

Focus on timely and accurate HIPE Data



2012 Casemix Education Seminar

The message from this year's Casemix Education Seminar was very clear - interest in using HIPE data has greatly increased throughout the health system and users want access to quality data on a timely basis. Presentations on the use of HIPE data by clinicians were given by speeches from the Department of Health and the HSE clinical programs including the Acute Medicine Programme, the Elective Surgery Programme, the Orthopaedic Funding programme and the National Renal Office. Each presentation reiterated the importance of the availability of high quality and timely HIPE data.

It was clear that HIPE data are critical to these initiatives and these users need to review HIPE data as soon as it becomes available. This emphasis on timely and accurate data means hospitals need to assure HIPE data users of the quality of their data as soon as it is exported. Monthly provisional HIPE national files will now be provided to many HSE users and the Department of Health. To paraphrase one speaker at the conference - the distance between the bed sheet and the spreadsheet is becoming shorter all the time.

Data Quality days have recently been held by the ESRI to guide participants on using the data quality tools that are available. The responsibility for ensuring data quality lies with the hospitals who have the patient information available at source. Many users are also using 'uncoded PAS' data - data waiting to have the ICD-10-AM/ACHI codes assigned. Both coded and uncoded data are exported to the ESRI and these files are being used now throughout the system. Hospitals need to continue the practice of ensuring that downloaded 'PAS' data are correct. The ESRI supports hospitals in all aspects of data quality through training, support and query mechanisms. Tools such as HCAT®, the Checker® and the HIPE Portal Reporter® have been developed to ensure hospitals are able to review and audit their HIPE data continuously.

Inside this issue:

2012 Casemix Seminar	1
Health Care Quality Indicators - Checker and HCAT	2-3
Coder memories	3
Reopening of older years	4
Coding Notes Index	4
Downloads and Exports	5
Cracking the Code	6-7
Upcoming Courses	8

Health Care Quality Indicators

Hospital data review using Checker[®] and HCAT[®]



The Department of Health are preparing to publish a report using 2011 HIPE data based on seven Health Care Quality indicators developed by the Department of Health and the Quality and Patient Safety Directorate of the HSE (see screen shot page 3). All HIPE data are subject to quality review and data on discharges relevant to these indicators are now subject to close review by the Department for this ongoing project.

The Minister for Health, Dr. James Reilly told the Dáil in early April with regard to this report on the HCQI that data drawn from HIPE demonstrated it “as a tool to derive knowledge and understanding of healthcare quality”.

From April 2012 it is recommended that the

HIPE Portal Checker[®] software be run on all HIPE data prior to export to the ESRI to ensure optimum data quality and reduce returns from ESRI for checking. The Checker[®] has been adapted in order to facilitate hospitals in analysing, checking and verifying data for the seven Health Care Quality Indicators (HCQI). These seven Health Care Quality Indicators

THE HIPE Checker[®] should be run on HIPE data prior to each export

From April 2012 to ensure the continued accuracy of HIPE data, the Checker[®] software should be run prior to exporting data to the ESRI each month and queried cases must be corrected or verified.

and discharges meeting each of the criteria can now be identified easily using the Checker[®]. When the hospital is satisfied that the data are correctly reported for the indicators, the **Verify Discharges** option in the Checker[®] can be used.

Where further chart based audit is required, the output from the Checker[®] software can be used in the audit software (HCAT[®]) for chart re-abstraction exercises. This prepares the population of cases from which the audit sample will be chosen.

A HIPE Data Quality Day on 18th and 24th April included a session on using the Checker[®] for the HCQIs. A further session is scheduled for Friday, 4th May (see p. 8).

To ensure the forthcoming 2011 Department of Health Quality Indicators Report has correct data for each hospital on these seven quality indicators it is critical that hospitals run all the checks and make any necessary corrections **prior to the end of May 2012 Export.**

In Summary

- The seven Health Care Quality Indicators have been built into the HIPE Checker[®] Software
- This output will identify discharges meeting each of the 7 indicators
- These cases can then be run through the Checker[®] in the normal way
- Cases can be verified as correct or reset as necessary
- Also HCAT[®] can be used to conduct chart based audit of the cases in the population for each Health Care Quality Indicator.
- The Checker[®] extract can be used in HCAT[®] for audit.



Health Care Quality Indicators (HCQI) Hospital Review Using Checker[®] and HCAT[®] Cont.

Portal >> Checker Source >> Step 2/3: Choose Checks To Run

Run Selected Checks ...

Choose checks from table below and then click the following button

Run Checks >>

Please Choose Checks Below To Run...

Admin Checks

Combine Checks

Notify Checks

HCQI Checks

Short Descriptions

Health Care Quality Indicators (HCQI) - 2011 episodes only

ID#	ALL/NONE <input type="checkbox"/>	CHECK#	DETAILS
01	<input type="checkbox"/>	1	Age at treatment for development dysplasia of hip
02	<input type="checkbox"/>	2	Age at treatment for undescended testes
03	<input type="checkbox"/>	3	In-hospital mortality rate within 30 days following acute myocardial infarction(AMI)
04	<input type="checkbox"/>	4	In-hospital mortality rate within 30 days following stroke
05	<input type="checkbox"/>	5	In-hospital mortality rate within 30 days following hip fracture surgery
06	<input type="checkbox"/>	6	In-hospital mortality rate within 30 days following elective or emergency admission and colectomy
07	<input type="checkbox"/>	7	Time to surgery following hip fracture

Screen shot above of the HIPE Portal Checker[®] showing descriptions of the seven Health Care Quality Indicators under review by The Department of Health.

Anne Fitzgerald, HIPE Coder, St. John's Hospital, Limerick

HIPE memories on my retirement



Anne with Patricia Reardon, HIPE clinical coder, Wexford General Hospital. Patricia and Anne have been friends for over 55 years and due to Anne's interest in HIPE Patricia became a clinical coder in Wexford General Hospital and she is now also retired.

Anne Fitzgerald - HIPE Coder in St. John's Hospital Limerick.

I retired from the health service on Friday 24th February 2012 after 38 years and 7 months. I was first introduced to HIPE in the early 70's and from then I have been hooked on clinical coding. I didn't spend my entire working life in clinical coding, dipping in and out in the early years before realising that this was the work of interest for me. Indeed when I started first we only had to capture 6 diagnoses and 4 procedures and all on paper and post the forms to Dublin at the end of the month. This was all done without the assistance of the download. There were no e-books or computers for data entry, export or reporting.

At this time HIPE used the American version (ICD-9-CM) although I would have started with ICD-8 for diagnoses and OPCS for procedures. Very little information with regard to the patient's discharge was captured at that time and there were no downloads to provide the administrative or demographic information. Moving forward I am so thankful for the computerisation of HIPE and the E-book, my favourite coding tool! We have all come a long way and it is a journey I have enjoyed with the help, support and guidance from all at the ESRI. Also remembering staff of ESRI now deceased with whom I would have worked during my career. Goodbye and thank you all. Anne FitzGerald.



Reopening of Older Years

In December 2011 as a once off data correction exercise, hospitals were permitted to include resets of 2010 HIPE cases in their exports for inclusion in the national file.

We are now proposing to open the years 2005 to 2009 on a phased basis over the coming months to accept any changes that may have been made at hospital level and not yet exported to the ESRI for inclusion in the national file. We would advise hospitals to ensure that all corrections on queries relating to older years have been checked and corrected as necessary. The HIPE Checker must be run when submitting data for these older years. The following timetable is proposed for submitting HIPE data for previous years.

Normal HIPE Export Month	To Include Changes from Year
End of July 2012	2009
End of August 2012	2008
End of October 2012	2007
End of November 2012	2006
End of December 2012	2005

There are some outstanding cases that need to be reviewed and the relevant hospitals will be alerted to these prior to the export of the older year in question.

The ESRI HIPE IT team will be in contact in advance of each file reopening to advise on how to proceed.



Coding Notes Index

Included with this issue of Coding Notes is the latest edition of the Coding Notes Index. This gives a quick view of all articles that have appeared in Coding Notes up to the end of December 2011.

Coding Notes is an important resource for coding queries, variable changes, systems review, software update and all news relevant to the HIPE community. It can provide a history of training courses attended by checking back issues of Coding Notes to see when courses were run. As always, please let us know if there are other features we could include in Coding Notes that would be of benefit.

Coding Notes Article Index			
INDEX of Topics Covered in Coding Notes — Up to December 2011			
This index is divided into two sections: Classification & General HIPE Information			
All back issues are available for download from the website www.esri.ie . Unless specified, articles prior to 2005 relate to ICD-9-CM. For articles issued after 2005, please check the edition of ICD-10-AM according to date of the article.			
Classification	Issue	Classification	Issue
Abdominal Pain Complicating Pregnancy	Mar-06	• Via Port-A-Cath	Mar-06
Abnormal Microbiology Results	Mar-06	Child Care Act, section 12	Sep-07
Absent End Diastolic Flow	July-07	Child Discharged Against Medical Advice	Apr-11
Activity Code		Chronic Allograft Nephritis	Sep-06
• Hurling	Mar-06	Chronic Inflammatory Demyelinating	
• U73.8 Other specified activity	Sep-05, Dec-07	Polynuropathy (CIDP)	Mar-06
Acute Ischaemic Leg	Apr-11	Clinical Coders' Creed	Oct-04
Additional Diagnosis	Apr-05, July-10	Coding Standards - ACS & ICS	Apr-09
Administration	Sep-07	Coding Query Process	Dec-01, July-07
• Drugs - Block 1920	Sep-06, Apr-10	Cognitive Impairment	July-05
• Influenza (Reticade)	Dec-11	Colonoscopy with Biopsy & Injection of ink	Apr-11
• Two different substances	July-05	Continuous Ventilatory Support (CVS)	Sep-05
Alcohol Use	July-06, Apr-11	Cutaneous	
Allergic Reaction to Food	Dec-04	• Cortical	Mar-08
Anaemia in Neoplastic Disease	Jun-04	Coronary Artery Disease with Angina	July-05
Anaesthesia	Dec-04, Mar-06	CT Abdomen/pelvis/chest	Dec-07
• ASA Scores	Apr-05, July-05	CT Coronary Angiogram	Mar-07
• Local	Dec-04	CT Pulmonary Angiogram	Mar-06
• Obstetric	Apr-05	CVA with Haemorrhage & Infarct	July-05
• Sequencing	Sep-05	Cystic Fibrosis	
• Anxiolysis		• Diabetes Related	Sep-07



Downloads and exports- Important information

HIPE data are being used by an increasing number of programmes within the Health Service Executive (HSE) and the Department of Health including many of the initiatives operated under the auspices of the Special Delivery Unit (SDU). Following from the inclusion of uncoded data in monthly exports from the start of 2011, these data users have begun using both the uncoded and coded data to get a more complete view of patient activity within hospitals. The SDU has requested that the timing of both downloads and the monthly HIPE export are standardised to ensure that each export received by the ESRI contains all the coded and uncoded data for the previous month. As a result we are asking that the following changes to the timing of downloads and exports be applied.

Uncoded data are data which have not been reviewed and does not have clinical codes added. This information is normally downloaded from PAS/HIS systems via a standard interface.

Downloads

On the first day of the month all hospitals will ensure that all cases from the previous month are downloaded.

This is a change to the current situation in hospitals where there has been no standardised timing for downloads. Please note there where a hospital is downloading on a daily basis there is no need to change the current practice as long as all cases from the previous month are downloaded by the start of the current month. Finally, this does not apply to those hospitals without downloads.

Exports

An export containing all coded and uncoded cases for the month must be sent to the HRID by (at the very latest) the third day of the following month.

Episodes Ready For Export ⓘ

It is advisable to download prior to creating a new export (last download was on 13/03/2012)

Select	Discharge Year	Additions	Deletions	Uncoded
<input type="checkbox"/>	2012	52	52	363
<input type="checkbox"/>	2011	61	61	

Export Selected Years

Reminder to download will now appear before each export

All hospitals should now endeavour to make the required changes to the timing for downloads and exports. It is expected that the timing changes to the download and export can be implemented

within the HIPE units in the hospitals but, in some cases, it may be necessary to contact PAS/HIS vendors to arrange to have the timing of the downloads changed. It is expected that this information is going to be used to calculate performance indicators for hospitals and so it is important that the download and subsequent export is up-to-date.

Where the start of a month falls on a day which is not a normal working day, please download and export on the next working day (or days). The method by which downloading and exporting is completed does not change.

If there are any questions regarding the technical aspects of implementing these changes, please contact the HIPE Unit in the ESRI.

Cracking the Code

A Selection of ICD-10-AM 6th Edition Queries



Q. Patient with multiple myeloma admitted as a day case for Zometa infusion. What codes are assigned?

A. Zometa can be used to prevent bone complications in patients with advanced cancer that is affecting the bone. This includes fractures, spinal compression, bone disorders needing radiotherapy or surgery, and hypercalcaemia (high levels of calcium in the blood). Zometa can also be used to treat the hypercalcaemia caused by tumours. The active substance in Zometa, zoledronic acid, is a bisphosphonate. It stops the action of the osteoclasts, the cells in the body that are involved in breaking down the bone tissue. Source: <http://www.zometa.com/> (accessed March 2012). Patients with neoplasms admitted for administration of Zometa are coded as admission for same day chemotherapy:

Assign Z51.1 *Pharmacotherapy session for neoplasm* as principal diagnosis followed by the code for multiple myeloma and codes for any other conditions that meet criteria for collection (as per ACS 0002) and assign a procedure code of 96199 -00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*.

Q. What is the correct code to assign for Removal of Endo-Sponge? Patient has an Anal Sinus which is clean and healing so they remove the endo-sponge, under GA.

A. The appropriate codes to assign are: 92086-00 [1896] *Removal of other device from gastrointestinal tract* and a code for the general anaesthetic.

Q. A lady in the very early stages of pregnancy (3 weeks) was admitted having been assaulted. Gynae review documented that there was no urgent obstetric/gynae problem. The patient is referred to an Early Pregnancy Assessment Unit. She was not seen by the Obs/Gynae team again and was discharged the next day. Is the use of Z33 *pregnant state incidental* incorrect?

A. If no injury is present then follow advice in CMC Vol 12 no. 1 which states; When a pregnant woman is not injured but obstetric care is received, assign:

Z04.3 *Examination and observation following other accident* and

Z34.- *Supervision of normal pregnancy*

Appropriate external cause, place of occurrence code (Y92.-) and activity code (U50-U73)

Z33 *pregnant state incidental* is not assigned in this case.

Q. A pregnant patient is admitted with anaemia unspecified. I have just used O99.01 *Anaemia complicating pregnancy*. Is a separate code for the anaemia required?

A. See code also note at O99.0 which states to *code also* the type of anaemia if known

Q. What code is assigned for renal calculus in pelvi-ureteric junction (PUJ)? Sometimes only calculus in pelviureteric junction is documented.

A. Code to the highest site mentioned. For calculus of PUJ this would be coded to calculus of the kidney as this site is anatomically higher than the ureter. Coding Matters Volume 15, Number 1 June 2008 provides the following guidance:

“There are no index entries for calculi of the VUJ or PUJ. Therefore, codes should be assigned based on the higher anatomical site. The correct code to assign for a calculus of the vesicoureteric junction is N20.1 *Calculus of ureter* and the correct code to assign for a calculus of the pelvoureteric junction is N20.0 *Calculus of kidney*.”

Q. What diagnoses and procedure codes are assigned for a patient who has retained UL (upper left) and UR (upper right) primary canines. The UL permanent canine is unerupted and palatally positioned. The UR canine is also unerupted and buccally positioned. The following procedures were performed:

Procedure:

1. Open exposure of palatal UL 3 under GA
2. Apically repositioned flap UR
1. Removal of UR C and UL C.

A. For the diagnosis please assign K01.0 *Embedded teeth*. This code for retained teeth needs only to be assigned once in this case, if there is mention of abnormal position of the teeth or of adjacent teeth code K07.3 *Anomalies of tooth position* can also be assigned.

For the procedure assign code 97322-02[458] *Surgical removal of 2 teeth not requiring removal of bone or tooth division* and the GA.



Cracking the Code

A Selection of ICD-10-AM 6th Edition Queries

Q. What code is assigned for a bilateral endoscopic turbinoplasty?

A. A turbinoplasty is a procedure performed to reduce the size of the turbinates and is coded to a turbinectomy. As the procedure is endoscopic also assign a sinuscopy code. Suggest codes;
41689-03 [376] *Total turbinectomy, bilateral* and
41764-01 [370] *Sinuscopy*

Note: When looking up the main term Turbinectomy there are other code options depending on how the procedure was performed - please code if any of these approaches were used.

Q. A patient has two Melanomas, one on her arm, the other in the para-umbilical region. Both have been excised (with subsequent wider excisions) and histology on both reads "Melanoma in situ". How is melanoma in situ coded?

A. For this case follow the index entry at Melanoma and there is a modifier listed for In Situ, and code to the relevant site/s:

Melanoma

- in situ

- - abdominal wall D03.5

- - arm D03.6

Verify codes in the tabular index and in this case the codes assigned will be;

D03.5 *Melanoma in situ of trunk*

D03.6 *Melanoma in situ of upper limb, including shoulder*

Q. What procedure codes are assigned for a patient admitted as a day case for Resistant blepharospasm and theatre notes state "crushing of zygomatic branch of facial nerve and stripping of orbicularis oculi muscles for resistant blepharospasm"?

A. For the procedure on the facial nerve - The facial nerve is the 7th cranial nerve.

Index look up:

Crushing, nerve - see Neurotomy

Neurotomy, cranial 90021-00 [73]

Verify the code in the Tabular index and assign 90021-00 [73] *Division of other intracranial nerve*

For the stripping of the muscles stripping => also known as orbicularis myectomy an excision of muscle;

Index look up:

Excision, muscle 30229-00 [1565]

Myectomy, muscle 30229-00 [1565]

Verify in tabular index and assign 30229-00 [1565] *Excision of muscle, not elsewhere classified*. Also code the anaesthetic as appropriate.

Q. We have recently come across a new technique documented as "Strattice reconstruction" for reconstruction of the breast following a radical unilateral mastectomy. What code is assigned for this procedure?

A. Strattice reconstruction is a new technique of implant based reconstruction which allows the use of a permanent implant to fill the breast envelope in one operation avoiding the need for tissue expansion. Strattice Reconstructive Tissue Matrix is a surgical mesh that is derived from porcine skin and is processed and preserved. In the absence of a specific ACHI procedure code for a Strattice graft please assign the following codes for this procedure where the Strattice graft is performed at the same time as the mastectomy:

31518-00 [1748] *Simple mastectomy, unilateral*

45530-00 [1756] *Reconstruction of breast using myocutaneous flap*

Follow the extensive "code also" notes at this code according to details of each case to reflect additional procedures if performed.

Q. A new procedure is being performed to reduce resistant hypertension called percutaneous denervation of renal arteries or percutaneous radiofrequency ablation of renal artery. The renal nerves (to the kidney) act to communicate information from the kidney to the brain to control the blood pressure. This procedure inserts a device through the groin to deliver radiofrequency energy to the renal nerve with the aim of reducing blood pressure. How is this procedure coded?

A. The codes to assign for this procedure are;

39323-00 [72] *Other percutaneous neurotomy by radiofrequency*

34541-01[694] *Intra-abdominal artery catheterisation*.

Do you have a coding query? Please email your query to:

hipecodingquery@esri.ie



Training is held in the ESRI.

Upcoming Courses

Training is delivered via WebEx.



Data Quality

Available **both** via **WebEx** and in **ESRI**. Please indicate when applying how you intend participating.

Date: Friday, 4th May

Time: 11am-1pm

Please contact us if you require further **Checker®** or **HCAT®** training or information.

Coding Skills III

(delivered in ESRI)



This course is for coders who have previously attended Coding Skills II, experienced coders can attend this course for refresher training.

Dates: Tuesday 22nd to Thursday 24th May

Time: 10am - 5pm each day

Anatomy & Physiology

Available **both** via **WebEx** and in **ESRI**. Please indicate when applying how you intend participating.

Introduction to A&P

Date: Thursday, 31st May

Time: 11am-1pm

This is a useful session open to all coders. Please feel free to sign up if of interest.



Introduction to HIPE

(delivered via WebEx)



This is a general introduction to the variables collected by HIPE for new coders and others working in the HIPE system.

Dates: Tuesday, 29th May

Time: 10.30am - 1pm

Coding Skills I

(delivered in ESRI)



This course is for new coders who have attended the Introduction to HIPE course.

Dates: Tuesday 19th & Wednesday 20th June

Time: 10am - 5pm each day

Coding Skills IV—Workshops

Z Codes Coding Workshop (ESRI / WebEx)

Part 1: Tuesday 1st May 11am—1pm

Part 2: Wednesday 2nd May 11am -1pm

Online application process for all of these courses at:

www.esri.ie/health_information/clinical_coding/training/



In-Hospital Training

We are always happy to provide on-site hospital training. If you would us to provide training to be delivered at your hospital please contact us.

Locum Coders: We are occasionally asked by hospitals if we know of any experienced coders available for locum or temporary work. While we cannot recommend anyone we can put coders in contact with hospitals if we know people are interested. Just contact us if you would like to do this type of work.

hipecodingquery@esri.ie

What would you like to see in Coding Notes?

If you have any ideas for future topics, please let us know.

Thanks and keep in touch: hipe@esri.ie

See the 'Find it Fast' section of the ESRI website for easy access.

No matter how long the winter, spring is sure to follow. ~Proverb

