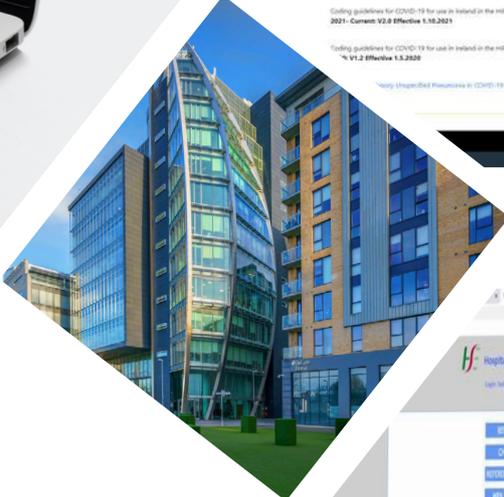


# HIPE



Edition No. 95, December 2022

## Coding Notes





# *In this issue*

- 1 Editor's Note**
- 2 ABF Programme Implementation**
- 3 HIPE Coverage**
- 4 HIPE Portal for 2023**
- 5 Poem**
- 6 Pain Management**
- 8 RSV Virus**
- 10 Scarlet fever**
- 11 Clinical Clarification**
- 13 Cracking the Code**
- 16 HIPE Education 2022**
- 19 Upcoming Courses**



## Editor's Note

Welcome to the December edition of Coding Notes.

It has been yet another extremely busy year for all coders and we in the HPO would like to thank everyone for their continued hard work and dedication to ensure data is available in a timely and accurate manner.

We have a bumper edition this Christmas to include details on our work on the ABF implementation programme 2021-2023 and HIPE Coverage. We also have information on RSV and scarlet fever both of which are hitting the headlines a lot recently. We have continued on from the last edition with more information on pain management. Our training team have included great articles on clinical clarification and HIPE education and of course we have our usual section at the back on upcoming courses. We are also delighted to include a poem from a very talented member of staff from the Mercy University Hospital Cork.

The training team have had another busy year with TUD exams while delivering numerous training courses both on line and in person. Further details for upcoming courses are available on Page 19.

Our auditors continue to be very busy out on chart based audits and plan to schedule a lot more for 2023. You never know, you could be the lucky one to receive our next call!

Finally we want to wish all our readers a very happy Christmas and New Year and most importantly that it is a healthy one for all.

From all in the HPO



## ABF Implementation Plan



As part of the Activity Based Funding (ABF) Implementation Plan the HPO advised at the ABF Conference in June that the next steps would be for the HPO to meet with each Hospital Group and hospital management to provide a further update on ABF matters and to develop Hospital level ABF plans which is an action for hospitals in the ABF Implementation Plan. Over the recent weeks the HPO have met with each of the seven Hospital Groups regarding ABF and considerations for Hospital level ABF Implementation Plans.

The HPO would like to thank those that attended the meetings and it was a great opportunity to meet with such a wide range of staff. It was great to meet face to face and our thanks also to those that organised and facilitated these meetings.

A number of areas were covered at the meetings including; ABF Update, Hospital ABF Plans, Coding Update, Costing Update, Pricing Framework and Consultation and each area was tailored and made relevant to the particular hospital group. The HIPE Coding team took the opportunity to raise the importance of a well-resourced well-trained HIPE department, why coverage matters and challenges around documentation and clinical engagement with the attendees and also raised the importance of HIPE data across the health system for ABF and many other uses including the HSE's National Service Plan. There was fantastic attendance across all hospital groups with clinicians present at most of the meetings along with Hospital CEOs, Finance Teams and HIPE Managers.

Hospitals and Hospitals Groups have been asked to consider their ABF Implementation plans as a next step including the resourcing of HIPE departments and the HPO will be following up with Hospital Groups over the coming weeks.

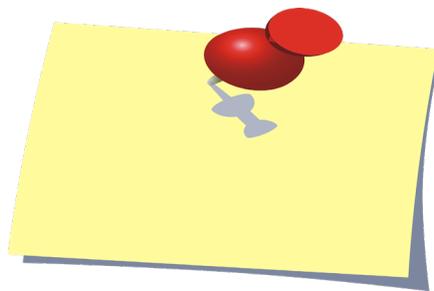
## HIPE Coverage & Closure of 2022 HIPE file

HIPE data is widely used across the health sector in Ireland and there is a growing demand for timely accurate healthcare data provided by the HIPE dataset. The data from all hospitals participating in HIPE provides information on patient activity in terms of diagnoses and procedures and also the administrative and demographic variables for patients.

The HPO acknowledge the efforts of all those in the HIPE system in striving to meet HIPE coding deadlines in 2022 while providing high quality data.

The HPO closely monitor HIPE coverage across all hospitals and regularly contact hospitals in relation to coverage matters, an escalation process is also in place where coverage is below expected levels.

The deadline for HIPE data to be coded is within 30 days of discharge. For example discharges from December 2022 are to be coded by the end of January 2023.



Please note that the 2022 HIPE file will **close following the end of March 2023 export.**

Please ensure that all data quality checks, PICQ indicators and Checker checks are complete on the 2022 data for your hospital



## HIPE Portal for 2023

A new version of the HIPE portal will be released before the end of the year. This version will be version 1.32.1 and will include some changes to the data entry, reporter and HCAT. There will be no change in the current list of HIPE fields collected in 2022 during 2023. We are planning to change the download to facilitate the collection of some additional administration data but there will be no effect on the HIPE data entry screens.

One change to the HIPE system will be the removal of the optional ability to record an extra intensive care unit day where the patient does not spend midnight in the unit. This option was introduced in 2011 to ensure that all stays in ICU environments are recorded on HIPE even when the stay is less than one day. From 2023, the number of days/ nights in public, private, Semi-private, ITU and temporary leave beds will always equal the length of stay of the case.

Some additional variables will be gradually introduced to the HIPE download during 2023.

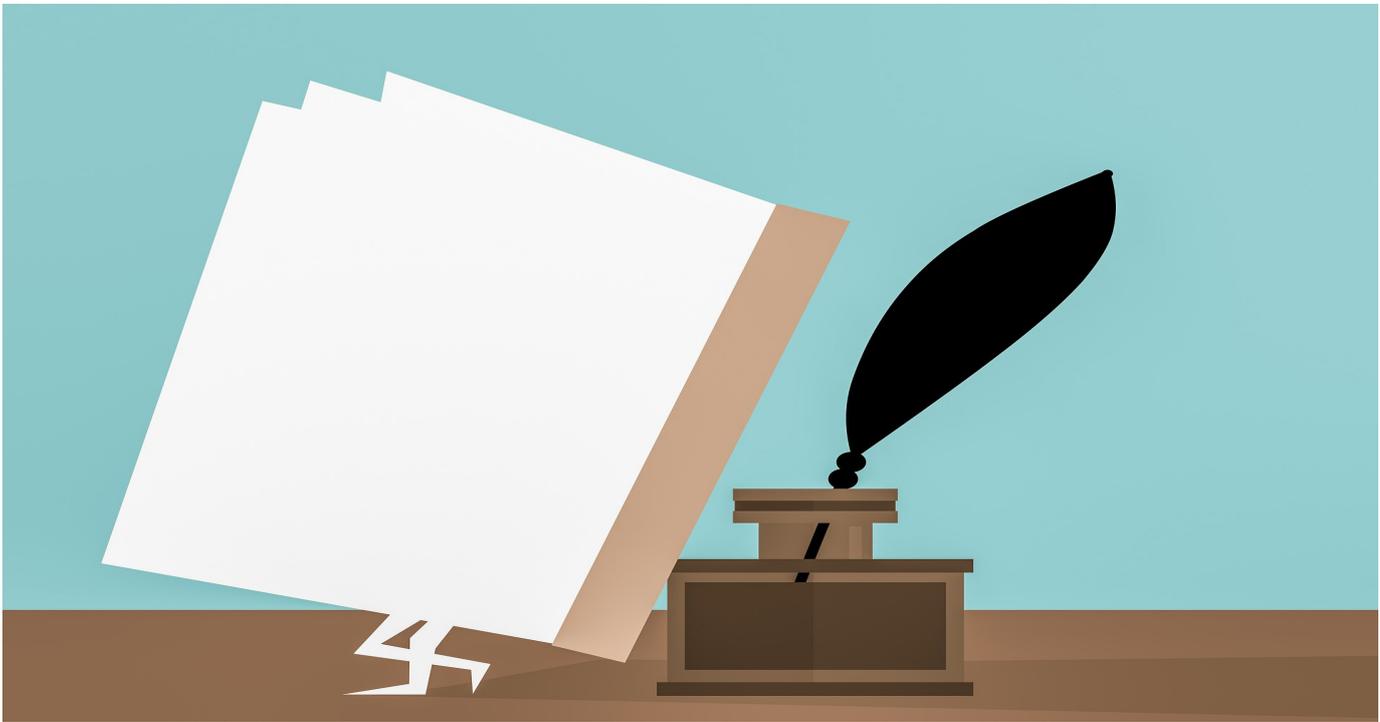
### The following variables are planned for download during 2023

1. The discharge mode (introduced as part of the data entry in 2022)
2. The flag indicating that the patient is included in the Ukrainian Temporary Protection Directive (UTPD). This flag was introduced in as part of data entry in April 2022.
3. A flag signifying if the patient was in an ITU/ICU environment. (note that this will be only Critical Care beds or equivalent)
4. A flag signifying if the patient was in an HDU environment

During 2023 the HPO will begin to provision for the evolution of HIPE consultant codes to ensure capacity to provide consultant numbers over the coming years.

Additionally, provision will be made to collect the Personal Public Service Number (i.e. PPSN) in advance of, and in preparation for, proposed forthcoming changes in the Health Information Bill. This is a placeholder only and no PPSN information will be downloaded until the relevant legislation is in place.

A new version of the HIPE download file format will be made available shortly.



## Poem

by

**Catherine Leggett  
Mercy University Hospital**

The Mercy's work is sure revealed  
By all the people that get healed  
And it takes more than folk in scrubs  
There's Admin staff too, in all their hubs

And there's a tale behind each chart  
Of all the ones who play their part  
Of every worker, every team  
Essential to this great machine

When treatments finished, charts dispatched  
A small red sticker gets attached  
Then HIPE will study every one  
To seal a job that's been well done !!!

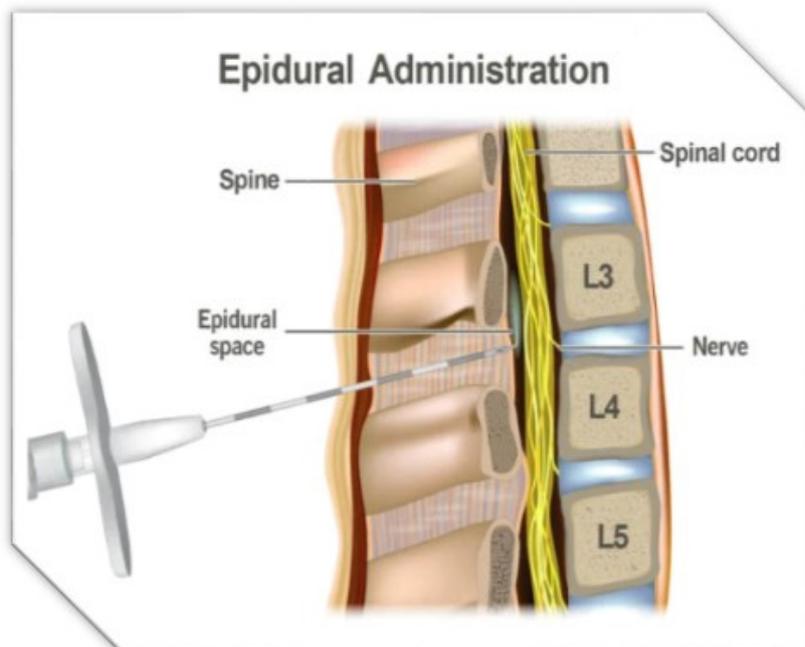
# Pain Management



## What's the difference? Different types of Epidurals

### Epidural anaesthesia

This is a form of regional anaesthesia with local anaesthetic and/or opioid directed into the epidural space via a catheter. The pain relief is continued by either intermittent dosing or a titrated infusion to a specific area of the spine which controls the pain signals for a particular region of the body.



Epidural anaesthesia are most commonly performed in the lumbar spine, but can be done in the cervical or thoracic areas depending on the area of the body requiring analgesia. Epidural anaesthesia are used for different types of surgery and/or for pain relief after surgery.

<https://my.clevelandclinic.org/health/treatments/21896-epidural>

## Epidural Analgesia

**Epidural analgesia** allows for pain relief without complete loss of feeling or movement. There are three main modes of administration for this type of analgesia.

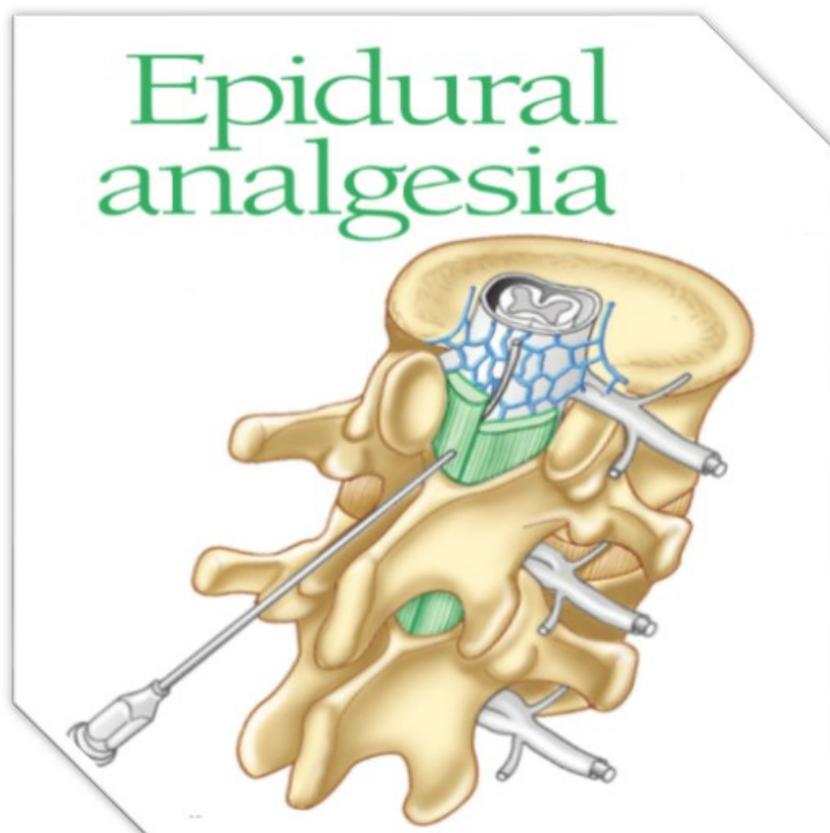
**Single epidural injection** (which can be made up of one or more drugs) the medication is injected into the epidural space of the spine. This mode of administration is used frequently in the management of chronic back pain. Some examples of conditions that can benefit from this injection are: Spinal stenosis, spondylolisthesis, slipped disc, degenerative disc disorders, and sciatica.

**An Epidural via catheter.** For this method, a catheter is placed into an epidural space in the spine which allows the analgesia to be administered over several hours or days. An example of a use of this method is childbirth. This method can be enhanced by the use of spinal block delivered at the same time as the epidural. The medical term for this technique is Combined Spinal Epidural (CSE).

**Epidural with pain controlled analgesia.** (PCA) is delivered in the same manner as an epidural via a pump controlled catheter, but the patient has control over the amount of pain-relief received. The anaesthetist calculates the amount of pain-relief the patient should receive, and the patient presses a button when they feel pain. There is a safety feature in this method, as the pump will only deliver medication when it is safe to receive a dose.

[https://www.researchgate.net/publication/228102596\\_Epidural\\_analgesia\\_What\\_nurses\\_need\\_to\\_know](https://www.researchgate.net/publication/228102596_Epidural_analgesia_What_nurses_need_to_know)

ACS 0031 *Anaesthesia* provides full details of coding guidance on anaesthesia



## Respiratory syncytial virus

### Symptoms of RSV:



Runny nose



Cough



Sneezing



Fever



Wheezing



Shortness of breath



Irritability



Poor feeding

Cases of RSV (respiratory syncytial virus) are reaching record levels this year, mainly impacting young children but also leading to outbreaks among the over 65s in nursing homes.

Source: <https://www.independent.ie/irish-news/health/record-731-cases-of-rsv-respiratory-virus-in-children-and-nursing-homes-42172470.html>

RSV is a highly infectious common respiratory virus, transmitted by aerosol droplet spray when people with the virus cough, sneeze, or spit. It usually causes mild, cold-like symptoms and most people recover in a week or two, but RSV can be serious, especially for infants and older adults.

RSV causes coughs and colds and is the most common cause of bronchiolitis (inflammation of the small airways in the lung) in infants and it can also cause pneumonia (lung infection).

Respiratory syncytial virus outbreaks typically occur in the winter months with the highest numbers of infections usually reported in December and January every year.

RSV has been a notifiable disease in Ireland since January 2012, and its activity in Ireland is monitored by the HSE-Health Protection Surveillance Centre (HPSC).

Source: <https://www.hpsc.ie/a-z/respiratory/respiratorysyncytialvirus/factsheet/>

Further information is available on the health protection surveillance centre website on high-risk groups, symptoms, complications and treatment of RSV.

## Coding RSV



Diagnosis codes specific to RSV are:

**J21.0** Acute bronchiolitis caused by Respiratory Syncytial Virus [RSV]

**J20.5** Acute Bronchitis Caused by Respiratory Syncytial Virus [RSV]\*

**J12.1** Pneumonia Caused by Respiratory Syncytial Virus [RSV]

**B97.4** Respiratory syncytial virus [RSV] as cause of diseases classified in other chapters

\* Remember the "includes note" at **J20** Acute bronchitis- bronchitis NOS in a child under 15 years of age, is assumed to be acute and is coded to **J20.-**

Note that **B97.4** Respiratory syncytial virus [RSV] as cause of diseases classified in other chapters cannot be a principal diagnosis but adds specificity to a diagnosis code from another chapter, for example:

- **Viral induced wheeze due to RSV=**

**R06.2** Wheezing

PLUS

**B97.4** Respiratory syncytial virus [RSV] as cause of diseases classified in other chapters

- **URTI due to RSV=**

**J06.9** Acute upper respiratory infection, unspecified

PLUS

**B97.4** Respiratory syncytial virus [RSV] as cause of diseases classified in other chapters

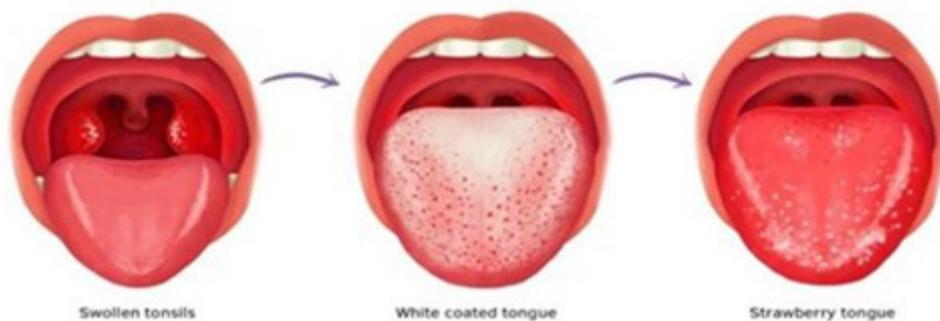
**Also:**

Where isolation is documented in the patient record, assign **Z29.0** Isolation as an additional diagnosis.

# Scarlet fever

Recent media coverage has highlighted the rise in reported cases of illnesses caused by *Streptococcus* group A infection (invasive), such as :

- Strep Throat
- Cellulitis
- Impetigo
- Rheumatic Fever
- Scarlet Fever.



“The symptoms of Scarlet Fever include fever, a rash, sore throat, flushed cheeks and a swollen tongue. The rash is typically most noticeable in the creases of the joints and over the stomach and can feel rough to touch like sandpaper.

The tongue can develop a white coating which then peels leaving the tongue red and swollen, a typical appearance which is often described as ‘strawberry tongue’ “. Scarlet fever is usually a mild infection. In most cases, a full recovery will occur within seven days but prompt treatment with antibiotics is recommended. However, if left untreated, serious complications can develop such as ear problems, rheumatic fever, kidney or heart disease, or pneumonia.

Source: <https://app.healthand.com/ie/topic/general-report/scarlet-fever>

## Coding Scarlet Fever

### What is the code for Scarlet Fever?

Assign: **A38** *Scarlet fever*

### How do I code Scarlet Fever with myocarditis?

Assign: **A38†** *Scarlet fever* and **I41.0\*** *Myocarditis in bacterial diseases classified elsewhere.*

How do I code Scarlet Fever with Otitis Media?

Assign: **A38†** *Scarlet fever* and **H67.0\*** *Otitis media in bacterial diseases classified elsewhere.*



## Clinical Clarification

As per the “**Standards for Ethical Conduct in Clinical Coding**” section titled “**Ethics in Clinical Coding Practice**”, it is the responsibility of the clinical coder to

- “1. Ensure that they have access to all the relevant clinical information (electronic or paper-based) to undertake the abstraction and coding processes
2. Ensure that the documentation within the clinical record justifies selection of diagnoses and intervention codes, consulting clinicians as appropriate...”

(Source- Standards for Ethical Conduct in Clinical Coding- Appendix A, page 253-254 Australian Coding Standards, 10th Edition)

However, occasions often arise where the coder encounters a patient record that is incomplete, lacking in clarity or contains documentation which is contradictory to the clinical notes, making it impossible for the coder to assign accurate diagnosis or procedure codes. In these circumstances, it is important that the coder seeks the assistance of the relevant clinician\* to provide extra information or clarity regarding the patient’s diagnosis or interventions performed during the episode of care.

Further guidelines in the **Ethics in Clinical Coding Practice** section warn that “a clinical coder should not:

- code diagnoses/interventions without supporting documentation for the purpose of ‘maximising’ hospital reimbursement. ‘Maximising’ for reimbursement is not an ethical practice.
  - ‘maximising’ is defined as undertaking a practice not based on fact (ie addition or alteration of codes for conditions not documented within the clinical record), for the sole purpose of increasing reimbursement
  - this is not to be confused with ‘optimisation’ which is defined as using all documentation within the clinical record to achieve the best outcome.
- omit diagnoses/interventions for the purpose(s) of minimising financial loss, or legal liability.
- use the interdisciplinary engagement process inappropriately. This includes:
  - prompt or use leading questions for purposes of ‘maximising’ reimbursement
  - use details for potential financial gain as part of a clinician query process
  - seek additional documentation for conditions not already apparent in the existing clinical documentation. This includes use of pathology or radiology results as a basis for a clinician query.
- submit to pressure from others to manipulate coded data for any purpose.”

In 2017 the ACCD published the “Clarification on the application of the “Standards for ethical conduct in clinical coding”  
(Published by ACCD and available online at: <https://www.accd.net.au/Ethics.aspx>)



(Source- *Irish Coding Standards 2022* page 94-98)

This important document provides guidance on ethical clinician queries and the ethical use of the interdisciplinary engagement process for pathology/radiology test results and reminds us that:  
“It is not the role of a clinical coder to diagnose. The responsibility for good clinical documentation lies with the clinician. Good clinical documentation is critical to continuity and quality of patient care, patient safety and is the legal record of a patient’s episode of care. Importantly it also supports quality coded data that has multiple use cases, including reimbursement and funding.”

Contained within this document are guidelines and advice for the clinical coder to assist in writing coding queries to clinicians in order to obtain the information required to assign appropriate codes, while avoiding the use of “targeted” or “leading” questions in order to gain financially at the expense of coding integrity or data quality-

“Coding queries to clinicians should be written so that they:

- include information about the patient, with direct reference to the documentation that has prompted the query
- enhance the clinical truth of the documentation to support quality patient care
- allow clinicians to elaborate (add context) to their response regarding the significance and cause of the diagnosis/condition/event
- do not include leading questions that instruct, or indicate to a clinician what to write as a response
- do not indicate potential financial impact.”

The “Clarification on the application of the “Standards for ethical conduct in clinical coding” also provides some examples of ethical queries to demonstrate the appropriate use of the clinician query, and the use of appropriate phrasing/ wording to avoid leading questions.

It is advisable that clinical coder queries sent to clinicians contain the following fields of information:

- Hospital
- Ward
- Patient’s Name
- M.R.N.
- Admission Date
- Discharge Date
- Name of Clinician
- Details of the query
- Clinician’s response
- Clinician’s signature and contact details
- Name and contact details of the requesting clinical coder
- Contact details for the HIPE manager/ HIPE Dept

The HPO have created a template for clinician queries entitled “Clinical Clarification Form”. HIPE departments intending to use this template should adapt it to contain information relevant to their own hospital and HIPE department.

The template is available on request from [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie)

**\*The term “clinician” ....refers to the treating medical officer but may refer to other clinicians such as midwives, nurses and allied health professionals. In order to assign a code associated with a particular clinician’s documentation, the documented information must be appropriate to the clinician’s discipline.**

**Please also refer to ICS 0010 General Abstraction Guidelines for further guidelines and examples.**

**Source- *Australian Coding Standards, 10th Edition “How to use this document”* page xv**

# Cracking The Code



**What is the correct code assignment for MPGN (Membrane Proliferative Glomerulonephritis)?**

“Membranoproliferative glomerulonephritis (MPGN) also known as mesangio-capillary glomerulonephritis is a disease that affects the glomeruli, or filters, of the kidneys”.

The coding of this condition is dependent on the information provided in the chart and by how the clinician describes the condition.

In the alphabetic index for Membrane Proliferative Glomerulonephritis, look up:

Glomerulonephritis  
- membranoproliferative (diffuse) (type 1)  
(type 3) - code to *N00-N07* with fourth character .5

There is a wide range of codes that can be selected from *N00-N07*, and the code selection is dependent on the specific information for each case.

Without further specification we would suggest coding to:

*N05.5 Unspecified nephritic syndrome, diffuse mesangiocapillary glomerulonephritis.*

<https://unckidneycenter.org/kidneyhealthlibrary/glomerular-disease/mpgn/>





## What is the procedure code for sinus lift?

A sinus lift procedure is performed when there is insufficient bone to place a dental implant.

The look up for sinus lift:

Procedure

-sinus

--nasal – see also Procedure/ nasal sinus

--- lift 45849-00 (388)

Bone graft to the maxillary sinus

Sinus lift procedure

45849-00 Bone graft to maxillary sinus



## Can systemic thrombolysis therapy be coded if it was initiated by paramedic and then continued in the hospital? If so, what codes should be applied?

Thrombolytic therapy is the use of thrombolytic agents to dissolve blood clots in blood vessels.

“Assign 96199-01 [1920] Intravenous administration of pharmacological agent, thrombolytic agent or 96196-01 [1920] Intra-arterial administration of pharmacological agent, thrombolytic agent when systemic thrombolytic therapy is administered during the admitted episode of care and this includes continuation of thrombolytic therapy initiated prior to admission (e.g. by paramedics)

Please refer to ACS 0943 THROMBOLYTIC THERAPY for further information.



## A 52 year old patient admitted with convulsions and diagnosed with alcohol withdrawal. It was also documented that the patient has history of alcohol dependence. What codes are assigned?

. In compliance with ACS 0503 Drug, Alcohol and Tobacco use disorder which states

‘While withdrawal rarely occurs in the absence of dependence, for consistent application of the codes, cases of withdrawal without mention of dependence (syndrome) should be assigned a code only for the withdrawal because dependence (syndrome) cannot be assumed.

Cases of dependence (syndrome) with withdrawal should be assigned both a code for the dependence (syndrome) and a code for the withdrawal (syndrome) because withdrawal is not always a feature of dependence (syndrome).

Dependence is syndromal (a cluster of phenomena) and withdrawal is only one nonessential criteria for dependence.’

Therefore, for this case both the following are coded.

Principal Diagnosis - F10.3 Mental and behavioural disorders due to use of alcohol, withdrawal state

Additional Diagnosis - F10.2 Mental and behavioural disorders due to use of alcohol, dependence syndrome





A 42 year old patient was admitted with acute alcohol intoxication. It was documented that the patient has history of alcohol dependence. What codes are assigned?

In compliance with ACS 0503 Drug, Alcohol and Tobacco use disorder which states 'Acute intoxication (0) may be assigned in addition to another four character code from F10-F19. For example, persons who have more persistent alcohol- or drug-related problems such as harmful use (F1-.1), dependence syndrome (F1-.2) or psychotic disorder (F1-.5), may also have episodes of acute intoxication'.

Therefore, for this case both the following are coded.

Principal Diagnosis - F10.0 Mental and behavioural disorders due to use of alcohol, acute intoxication

Additional Diagnosis - F10.2 Mental and behavioural disorders due to use of alcohol, dependence syndrome

### PICQ Indicator Update

The PICQ Indicator 101892 is set to be amended shortly. This indicator states the following text when displayed: **General anaesthetic code with consecutive sedation code is set to Fail.**

This rule will now be changed from being set to Fail to W1.

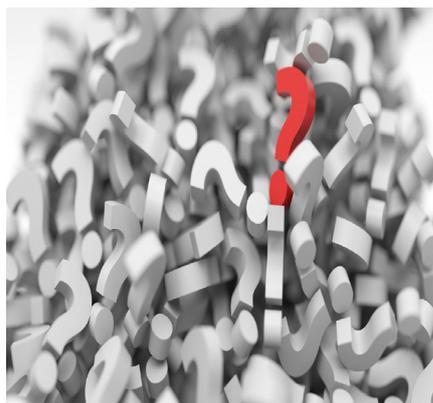
Example of how this rule will fire in future:

**Scenario:** A Patient is admitted to hospital following a fall where they sustained a NOF requiring a hemi-arthroplasty performed under general anaesthetic.

During the admission a decision is made to perform an angiogram under sedation due to left ventricular dysfunction. However, only sedation was given, as a decision was made not to proceed with the angiogram.

The following day the PICQ sent this back as an F, with the reason being that sedation and general anaesthetic can't be coded together.

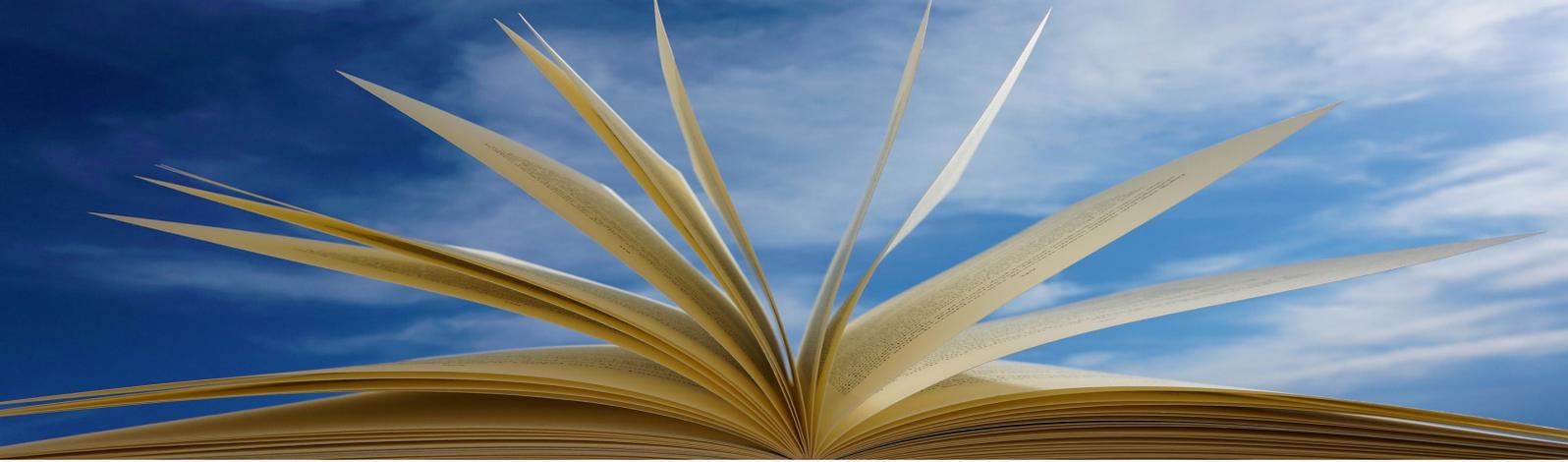
**Consequence of Amendment to Rule:** PICQ will continue to query this type of scenario, but will fire as W1 allowing the coder to provide an explanation for the coding of sedation and anaesthesia.



### Do you have a HIPE coding query?

Please email your query to [hipecoding@hpo.ie](mailto:hipecoding@hpo.ie)  
To answer your query we need as much information as possible, please use the Coding Help Sheet as a guide to the amount of detail required, available at:  
[www.hpo.ie/find-it-fast](http://www.hpo.ie/find-it-fast).

**Please anonymise any information submitted to the HPO.**



## HIPE Education 2022

2022 was another busy year for the HIPE Education Team at the HPO with over **50 courses** held and **1,181 participants**. We would like to thank everyone who participated in training courses and learning activities throughout the year. We appreciate that Coders take time out from a busy schedule to develop and advance their coding skills and to keep up to date with developments within the system. The HPO HIPE Education Programme is continuously reviewed and updated to enhance participants' learning, engagement, experience and learning outcomes and we welcome feedback and suggestions from Coders to assist with this process.

**20 new coders** commenced their training during the year and we hope that they are enjoying the HIPE Education Programme and their new role.

**Return to classroom training:** The Education Team at the HPO and Coders alike were delighted to see the return of in-person training courses last May after 2 years of all HIPE training being delivered online, due to COVID-19. Courses were held at the HPO and regionally and we would like to take this opportunity to thank HIPE Managers who facilitated regional training courses during the year.

**Certificate in Clinical Coding Course:** Congratulations and well done to the class of 2022 who completed the Certificate in Clinical Coding Course in September.

**Re-validation Process:** The Certificate in Clinical Coding Course is offered by The Technical University of Dublin (TU Dublin) through the School of Computer Science, in partnership with the Healthcare Pricing Office (HPO). The Healthcare Pricing Office is accredited as a partner of TU Dublin since 2015. The agreement between the HPO and TUDublin is reviewed every 5 years and in June 2022, after several weeks of preparation work, the review panel was held and we are delighted to inform you that the agreement was renewed. This review process is necessary to ensure that all elements of the course are, delivered to a high standard and in accordance with TUDublin regulations. We would like to thank our colleagues from the School of Computer Science TU Dublin, Faculty of Computing, Digital and Data and Deirdre Murphy, our former colleague for their support and guidance throughout the process.

**The next TU Dublin Certificate in Clinical Coding course** will commence in January 2023. Applications are invited from coders currently working within HIPE coding departments in Ireland. Please submit the completed application by email to [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie). Closing date for completed applications is Tuesday 20th December. An email with further details was dispatched to all Clinical Coders on 7th December.

The **2023 Training calendar** is now available and hard copies will be dispatched to HIPE Departments in January. We encourage all HIPE Managers and Coders to study this and be familiar with the dates for upcoming courses that you or other members of your department may wish to participate in.

The logo for the HIPE Training Calendar 2023, featuring the text 'HIPE Training Calendar 2023' and the HIPE logo (a stylized 'H' and 'E' in a blue square).A placeholder for the content of the HIPE Training Calendar 2023, which would typically be a grid of dates and course titles.

**Specialty workshops:** In addition to the core training courses as advertised on the Training Calendar, training on topics including Sepsis, Stroke and Diabetes will be scheduled for delivery during 2023. Details of all upcoming training will be published in Coding Notes, at [www.hpo.ie](http://www.hpo.ie) and through regular emails dispatched to all HIPE Coders & HIPE Managers.

**Anatomy & Physiology Lectures:** We are pleased to inform you that the pre-recorded Anatomy & Physiology Lectures delivered by Professor Clive Lee, will be available to HIPE Coders for repeated viewing until 31st December 2023. For further details including access to these lectures please contact [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie).

### Timely application to participate in HIPE Training Courses

The list with details of upcoming courses available at [www.hpo.ie](http://www.hpo.ie) will be updated, as additional courses scheduled throughout 2023. Applications to participate can be submitted at [www.hpo.ie](http://www.hpo.ie). **Please take note of the closing date for submission of completed applications** to participate in HIPE Training courses & make sure that you apply in good time for your chosen course.

This is important for following reasons:

1. Many courses include an element of pre-course self-directed learning (eg videos to be viewed, pre-course reading and/or exercises to be completed) and pre-course materials are dispatched at least one week in advance of the course to allow participants time for completion of this essential component of their training. Failing to complete pre-course learning activities can result in the coder being ill prepared for the course, missing out on vital information, or falling behind the rest of the course participants on the day.
2. There are a limited number of places available on some in-person courses due to limited resources including room size, numbers of laptops and copies of the classification available for use during the course. For these courses, places will be allocated on a first come, first served basis.
3. For in-person training courses the HPO need to be aware of expected numbers for organisational reasons including catering, printing, seating arrangements & health and safety reasons.

## On line training

If you are participating in on-line training don't forget to have the following to hand:  
Essential materials as described on page 19.

**plus**

Training materials, dispatched in advance of the course  
Completed pre-course exercises (if applicable)



It is recommended that you check your PC capabilities beforehand to be certain that you can access the required platform (eg Webex, Zoom). Participants receive an invitation link by email in advance of the course and this invitation contains details for joining the audio by phone, if necessary.



We ask that each coder **registers individually** for their chosen sessions and that the links to courses are **not shared** with others (who have not submitted an application to join the course). This is to ensure that all those intending to participate are registered for the course and will receive relevant materials and links.

Once you have joined the session, please identify yourself either by displaying your name and hospital on the platform or by sending a message in the chat facility so your attendance can be recorded on your training record.

We would like to take this opportunity to wish you and your families a very happy Christmas and best wishes for 2023.



HPO Education Team (Left-to-right) Aisling Grace, Marie Glynn, Karen Muldoon & Anna Lewandowska

# Upcoming Courses



To apply for any of the advertised courses, please complete the online training application form at: [www.hpo.ie/training](http://www.hpo.ie/training) or use this: <http://www.hpo.ie/training/frmTraining.aspx>

Please ensure you enter the correct work email address when applying for courses. Please do not use personal email addresses. All information provided will be kept confidential and only used for the purpose it is supplied. Please inform us of any training requirements by emailing [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie)

When applying to participate in training courses please take note of the details regarding the venue or method of delivery.

## **Closing date for completion of online application forms for all courses**

To allow time for the HPO Education Team to dispatch training materials and for completion of pre-course learning activities by participants in advance of courses, it is paramount that applications are submitted on time. Please submit completed applications no later than 7 working days in advance of the course start date.

**Essential materials** to participate in courses online you will require the following:

- ICD-10-AM/ACHI/ACS 10th edition (IEBook or hard copy)
- Training materials, dispatched in advance of the course
- Irish Coding Standards 2023(V1)
- 2023 HIPE Instruction Manual (V1.0)

## **Training on changes to HIPE Variables 2022 (including Ukraine Flag)**

The link to a training video was dispatched to all HIPE coders on the 5th April. If you did not receive this please contact [hipetraining@HPO.ie](mailto:hipetraining@HPO.ie)

Please inform the HPO if a new member of staff joins your HIPE department and we will dispatch a starter pack and arrange training as appropriate

## Coding Skills III (A)

This course is held over three days, and HIPE clinical coders are invited to participate 3-6 months after completing Coding Skills II. The course aims to consolidate training and work experience and it is expected that HIPE clinical coders will have had significant experience coding within the hospital environment. This course facilitates in-depth discussion of coding scenarios and classification guidelines are provided in conjunction with further training on clinical specialties. This course includes HIPE Portal training. Pre-course reading and exercises are to be completed in advance of the course.

**Date:** Tue 17th- Thu 19th January 2023  
**Time:** 10.00am - 5.00pm each day  
**Location:** HPO

## Coding Skills III (B) Circulatory

This 1 day course will concentrate on common circulatory conditions, coding and classification guidelines in relation to these conditions and associated interventions. Participants must complete Coding Skills II and Coding Skills III (A) before attending this course. Pre-course videos will be dispatched for viewing in advance as part of this course.

**Date:** Wednesday 25th January 2023  
**Time:** 10.00am - 5.00pm  
**Location:** Online

## Introduction to HIPE I

This 1 day course is held at the HPO. It is for new HIPE clinical coders who have received and studied their Starter Pack, and completed the exercises within the pack. The course includes a comprehensive overview of HIPE, the patient journey and information flow. It provides training on the variables collected in HIPE, an overview of Activity Based Funding (ABF) and an introduction to medical terminology and medical abbreviations. This course provides new HIPE clinical coders with an opportunity to meet the HIPE education team and other HPO staff that they will be liaising with in relation to their role in HIPE. Participants are also provided with guidance on joining HIPE training courses via WebEx (and/or other virtual meeting facilities). Follow-up exercises are provided for completion on their return to the Hospital. New HIPE clinical coders must attend this course in advance of attending Introduction to HIPE II

**Date:** Tuesday 14th February 2023  
**Time:** 10.00am -5.00pm  
**Location:** HPO

## Coding Skills IV Workshops

Half-day or one-day clinical coding workshops for HIPE clinical coders provide clinical and coding information on specialty areas such as Endoscopies, Neoplasms, Cardiology, Obstetrics, Diabetes and Z-codes. Workshops will primarily address coding issues in depth and also where appropriate will incorporate a guest speaker who is an expert in the area to address the clinical aspects of the topic. HIPE clinical coders are invited to submit specific requests for topics and questions to be covered at specialty workshops. Sessions are also held on Data Quality, Data Quality tools such as HIPE Coding Audit Toolkit (HCAT) and the Checker software.

### Z-Codes

**Date:** Wednesday 15th February 2023  
**Time:** 10.00am -5.00pm  
**Location:** Online

### Introduction to Obstetrics

**Date:** Wednesday 22nd February 2023  
**Time:** 10.00am -5.00pm  
**Location:** Online

## Introduction to HIPE II

This 2 and half hours training course is delivered remotely, via virtual conference facilities, for HIPE clinical coders who have attended Introduction to HIPE I. This interactive session provides feedback on completed pre-course exercises. During this session the HPO training team monitor the participant's progress, and provide support, as appropriate. Queries from participants in relation to HIPE and their role are addressed. Information and materials are provided in preparation for Coding Skills I. This course must be completed in advance of Coding Skills I

**Date:** Tuesday 28th February 2023  
**Time:** 10.30am-1.00pm  
**Location:** Online

## Data Quality

This is an update on data quality activities and tools including The Portal, HCAT and Checker. This session will be repeated subject to demand.

**Date:** Thursday, 2nd March 2023  
**Time:** 11.00am – 1.00 pm  
**Location:** Online only

## Coding Skills I

This two day training course is held at the HPO within two weeks following the Introduction to HIPE II, and provides HIPE clinical coders with an introduction to the ICD-10-AM/ACHI/ACS classification. It provides training on analysing documentation in the medial record, and abstracting relevant information to be coded. Coding Skills I includes training in the use of the HIPE Portal software. Participants must complete the Introduction to HIPE I & II before attending this course.

**Date:** Tue 21st - Wed 22nd March 2023

**Time:** 10.00am – 5.00 pm each day

**Location:** HPO only

### Thought for the day

***“If you cannot do great things,  
do small things in a great way”***

**Napoleon Hill**