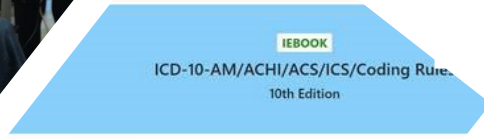


# HİPE



Edition No. 96, MARCH 2023

## Coding Notes



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# Editor's Note

Welcome to the March edition of Coding Notes.

The first few months of 2023 has been very busy for all especially coders who are working hard to meet the deadline to have all cases for 2022 coded for the closure of the file on 31st March. The HPO have issued a number of HIPE data quality checks including spikes and we would like to thank all for the time spent on these to ensure data quality.

This months edition includes the coding advisory that was sent out to all coders on Endoscopy same-day coding. We also have an article on augmentation of labour and neonatal sepsis.

The HIPE Audit Training Course commenced on the 14th March with 11 participants from hospitals all around the country. This is a great opportunity for coders to learn the skills of auditing and we hope that this course will be of benefit both to the students and to the hospitals they work in.

The training team continue to be busy with the delivery of the HIPE Education Programme for 2023 and have started preparations for the update to 12th edition education to be rolled out in the 4th quarter of 2023. More on this on pages 13 to 15.

Many thanks again to all for their continued dedication and hard work. We wish you all a very Happy Easter.

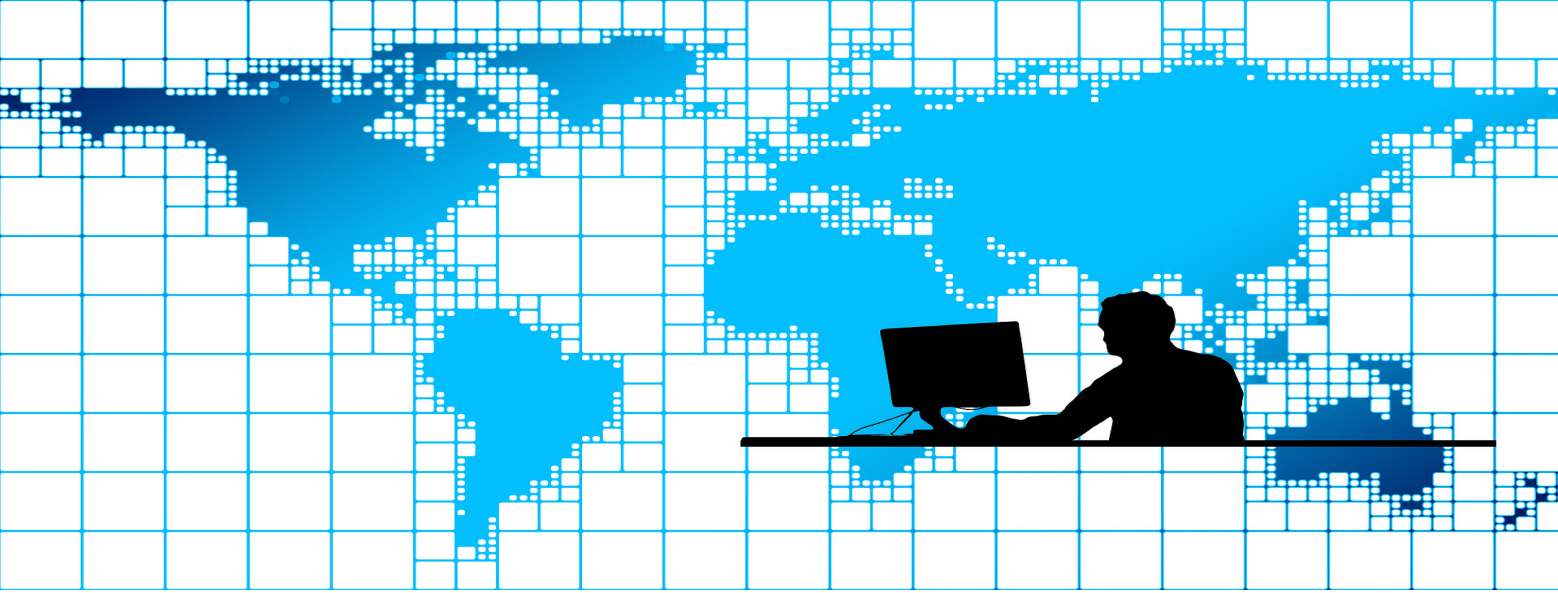


## 12th Edition ICD-10-AM/ACHI/ACS

The HPO are delighted to announce that the classification used in HIPE will be updated to 12th edition ICD-10-AM/ACHI/ACS from 1st January 2024. The licencing arrangements are in place and the update will include the changes made in both 11th Edition and 12th Edition of ICD-10-AM/ACHI/ACS. The classification used for HIPE data collections is updated every 4-5 years and the HIPE last update was to 10th Edition in January 2020. In order to accurately reflect inpatient and daycase activity in hospitals it is important that the classification of diagnosis and procedures is kept up to date.

The HPO will be in contact with the HIPE community, Hospitals and HIPE data users with details of the update over the coming months and there will be regular features on 12th Edition in Coding Notes. Further information is provided in this edition of Coding Notes and some links to useful resources are also included.





## HIPE News Desk

The HPO held a number of events in March, including a HIPE Manager's day which was held in person on the 10th March. This was the first in person meeting of HIPE Managers at the HPO since September 2019 and it was fantastic to be able to meet up. Not everyone could be present on the day and the next HIPE Manager's Day is scheduled for the 27th September and the HPO will be in contact with HIPE Manager's in advance of that meeting.

Many of the areas covered at the HIPE Manager's day were included in the Data Quality Webex session held on the following day 11th March. There was great interest in the 12th edition update which is happening in January 2024 and Marie Glynn provided a high level overview of the new edition of the classification and information is also provided in this edition of Coding Notes. Helen Nolan gave an update on HIPE audits and data quality work and also covered the recent guidance around endoscopy coding which is in line with the coding standards in terms of the need for causal links to be documented. We continue to link in with clinical colleagues on this area and we will keep the coding community updated.

An ABF overview was presented by Mark O'Connor who kindly stood in for Brian Donovan on the day. The rollout of the ABF Implementation plan continues with hospitals and hospital groups having submitted their Hospital ABF Implementation Plans. The HPO are developing a template and guidance for Hospital HIPE Data Quality Statements and further information on this will be provided over the coming months.

The Upgrade to PICQ was also covered and we are delighted to say that the testing has gone well in the test sites with excellent feedback for Beamtree in advance of the national rollout. The upgrade will be rolled out and training provided once we are satisfied with the testing and happy with the upgrade to proceed across all sites. We will send updates as we progress from testing, to rollout and to training on the enhancements.



## Closure of HIPE 2022 HIPE File

The 2022 HIPE file will close following the end of March 2023 exports. The HPO acknowledge the significant efforts by hospitals in completing the submission of HIPE data in what has been another challenging year with COVID-19 still having an impact on hospital services during 2022. For 2022 there are over 1.7 million HIPE discharges which provide a very valuable and unrivalled level of information on hospital activity and this data is in huge demand across the health service and beyond and is making a difference to the planning and management of services for patients.

## 2022 Data Review (spikes reports)

This month, our HIPE Data Quality Analyst sent Spike Reports to each hospital on 2022 activity to enable comparison with national level data. The intent of these reports is to indicate where hospitals stand in the national file reporting. Any activity that was flagged at 50% or above of the National File was sent to hospitals for information. HIPE staff should review the following points when looking at this type of data:  
Where a hospital reports more than 50% of the national file please check the following:

### For Inpatients:

- Is the coded procedure normally performed in your hospital?
- Are the diagnoses/procedures coded in line with Australian Coding Standards and Irish Coding Standards?

### For Day Cases also check the following:

- Is the coded procedure normally performed as a day case?
- Are all the day cases coded valid HIPE activity?

If something looks unusual we would recommend running an MRN report on the HIPE Portal and looking further into such activity.



## **HPO Coding Advisory: Coding of same-day endoscopy - Diagnostic**

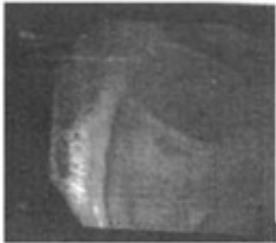
In response to numerous queries received by the HPO around the coding and interpretation of same-day endoscopy diagnostic reports, the HPO sought further clinical advice from the National Clinical Programme for Endoscopy, who have advised that:

The diagnosis field listed on an endoscopy report does not mean a final diagnosis or an established causal link between the presenting symptoms/indication and the finding.

Guidelines in **ACS 0051 Same-day Endoscopy – Diagnostic** must be followed and a causal link must be clearly documented on the endoscopy report to assign a finding/diagnosis as the principal diagnosis. It was noted by the HPO and the Endoscopy programme that a causal link is rarely documented. This means that without a documented causal link the presenting symptom/indication will be coded as the principal diagnosis with the findings coded as additional diagnosis.

**Please note that ACS 0051 Same-day Endoscopy – Diagnostic guidelines will be strictly adhered to on all HPO chart based audits.**

### **Example 1: Endoscopy Report and code assignment**

<b>Colonoscopy</b>	
<b>Procedure Date:</b>	01/01/2023
<b>Indications:</b>	Rectal bleeding
<b>Medications</b>	Midazolam
<b>Report</b>	
Normal colonoscopy apart from small internal haemorrhoids. Injected with oily phenol	
<b>Diagnosis</b>	<b>Procedures</b>
Haemorrhoids	<b>Management plan</b>
	Diet advice

**For coding purposes in this case the following diagnoses will be coded**

- **Principal Diagnosis** – Rectal bleeding
- **Additional diagnosis** - Haemorrhoids

**Logic:** As there is no documented causal link between the rectal bleeding and the haemorrhoids the indication is coded as the principal diagnosis with the findings coded as additional diagnosis.



### Example 2: Endoscopy Report and code assignment

Gastroscopy	
<b>Procedure Date:</b>	01/01/2023
<b>Indications:</b>	Abdominal pain, Dyspepsia, bloating
<b>Medications</b>	Midazolam
<b>Report</b>	
Oesophagus –	Hiatal hernia
Stomach -	Gastritis
Duodenum -	<u>duodenitis</u>
<b>Diagnosis</b>	
	Gastritis
<b>Procedures</b>	
	Biopsy for H pylori urease test
<b>Management plan</b>	
	PPI Diet advice

For coding purposes in this case the following diagnoses will be coded

- **Principal Diagnosis** – Abdominal pain
- **Additional diagnosis** – Dyspepsia, bloating, hiatal hernia, gastritis, duodenitis

**Logic:** As there is no documented causal link between the indications and the findings, the indications are coded as the principal diagnosis with the findings coded as additional diagnosis.

As abdominal pain is the first mentioned indication this is coded as the principal diagnosis (see **ACS 0001 Principal Diagnosis, Two Or More Diagnoses That Equally Meet The Definition For Principal Diagnosis**)

### Example 3: Endoscopy Report and code assignment

Gastroscopy	
<b>Procedure Date:</b>	01/01/2023
<b>Indications:</b>	Abdominal pain, Dyspepsia, bloating
<b>Medications</b>	Midazolam
<b>Report</b>	
Oesophagus –	Hiatal hernia
Stomach -	Gastritis
Duodenum -	NAD
<b>Diagnosis</b>	
	Gastritis
<b>Procedures</b>	
	Biopsy for H pylori urease test
<b>Management plan</b>	
	PPI Diet advice
	Gastritis likely cause of symptoms

For coding purposes in this case the following diagnoses will be coded

- **Principal diagnosis** – Gastritis
- **Additional Diagnosis** – Hiatal hernia

**Logic:** As the causal link is documented, Gastritis is coded as the principal diagnosis as this was identified as the cause of the indication. Do not assign codes for the indication/symptoms. Assign hiatal hernia as additional diagnosis (finding) as per classification guidelines in **ACS 0051 Same-day Endoscopy Diagnostic**.

# Augmentation of labour

The following article has been submitted to Coding Notes following the use of HIPE data on augmentation of labour for a research project by Silvia Alòs who is a midwife and a nurse. Originally from Spain, her passion for improving maternity services for women and their families led her to Ireland. She is now a PhD candidate at the School of Nursing and Midwifery, Trinity College Dublin. Her research is a mixed methods study looking at augmentation of labour with synthetic oxytocin.



Augmentation of labour is a procedure that is used to speed up labour in women who went into labour spontaneously (i.e., women who started contractions on their own), causing effacement and dilation of the cervix. Augmentation of labour makes uterine contractions longer, stronger and more frequent and, therefore, it accelerates labour.

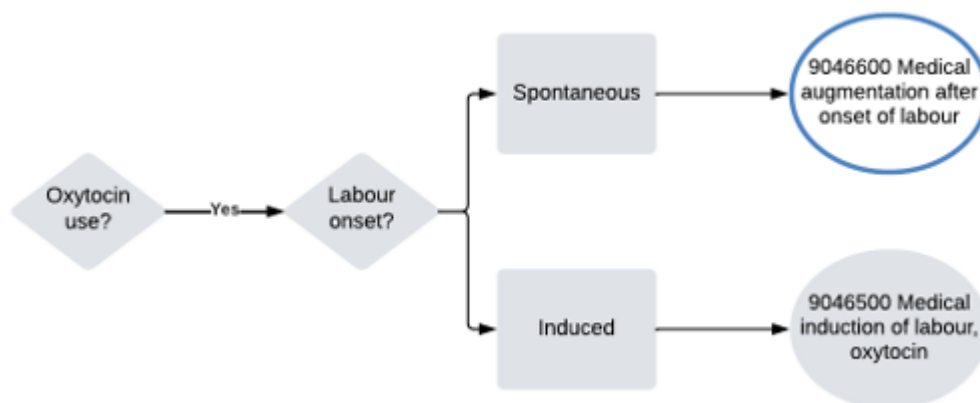
In ACHI-10th edition, augmentation of labour is coded in Chapter 14: *Obstetric procedures – block [1335]*:

- 90466-00 Medical augmentation after onset of labour
- 90466-01 Surgical augmentation of labour
- 90466-02 Medical and surgical augmentation of labour

Important points to note when coding augmentation of labour:

- **Only women with spontaneous onset of labour can have an augmentation of labour** - induction of labour and augmentation of labour are mutually exclusive.
- Surgical augmentation of labour refers to artificial rupture of the membranes (i.e., breaking the waters artificially). Sometimes you will find artificial rupture of membranes written as 'ARM' or 'AROM' in clinical records.
- **Medical augmentation refers to the infusion of oxytocin (Syntocinon®)** during labour. Sometimes you will find it written as 'synt' in clinical records.

Oxytocin (Syntocinon®) administration is not without risk. In fact, this medication has the highest safety warning label from the FDA. It is especially important that its use is properly recorded. Consider the following diagram for Oxytocin use:



Note: oxytocin can also be given for the third stage of labour (i.e., for delivering the placenta, after the baby has been born) - this is not augmentation of labour



# ACS 1617 Neonatal Sepsis/Risk of Sepsis



## Definition:

Sepsis in neonates is a serious medical condition that affects babies younger than 28 days old. Neonatal sepsis can be divided into two types, early-onset and late-onset.

## As per **ACS 1617 Neonatal Sepsis/Risk of Sepsis**:

- Early-onset neonatal sepsis is clinically apparent within six hours of birth in over 50% of cases; the great majority present within the first 72 hours of life
- Late-onset neonatal sepsis usually presents after four days of age and includes nosocomially acquired infections.

## Risk factors for invasive neonatal infection include:

- Preterm labour
- Premature rupture of membranes
- Signs of maternal infection
- Multiple birth with delay in delivery of subsequent infant(s)
- Prolonged rupture of membranes
- Maternal carriage of group B streptococcus infection
- Previous baby with invasive group B streptococcal disease.

Neonates who have one or more of the above risk factors, but no symptoms, may have a diagnosis of 'risk of sepsis' and be treated by prophylactic antibiotics or kept in hospital for further observation.

The following coding rule provides guidance on suspected neonatal sepsis



Ref No: Q3259 | Published On: 15-Dec-2018 | Status: Current

Q: What code is assigned for suspected neonatal sepsis?

**A: ACS 0012 Suspected conditions** provides the following guidelines in regard to suspected diseases and conditions in neonates: Z03. 7- Observation and evaluation of new-born for suspected condition not found is assigned following the criteria in **ACS 1611 Observation and evaluation of new-born and infants for suspected condition not found** and **ACS 1617 Neonatal sepsis/risk of sepsis**.

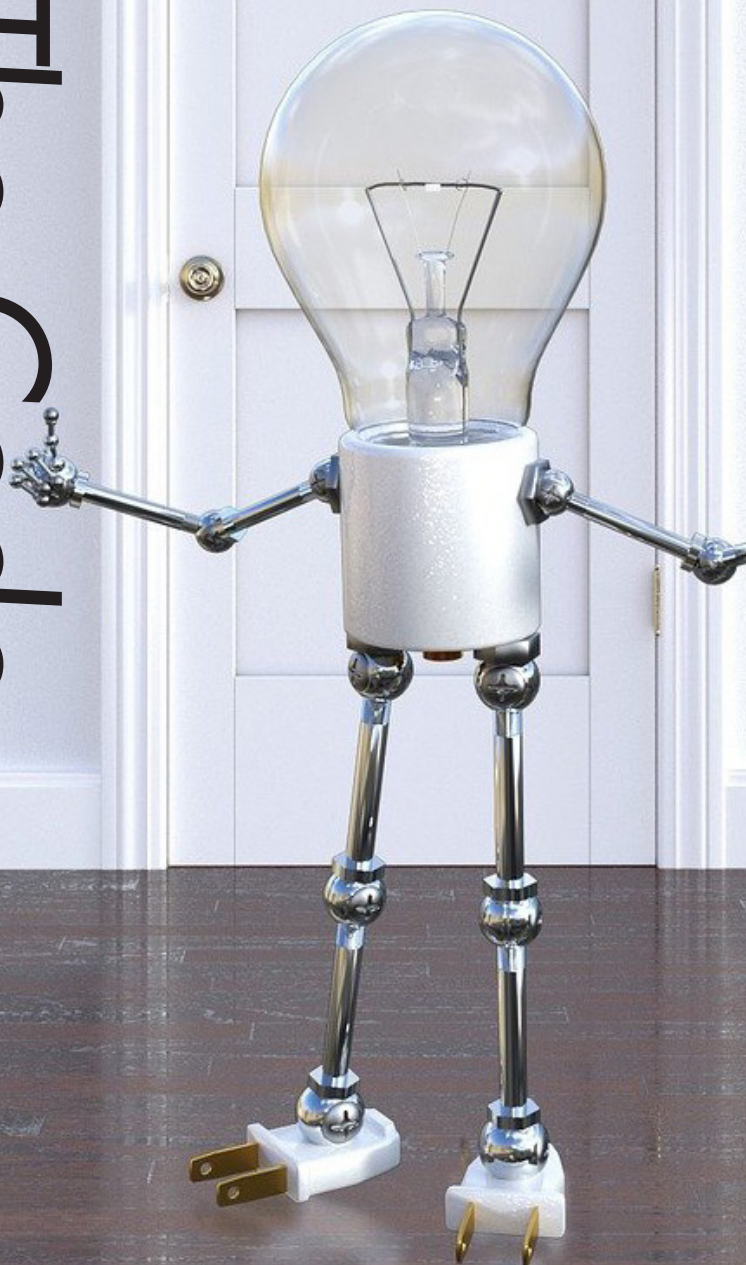
ACCD acknowledges that the Note at category Z03. 7 Observation and evaluation of new-born for suspected condition not found and the risk of sepsis classification instructions within **ACS 1617 Neonatal sepsis/risk of sepsis** are ambiguous, as neonates with risk of/suspected sepsis may be symptomatic and have other conditions. However, coders should apply the guidelines in **ACS 1617** regardless of whether the neonate has signs or symptoms, or coexisting conditions documented. Therefore:

- When there is documentation of "suspected neonatal sepsis" but there is conflicting, unclear or no supporting documentation in the body of the clinical record, seek clinician clarification prior to code assignment
- Where a diagnosis of 'neonatal sepsis' is confirmed, assign a code for sepsis, as per the guidelines **ACS 1617 Neonatal sepsis/risk of sepsis**
- For classification purposes, a diagnosis of 'risk of sepsis' or 'suspected sepsis' (i.e. probable, possible, likely, queried sepsis) are synonymous in neonates. Assign **Z03. 71 Observation of new-born for suspected infectious condition** regardless of whether the neonate has signs or symptoms, or coexisting conditions documented. Amendments may be considered for a future edition.

#### **CLASSIFICATION Guidance from ACS 1617 Neonatal sepsis/risk of sepsis**

1. For those neonates who have a specific infection, such as neonatal sepsis, assign the appropriate diagnostic code, together with any associated intervention codes (as per **ACS 1615 Specific diseases and interventions to the sick neonate**).
2. An additional code from category **P00-P04 Foetus and new-born affected by maternal factors and by complications of pregnancy, labour and delivery** may be assigned if the infection is a result of a maternal condition.
3. For those neonates with a diagnosis of 'risk of sepsis' and **no documented condition**, the following rules apply:
  - If neonate is observed only and prophylactic treatment for sepsis is not initiated, assign the appropriate code from category **Z03 Medical observation and evaluation for suspected diseases and conditions**.
  - If neonate is given prophylactic treatment, assign the appropriate code from category Z03 Medical observation and evaluation for suspected diseases and conditions, together with an appropriate code from category **Z29 Need for other prophylactic measures and the appropriate intervention code** (as per **ACS 1615 Specific diseases and interventions to the sick neonate**).

# Cracking The Code



**What is the code assignment for stretched earlobe due to an earring?**

Currently, there are no guidelines in ICD 10-AM 10th Edition in relation to the coding of a split earlobe. However, there is a Coding Rule 11th edition, that provides guidance and as the diagnoses codes are used in the 10th edition we recommend coding the case as follows:

*H61.1 Noninfective disorders of pinna*  
*W45.0 Body piercing*

Follow the ICD-10-AM Alphabetic Index Deformity - ear (acquired) H61.1  
Follow the ICD-10-AM Alphabetic Index Section II External causes of injury: Piercing - body (rings) (studs) (voluntary) W45.0

Please include activity and place of occurrence codes as well.



**What diagnosis code should be assigned for Human Papillomavirus (HPV) associated cervical squamous cell carcinoma (SCC)?**

Assign an appropriate code from category C53.x depending on the site of the carcinoma.

*C53.\_\_\_\_ Malignant neoplasm of cervix uteri*

and assign a code for infection with human papillomavirus

*B97.7 Papillomavirus as the cause of diseases classified to other chapters*  
*Human papillomavirus*



## What codes should be assigned for keratitis which is caused by contact lens?

We suggest assigning the following codes based on the information provided:

*H16.8 Other keratitis*

and

*Z97.3 Presence of spectacles and contact lenses.*



What codes are assigned for spinal brace? Where an inpatient has a Thoracic-Lumbar-Sacral Orthosis (TLSO) applied for spine fractures. I

We do not advise to code spinal brace. A TLSO is a support device used in addition for treating spinal fracture, similar to application of plaster for the treatment of other fractures. Application of plaster is listed in ACS 0042 Procedures normally not coded and as outlined in ACS 0042 some procedures are often reflected in the diagnosis code or associated procedure, so therefore we do not suggest to code a TLSO.



## How is gastric NET grade 1 and 2 coded?

By following the index for NET grade I and II it leads you to the following.

Tumour

- neuro-endocrine (M8246/3) - see also Carcinoma/neuro-endocrine
- - grade I (M8240/3)
- - grade II (M8249/3)

As there is no code listed beside grade 1 & 2 you need to go back up to the lead term

- neuro-endocrine (M8246/3) - see also Carcinoma/neuro-endocrine

Carcinoma

- neuro-endocrine (M8246/3)
- - specified site NEC - see Neoplasm/malignant

For gastric neuro-endocrine tumour Grade I and Grade II without any further information on the part of the stomach, we suggest coding to:

*C16.9 Stomach, unspecified*

Gastric cancer NOS

If you have documentation of the part of the stomach such as antrum, body etc. please assign more appropriate code.





## Update to ICD-10-AM/ACHI/ACS 12th Edition

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All discharges from 1st January 2024 will be coded using ICD-10-AM/ACHI/ACS 12th Edition and preparations are starting for the roll out of this updated version of the classification.

Please note that all discharges up to 31st December 2023 will be coded using ICD-10-AM/ACHI/ACS 10th edition

Systems including the HIPE Portal and the edits, the HCAT and the Checker will need to be updated to 12th edition.

All HIPE training materials will also be updated and the HIPE training schedule for the remainder of the year will be influenced by the update, both in terms of the update courses and the regular courses we will be offering.

New Coders who commenced their training in February 2023 will complete their core training in 10th edition as planned. Any new Coders who commence their training from July 2023 will be trained in 12th edition.

The TUDublin certificate in clinical coding course that commenced in February 2023 will be delivered in ICD-10-AM/ACHI/ACS 10th Edition. The next TU Dublin course commencing in early February 2024 will be in ICD-10-AM/ACHI/ACS 12th edition.



### Update to ICD-10-AM/ACHI/ACS 12th Edition education



We are looking forward to meeting everyone later in the year when we will hold in-person information sessions on the 12th Edition update. These sessions will be held from October to December and details of dates, times and venues will be made available as soon as possible to ensure that everyone can make plans to attend one of the courses and be ready for the changeover on 1st January 2024.

There are plenty of training and update materials available on the Independent Health and Aged Care Pricing Authority (IHACPA) website at <https://www.ihacpa.gov.au/> and we encourage everyone to start looking at these resources to get a sense of the enhancements and improvements coming through with 12th edition. As we are updating from 10th Edition to 12th edition we need to take on all enhancements across both 11th and 12th editions of ICD-10-AM/ACHI/ACS. For information, training materials, presentations and videos on 11th and 12th edition updates please see the following details.

#### 11<sup>th</sup> edition resources

<https://www.ihacpa.gov.au/resources/icd-10-amachiacs-eleventh-edition>

#### 11<sup>th</sup> edition fact sheet

**Source:** [https://www.ihacpa.gov.au/sites/default/files/2022-09/Fact%20sheet%20-%20ICD-10-AM-ACHI-ACS%20-%20Eleventh%20Edition%20-%20Classification%20of%20Diseases%20and%20Interventions 2019.pdf](https://www.ihacpa.gov.au/sites/default/files/2022-09/Fact%20sheet%20-%20ICD-10-AM-ACHI-ACS%20-%20Eleventh%20Edition%20-%20Classification%20of%20Diseases%20and%20Interventions%202019.pdf)

Delve into

12

<https://www.ihacpa.gov.au/resources/icd-10-amachiacs-twelfth-edition>

#### 12th edition fact sheet

**Source:** [https://www.ihacpa.gov.au/sites/default/files/2022-09/ihacpa\\_fact\\_sheet\\_-\\_icd-10-am\\_achi\\_acs\\_-\\_development\\_of\\_twelfth\\_edition.pdf](https://www.ihacpa.gov.au/sites/default/files/2022-09/ihacpa_fact_sheet_-_icd-10-am_achi_acs_-_development_of_twelfth_edition.pdf)

## Changes to the total number of Codes

**10<sup>th</sup> edition (for discharges from 1<sup>st</sup> Jan 2020 – 31<sup>st</sup> Dec 2023)**

Total number of valid disease codes: **16708**

Total number of ACHI codes: 6363

**11<sup>th</sup> edition (not implemented in Ireland)**

Total number of valid disease codes: **17067** Total number of ACHI codes: **6231**

**12<sup>th</sup> edition (for discharges from 1st Jan 2024 -)**

Total number of valid disease codes: **17268** Total number of ACHI codes: **6505**

Some examples of the changes introduced in 11th and 12th edition are as follows

### New in the 11<sup>th</sup> Edition

- Y37 Exposure to or contact with allergens
  - 34 external cause codes to describe allergies to foods, flora, animals and products
- [805-806] Excision codes (Incl biopsy) on lymphatic structure
  - 36 intervention codes to code the site of the lymph node procedure
- [1601] Wound management
- [1600] Dressing of burns
  - New codes for dressing of wounds and burns, including vacuum dressings
- 96257-01 Functional endoscopic sinus surgery (FESS)
  - Single code for documented FESS procedures
- U91 Syndrome not elsewhere classified
  - A flag code used to indicate manifestations related to a syndrome where no specific codes exist for that syndrome
- ACS 0011 Interventions not performed & ACS 0019 Abandoned procedures
  - Updated guidelines for the new code Z53.3 Procedure abandoned after initiation

### New in the 12<sup>th</sup> edition

- ICD-10-AM
  - Updated antimicrobial infection and resistance codes
  - Updated classification of sepsis
  - Removal of stigmatising terminology
- ACHI
  - Transperineal biopsy of prostate
  - New method of classifying spinal interventions
  - Change of classification of stem cell transplantation
  - New health technology: Leadless pacemakers, Robotic Assisted
- ACS
  - Simplified: 0010 *Clinical documentation and general abstraction guidelines* and relocated guidelines for formulating queries to an appendix
  - Simplified: 0002 *Additional diagnosis* to clarify ambiguous instructions and clarify on applying criteria
  - New: 0206 *Pharmacotherapy for neoplasms*
  - New: ACS Glossary

Further details on the changes can be found in the resources at the links provided above.

Also please watch out for further information on the update to 12th edition in the next publication of Coding Notes.

## The 5 Steps to Quality Coding

Please note that the fundamentals to coding have not changed and Coders must follow the 5 steps to Quality Coding to ensure that they are coding accurately using ICD-10-AM/ACHI/ACS 12th edition

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No  
Change





# 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 [hipetraining@hpo.ie](mailto:hipetraining@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)

## **HIPE Variables Training**

There was no new changes to the HIPE variables for 2023. A link to a training video for variables introduced in 2022 was despatched to all HIPE coders in April of last year. Please contact [hipetraining@HPO.ie](mailto:hipetraining@HPO.ie) if you require a copy of this link.

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 IV Sepsis Workshops

Sepsis affects all ages and specialties and it is critical that all coders are aware of the guidelines around coding this serious, life threatening condition. This one day workshop is suitable for coders at all levels of experience and will include a clinical overview of Sepsis presented by a member of the National Sepsis Clinical Programme.

**Date:** Wednesday 26th April 2023  
**Time:** 10.00am -5.00pm  
**Location:** HPO

## Coding Skills II (A)

This three-day training course is held at the HPO, approximately one month after Coding Skills I. The course is centred on clinical coding and clinical coding guidelines for common conditions & diseases and associated interventions and includes HIPE Portal training and an introduction to Australian Refined Diagnosis Related Groups (ADRGs). Participants must complete Introduction to HIPE I & II and Coding Skills I, and in addition are required to complete any pre-course reading and exercises, as appropriate before attending this course.

**Date:** Tue 9th – Thu 11th May 2023  
**Time:** 10.00am -5.00pm each day  
**Location:** HPO

## Coding Skills II (B) Respiratory

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

**Date:** Thursday 25th May 2023  
**Time:** 10.00am -5.00pm  
**Location:** HPO





## 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, 1st June 2023  
**Time:** 11.00am – 1.00 pm  
**Location:** Online only

## Coding Skills II (C) Endoscopy

This course includes pre-recorded tutorials and workbooks containing clinical and coding information associated with same-day endoscopies. These materials will be dispatched at the beginning of June and the tutorials are to be viewed and exercises completed in advance of participating in this half day follow-up course. Please ensure that you have registered for this course by the **1st of June** to ensure that you receive the materials in good time.

This half- day follow-up course on **June 15th** (further details below) is centred on the clinical coding of same day endoscopies and the associated clinical coding guidelines. Participants must also have completed Coding Skills II (A) & Coding Skills II (B).

**Date:** Thursday 15th June 2023  
**Time:** 10.30 - 1.00pm  
**Location:** Online

## 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 20th- Thu 22nd June 2023  
**Time:** 10.00am - 5.00pm each day  
**Location:** HPO

**Experienced coders and those participating in the TU Dublin Certificate in Clinical Coding course are welcome to refresh their skills by participating in the Coding Skills 1, 2 & 3 courses, subject to the availability of places.**

“ The beautiful spring came, and  
when nature resumes her loveliness,  
the human soul is apt to revive also”.

Harriet Ann Jacobs