australian hospitals from 1 July 2006. The Statistical Information Management Committee (SIMC) still has to give final approval for the implementation. Once this approval has been sought, more information regarding the changes for the 5th edition will be communicated to all Qld coders.

DSU would like to thank the members of the QCC for their efforts in reviewing CSAC papers and other NCCH work such as the Ten Commandments.

Comments, Queries and Suggestions

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

The Convenor,
Queensland Coding Committee,
Data Quality and Standards,
Data Services Unit,
Queensland Health,
GPO BOX 48,
BRISBANE QLD 4001

Telephone: (07) 3234 1886

Facsimile: (07) 3234 0564

Email: DQSTD@health.qld.gov.au

Health Information Branch

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**Contact Elisabeth (Liz) Skubis
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