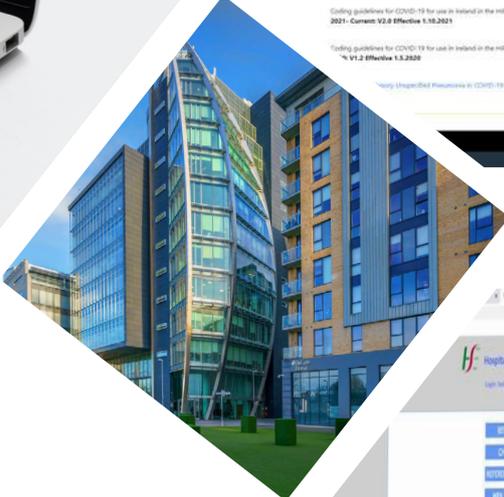


HIPE



Edition No. 93 June 2022

Coding Notes



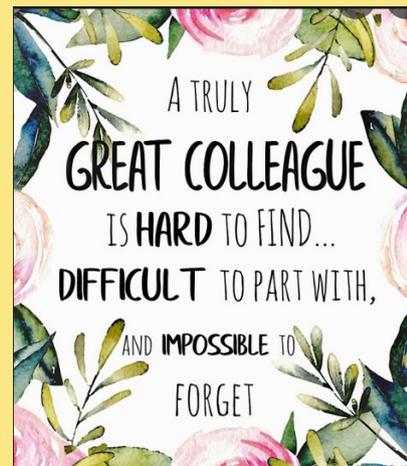
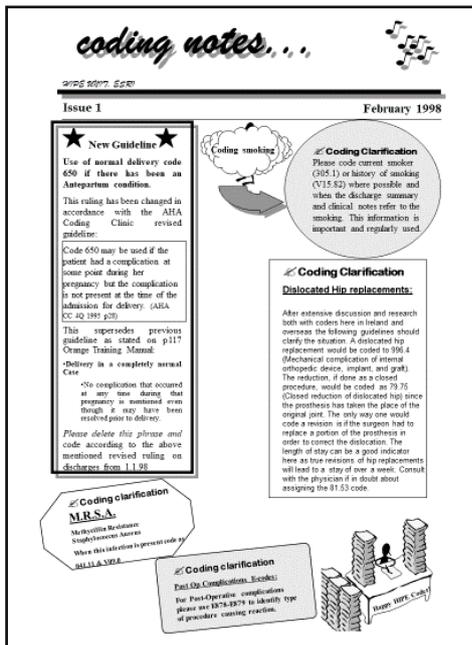
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Editor's Note

Welcome to the Summer edition of Coding Notes

This edition of Coding Notes, No.93 sees a number of changes including the announcement that Deirdre Murphy is retiring as Head of HIPE & NPRS in July 2022. Deirdre is the creator and has been the Editor of Coding Notes since it's issue in 1998 (some of you may have a rare first edition).



All the staff in the HPO, Coding Notes contributors and readers, wish Deirdre a very happy retirement, and we look forward to continuing the production of this fantastic newsletter which is such an important resource for all in HIPE and the wider coding community. We look forward to continuing the regular features such as Coding Notes and updates, Training Information, Cracking the Code and most importantly 'Thought for Today'. As always please let us know if there are any developments or articles you would like to see in your Coding Notes.

A face-to-face HIPE Seminar since 2019 was held in the HPO on Friday 24th June. The event focused on HIPE, current developments and future plans. Presentations also included innovations in HIPE Education and an entertaining presentation of 'A life in HIPE'. We would like to thank all of you who attended this great event and look forward to many more of these in the future.

TIME TO SAY GOODBYE

As I reflect on my years with HIPE ahead of retiring from the HSE in July I am struck by so many happy memories spanning the last 40 years of my life. I was very lucky the day I was sent from my secretarial course for an interview with the Medico Social Research Board (MSRB) in 1981. I was handed a set of ICD-8 coding books and a very slim folder of OPCS procedure codes by my new manager, Anne Purcell. Anne was the person who virtually single handedly set up HIPE in 1969 and continued with HIPE until her untimely death in 1997. Anne was a huge influence in the development of HIPE and in training and supporting HIPE Coders for many years.



After two weeks with Anne I was despatched to St. Vincent's Hospital in Dublin where I started my career as a clinical coder. At that time all the coders in the country, about 12 or so people were employed directly by the MSRB. The form was all hand written, no downloads and no data entry systems. But on the upside we could only collect up to four diagnoses and three procedures. I continued with HIPE with the MSRB, then it moved to the newly created Health Research Board (HRB) in 1986. At this point coders were employed directly by the hospitals and I returned to Head Office, with locum coding a common occurrence for me. I had the great privilege to code in most of the Dublin hospitals during these years. HIPE was moved again in 1990 to the Economic and Social Research Board (ESRI) and of course I moved with it. There along with many new colleagues HIPE was managed by the wonderful, brilliant and joyful Anne Clifton. Anne sadly passed away in 2004 and we miss her still. HIPE became part of the Health Research and Information Division (HRID) at the ESRI and we were so lucky to have been led for many year by the wonderful Professor Miriam Wiley. I am very appreciative of all the support and mentoring Professor Wiley provided us for all those years in the ESRI.

In 2014 we became part of the Healthcare Pricing Office (HPO) in the HSE where HIPE now resides as part of the HPO with the mighty Brian Donovan leading us into this new world, post COVID and navigating us all to Activity Based Funding (ABF).

Through 7 different classifications and 6 classification updates HIPE and I moved around a lot over those 40 years but there were so many constants not least the coding community which has always been a vibrant, dedicated, friendly and highly skilled group of troopers. It is always hard to describe what I do to 'Non HIPE' people when they ask but get me in a room with a group of coders and we all can talk and debate endlessly on diagnoses, interventions, classifications, guidelines, standards and everything in between.

I have always loved working with clinical coders and enjoying the debates and enthusiasm be it in a Coding Workshop or in a hospital HIPE office. Coder Education and the professionalization of the role have been twin passions of mine. I was very proud to work with my HPO colleagues and TU Dublin (formerly DIT) to gain a Clinical Coder CPD Certificate in 2014. 162 coders now have this certification and it has been a huge step towards the recognition of clinical coders as part of the professional staff in hospitals. In addition Coding Notes has always been very important to me. Since our first edition in 1998 and for 91 subsequent editions I have loved pulling all the information together to create this important little document. I thank my HPO colleagues for their patience with me as I harangued them on a quarterly basis to provide all the content! This issue looks very different and I am thrilled and excited to see this relaunch of Coding Notes produced by the very talented Helen Nolan. Helen is now the editor-in-chief and I am so happy that Coding Notes is in such capable hands.

After the last number of challenging years with COVID-19 and the Cyberattack HIPE proved as resilient as ever, rising to the biggest challenges of all our lives both professionally and personally. HIPE data was immediately recognised as high quality and timely data collected by dedicated and skilled clinical coders. We must all be so proud of HIPE's contribution to dealing with the pandemic. So thanks you all for the memories, for the support, for the friendships and the hard work. I can't begin to name everyone who I have worked with but please all be assured I am so grateful to you all and I feel privileged to have worked with all of you. HIPE is a wonderful and unique place to work and I am truly grateful to have been part of it for so long. Keep up all your tremendous work. With enormous gratitude always, Deirdre.





HIPE SEMINAR JUNE



HIPE SEMINAR JUNE



HIPE SEMINAR JUNE



Introducing the new HIPE logo

The HPO are delighted to introduce the new long awaited HIPE logo. As you are aware we have logos for the HSE, HPO etc. but to-date no logo for HIPE, even though it is 50 years since it was launched. We hope you like it.

Logo concept

Clinical coders depend on clear, accurate information on all diagnoses and interventions in order to accurately reflect hospital activity in HIPE data. Good clinical documentation by clinicians is central to clinical coding to provide complete hospital activity data. To emphasise this, an arrow is placed above the letter 'I' and at the end of the letter 'E' to indicate that what goes into the HIPE database comes out of it. The HIPE data system is only as good as the information documented and entered into it.

The colours used are from the HSE Visual Identity Guidelines using a colour from the primary and secondary palate. Tints and gradients are used in the logo with the change in colour in the letters used to reflect the data entering the system and the richness of the data coming from HIPE.

HIPE

HIPE Coding Coverage: Staffing and Data Quality Tools.

The HIPE Audit and Data Quality Team in the HPO have been analysing data on staffing issues and the use of data quality tools in each hospital.

Many thanks to all hospitals who completed the HIPE Coder Census 2022. We received information from 87% of hospitals and we appreciate the time each hospital took to complete the survey. Keeping us in the loop on staff coverage helps us understand the impact it may have on HIPE coding coverage from time to time. Out of the hospitals that took part in the census, there is a total staff count of 277.48 WTE's and 15 vacancies were reported.

We also analysed usage of the HCAT tool and Checker © tool. 85% of hospitals have run the checker so far in 2022. While 25% of hospitals have used the HCAT tool in 2022, we would like to remind you it is important to utilize these tools to monitor and improve data quality in your hospital.

New Variables in use since January 2022

With effect from 01/01/2022, the HIPE Portal was updated to collect new administrative variables. New variables include the Discharge Mode, Palliative Care Flag, and Ukraine - Temporary Protection Directive. In addition a new speciality code has been included for Sports and Exercise Medicine (9001).

Discharge Modes.

These new variables provide further information on a patient's discharge allowing for the collection of the reason why a patient was transferred to a healthcare facility. (When using this variable the coder must also select a valid Discharge Destination Code). Please refer to the HIPE instruction manual for information on all variables collected by HIPE.

Discharge Mode Discharge Mode Description

1	Acute Care
2	Rehabilitation Care
3	Palliative Care
4	Convalescence/Step Down Care
5	Long Term/Nursing Care
6	General Psychiatric Care
7	Other Care
9	Unspecified/Unknown Care

[Training on changes to HIPE Variables 2022 \(including Ukraine Flag\)](#)

The link to a training video was despatched to all HIPE coders on the 5th April. If you did not receive this please contact hipetraining@HPO.ie

Ukraine - EU Temporary Protection Directive

This variable was added 4 March 2022 to HIPE to identify patients covered by the EU Temporary Protection Directive. The HIPE Portal has been updated to collect this variable and the HIPE Instruction Manual has also been updated to reflect this change. This information is added manually to the HIPE Portal by HIPE coding staff, as it is not available for Download.

Specialist Palliative Care Involvement

For cases discharged from 01/01/2022, a new administrative field capturing if the specialist palliative care team attended a patient during the episode has been collected. The purpose of collecting this information is to identify **where palliative care is being administered by the specialist palliative care team rather than other medical practitioners**. When palliative care is delivered assign Z51.5 Palliative care, but only use the Specialist Palliative Care Involvement Flag when the Palliative Care team have been involved. Please note, the default value for this field is "0 No" (i.e. that the specialist palliative care team did not attend the patient). This field is not downloaded and must be manually collected by the HIPE clinical coder. Please see ICS 2116 Palliative Care for further information.

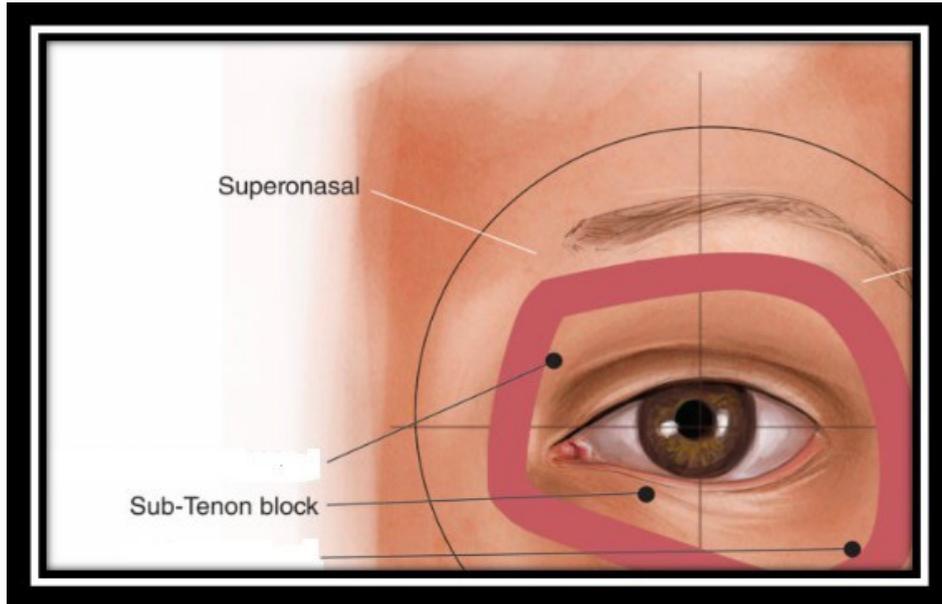
Sports and Exercise Medicine Speciality Code

This code for this speciality is 9001 Sports and Exercise Medicine

Sub-Tenon Block

Sub-Tenon Block (also known as retro-bulbar or peri-bulbar block) is a technique to provide anaesthesia pain relief during some ophthalmic procedures. This technique is being used more widely due to its relative safety and its effectiveness in controlling patient discomfort. In addition, as many patients undergoing ophthalmic procedures are elderly, the use of a Sub-Tenon block rather than General Anaesthesia can be safer for patients with multiple co-morbidities.

The Sub-Tenon block is delivered via an injection near the conjunctiva and Tenon capsule



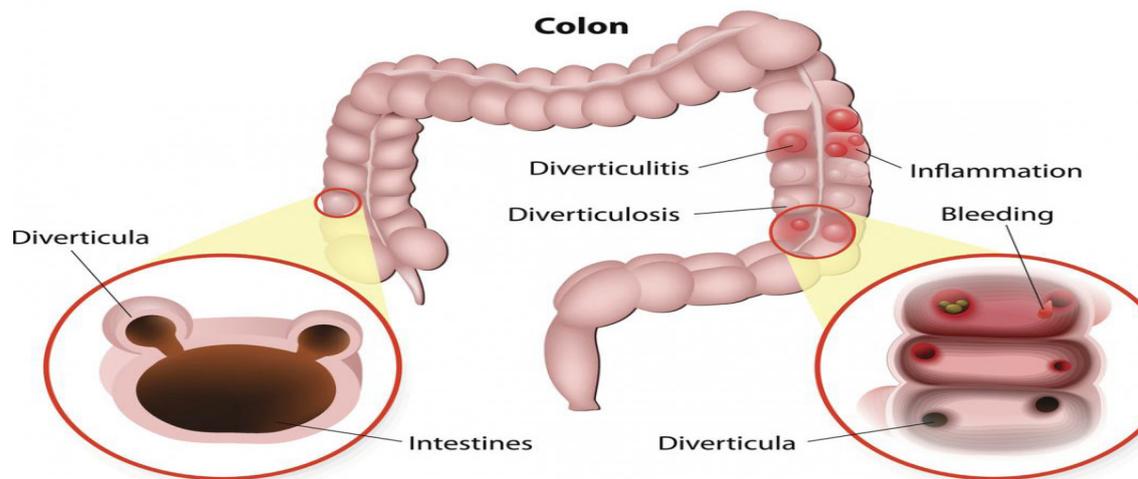
The injection starts take effect within minutes to numb the area sufficiently for a surgical procedure to be performed, and the effects of the injection last for at least one hour. This type of block is performed with procedures such as cataract surgery, trabeculectomy and adult strabismus surgery.

<https://www.nysora.com/topics/regional-anesthesia-for-specific-surgical-procedures/head-and-neck/ophthalmic/local-regional-anesthesia-ophthalmic-surgery/>

Procedure coding of a Sub Tenon Block in ACHI.

- If the anaesthetist specifies that the Sub-Tenon block is a regional block then assign code 92509-xx [1909] Regional block, nerve of head or neck.
- If the documentation is unclear as to whether it is a regional block or local anaesthetic, assume local anaesthetic and do not code and/or seek further clarification from the anaesthetist.

“Diverticulosis”, “Diverticulitis” or “Diverticular disease”?



Diverticulosis occurs when small defects in the muscle of the wall of the large intestine or colon allow small pockets or pouches (diverticula) to form. Diverticulitis is infection or inflammation of these abnormal pouches. Together, these conditions are called diverticular disease.

Source: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/diverticulosis-and-diverticulitis#causes-of-diverticular-disease>

Diverticulosis develops when diverticula (pouches) form in the wall of the large intestine or colon. Physicians suspect that diverticula form when high pressure inside the colon pushes against the weak spots in the colon wall. When faeces are trapped in the diverticula, bacteria grow. This can lead to inflammation or infection, called diverticulitis.

Diverticulitis can be very painful and last from a few hours to a week, or more. Symptoms include abdominal pain that may become worse with movement, fever and chills, bloating and gas, diarrhoea or constipation, nausea (with possible vomiting), and loss of appetite.

Source: <https://www.aapc.com/blog/28858-icd-10-coding-diverticulosis/>

Complications include perforation, abscess, haemorrhage, peritonitis, sepsis, fistula or bowel obstruction

Important points to note when coding diverticular disease are

- The specific type of diverticular disease (diverticulosis or diverticulitis)
- The location of the disease (small intestine, large intestine or unspecified)
- Presence of Perforation or abscess
- Presence of haemorrhage

In ICD-10-AM, diverticular disease of intestine is coded to the 3 character category of **K57** Diverticular disease of intestine.

This category includes:

- diverticulitis of (small)(large) intestine
- diverticulosis of (small)(large) intestine
- diverticulum of (small)(large) intestine
- The 4th character of the code will denote the location of the disease and whether or not it is complicated by the presence of a perforation or abscess.
- The 5th character of the code will identify whether the disease is diverticulosis or diverticulitis and will indicate the presence of haemorrhage.



Focus on Obstetrics



Upcoming training - Introduction to Obstetrics

Registration is open for the upcoming **Introduction to Obstetrics**, which will take place via an online platform on the 20th of July. As the coding of conditions in pregnancy, childbirth and puerperium and associated interventions is not confined to those hospitals that have obstetrics as a speciality, this course is suitable for all coders, regardless of their coding experience. For further information on this course, please refer to details on the back page of this issue.

This will be followed up by an intermediate obstetric workshop, to be delivered in the Autumn. Details of this will be published in the September issue of Coding Notes.

Intermediate Obstetrics Workshop January 2022

An Intermediate Obstetrics workshop was held on 13th January with 41 HIPE Coders participating in the course. This course provided follow up training for HIPE Coders who had previously participated in the Introduction to Obstetrics course. In preparation, participants were sent videos that provided a clinical overview of some of the conditions, complications and interventions to be covered at the workshop, together with exercises to be completed in advance of the workshop. Participants were also provided with a selection of coding queries and answers from the Introduction to Obstetrics course and were invited to submit any coding queries that they would like addressed at the workshop.

Topics covered at the Intermediate Obstetric Workshop included the following:

- Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth & the puerperium Maternal care related to the fetus and amniotic cavity and possible delivery problems
- Complications of labour and delivery including:
 - Premature rupture of membrane
 - Pre-term delivery
 - Placental disorders
 - False labour
 - Failed induction
- Interventions associated with labour and delivery

Some feedback from coders following the course-

"(The practical exercises) were challenging, but we learnt loads, the discussions were very good as were (the discussions) on the answers"

"I thought the range of scenarios discussed was very good and the opportunity to submit queries before the course was very helpful....Overall I found the whole workshop excellent and very worthwhile doing and I look forward to doing similar workshops on other topics in the future"

Case studies and exercises were completed throughout the workshop and participants provided positive feedback on the content. Please see clarification on the code assignment for one of the exercises below:

Intermediate Obstetric Workshop Query

The following obstetric case was presented at the Intermediate Obstetrics workshop in January:

Final Diagnosis: LSCS at 36+3 for PP and T2DM (unstable)

Presentation: Presented to labour ward in labour, planned LSCS next week for PP (placenta praevia). Age 37, gestation 36+3. PCOS. T2DM noted to be unstable, commenced on insulin. Placenta praevia. Transverse lie. Complex endocrine infertility, PCOS, IVF pregnancy.

Procedure: LSCS and ovarian drilling.

Anaesthesia: Epidural, ASA 2"

The correct code assignment for the scenario is as follows:

Diagnosis codes:

O82 Single delivery by caesarean section

O44.1 Placenta praevia with haemorrhage

O24.12 Pre-existing diabetes mellitus, Type 2, in pregnancy, insulin treated

E11.65 Type 2 diabetes mellitus with poor control

O64.8 Labour and delivery affected by other malposition and malpresentation

***O99.2** Endocrine, nutritional and metabolic diseases in pregnancy, childbirth and the puerperium

E28.2 Polycystic ovarian syndrome

O60.1 Preterm spontaneous labour with preterm delivery

O09.5 Duration of pregnancy 34-<37 completed weeks

Z37.0 Single live birth

Z35.0 Supervision of pregnancy with history of infertility

Procedure Codes

16520-02 [1340] Elective lower segment caesarean section

35713-03 [1241] Ovarian drilling

92508-29 [1909] Neuraxial block, ASA 29

Errata

***O99.2** Endocrine, nutritional and metabolic diseases in pregnancy, childbirth and the puerperium was omitted from the original set of codes and this was identified during the course.

Participants asked if **E28.2** Polycystic ovarian syndrome should be preceded by a code from chapter 15.

ACS 1521 Conditions and injuries in pregnancy, - section titled Non obstetric conditions complicating pregnancy provides the following classification guidelines:

"A nonobstetric condition is a condition that may occur in any patient; these conditions may or may not complicate pregnancy. Nonobstetric conditions are classified as complicating pregnancy when the condition meets the criteria in ACS 0001 Principal diagnosis, ACS 0002 Additional diagnoses or ACS 1500 Diagnosis sequencing in delivery episodes of care in an antepartum or delivery episode of care, and documentation specifies that the condition is complicating the pregnancy.

In the absence of specific documentation, a nonobstetric condition is classified as complicating pregnancy as indicated by two or more of the following criteria:

- Patient is admitted to an obstetric unit
- Patient is supervised/evaluated by an obstetrician, midwife and/or neonatologist (Note: evaluation may be performed remotely.

That is, the clinician is located in another facility and consults via electronic methods (eg video/telephone conferencing))

- Fetal evaluation and/or monitoring is performed
- Patient is transferred to another facility for obstetric and/or neonatal care (see also ACS 1550 Discharge/transfer in labour).

CLASSIFICATION

• Assign a code from Chapter 15 Pregnancy, childbirth and the puerperium for a nonobstetric condition complicating pregnancy as per the Alphabetic Index (eg Pregnancy/complicated by or condition/in pregnancy or condition/in pregnancy, childbirth or puerperium)

- Assign as an **additional diagnosis** a code from another chapter to add specificity to the Chapter 15 code
- Once the decision has been made to classify one nonobstetric condition as complicating pregnancy, assign all other nonobstetric conditions in the episode of care as pregnancy complications (except for nonobstetric injuries/ poisoning"

Therefore **O99.2** Endocrine, nutritional and metabolic diseases in pregnancy, childbirth and the puerperium is assigned in the scenario above.

Cracking The Code



A patient was admitted for a biopsy of a lung nodule. Result shows Malignant melanoma of the lung. How do I code this?

There is a note in the index at melanoma which says that internal sites should be coded to malignant neoplasm of those sites.

Melanoma (malignant) (M8720/3)

Note: Except where otherwise indicated, the morphological varieties of melanoma in the list below should be coded by site as for 'Melanoma (malignant)'; i.e. according to the list under 'site classification' below. Internal sites should be coded to malignant neoplasm of those sites.

Code to C34.-. Assignment of 4th digit depends on the location in the lung.



How do you code a patient who currently vapes, but was never a smoker.

Vaping devices may resemble cigarettes but they do not contain tobacco and is not appropriate to assign a tobacco use disorder code. Vaping is not coded unless it is causing a vaping-related disorder.

See also ICS 22X1 Vaping related disorders



What is the code for complex partial seizure without an epilepsy diagnosis?

Unless there is a modifier present in the index under seizure we can only code to the default code which is:

R56.8 Other and unspecified convulsions



The patient came in with a periprosthetic fracture for rehab. She had a fall at home. “ hip x ray and CT showed prior bilateral total hip replacements. Acute displaced comminuted periprosthetic fracture of the mid shaft of the left femur.”. How is this coded?

We suggest coding as follows:

S72.3 Fracture of shaft of femur

W19 Unspecified fall

Y92.09 Other and unspecified place in home

U73.9 Unspecified activity

Z96.64 Presence of hip implant

Z50.9 Care involving use of rehabilitation procedure, unspecified



An elderly patient was seen and treated by the tissue viability nurse as she has a skin tear on her wrist without erythema, pain or exudate. How is this coded?

As per ACS 1810 Skin tear and frail skin, assign R23.4 Changes in skin texture, when documented by clinicians, for frail skin or a skin tear where the aetiology is unknown and meets the criteria for coding as per ACS 0002 Additional diagnosis.



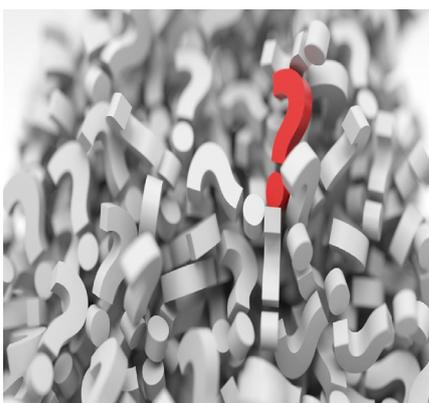
How is Type 1 Myocardial infarction coded?

Type 1 and type 2 myocardial infarction (MI) are classifications of MI based on different conditions that may lead to MI, the underlying cause. ICD-10-AM classifies MI based on site, depth and presence of ST elevation. Type 1 and Type 2 are based on causality and are not classifiable to the current I codes. Choose a specific option from the sub-terms listed in the Alphabetic Index if further descriptors of the MI are documented, e.g. transmural.

COVID-19 QUERY

We have received numerous queries on coding of U07.3 [Personal history of COVID-19] based on antigen tests. Advice from IHPA states that a code for history of COVID-19 should not be assigned if confirmed by antigen test. However in a lot of cases there is no documentation as to whether a history of COVID-19 was diagnosed from PCR or antigen test. The advice from the HPO is as follows:

If there is no supporting documentation that COVID-19 was lab confirmed or clinically diagnosed then coders should not assign a code for history of COVID-19. The exception to this is for cases with documentation of history of COVID-19 and where the COVID-19 flag has been autopopulated for a case. As the flag can only be assigned for lab confirmed cases it is correct to assign history of COVID-19. This is to ensure that the numbers reported by HIPE are based on appropriate chart documentation of a previous confirmed infection.



Do you have a HIPE coding query?

Please email your query to hipecodingquery@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.

Please anonymise any information submitted to the HPO.

Upcoming Courses



To apply for any of the advertised courses, please complete the online training application form at: 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

When applying to participate in training courses please take note of the details regarding the venue or method of delivery (see also page 6 for information on the return of in-person classroom training).

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 2022 (V1)
- 2022 HIPE Instruction Manual (V3.0)

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

[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

Further information on upcoming scheduled HIPE training is available on the HPO website www.hpo.ie and also on the HIPE 2022 HIPE training calendar also available on the website.

Return to classroom in-person training

Finally, after 2 years of all HIPE training being delivered online only, due to COVID-19, participants were welcomed back to the HPO for Coding skills II (a) that was held from 10th – 12th May. With 19 attendees, there was a great buzz in the room with everyone delighted to be back to attending a training course in-person where they met with colleagues from other hospitals and the HPO team. Following on from this Coding Skills III (a) was held in-person at the HPO from 18th – 21st June with 18 participants.

As outlined in the April edition of Coding Notes HIPE education will continue to be delivered through a blend of face-to-face in-person courses, online courses and self-directed learning including pre-recorded tutorials & videos and through other pre & post course learning activities. When applying to participate in HIPE training courses please take note of the location/ mode of delivery e.g. online only or HPO only. We look forward to meeting up with you during the year.



Self-directed learning resources

- Anatomy & Physiology Lectures
Eleven pre-recorded anatomy & physiology lectures are now available for repeated viewing until 31st December 2022 for HIPE Clinical Codes and HIPE Managers. Details of these lectures delivered by Professor Clive Lee were published in the April edition of Coding Notes.
- Same-day endoscopies tutorials
Changes to HIPE variables from 1st January 2022 – tutorial.

Please contact hipe.training@hpo.ie for access to the resources listed above.

- A brief introduction to HIPE & Clinical Coding tutorial can be access at www.hpo.ie

Upcoming courses

Coding Skills III (B) Circulatory

This one 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 6th July 2022
Time: 10.00am - 5.00pm
Location: Online

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.

Z – Codes
Date: Tuesday 12th July 2022
Time: 10.00am - 5.00pm
Location: Online

Introduction to Obstetrics

Date: Wednesday 20th July 2022
Time: 10.00am - 5.00pm
Location: Online

Introduction to HIPE I

This one day course is for new HIPE Clinical Coders who have received and studied their Starter Pack Material, and completed the exercises within the pack. The course will include an over-view of HIPE, patient flow, the variables collected in HIPE, and an introduction to Medical Terminology. This course must be completed in advance of Introduction to HIPE II. Follow-up exercises will be provided for completion on return to the Hospital.

Date: Tuesday, 21st August 2022
Time: 10.00am – 5.00 pm
Location: HPO only

Introduction to HIPE II

This 2- hour 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 13th September 2022
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: Tuesday, 22nd September 2022
Time: 11.00am – 1.00 pm
Location: Online

Thought for the day

“Leadership is not about titles, positions, or flow charts. It is about one life influencing another.”
John C. Maxwell