Coding Notes

HIPE & NPRS UNIT, ESRI

Issue 22   October 2003

Changes to Data Set for 2004

In response to developments and initiatives in acute hospital services, significant improvements are being introduced into the HIPE system with effect from 1 January 2004 to provide more comprehensive reporting of acute hospital activity.

All queries relating to the HIPE upgrades should be directed to the HIPE & NPRS Unit of the ESRI.

NEW: "Type" of waiting list category

When a user indicates that the admission type is "1 Elective" a new display box will appear on the screen to collect if the case is funded by the National Treatment Purchase Fund (NTPF).

NEW: "Mode of Emergency admission" to acknowledge admissions through 'Medical Assessment' Units

When the user chooses **Type of Admissions**: **4** Emergency, **5** Emergency re-admission, **6** Emergency maternity and **7** Newborn unplanned it is proposed to display a box offering the options of:

☐A/E   ☐Medical Assessment Unit (MAU)   ☐Other   ☐Unknown

This information will indicate where the patient was treated prior to being admitted into the hospital as an inpatient. HIPE does not collect patients who are assessed in MAUs and not subsequently admitted.

NEW   Infant Admission Weight

For patients aged less than 1 year of age it will be possible to collect admission weight. The value collected will be the weight in grams on admission and is required for neonates (0-27 days old) and infants up to 1 year of age with admission weight less than 2,500 grams. If the patient is admitted on the day of birth, the admission weight will be the birth weight.

NEW   Date of transfer to Pre-Discharge Unit

A new date variable will be collected to identify the date when a patient was *transferred* to a pre-discharge unit as appropriate prior to being discharged as planned. *Hospitals must inform the DoH&C with the details of the Pre-Discharge Unit prior to collecting this additional field.*

NEW   Day Ward

An additional daycase indicator is being introduced to denote that the patient was admitted to a dedicated named dayward. The options presented will be :

☐ Yes   ☐ No   ☐ Unknown.

Hospitals must inform the DoH&C of the details of the dedicated Day Wards that correspond to the use of this indicator.

Cracking the Code

Question: I am coding a patient who has Mitral Regurgitation with chronic A Fib, she was admitted for MVR (tissue valve) **MAZE Procedure**. How do you code MAZE procedure - in the operation note it is described as 'MAZE procedure with radiofrequency ablation equipment - Ablation time 9.38 mins - Ablation setting 25'?

Answer: Code this to **37.11 Cardiotomy** (Includes incision of the Atrium) and code also the cardiopulmonary bypass when performed.
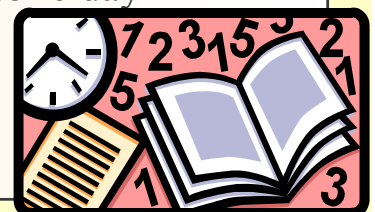The MAZE surgical procedure consists of creating a number of incisions in the atrium that disrupt the re-entrant circuits. Once the incisions are made, they are sewn together again. The atrium can then hold blood on its way to the ventricle and can squeeze or contract to push the blood in to the ventricle, but the electrical impulse cannot cross the incisions. The result is what looks like a children's maze in which there is only one path that the electrical impulse can take from the SA node to the AV node. The atrium can no longer fibrillate, and sinus rhythm (the normal rhythm of the heart) is restored.

Question: We have a lot of patients admitted to the day ward for assessment and care following a stroke for example hemiplegia. The discharge summary gives the principal diagnosis as the stroke but we know this is not now present. What way do we code these?

Answer: The PDX is based on the principal of what is actually bringing the patient in to the hospital on the episode being coded. Code these to their late effect of Stroke (438.xx range) or the appropriate V-code for physio or rehab as appropriate.

Same day In-patients/Day cases and Number of Days in Private/Semi-Private or Public Bed

Hospitals are reminded that same day in-patient and day cases allocated a private/semi-private bed are to be counted as one private day. Same day in-patients and day cases allocated a public bed count as 1 public day (optionally collected).

Type of Admission – 7 Newborn –Emergency/Unplanned

Type of admission '7' will be used for patients up to the age of 28 days (0-27 days old) who are admitted to the hospitals as <u>an emergency or are unplanned.</u>

Any other neonatal patients (0-27 days old) admitted routinely will be assigned the regular booked admission type codes

Example 1

A baby is born in our hospital and transferred up to the Neonatal Unit due to Tachypnea. What Type and Source do we use?

Type 7 – Newborn – Emergency/Unplanned
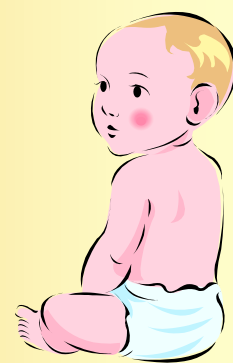
Source 7 – Newborn

Example 2

A baby is admitted to our hospital from home at 20 days old for a routine

circumcision. What Type and Source do we use?

Type 1 – Booked Admission

Source 1 – Home

<u>Note</u>: neonatal refers to the first 28 days of life and corresponds to 0-27 days old.

Managing Coding Services

An information day for HIPE Co-ordinators and those involved in managing HIPE Coding Units.

ESRI 22.10.03

If you are a HIPE/Clinical coding manager and have not reserved a place please contact Marie Glynn immediately. We are reserving one place per hospital.

Upcoming HIPE Coding Courses

Basic Clinical Coding Course – Monday 3rd to Wednesday 5th November

Always let us know when you need a new Coder trained and we will let you know when the next course is scheduled, usually about every 6-8 weeks. If you have attended a Basic previously and would like to attend another one please do not hesitate to let us know and we will do our best to accommodate you.

Intermediate Course - Thursday 6th and Friday 7th November.

Eligible coders will be contacted shortly. If you have attended an Intermediate previously and would like to attend another one please do not hesitate to let us know and we will do our best to accommodate you.

Refresher Courses – Monday 10th & Tuesday 11th November

This course is a great opportunity for experienced coders to refresh coding skills, pick up new ideas, check up on guidelines, cut down on queries returned, (if any!) and meet up with colleagues. It is vital for all coders involved in HIPE to attend coding courses. Please let us know if you will attend this course or would like to organise one in your region.

Coding Workshops

It is recommended that all experienced coders attend *at least* one coding workshop per year. Coders must have attended at least an Intermediate course prior to attending a workshop.

General Coding Workshop - Wednesday, 12th November 2003

– A one day workshop for experienced coders who would like a forum to discuss coding issues. Attendees may pre-submit topics for discussion.

Thursday, 13th November 2003 AM	**Diabetes**
Thursday, 13th November 2003 PM	**Cerebrovascular Disease**
Friday, 14th November 2003 AM	**Obstetrics**
Friday, 14th November 2003 PM	**Injuries**

The closing date for the above workshops is Friday 24th October.

Regional Workshops

We are always happy to facilitate regional workshops. These can be general coding workshops or focusing on a specific area of coding.

Please contact Marie Glynn in the H.I.P.E. Unit (01-6671525) Ext. 467 for application forms or information on any coding course or workshop.

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

Thanks and keep in touch.

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