Coding Notes

HIPE in 2010

2010 was another very busy year for the Health Research and Information Division, with the publication of a number of reports, the roll out of the HIPE Portal, increased and enhanced training opportunities and data quality initiatives high on the agenda, as always. This year we celebrated the 50th Anniversary of the ESRI and we also published our 50th Edition of Coding Notes in October. Two HIPE Reports were published this year, the *Activity in Acute Public Hospitals in Ireland, 2008 Report* was published in May of this year and the *Activity in Acute Public Hospitals in Ireland, 2009 Report* has just been published on 30th November (please see page 4 for more details). The publication of the 2009 report marks 20 years of published HIPE data. These reports are a direct result of the high quality work done by all involved with HIPE and we would like to sincerely thank everyone for their continued hard work and commitment to the system.

A major project for the HIPE IT team was the **HIPE Portal**. HIPE Portal training days were held in Dublin, Cork, Galway and Limerick in the Autumn and these received positive and useful feedback. Suggestions provided during these sessions were very helpful. The HIPE Portal has now been distributed to all hospitals. The Portal will greatly enhance the functionality of HIPE within the hospital environment and we encourage you to progress to installation as soon as possible. All of the documentation issued to date in relation to the Portal is available at www.hipe.ie/portal. If you have any questions relating to the Portal, please email us at hipeit@esri.ie. Thank you to everyone for your support throughout the year with this important and necessary software upgrade.

Training was another busy area with over **770** participants at HIPE courses in 2010. The on-line and teleconference training facilities gave coders the opportunity to participate in ongoing training throughout the year in addition to attending courses that were held at the ESRI and regionally. Courses on the Introduction to HIPE, Coding Skills 1,2 & 3, refresher courses and workshops were held throughout 2010. Topics included Obstetrics, Neoplasms, General Surgery, Orthopaedics, Z-codes, Diabetes, Vascular Access Devices and Drug Delivery Devices, Vascular Conditions and Procedures, Skins Grafts and Flaps & Ventilation.

Anatomy & Physiology courses were also delivered by an expert speaker. Regional courses were held and coders submitted topics for discussion before each course. Positive feedback was received with coders commenting on how it was good to liaise with other coders from their region and have their specific issues addressed.

In the area of **Audit and Data Quality**, we continued initiatives to ensure the high quality of HIPE data is maintained. We would like to thank everyone for checking or correcting any data quality queries that were issued throughout the year. We held two Data Quality Days, in February and September, with approximately 40 participants altogether. A range of data quality initiatives were covered during these sessions and the feedback from these sessions was really positive. We aim to hold more Data Quality Days in 2011, so watch out for communication about this. A major project initiated in 2010 is the National Audit Project, asking each hospital to audit 30 charts. These audits will feed into one national audit (see page 2). Eight training sessions were held to educate coders on this project, which included a demonstration of HCAT for those who had not yet used this program. As always, we welcome suggestions for any edits, checks or data quality initiatives so please continue to keep in touch in 2011.

Christmas arrangements in the ESRI

The office will close at 1pm on Friday 24th December 2010 and will re-open on Tuesday 4th January 2011.

Happy Christmas and a Peaceful New Year from all at the ESRI.

International Perspectives on Casemix Measurement and Applications

Patient Classification Systems International (PCSI) is organising a Winter School on casemix-based payment systems which is taking place at the ESRI for the week of January 24-28, 2011 (http://www.pcsinternational.org/events/case_mix/#wcm). As part of the School, an open session is planned for the afternoon of Wednesday, January 26th (1.30pm-5.30pm). Speakers and topics confirmed for this session include:

- Dr Julian Pettingill (US): The DRG History and Reforms for the US Medicare Payment System

- Professor Andrew Street (UK): The EuroDRG project: A Comparison of European Casemix Systems

- Professor Jason Sutherland (Canada): Costing Casemix

- Dr Terri Jackson (Australia/Canada): Prospective Payment to Encourage System Wide Quality Improvement

If interested in registering for this session, please contact Rachel Joyce (Rachel.joyce@esri.ie)

National Audit Project Update

The National Audit Project aims to collate audit results from all hospitals into one national audit so that we can pool effects nationally to profile the quality of HIPE data across hospitals.

Progress so far:

Audits have been completed at several hospitals and audits are underway at many more – **thank you!** For those of you who have not yet started, we encourage you to begin. Draft feedback is being distributed to hospitals that have submitted their HCAT output, comparing that hospital to the emerging average. However the standard will more accurately reflect hospital activity as more hospitals return their findings.
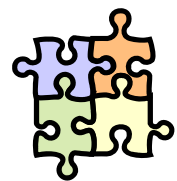
Each audit includes 30 randomly selected charts from 2010 data. We suggest that the HCAT selection includes 40 charts, from which you can select 30 accessible charts. Day and inpatient cases are required. To maximise the benefit of the audit process to you, please re-code audit cases very carefully, taking the time to check against the standards and guidelines.

The HCAT tables include identifying details on the case included. In accordance with rules on data protection you need to encrypt the files before you send them to the ESRI, or even better, remove the MRN details. For help with how to do this, or any other question on HCAT or the National Audit Project please contact cliona.odonovan@esri.ie.

Once again, thank you for participating in this national audit as we work to strengthen confidence in HIPE.

Webex Survey

Over the last year or so we have offered virtual meetings via Webex in addition to face to face meetings for the delivery of courses and meetings. We recently asked for your opinion on this method of communication.

We received 37 responses from 19 different hospitals. Of these, 86% of you rated Webex meetings as Good or Excellent. Very helpful feedback on the advantages and drawbacks of Webex were provided in addition to useful suggestions for improvement.

Some of the suggestions for the improvement of Webex include:
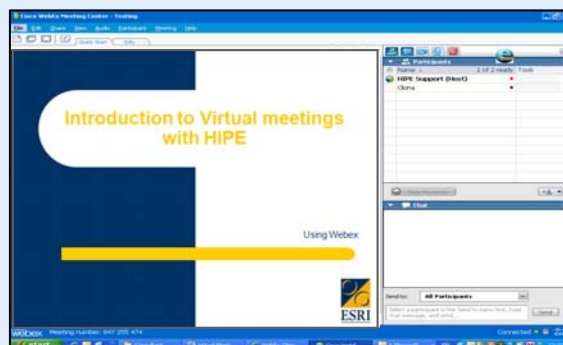
For the ESRI:
- Circulate slides before sessions
- Use microphones to improve sound when speakers move
- Use a webcam on the presenter
- Include more time for Q&A
- Shorten sessions to include more breaks
- Only use Webex when it is appropriate
- Explore other options for online meetings to improve functionality

For Hospitals:
- Investigate the possibility of getting speakers/headsets for phones
- Investigate internet access where not available
- Put up a sign to minimise disruptions when joining Webex meetings
- Join on time, before the session is due to start
- Participate—use the *Raise hand* and *Chat* functions on the left of the screen or just ask questions

We aim to implement as many of these suggestions for improvement as possible and suggest that Coders look into implementing some of these suggestions in their hospitals, where appropriate. We will continue to use virtual meetings to supplement but not replace face-to-face sessions. We are also investigating other providers of virtual meetings to minimise costs. Please let us know if you have any further suggestions that you think may improve the delivery of virtual meetings.

Perinatal Statistics Report 2008

The National Perinatal Reporting System (NPRS)

The NPRS collects and reports on every birth that occurs either in hospital or at home in Ireland. The 2008 report on perinatal data from the NPRS at The Health Research and Information Division (HRID) is now available on-line. This is the 10th annual report on *Perinatal Statistics* produced by HRID. For 2008, the NPRS reports over 75,000 births, which is 5 per cent higher than 2007 and over 39 per cent higher than 1999.

This report looks at the general characteristics of infants and mothers, including infant's birthweight, gestational age and month of birth. Maternal features including age, parity, occupation and marital status are reported. Analysis of perinatal care and outcomes focus on antenatal care, method of delivery, type of feeding, infant's and mother's length of stay and mortality.
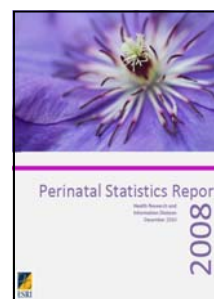
NPRS Reports are available at www.esri.ie/health_information/latest_hipe_nprs_reports/

Keep an eye on Latest News for details of publication www.esri.ie/health_information/latest_news/

Activity in Acute Public Hospitals in Ireland

2009 Report

Activity in Acute Public Hospitals in Ireland, 2009 Annual Report was published on the 30th November 2010. This report presents summary information relating to the administrative, demographic and clinical variables collected through HIPE. This is a direct output of the work done by coders in the hospitals. We would like to take this opportunity to thank the hospitals' HIPE teams for their continued hard work on behalf of this system.

Over 1.41 million discharges were reported by participating hospitals in 2009 which is a slight increase on 2008 figures (3.1 per cent higher).
Over half of these discharges were recorded as day patients (58.2 per cent) with the remainder reported as in-patients (41.8 per cent).
Over 60 per cent in-patient admissions were admitted via the emergency department, 20.9 per cent as maternity admissions and the remainder admitted on a planned basis.

Total discharges used over 4.43 million bed days in 2009. Acute in-patients used close to 2.6 million of these bed days, and had an average length of stay of 4.5 days.

Diagnoses

On average, 2.6 diagnoses were recorded for each HIPE discharge in 2009. Total in-patients recorded 3.3 diagnoses, on average, compared to 2.0 for day patients. Male in-patients recorded a slightly higher number of diagnoses (3.8) compared with their female counterparts who recorded 3.2 diagnoses. The average number of diagnoses per discharge increased with age.

Procedures

Of all discharges recorded in 2009, 80.9 per cent underwent a principal procedure. On average, 1.8 procedures were performed for each discharge for whom a procedure was performed. In-patients who underwent a procedure recorded, on average, a higher number of procedures (2.8 procedures) compared to day patients who recorded 1.4 procedures.

20 Years of HIPE Data

The publication of the 2009 report represents the availability of 20 years of published HIPE data. These reports provide a valuable resource to those interested in examining the trends and developments in acute hospital activity as well as charting the advances in the HIPE scheme since its move to the ESRI in 1990.

The current and previous HIPE Annual Reports are available at www.esri.ie/health_information/latest_hipe_nprs_reports/
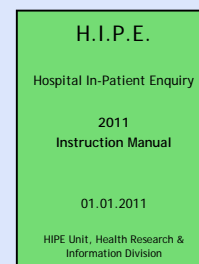
Online data requests can by submitted via the following link :
www.esri.ie/health_information/hipe/hipe_data/accessing_hipe_data/

The HIPE Online Data Reporter is available at www.esri.ie/health_information/hipe_data_reporter/

HIPE Instruction Manual 2011

The new HIPE Instruction Manual 2011 will be available on our website from January 2011. Please download and print a copy for reference.

All previous Instruction Manuals are available on
www.esri.ie

H.I.P.E.

Hospital In-Patient Enquiry

2011
Instruction Manual

01.01.2011

HIPE Unit, Health Research &
Information Division

Cracking the Code
A selection of ICD-10-AM Queries

Q: How do you code MSSA (Methicillin Sensitive Staph Aureus)?

A. We only code when infections are resistant to antibiotics – we don't code out the drugs that infections are sensitive to.
In a case where there is documentation of MSSA infection, you would just code out the Staph Aureus infection. A swab that tested positive to MSSA, but without an actual infection would not be assigned a code.

Q. What does the 'see site code' note at M94 *Other disorders of cartilage* mean?

A. The code M94 is in a reverse text black box so the note 'see site code' refers to the relevant codes in that category. The instruction is a reminder that site codes may apply to some codes in category M94. Some of the codes in M94 do not need a site code – such as the relapsing polychondritis. *See conventions used in the ICD-10-AM Tabular List for further information on these boxes.*

Q. If a pregnant woman has hypertension and oedema - the index sends me to O14.9 *Pre-eclampsia*, can I give this code, considering the guidelines ACS 1526 *Hypertension in pregnancy*?

A. The intent of ACS 1526 *Hypertension in pregnancy* is to highlight that these codes should not be assigned on blood pressure reading or lab results alone. Conditions such as 'pregnancy induced hypertension', 'pre-eclampsia' or 'pre-eclamptic toxaemia' must be documented in the clinical record. For the case specified, if there is documentation of hypertension and oedema then O14.9 *Pre-eclampsia, unspecified* may be assigned.

Q. How do you code epistaxis causing aspiration?

A. Assign T17.9 *Foreign body in respiratory tract, part unspecified* followed by R04.0 *Epistaxis* & W44 *Foreign body entering into or through eye or natural orifice*, please also assign place of occurrence and activity codes.

For this case, we are presuming that the reason for the admission was the aspiration rather than the epistaxis, but if this is not the case, please assign the appropriate PDx according to ACS 0001 Principal Diagnosis.

Q. A patient was admitted with O.C.D. (osteochrondrosis) of lateral talus. I have assigned the code M92.6 *Juvenile Osteochrondrosis of tarus*, as the index sends me there, but the patient is 48 years old and an edit on W-HIPE saying that the patient is too old for this diagnosis. Is this the correct diagnosis code? The procedure performed was drilling of the cyst with internal fixation. There was no other information in the chart.

A. The abbreviation O.C.D. can also mean *Osteochrondritis Dissecans* which is a disorder of the bone that causes cracks to form in the joints – a common treatment for this condition is drilling and internal fixation. If the diagnosis is Osteochrondritis Dissecans, we suggest assigning M93.27 *Osteochrondritis Dissecans Ankle and foot*.
For the procedures performed, we suggest assigning the following codes:

[1529] 49700-00 *Arthroscopy of ankle*
[1554] 47921-00 *Insertion of internal fixation device, NEC*

Q. A 52 year old patient was admitted to an acute hospital with HINI infection. During the episode of care her medical diagnosis was multi-organ failure, ARDS, critical care neuropathy and 2 cardiac arrests. How do you code the Multi-organ failure and critical care neuropathy?

A. Multi-organ failure should only be coded if the condition is still present, i.e. if the organs are still in failure. In this case, the specific organ failures should be coded out separately:

    Failure, failed
    - organ — see Failure, by site
    - - multiple NEC R68.8

R68.8 *Other specified general symptoms and signs* should only be assigned if the specific organs are unknown and the condition is still present.
For the polyneuropathy, we suggest assigning G62.9 *Polyneuropathy, unspecified* if it is still current.

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

hipecodingquery@esri.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. This is available at:
www.esri.ie/health_information/hipe/clinical_coding/help_forms/

Variables for 2011

For 2011, HIPE will collect a number of new variables. Full details and descriptions are provided in the relevant HIPE references including the HIPE Instruction Manual, Irish Coding Standards and the HIPE Data Dictionary. HIPE will also collect a number of other items such as ward transfers file and downloaded data for uncoded cases that will not affect the coding process. For further information, please refer to the technical documentation available from the HIPE Unit.

Hospital Acquired Diagnosis (HADx)

The Bramley Reid report *Towards Best Practice in the Coding of Morbidity Data (August 2004)* recommended that the ESRI "*explore options for enhancing the HIPE computer system by enabling diagnoses typing*" (Recommendation No. 30). This has became an international standard with the OECD report *Improving Value in Health Care - Measuring Quality** recommending the introduction of Present on Admission flags. In Australia the "Condition Onset Flag" was introduced in ICD-10-AM/ACHI/ACS 6th edition in July 2008 and had been collected by some states prior to this. The American and Canadian data collection systems also have a present on admission flag. The Department of Health and Children and the HSE have also requested that this information be collected by HIPE, in line with international practice.

A new variable called Hospital Acquired Diagnoses will be collected by HIPE on a pilot basis for Discharges for 2011.

An indicator can be ticked for any secondary diagnosis acquired during this episode of care that was not present when the patient was admitted to hospital. Further details on this variable are provided in ICS 0048 Hospital Acquired Diagnoses in ICS 2.4.

Example:

Patient admitted with shortness of breath and difficulty breathing found to have acute exacerbation of COPD. Patient found to be MRSA+ on nasal swab on day 5 of admission – previous nasal swabs during the admission were negative.

Dx	Code	HADx	
COPD with acute exacerbation	J44.1	-	
Carrier of other specified bacterial disease	Z22.3	✓	Yes
Methicillin resistant agent	Z06.32	✓	Yes

* OECD Health Policy Studies—Improving Value in Health Care - Measuring Quality , OECD 2010

Parity

For 2011 discharges, parity will be collected for all cases with admission type '6' *maternity* and will be optional for all other admission types. HIPE will collect parity as being the number of previous livebirths and stillbirths (over 500 grams). For multiple births each birth is counted. This variable will be recorded as two numbers and will not include the current pregnancy. Further information is provided in the HIPE Instruction Manual and in ICS V2.4 (under section on guidelines for administrative data).

Variables for 2011

Date for Each Procedure

In 2011 HIPE will record the date each procedure coded was performed. The principal procedure will be sequenced first regardless of the date performed.

In line with ACS 0020 *Bilateral/Multiple procedures,* for multiple procedures recorded once for each admission, the date the procedure was **first** performed will be recorded. Further information is provided in ICS 002x *Date for each procedure coded*.

Part of a Day in ICU

For 2011 discharges, HIPE will facilitate collection of ICU stays of less than 1 day. In order to identify patients who spend part of a day in an ICU but who are not there at midnight, the HIPE instruction manual will make the midnight census definition optional. All ICU stays of less than one day can optionally be recorded as '1' day. Where part of day is spent in ICU the allocation of public/private/semi- private days <u>can</u> be adjusted accordingly.

Number of Diagnoses

HIPE will facilitate the collection of up to 30 diagnoses for discharges in 2011. The number of procedures remains at 20.

Chemoradiotherapy

ICS 004x *Sequencing of Radiotherapy and Chemotherapy when administered on the same daycase admission* provides guidelines on sequencing when both chemotherapy and radiotherapy treatments are administered on the one daycase. When radiotherapy and chemotherapy are administered on the same daycase admission, sequence the diagnosis and procedure code for the chemotherapy first. This ensures that the sequence of codes is consistent for all such cases. This type of treatment may also be called concurrent chemoradiation.

Due to the low number and specialist nature, of cases recording this combination of treatments the Batch Coder cannot be used for these discharges.

Semi Private Days

HIPE will collect number of days in a semi-private bed. Previously this was included in the number of days in a private bed. This information may be available from the download.

Health Insurer

HIPE will collect the patient's insurer and will also collect where a patient has no insurance. This information will be downloaded from the PAS/HIS and a drop down box will facilitate the collection of this information.

2010 National File Closure

The deadline for all 2010 HIPE data will be the end of **March 2011**.

Here are some things to remember in the run up to the closure of the 2010 file:

Data Quality Checks

✓ Please ensure that corrected cases have been sent back to the ESRI with your hospital's last 2010 export.

Rejected Cases

✓ If the ESRI has contacted you with details of cases that have been rejected from the export, please ensure that these have been corrected and re-submitted before the end of March 2011.

Thank you for your continued efforts in the timely return of HIPE data.

If you think that your hospital will have difficulty meeting this deadline please let us know so we can work with you to resolve the difficulties arising.

Upcoming Courses

Coding Skills I	Coding Skills II
Date: Tues 18th & Wed 19th January 2011	Date: Tues 15th - Thurs 17th February 2011
Venue: ESRI	Venue: ESRI

Coding new specialties. With the reconfiguration of acute health services and the development of centres of excellence it is very important that activity is as always captured accurately and to the highest level of specificity. If you or any of the coders at your hospital require training in a speciality that is new to you or your hospital please contact us as soon as possible and appropriate training will be arranged.

New and additional coders

If there are any new coders at your hospital who require training or if you need additional coders trained, please contact us and we will arrange training for them as soon as possible.

Training calendar 2011

The training calendar for 2011 will be available on our website at www.esri.ie in January. Please contact us with any topics that you would like included in the training schedule for 2011.

To apply for any of the advertised courses, please complete the online training form at:
www.hipe.ie/training

If you would like to inform us of any training requirements, please send an email to hipetraining@esri.ie.

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.

Christmas Crossword!
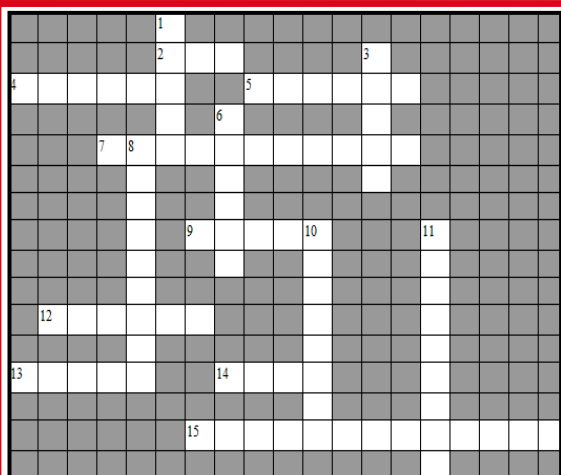
ACROSS
2. Christmas ____, December 24th (3)
4. HIPE _____, the replacement for WHIPE. (6)
5. The colour of the Australian Coding Standards (6)
7. Chapter 10 of ICD-10-AM (11)
9. The longest bone in the human body. (5)
12. _____ Note's, the name of this quarterly newsletter. (6)
13. Part of the eye, another name for student. (5)
14. Hospital InPatient Enquiry (4)
15. ACHI. The Australian Classification of Health _____. (13)

DOWN
1. Jingle ____, the name of a popular Christmas song. (5)
3. Area of residence code for this county is 1600. (5)
6. ICD-10-AM code N18. Chronic _____ disease. (6)
8. I10, _____ (primary) hypertension. (9)
10. Rudolph the red nose _____. (8)
11. An essential Christmas treat, made of cocoa. (9)

The Christmas Crossword is back!
All correct entries sent back to the ESRI will be entered into a prize draw.
The winner will be announced in the next edition of Coding Notes.

Good luck!

Send your entries with contact details by the 31st January to:
Siobhan Kenny,
HRID,
ESRI,
Whitaker Square,
Sir John Rogerson's Quay
Dublin 2.
  siobhan.kenny@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