

# Coding Notes

HIPE & NPRS Unit  
Health Research  
& Information  
Division



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## Activity in Acute Public Hospitals in Ireland 2007 Annual Report

The latest report from the Health Research and Information Division, *Activity in Acute Public Hospitals in Ireland 2007 Annual Report*, was published on 15<sup>th</sup> September 2009. This report contains information, summaries and tables produced solely from the information submitted by HIPE coding offices throughout Ireland for patients discharged in 2007. The publication of this report received wide coverage in the Irish media including RTE, The Irish Times, The Irish Independent, The Irish Medical Times and Irishhealth.com.

We would like to take this opportunity to thank all our colleagues working in HIPE throughout Ireland for your continued commitment and hard work.

Close to 1.32 million discharges were reported by the participating hospitals. Over half of total discharges were day patients (54.6%); the remainder were in-patients (45.4%).

### Diagnoses

The average number of diagnoses per case recorded for total discharges in 2007 was 2.6. On average, total inpatients recorded a higher number of diagnoses (3.3) compared with day patients (2.0). The average number of diagnoses was marginally higher for total male discharges than for females (2.6 compared with 2.5 respectively). The average number of diagnoses per discharge increased with age.

### Procedures

Of the 1,317,626 discharges reported to HIPE in 2007, 1,042,964 principal procedures were recorded, indicating that almost eight out of every ten discharges had a principal procedure performed. On average, 1.8 procedures were recorded for each discharge for whom a procedure was performed in 2007. Total inpatient discharges on whom a procedure was performed had, on average, 2.7 procedures compared with an average of 1.4 for day patients.

The average length of stay for acute inpatient discharges was 4.7 days. These discharges used over 4.45 million bed days in 2007.

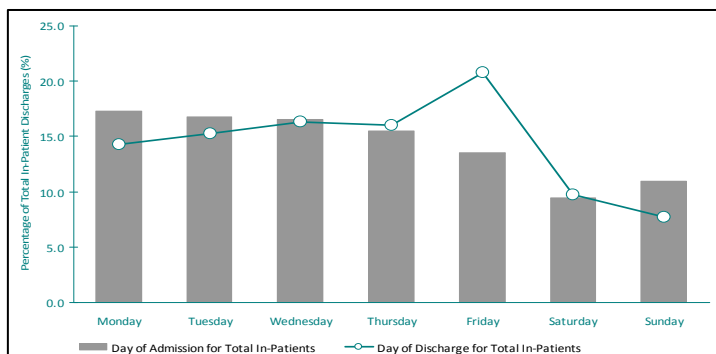
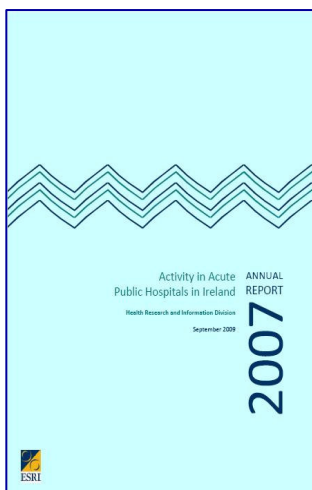


Fig.1 % of Total In-Patient Discharges by Day of Admission and Discharge

There were differences in the daily patterns of admission and discharge activity. Inpatient admissions were highest at the beginning of the week, while over one-fifth of all inpatient discharges occurred on a Friday. Only 9.7 per cent of in-patients were discharged on a Saturday and 7.7 per cent of inpatients were discharged on a Sunday.



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The current and previous HIPE Annual Reports are available at:

[http://www.esri.ie/health\\_information/latest\\_hipe\\_nprs\\_reports/](http://www.esri.ie/health_information/latest_hipe_nprs_reports/)

# Cracking the Code



## Trachelectomy/Cervicectomy

*Q. Please provide a code for trachelectomy or cervicectomy which is a fertility-sparing procedure used in cervical cancer. Would amputation of cervix be correct?*

**A.** Following clinical advice on the coding of trachelectomy or cervicectomy, (35618-04 [1276]) amputation of cervix is an appropriate code to use. Lymph node clearance may also be performed with this procedure and should be coded also if performed.

## External Cause Codes

*Q. For patients admitted following RTAs or assaults we code the injuries and the external cause codes for the current admission. If the same patient is admitted a few days later suffering from the same injuries do you code the injuries effectively without the external cause codes?*

**A.** Assign the external cause codes again for the second admission if this is still a current injury. While we are not coding the number of RTAs or assaults (or other external causes of injury) that occur, we are coding the number of times an RTA or assault (or other external causes) is the cause of the patient coming into the hospital.

## Excision of multiple scalp lesions

*Q. A patient with multiple SCCs of the scalp had a total of 12 of these lesions excised as a day case under general anaesthetic. All wounds were closed by suture. Does the rule for bilateral/multiple procedures apply in this case whereby the excision of 12 lesion(s) is given just the one procedure code?*

**A.** Following the guidelines in ACS 0020 Bilateral/multiple procedures, classification point 5, only one code for the excision of the 12 lesions would be assigned, as it is one site – skin of scalp.

## GFR results

*Q. If there is a documented GFR in a chart but no documentation of Chronic Renal Failure written down, do you assume the patient has Chronic Renal Failure and assign the GFR accordingly?*

**A.** CKD needs to be documented in order to assign a code for it, (and it would also have to meet criteria in ACS 0001 or ACS 0002 to be collected) according to ACS 1438 Chronic Kidney Disease. ACS 1438 states that **where CKD is documented**, assign the **stage** based on

1. documentation of a stage by the clinician **OR**
2. documentation of GFR by the clinician **OR**
3. GFR (eGFR) for pathology result.

The GFR can only be used to give greater specificity to an already documented condition. Please refer this case back to the clinician for information on the CKD.

**Do you have a coding query? Please email your query to:**  
**hipecodingquery@esri.ie**  
**or log onto the ESRI website: [www.esri.ie](http://www.esri.ie)**

# Dental Extraction



## Surgical and non-surgical removal of teeth

**Non surgical extraction** is the pulling out of a tooth. **Surgical extraction** is the taking out of a tooth through a surgical incision. The type of anaesthesia used, or where the procedure was carried out does not influence the code assignment. Both surgical and non surgical extractions can be performed under anaesthesia or in a theatre.

Procedure blocks **457** *Nonsurgical removal of tooth* & **458** *Surgical removal of tooth* have expanded in 6<sup>th</sup> edition ICD-10-AM/ACHI/ACS to identify the total number of teeth removed.

**Simple extractions (non-surgical)** are usually performed under local anesthetic.

- They require only the use of instruments to elevate and/or grasp the visible portion of the tooth.
- a dentist will clutch the damaged tooth with a pair of forceps and will loosen it by moving the pair of forceps backward and forward. After this, the tooth will be pulled out. In some cases, the dentist might also use a dental 'elevator' to slacken the tooth. An elevator is a dental instrument that actually fits between the tooth and gum.

**Surgical extractions** are performed on teeth or roots that cannot be taken out simply with forceps, there can be many reasons for this:-

- If teeth or roots are not completely visible in the mouth they cannot be removed using ordinary dental forceps.
- The roots maybe angled in different directions so the tooth may need to be divided.
- The gum may have "grown over" the root.
- The crown of the tooth may be completely decayed, so it breaks off from the root during extraction.

### What does surgical extraction involve?

- This involves making a small cut in the gum, so this can be lifted off the bone – this is called a "flap".
- It may be necessary to remove a small amount of bone from around the tooth, (roots), which may need to be divided before removal.
- The gum is then put back into place with stitches.
- In the majority of cases the stitches are dissolvable and take around two weeks to disappear.

### References:

<http://www.dentalhealthsite.com/tooth-extraction-preparation-types/>

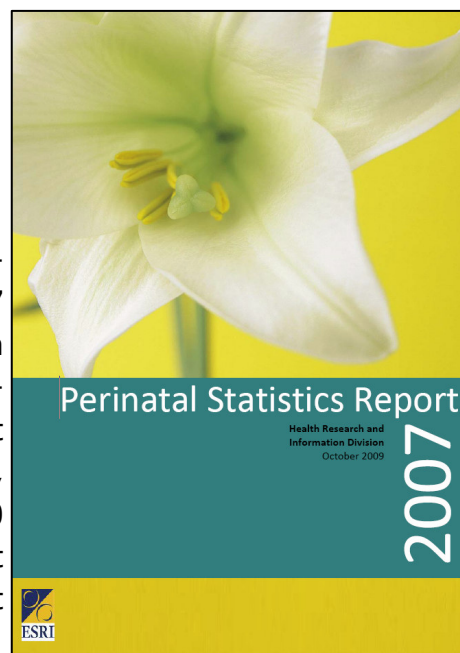
[http://www.rlbuht.nhs.uk/Library/document\\_downloads/patient\\_information\\_leaflets/Face\\_&\\_Mouth\\_patient\\_leaflets/](http://www.rlbuht.nhs.uk/Library/document_downloads/patient_information_leaflets/Face_&_Mouth_patient_leaflets/)



# The National Perinatal Reporting System

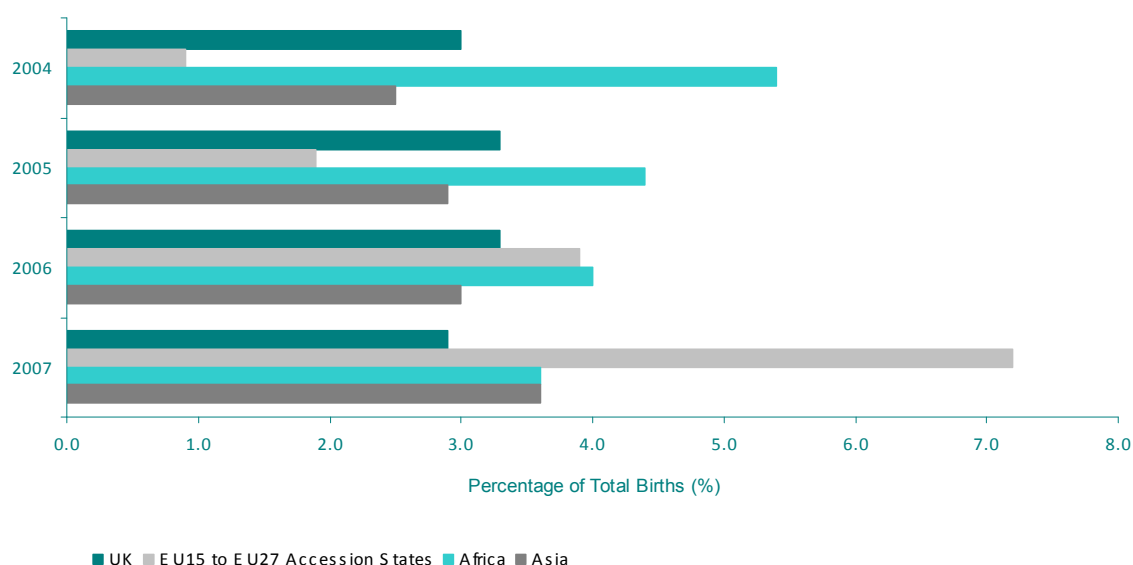
## The National Perinatal Reporting System (NPRS) Perinatal Statistics Report 2007

The NPRS collects and reports on every birth that occurs either in hospital or at home in Ireland. The 2007 report on perinatal data from the NPRS at The Health Research and Information Division (HRID) will be available on-line shortly. For 2007 the NPRS reports almost 72,000 births, which is nearly 11% higher than 2006, giving an increased birth rate from 15.4 per 1,000 population in 2006 to 16.5 in 2007. This is the highest birth rate in any of the 27 EU countries and the highest birth rate in Ireland since the 1980s.



Information on mother's nationality was reported by NPRS for the first time in 2004. In 2004, 82.0 per cent of total births were to women born in Ireland; this figure fell to 79.1 per cent in 2007. The next largest group in 2007 were babies born to mothers from the EU15 to EU27 accession states at 7.2 per cent. Between 2004 and 2007 the percentage of total births to mothers within this group increased from less than 1 per cent to over 7 per cent (see Figure 1).

**Figure 1: Percentage of Births by Nationality to non-Irish mothers, 2004-2007\***



\* Mothers from the UK, EU 15 to EU 27 Accession States, Africa and Asia accounted for 17.4 % of total births in 2007



## 6th Edition - Follow up Training

### 6<sup>th</sup> Edition Follow up Training

6th Edition of ICD-10-AM/ACHI/ACS has been in use now for nine months. The changeover went well thanks to all of your efforts to adopt the new edition.



If you missed the update workshops or would like a review on the changes we are hosting a WebEx training session on two consecutive mornings:

Part 1—Tuesday 20<sup>th</sup> October 11.00am – 1.00pm

Part 2—Wednesday 21<sup>st</sup> October 11.00am – 1.00pm.

If you wish to participate in this WebEx training please contact Rachel Joyce.

For those who haven't joined a WebEx session before please contact us to arrange a demonstration prior to participation in the above sessions.

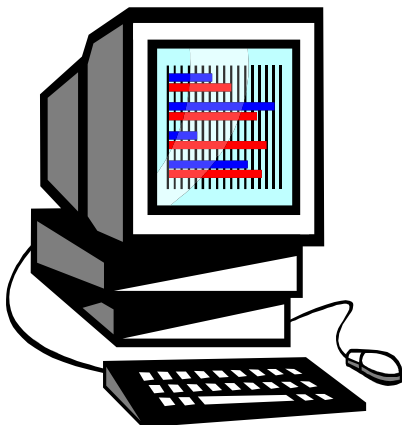
### 6th Edition Notes...

Many standards were revised for 6<sup>th</sup> Edition and coders need to be aware that guidelines may have changed. The following are examples of ACS that have changed in 6<sup>th</sup> Edition;

- ACS 0042 Procedures not normally coded
- ACS 0020 Bilateral/multiple procedures
- ACS 0503 Drug, alcohol and tobacco use disorders

Remember to check your  
ACS and ICS as you code.

## Windows HIPE Reporter Training



17<sup>th</sup> November 2009  
At the ESRI

For course registration contact:

Mark McKenna

Phone: 01-8632070

Email: [mark.mckenna@esri.ie](mailto:mark.mckenna@esri.ie)



## ARDRG 6.0

### ARDRG 6.0

The introduction of the 6<sup>th</sup> edition of ICD10AM/ACHI/ACS for cases coded from 2009 onwards has necessitated a change of grouper. The grouper designed to understand 6<sup>th</sup> edition codes is the ARDRG 6.0 grouper which was sent out to all hospitals recently. There are some major changes in grouper logic between version 5.1 and 6.0 with 185 new groups added and 152 existing groups removed (see Coding Notes July 2009). We recommend that cases should be routinely grouped to ARDRG v5.1. In autumn 2010 when the required national Casemix parameters are available 2009 and 2010 data will be re-grouped to ARDRG V6.0.

## Windows HIPE version 3.07

The release of the Windows HIPE version 3.07 allows HIPE units in hospitals to use the mapping software to group 2009 data to version 5.1. The grouper has been changed with *grouper settings box* (shown below) automatically choosing the mapping option for grouping. All coders should immediately re-group all of 2009 once Windows HIPE 3.07 has been installed.

The screenshot shows a Windows-style dialog box titled "Grouper Settings Box". It contains the following elements:

- Type of Grouper:** A dropdown menu set to "Automatic (using mapping)".
- Use this grouper to group all cases by default:** An unchecked checkbox.
- Ignore a case which already has a group associated with it:** An unchecked checkbox.
- Delete the grouper files when finished:** A checked checkbox.
- Start Date:** A text box containing "01/01/2009".
- End Date:** A text box containing "31/12/2009".
- Selected Grouper Details:** A text area containing the message: "The automatic selection will group all cases since 2005 into ARDRG. Cases after 2008 will be mapped prior to grouping. It will group inpatients prior to this using a HCFA grouper and daycases using a daycase grouper".
- Grouper Configuration:** A text box containing "ARDRG grouper path = c:\PROGRA~1\ACCESS~1\, ARDRG grouper datab".
- Buttons:** "Ok" and "Cancel" buttons at the bottom.

# Consultant Numbers

Each consultant has a unique number (4 digit code) assigned by the ESRI which may *not* be used for any other consultant. When a consultant (including non-permanent consultants) takes up duty a written request for a new (or existing) number must be sent to the ESRI.

If you require a HIPE number for a consultant working in your hospital you must submit a request form to the ESRI.

When a request for a HIPE consultant number is received it is cross referenced in the database to check if this consultant has previously been issued with a HIPE number. As these numbers are unique to each consultant, the same number will always be used for that particular consultant regardless of which hospital they are working in. If the consultant has not previously been issued with a HIPE number we will assign a new one.

## Requesting consultant numbers:

Please submit the completed signed form to the ESRI by post or fax.

- If you require the number urgently please email [rachel.joyce@esri.ie](mailto:rachel.joyce@esri.ie) with the details and we will endeavour to reply as soon as possible. However it is important that you follow up this request with the completed paperwork.
- The ESRI requires an official signed hard copy record of your hospital's request.

## Some Additional Points:

✦ Each hospital must submit their request through the ESRI. Please do not contact another hospital to obtain a HIPE consultant number.

✦ All locum or non-permanent consultants require a HIPE number. The number of the permanent consultant should not be used for a locum temporarily covering their position.

✦ If you do not have complete information on the consultant please refer back to your hospital administration before you submit the request form to the ESRI.

An updated version of the request form is available on the ESRI website ([www.esri.ie](http://www.esri.ie)) in the Health Information section under "Find it Fast".

If you have any feedback or comments on this please contact [rachel.joyce@esri.ie](mailto:rachel.joyce@esri.ie)

## Consultant Number Request Form:

**All fields are important on the form but please note the following:**

**Surname;** please ensure that this information is accurate and that the spelling is correct.

**First Name;** again ensure that this is accurate and that the spelling is correct. Please provide us with the consultant's full first name; an initial is not sufficient.

**Specialty;** By informing us of the specialty it is easier for us to identify the correct consultant for which you require a number.

### Is this a Locum consultant position?

Please indicate if this consultant is working as a locum in your hospital. All locum/non-permanent consultants must be documented in HIPE; you should not use the HIPE number of the permanent consultant whose position the locum is covering.

**Consultant also works;** unless it is the consultants first posting it is likely that they have already been assigned a HIPE number. Therefore it is very useful if you can provide details of where the consultant has previously worked. Please refer to your hospital administration to obtain these details.

**Signed;** the form must be signed by an authorised hospital administrator to verify that all details provided above are correct.



# Upcoming Courses



## **Cardiovascular system      Coding Workshop with Anatomy & Physiology speaker**

Date: Tuesday 27<sup>th</sup> October from 10.00am – 1.00pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.

## **Neuroendocrine system      Coding Workshop with Anatomy & Physiology speaker**

Date: Tuesday 27<sup>th</sup> October from 2.00pm – 5.00pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.

## **Infectious and Parasitic diseases      Coding Workshop with Anatomy & Physiology speaker**

Date: Wednesday 28<sup>th</sup> October from 10.00am – 1.00pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.

## **Genitourinary system      Coding Workshop with Anatomy & Physiology speaker**

Date: Wednesday 28<sup>th</sup> October from 2.00pm – 5.00pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.

## Winter Coding Workshops

A series of Coding Workshops will be held at the ESRI during the 1<sup>st</sup> week of December, and will include training on following topics:-

- **Neoplasms**
- **Pain management and drug delivery devices**
- **Ventilation**
- **Procedure coding including sequencing, cardiology procedures**
- **Coding skin grafts and flaps.**

Further details on these courses will be announced closer to the time.

### **Basic HIPE Coding Course:**

Course: **Module 2** HIPE Basic Training Course

Date: Tuesday 10<sup>th</sup> to Thursday 12<sup>th</sup> November (inclusive) 2009

**Please contact Rachel Joyce (Rachel.joyce@esri.ie) for application forms for all training courses.** The HIPE Training Calendar is available on our website at [www.esri.ie](http://www.esri.ie)

### **What would you like to see in Coding Notes?**

If you have any ideas for future topics please let us know. Health Research & Information Division, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.

See the *Find It Fast* section of the ESRI website for access to useful information

[www.esri.ie/health\\_information/find\\_it\\_fast/](http://www.esri.ie/health_information/find_it_fast/)