

Codefile

Quarterly Newsletter of the Queensland Coding Committee

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Issue No 27

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Queensland Coding Committee
Data Quality and Standards Unit
Data Services Unit
Health Information Centre
Queensland Health
GPO BOX 48
BRISBANE 4001

1. Coding Auditing/ Education Unit (CAEU) Update

The CAEU is currently investigating a pilot site for the state wide random audit. Hopefully, this will be finalised shortly and our crack team of auditors will be able to commence a new audit process. We hope that this audit will further improve upon the standardisation of coded data recording and advance the actual and perceived value of the routine data set (the data set formerly known as "administrative").

Julie Turtle is currently completing all outstanding reports from the Clinical Classification Management Project (CCMP) and these reports should be out for hospital executive review in the very near future.

2. Codefinder Update [home](#)

The Data Services Unit continues to provide Codefinder support to all public hospital Clinical Coding personnel. Meegan Snell from 3M has been visiting hospital facilities to meet with Clinical Coders demonstrating the functionality and enhancements associated with the 3M Codefinder's most recent release, v4.5.2.

To date, Meegan has visited the following facilities:

- Cairns Base Hospital
- Logan Hospital
- QEII Hospital
- Townsville Hospital
- Roma/Charleville Hospitals
- Nambour Hospital
- Gympie Hospital
- Mount Isa Hospital
- Royal Children's Hospital
- Royal Brisbane & Women's Hospital

For those public hospital Clinical Coders who may require Codefinder assistance the DSU Codefinder Support Officer (CSO) – Lisette Ramsden, can be contacted at Codefinder@qld.health.gov.au or alternatively please telephone Lisette on **(07) 3234-0134**. Please note the new contact telephone number for your reference and update your records accordingly.

Support issues would include reporting faults with any of the coding pathways, advice and assistance with the use of certain Codefinder features and the installation process for the new releases.

3. PICQ Update [home](#)

DSU is preparing to send out another array of PICQ reports to all Queensland Health Hospitals. This report will provide PICQ indicators on data from 1 January 2007 – 30 June 2007. DSU recognises that not all data for that period will be available for our extract. However, after discussion with various users, it was decided it would be better to get the reports out at this point to allow for data quality review prior to the data submission cut-off date for 06/07. DSU has received feedback from a number of hospitals that has indicated that these reports have proven to be most valuable in the data quality process.

4. CSAC Update [home](#)

With most of the work done (from a CSAC perspective, at least) for the institution of Sixth Edition, CSAC has had a small, very welcome, break. We are preparing to start ramping up again with a teleconference scheduled for the 30th August. At this teleconference, CSAC will be discussing the proposed new NCCH public submission process. This

would see the public submission process becoming available all the year around as opposed to the current situation where there is a defined timeframe for public submissions. Additionally, we will be discussing the potential to unbundle code concepts, the development of AR-DRG version 6.0 and the creation of the Electronic Code list changes for 6th Edition.

As from the previous update, The Diagnosis Onset Flag (QH Version – Condition Present on Admission Indicator [CPoA]) has been reviewed at the Statistical Information Management Committee (SIMC). It is imagined that this flag will be introduced nationally from 1 July 2008.

5. QCC Update [home](#)

The QCC has been busy as usual. In the June, July and August meetings the QCC has reviewed 13 queries in total. We have forwarded 19 queries to the NCCH and received 10 NCCH responses to previous queries. The QCC has been fortunate to hear presentation from, and regarding, the following:

“Clinical Coding Quality Program and Auditing Resources” Derelle Pratt, Mater Health Services Brisbane

“Accessing Private Pathology” John DiGregorio, Princess Alexandra Hospital

“Coders InSite” – Queensland Health Clinical Coding Support (QHCS) website by Matthew Shaw, Data Services Unit

“QHIPS On-Line Presentation” – Garry Thorne, A/Principal Collections Officer, Data Services Unit

6. Coders' InSite [home](#)

The Queensland Health Clinical Coding Support Site, Coders InSite went live on 27th July 2007. The name chosen was put forward by Laurette Lubbers. Laurette is a Clinical Coder who works in the Orthopaedic Unit at Cairns Base Hospital and was very happy to receive her Dorland's Illustrated Medical Dictionary (as you can see). Well done, Laurette and thank you to all others who suggested names for the website.



Initial reaction to Coders InSite has been very positive, with over 2500 individual page hits in the first week. Coders InSite can be reached on QHEPS at <http://qheps.health.qld.gov.au/qhcs/> or from the Health Information Centre, Data Services Unit site on QHEPS. DSU is very keen to see this site utilised as a “live” document and for all QH coders to come to regard it as a great “source of truth”.

Documents and educational material such as quizzes and guides relevant to clinical classification are welcome. If you have a document you would like to submit, please go to the publishing page on Coders InSite. We encourage all QH coders to submit any quizzes, guidelines, education tools or any information that they may feel would be of value to the wider coding community.

There is also a vacancy page for employers and a coding pool service for employees. Both of these services are free.

Please contact the Webmaster at Matthew.L.Shaw@health.qld.gov.au or the QCC Convenor Sabina.Martin@health.qld.gov.au if you have any queries regarding this resource.

7. The Principal Diagnosis in Obstetrics [home](#)

A query was sent to the NCCH in September 2006 regarding assignment of the principal diagnosis for Obstetrics. Reference was made to the NCCH 5th edition training online pre-workshop question where a patient is admitted for induction post dates and delivered by forceps for foetal tachycardia. An episiotomy is performed extended by a first degree tear. Principal diagnosis assigned is labour and delivery complicated by foetal heart rate anomaly with additional diagnoses of first degree tear and prolonged pregnancy.

However at the NCCH 5th edition training workshops an exercise was provided where the patient is admitted with premature rupture membranes with labour induced and commencing within 24 hours. The patient sustained a first degree tear which was sutured. Principal diagnosis assigned in this scenario is the premature rupture of membranes as the principal diagnosis and first degree tear as an additional diagnosis.

Currently ACS 1515 directs Clinical Coders to assign an antepartum condition that requires treatment for more than 7 days prior to birth as the principal diagnosis. Where this standard does not apply there are various practices in the application of the principal diagnosis. There are existing disparities between facilities that choose to assign the Principal Diagnosis in accordance with ACS 0001 in the absence of a speciality standard and those facilities that continue to apply a concept from 1st edition ACS 1515 *"in all other cases a diagnosis related to the delivery should be sequenced as principal diagnosis"*. This sentence has been deleted in subsequent editions.

The NCCH have provided a response to this query. They advise that currently there is no ACS which directs Clinical Coders to assign the diagnosis related to delivery. When assigning the Principal Diagnosis for an Obstetrics admission in the absence of specific advice in the specialty standards, Clinical Coders must adhere to ACS 0001 – Principal Diagnosis. They further advise that a selection of Principal Diagnosis examples for Obstetrics will be reviewed in a future edition of the ACS.

It is acknowledged that coding practice in facilities may support the assignment of the Principal Diagnosis related to delivery, however in the absence of a specialty standard advising that the diagnosis related to delivery should take precedence, this practice would no longer continue. We in DSU recognise that the assignment of a Principal Diagnosis in Obstetric admissions may be complex as it is often a series of codes that describe the labour and delivery process as a whole. Up until now, there has been no clearly defined direction as to what constitutes the Principal Diagnosis for an Obstetrics admission.

Prior to instituting the practice advised by this query, Data Services Unit is investigating the impact of this advice. The DSU will then provide all Queensland Clinical Coders with advice regarding **when** to introduce the NCCH recommendations. Queensland Clinical Coders are asked to wait upon a recommendation from the DSU before applying this advice. The NCCH query for your reference is: **ID Number 2332**. This will facilitate consistent coding practice and benchmarking across facilities.

8. New Congenital Anomaly Edit [home](#)

It has been identified that where a fetus is terminated for a congenital anomaly prior to 20 weeks there are no current methods of identifying and collecting the foetal condition. Therefore, the Data Services Unit has decided to institute an edit within the Queensland Health Admitted Data Collection (QHAPDC). This edit will facilitate the collection of this valuable information.

How it works:

Where the one of the following codes exists:

'O040', 'O041', 'O042', 'O043', 'O044', 'O045', 'O046', 'O047', 'O048', 'O049'
'O050', 'O051', 'O052', 'O053', 'O054', 'O055', 'O056', 'O057', 'O058', 'O059'
'O060', 'O061', 'O062', 'O063', 'O064', 'O065', 'O066', 'O067', 'O068', 'O069'

And one of the following codes exists

'O090', 'O091', 'O092'

And one of the following codes exists

'O350', 'O351', 'O352', 'O358', 'O359', 'O310', 'O311', 'O312', 'O336', 'O337', 'O353', 'O354', 'O355', 'O356', 'O360', 'O361', 'O362', 'O363', 'O364', 'O365', 'O366', 'O369', 'O430', 'O431', 'O43.8'

The edit (H722) will be triggered with the following message:

"Abortion ICD Code and O090, O091, O092 has been provided in conjunction with a specified code from chapter 15. Please specify the foetal diagnosis"

Action

Provide DSU with the foetal diagnosis on either the white HQI paper or on the on-line QHIPS – Need to change

DSU recognises that foetal diagnosis is not coded in the maternal record. However, since these fetus are terminated at <20 weeks, there is no record of the foetal diagnosis. **PLEASE DO NOT** add the foetal diagnosis code to the maternal record; it is only necessary to provide DSU with the foetal diagnosis through QHIPS.

9. Accessing Private Pathology [home](#)

It has been an issue for some time for coders within QH to access private pathology. Access often involved faxes and waiting for results and it generally held up the coding process. At a recent QCC meeting, we had a presentation regarding accessing private pathology on-line. This simple alternative can be taken up by coders by registering online at the links below.

www.qml.com.au

www.snp.com.au

Provider number entered can be the hospital provider number rather than doctor provider number.

10. Codefile Comments, Queries and Suggestions [home](#)

Please forward to:

The Convenor

Queensland Coding Committee

Data Services Unit

Queensland Health

GPO Box 48

Brisbane QLD 4001

Telephone: 07 34055255

Facsimile: 07 32340564

Email: QCC@health.qld.gov.au