Coding Notes

Review of the year

2011 proved yet another exciting and challenging year for us all. There was lots of activity around training, quality, audit and reporting. The Portal is now installed in all HIPE hospitals. The 2010 HIPE report was published in December. This report is 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. For more information on the main findings of the report see page 5.

Training

2011 was another busy year with **56** HIPE training courses delivered involving **740** participants**.** The on-line and teleconference training facilities continued to be a very popular choice for coders providing 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 2011. Topics included Obstetrics, Gynaecology, Neonatology, Cardiology, Orthopaedics, Z-codes, Diabetes, Pain Management, Procedural complications & Ventilation.

11 training sessions were delivered on the new variables that were introduced for collection in HIPE in 2011, with a total of **178** participants. **7** training sessions were delivered on the HIPE Portal Reporter with **114** participants. Anatomy & Physiology courses and regional courses were also held. Positive feedback was received with coders commenting on the importance of engaging with other coders from their region.

Hospital visits throughout the year provided further training opportunities giving coders an opportunity to have their specific issues addressed. Information on training for 2012 is provided on pages 3 and 8.

Quality and Audit

In the area of **Audit and Data Quality,** we continued initiatives to ensure that the high quality of HIPE data is maintained The HRID run a range of checks and audits on HIPE data and the continuing cooperation of all HIPE colleagues in dealing with these is greatly appreciated. The number of discharges is increasing all the time with 1.44 million reported in the 2010 HIPE report (see p 5) and over 1 million discharges already submitted for the 2011 National File. It is important that we all continuously work on the quality of these data through data quality reviews, audit and continuous training, feedback and support. More than 370 coding queries from hospitals were answered and please continue to send in your queries to hipecodingquery@esri.ie.

We held two Data Quality Days, in April and November. 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 2012 and are starting the year with Webex training sessions on the new version of the Checker Software on 16th and 23rd January 2012– see page 8 for course details. The new version of the HCAT software will be released early next year and full training will be provided. As always, we welcome suggestions for any edits, checks or data quality initiatives so please continue to keep in touch in 2012.
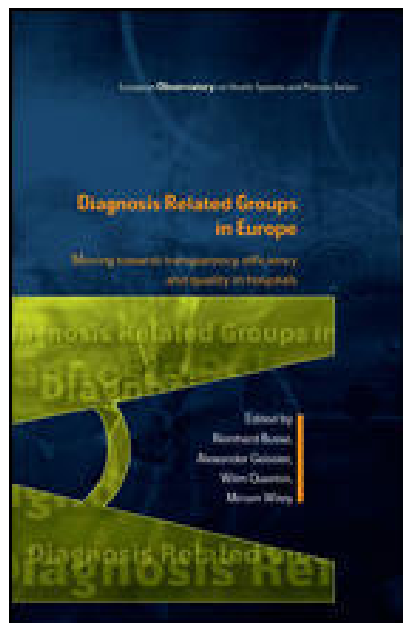
Christmas arrangements at the ESRI

The office will close at 5pm on Friday 23rd December 2011 and will re-open on Tuesday 3rd January 2012.

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

Diagnosis Related Groups in Europe

Over the last two years, members of the Health Research and Information Division have been collaborating on an EU Framework project with researchers from 11 other European countries (Austria, England, Estonia, Finland, France, Germany, the Netherlands, Poland, Portugal, Spain, and Sweden). Recognising the increasing role of Diagnosis-Related Groups (DRGs) throughout Europe, the EuroDRG project aimed to compare DRG systems across participating countries and review the international evidence on how the introduction of DRGs have impacted on hospital efficiency and quality of care.

One output of the EuroDRG project – a book entitled *Diagnosis-Related Groups in Europe: Moving towards transparency, efficiency and quality in hospitals* (Open University Press) – was launched on 17 November 2011 at a conference in Berlin. The book details the DRG systems implemented in the 12 participating countries and compares operational features (such as the patient classification systems and the cost accounting methodologies) across these 12 DRG systems. It also presents an overview of the international experience on the impact of DRGs on efficiency, quality of care, unintended effects and technological innovation.

In a separate, but related, strand of research, ten episodes of care were analysed to examine the ability of DRG systems in participating countries to explain variability in hospital resource utilisation (captured either as patient-level costs or length of hospital stay). The episodes considered comprised breast cancer, acute myocardial infarction, coronary artery bypass graft, stroke, inguinal hernia repair, appendicectomy, cholecystectomy, hip replacement, knee replacement and childbirth. The results will be published in *Health Economics* in summer 2012.

Further information about the EuroDRG project and *Diagnosis-Related Groups in Europe: Moving towards transparency, efficiency and quality in hospitals* is available at:
http://www.eurodrg.eu/ and
http://www.mcgraw-hill.co.uk/html/0335245579.html

Training 2012

Ongoing training is important for everyone working in HIPE. While it can be difficult to make the time to attend training courses it is important to keep up with guidelines and refresh coding skills. In order to help with planning of training we have the 2012 training calendar available on the website. With the restrictions on travel there are more courses offered on line to facilitate maximum attendance. There will continue to be ESRI courses where appropriate and possible and where practical regional workshops can be arranged. We welcome suggestions for topics. We are happy to facilitate you with your training needs as far as is practical.

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. 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.

Data Quality Index Project
Update December 2011
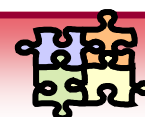
In order to ensure HIPE data are of high quality, there has to be a measure of how good the quality of HIPE data is. Quality data are accurate, valid, reliable, timely, relevant, legible and complete – these are known as dimensions of quality *(HIQA International Review of Data Quality)*. Within these dimensions of quality we can measure specific areas, for example, accuracy of principal diagnosis assignment, time from discharge to case coded and exported. The Data Quality Index project aims to develop an objective assessment of HIPE data quality by identifying specific measures within these dimensions, and to weight and combine these to a specific index.

Many hospitals have already contributed to this project by completing audits of 30 charts and sending your findings to us, thank you. Those of you who did send us audit results received feedback illustrating how your audit results compared to others. If you would like to conduct an audit and need some guidance on how to, or help with HCAT (HIPE Coding Audit Toolkit) please contact Cliona at cliona.odonovan@esri.ie

The next phase of the Data Quality Index project involves the weighting and combination of specific measures. We are collaborating with external experts to develop the framework and then we will be seeking volunteers from the coding community and from data users to participate in a Delphi process to weight and combine measures. This will involve participating in surveys to rank and weight measures such as accuracy of principal diagnosis, accuracy of administrative data, timeliness of coding etc. if you would like to register you interest in participating please contact Cliona at cliona.odonovan@esri.ie.

HIPE Instruction Manual 2012

The new HIPE Instruction Manual 2012 will be available on the website from January 2012.

Please download and print a copy for reference.

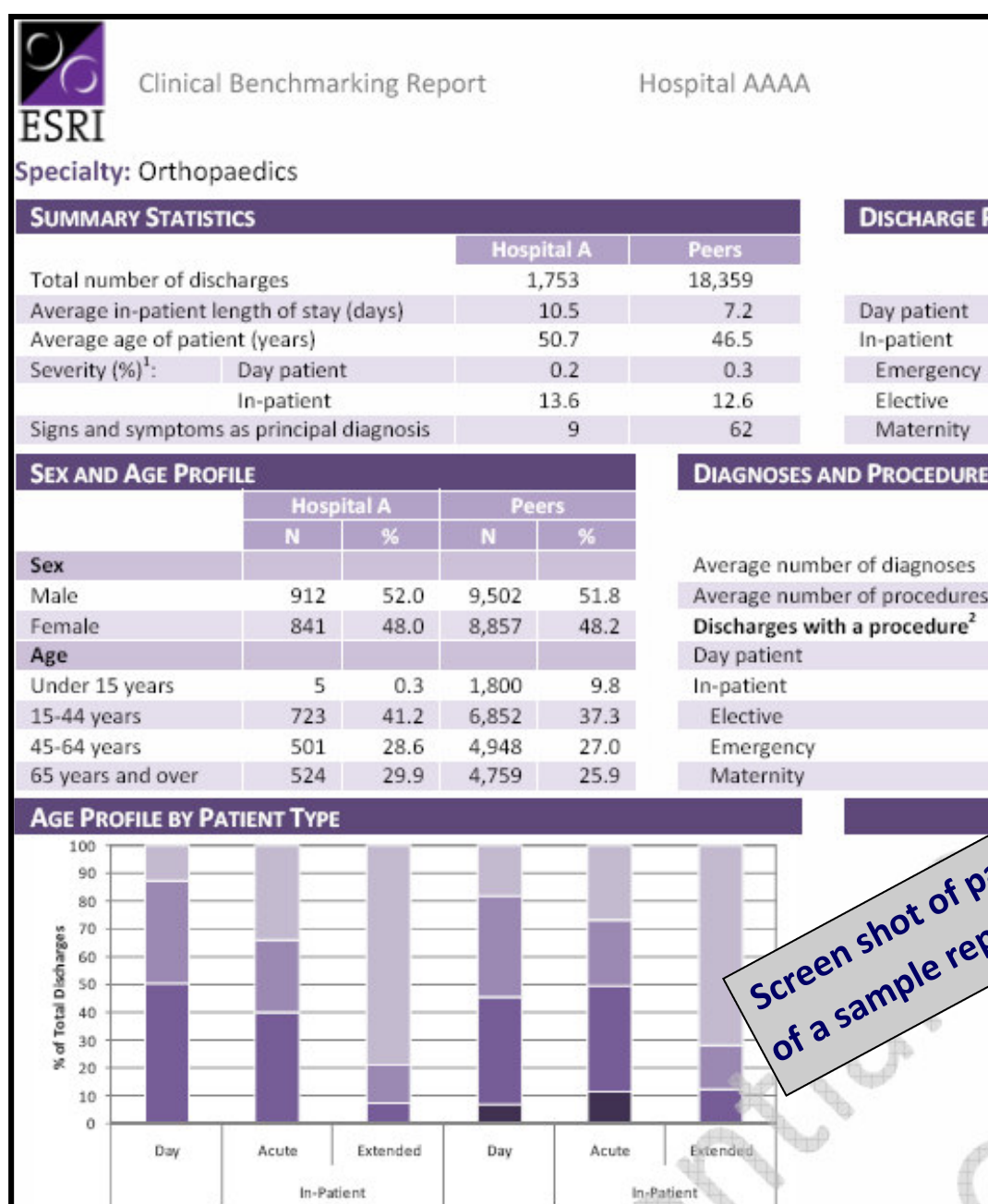**All previous Instruction Manuals are also available on www.esri.ie**
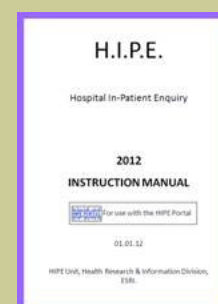
Hospital benchmarking reports

A new reporting facility is being developed using HIPE data to enable hospitals to compare their activity to their peer hospitals. Organised by specialty, areas for comparison will include profiles by discharge type, age and sex, numbers of diagnoses and procedures, length of stay including preoperative length of stay and ARDRG complexity by length of stay. Peer groups for comparison will be based on casemix hospital groups. The comparisons will be at an aggregate level; the identification of hospitals, consultants and patients will be confidential.

The first version will allow comparison on finalised annual data; options to facilitate comparison using more recent but not finalised data are being explored. This tool will enable hospitals to make greater use of the very rich HIPE dataset. If you would like to take part in the development of this reporting tool please contact *cliona.odonovan@esri.ie*


Clinical Benchmarking Report — **Hospital AAAA**

Specialty: Orthopaedics

SUMMARY STATISTICS

	Hospital A	Peers
Total number of discharges	1,753	18,359
Average in-patient length of stay (days)	10.5	7.2
Average age of patient (years)	50.7	46.5
Severity (%)[1]: Day patient	0.2	0.3
In-patient	13.6	12.6
Signs and symptoms as principal diagnosis	9	62

DISCHARGE [...]

Day patient
In-patient
Emergency
Elective
Maternity

SEX AND AGE PROFILE

	Hospital A		Peers	
	N	%	N	%
Sex				
Male	912	52.0	9,502	51.8
Female	841	48.0	8,857	48.2
Age				
Under 15 years	5	0.3	1,800	9.8
15-44 years	723	41.2	6,852	37.3
45-64 years	501	28.6	4,948	27.0
65 years and over	524	29.9	4,759	25.9

DIAGNOSES AND PROCEDURE [...]

Average number of diagnoses
Average number of procedures
Discharges with a procedure[2]
Day patient
In-patient
Elective
Emergency
Maternity

AGE PROFILE BY PATIENT TYPE

Screen shot of part of a sample report

Activity in Acute Public Hospitals in Ireland

2010 Report

Activity in Acute Public Hospitals in Ireland, 2010 Annual Report

This report presents information on coded discharges from 57 Irish acute public hospitals participating in HIPE in 2010. This report is made possible by all the hard work done by HIPE staff throughout the hospitals. At the national level, HIPE data can inform policy decisions and developments in areas such as hospital budgeting, service planning, workload measurement etc. Information on the number of day patient and in-patient discharges, together with their demographic characteristics and geographical distribution are presented. The number and type of diagnoses and procedures reported for discharges, together with the case mix treated, are also profiled. Marking a change to previous reports, the demographic and morbidity analyses for *Maternity* discharges are presented separately to enable a more comprehensive overview of trends in this area.
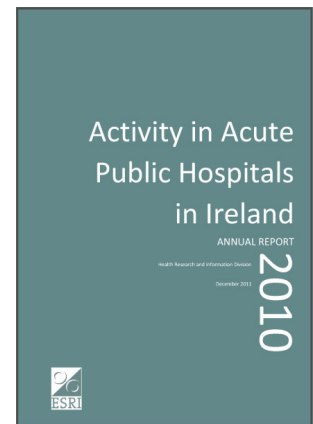
MAIN FINDINGS OF THE 2010 REPORT

Total Discharges

- Over 1.44 million discharges were reported by the participating hospitals compared to 1.41 million discharges in 2009 – an increase of almost 3%.

- Day patients accounted for 59% of total discharges in 2010, an increase of 4% since 2009.

- Almost one-third of total discharges were aged 65 years and older, an increase of 5% between 2009 and 2010 and a mean increase of 5.6% between 2006 and 2010. This age group also used the highest proportion of in-patient bed days (40%), an increase of almost 1% on the 2009 figure.

Length of stay

The mean length of stay for acute in-patient discharges (excl. *Maternity*) was 4.9 days. This varied by hospital type as voluntary hospitals recorded a mean length of stay of 5.8 days for acute in-patient discharges (excl. *Maternity*) compared to 4.4 days reported for county hospitals.

Mean Number of Diagnoses Reported

- the mean number of diagnoses collected for day patient, in-patient and total discharges (excl. *Maternity*), by sex and age group. The mean number of diagnoses recorded for total discharges (excl. *Maternity*) was 2.7.

- The mean number of diagnoses recorded for in-patient discharges was 3.8 compared to 2.0 for day patients.

Corrections to 2010 data will be accepted in End of December 2011 export

As the 2010 HIPE report has been published and the Casemix adjustments have been issued, we are aware that there are some corrections hospitals would like to make to the 2010 national file. We are therefore providing an opportunity for corrections to the 2010 file to be included with the end of December export. In some instances, cases may have been reset locally but not exported.

If you wish to submit any resets for 2010 discharges please contact HIPE.IT@esri.ie who will provide the necessary guidance.

Cracking the Code

A selection of ICD-10-AM Queries

Q: If the patient is administered two different substances from block [36] *Spinal injection* **are two separate codes assigned from the block or is 90020-00 [36] Spinal injection of other or combined therapeutic substance(s) assigned?**

A: Assign 90020-00 [36] Spinal injection of other or combined therapeutic substance(s) once. This code title includes the term "or combined substances" for when 2 or more substances are given at the same time.

If separate injections are administered to different sites a separate code would be assigned for each.

Q: A patient is admitted with Granulation tissue of an episiotomy site 4 months post delivery and has diathermy and excision of granulation tissue of episiotomy site. What codes are assigned for the diagnosis?

A: This is no longer an obstetric case and the condition and intervention are both related to the perineum.

We suggest that appropriate diagnosis codes to assign for this case are:

T81.8   Other complications of procedures, not elsewhere classified
L92.9   Granulomatous disorder of skin and subcutaneous tissue, un specified
Y83.8   Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complica tion, without mention of misadventure at the time of the procedure, other surgical procedures
Y92.22   Health service area.

Q: A patient is admitted 3 weeks after having a TAH (total abdominal hysterectomy) with a haematoma of the operation wound and underwent evacuation and re-suturing of the wound. How is this diagnosis coded?
A: A postprocedural haematoma is coded as post procedural complication. Code the haematoma followed by external cause codes for the surgery that this condition is due to (hysterectomy in this case)

T81.0   Haemorrhage and haematoma complicating a procedure, not elsewhere classified
Y83.6   Removal of other organ (partial)(total)
Y92.22   Health Service area

Q: A patient comes in to the Day Colposcopy Ward for a follow up colposcopy for previous CIN 3 after LLETZ Procedure in 2010. The results came back as CIN 1 with Human Papilloma virus, how do I code this?
A: ACS 0001 and 0002 will help determine the principal diagnosis and any additional diagnoses to be coded. ACS 2113 provides guidelines on the coding of follow-up examinations.

For this case, the reason for admission is the follow-up of the CIN III and therefore this is the Principal diagnosis. The CIN I is an additional diagnosis as it is an additional finding at this admission and not the original condition that is being followed up.

The codes to assign for this case are as follows:
Z09.0 Follow-up examination after surgery for other conditions (CIN III is carcinoma-in-situ)
Z86.0 Personal history of other neoplasms
N87.0 Mild cervical dysplasia
B97.7 Papillomavirus as the cause of diseases classified to other chapters.

Q: How is 'Failed Back Syndrome' coded?
A: The condition Failed Back Syndrome or Failed Back Surgery Syndrome (FBSS) is also known as postlaminectomy syndrome. Where there is documentation of Failed Back Syndrome please assign M96.1 *Postlaminectomy syndrome, not elsewhere classified*.
Also see ACS 1344 *Postlaminectomy Syndrome* which states;
"This term is used to describe the pain which persists in spite of back surgery attempted to relieve it. It includes postoperative status with continuing pain following laminectomy, discectomy, spinal fusion and foramenotomy. It excludes cases with mention of discitis or arachnoiditis and instability. There is no distinct constellation of symptoms. The cause for failure is multifactorial and variable. Postlaminectomy syndrome (M96.1 Postlaminectomy syndrome, not elsewhere classified) should only be assigned when 'postlaminectomy syndrome' is documented. Back pain following surgery should be assigned the appropriate code for back pain."

Q: A patient had excision of Basal Cell Carcinoma (BCC) of the leg, a split skin graft (SSG) graft was taken from the thigh and stapled to the excision site above lateral malleolus, vac dressing applied. How is this coded?
A: For this case the following codes are assigned.
Diagnosis: C44.7 Malignant neoplasm skin of leg
Procedures:
31235-03 [1620] Excision of lesion(s) of skin and subcutaneous tissue of leg
45439-00[1645] Small split skin graft of other site (this code includes excision of skin for graft and suture of graft procurement site)
90686-01[1628] Non-excisional debridement of skin and subcutaneous tissue (for the VAC dressing)
And also code anaesthesia as appropriate.

Q: Please can you advise on an appropriate code for a patient who has Medium Chain Acyl Dehydrogenase (MCAD) deficiency ?
A: Medium Chain Acyl-CoA dehydrogenase(MCAD) deficiency is the most common inborn error of fatty acid metabolism (*source* http://adc.bmj.com/content/80/5/459.full.pdf)
The code to assign for Medium Chain Acyl-CoA Dehydrogenase (MCAD) Deficiency is:
E71.3 *Disorders of fatty-acid metabolism*.

The HIPE Checker©

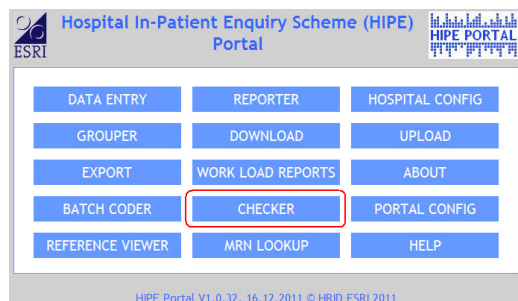

The HIPE Portal v1.0.32 now includes the HIPE Checker© data quality tool for running checks on HIPE data. This is an update of the previous Checker software and in addition to being easily accessible there is more functionality based on feedback from hospitals and new checks have been added. **The practise of running HIPE data through the Checker on a monthly basis is recommended for hospitals and for new coders.**

The HIPE Checker ©software programme makes it easy to run many checks on data in one go without having to run and manage separate reports.

A detailed *"How to use" guide* is built into the portal and can be accessed at the symbol within the Checker.

Improved functionality

The Checker output now provides the user with a summary of the queries identified and the user can drill down within the Checker software to see individual case details. Checker output is in Excel and a summary is automatically created as well as a detailed listing of the cases found for each check.

The Checker contains both "Admin" checks which focus mainly on downloaded variables and "Notify" checks which focus on classification queries

These two groups of checks can be combined or run separately.

New checks have been added including checks on new variables collected by the HIPE portal and checks on coding quality in areas such as obstetrics.

The following are examples of new checks;

- Parity of 0 with O34.2 *Maternal care due to uterine scar from previous surgery*
- Parity of over 10
- Both current smoker & history of smoking.
- Rare conditions - B03, A30, A36, A82, A90-A99

Within each Check description there is an instruction to either; "Please Check" or "Please Correct"

For each Check an action is required:	
Please Check - in these cases the data may be correct but the case is unusual so a query is generated	**Please Correct** - in these cases the case details are not compliant with a coding guideline and require correction

Once the queried cases have been reviewed they can be reset or verified as correct on the checker and these cases will not be queried again. However please note that in the interest of national data quality the ESRI may follow up on cases that have been marked as correct.

Checker Access and Training

Access: To initially configure the Checker software for your hospital please e-mail HIPEIT@ESRI.ie

Training: Webex sessions will be held on the following dates

- Monday 16th January 2012 2-3pm
- Monday 23rd January 2012 2-3pm

  Further training will be scheduled according to demand. You can apply online for these courses at http://www.esri.ie/

Upcoming Courses

Introduction to HIPE

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

Date: Tuesday 17th January

Time: 11.00am – 1.00pm

Mode of Delivery: via WebEx

Coding Skills I

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

Date: Tuesday 24th & Wednesday 25th January

Time: 10.00am – 5.00pm each day

Mode of Delivery: ESRI

Coding Skills II

This course is for those who have previously attended Coding Skills I.

Date: Tuesday 21st – Thursday 23rd February

Time: 10.00am – 5.00pm each day

Mode of Delivery: ESRI

Checker Training

2 Dates currently on offer:

Date: Monday 16th January *or* Monday 23rd January

Time: 2.00pm – 3.00pm

Mode of Delivery: via WebEx

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

www.hipe.ie/training

Anatomy & Physiology

These courses are open to all HIPE coders.

Introduction to Anatomy & Physiology

This course will be delivered by a specialist speaker

Date: Thursday 19th January

Time: 11.30am – 1.30pm

Mode of Delivery: via WebEx

Anatomy & Physiology of the Digestive System

This course will be delivered by a specialist speaker

Date: Tuesday 6th March

Time: 11.00am – 1.00pm

Mode of Delivery: via WebEx

Anatomy & Physiology of the Musculoskeletal System

This course will be delivered by a specialist speaker

Date: Tuesday 6th March

Time: 2.00pm - 4.00pm

Mode of Delivery: via WebEx

Anatomy & Physiology of the Skin & Subcutaneous tissue

This course will be delivered by a specialist speaker

Date: Wednesday 7th March

Time: 11.00am – 1.00pm

Mode of Delivery: via WebEx

- - - - - - - - - - - - - - - - - -

Coding Skills IV – Classification of procedures on the skin

Date: Wednesday 7th March

Time: 2.00pm – 4.00pm

Mode of Delivery: via WebEx

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.

www.esri.ie/health_information/find_it_fast/

Thought for the month

Learn from yesterday,

live for today,

hope for tomorrow.

Albert Einstein